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Bullying and disillusionment in veterinary nursing

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ABSTRACT: Aiming to determine the effect of bullying on disillusionment, registered (RVN) and student veterinary nurses (SVN) undertook an anonymous survey, where linear and dichotomous responses facilitated variable assessment. Of participants, 58.7% met the criterion for behavioural-measured bullying, with no significant difference between RVN and SVN scores ($P=0.335$) or perception of bullying (RVN: $P=0.819$, SVN: $P=0.176$). Although 85.5% of disillusioned participants ranked as bullied, negative behaviours were not significant predictors of disillusionment ($P=0.6$), but low incidence of positive behaviours were ($P<0.001$), denoting an unexplored factor of disillusionment. Results indicate risk and complexity of bullying in veterinary nursing, suggesting requirement for further research.

Keywords: bullying; disillusionment; mental health

Introduction

Encompassing physical and psychological behaviours that are expressed with intent to harm (Fox & Cowan, 2015), bullying is classified as either horizontal (between peers) or vertical (between those of different status) (Huntington et al., 2011; Norton et al., 2017). Prevalent in stressful working environments, such as healthcare (MacCurtain, Murphy, O'Sullivan, MacMahon, & Turner, 2018), bullying is harmful to mental and physical health (Nielsen, Magerøy, Gjerstad, & Einarsen, 2014; Verkuil, Atasayi, & Molendijk, 2015), predisposing affected individuals to employment change (Glambek, Matthiesen, Hetland, & Einarsen, 2014). Such incidents may also negatively impact career outlook, causing a dissatisfaction and demotivation known as professional disillusionment (Laschinger & Fida, 2014). While both issues are deemed endemic among their human nursing counterparts (Carter et al., 2013; Lewis, Megicks, & Jones, 2017), such research is minimal in veterinary nursing, where recent reports of bullying "culture" (Everitt, 2017) and career attrition (Kidd, 2015) highlight their risk and the

subsequent plausibility of a relationship between bullying and disillusionment within the profession.

Identifying and managing bullying

The complexity of bullying behaviours provokes definition controversy (Boyle & Wallis, 2016; Illing, Thompson, Crampton, Rothwell, Kehoe, & Carter, 2016); while the Advisory, Conciliation and Arbitration Service (ACAS) (2014) acknowledges isolated but severe behaviours, most emphasise persistence with varying timeframes (Einarsen, Hoel, Zapf, & Cooper, 2011; Glambek et al., 2014; Glambek, Skogstad, & Einarsen, 2015; Lutgen-Sandvik, Tracy, & Alberts, 2007). Hindered defence is suggested to determine between bullying and mundane conflicts by representing higher distress from resulting vulnerability, such as professional status difference between parties, as in vertical bullying (Bekiari, Pachi, & Hasanagas, 2017; Glambek et al., 2014). This subjectivity limits comparison between studies through omission of standardised terminology, but may be countered by objective measures, such as the Negative Acts Questionnaire – Revised (NAQ-R)

(Einarsen, Hoel, & Notelaers, 2009); quantitative ranking of behavioural frequency may be interpreted separately from researcher's definitions, also proving advantageous from self-labelling methods which cause false negatives through exclusion, undesirable connotations of bullying and perception variation (Nielsen, Matthiesen, & Einarsen, 2010; Norton et al., 2017). Subjectivity may impair recognition and addressment by management (Hoel, Glasø, Hetland, Cooper, & Einarsen, 2010), facilitating proliferation and subsequent normalisation, contributing to anecdotally reported bullying "culture" (Carter et al., 2013; Everitt, 2017; Nielsen, 2013). While leadership support can reduce the experience and effects of bullying (Laschinger & Fida, 2014; Lewis et al., 2017; MacCurtain et al., 2018), management are frequently implicated through ignorance (Glambek, Skogstad, & Einarsen, 2018) or active engagement (Norton et al., 2017) in negative behaviours, suggestive of poor leadership (Hoel et al., 2010). In a longitudinal study, 57% of bullied participants report this as the main reason for resignation (Hogh, Hoel, & Carneiro, 2011), demonstrating the importance of prompt identification and management of bullying in the workplace.

Bullying in the veterinary profession

High-pressure conditions, professional dilemmas and role ambiguity are pertinent factors that predispose to bullying in healthcare roles (Balducci, Cecchin, & Fraccaroli, 2012; Lewis et al., 2017; Notelaers, Baillien, De Witte, Einarsen, & Vermunt, 2013; Reknes, Einarsen, Knardahl, & Lau, 2014). While veterinary professionals experience equivalent stressors (Hatch, Winefield, Christie, & Lievaart, 2011), there is minimal literature on workplace bullying, but environmental similarities allow concept extrapolation between professions. Veterinary nurses are particularly underrepresented despite legislative uncertainty pertaining to role variance (Robinson, Edwards, & Williams, 2017), denoting their risk. This is observed in human nursing (Blackwood, Bentley, Catley, & Edwards, 2017; Huntington et al., 2011; MacCurtain et al., 2018; Roberts, 2015), where higher bullying rates occur in comparison to other healthcare roles (Carter et al., 2013; Norton et al., 2017), achieving concordance with general prevalence of 3% for severe and 15% for occasional bullying (Zapf, Escartín, Einarsen, Hoel, & Vartia, 2011). A recent veterinary survey including nurses found that 91%

experienced two or more negative behaviours within 12 months (Everitt, 2017), with a further study revealing 16% of veterinarians experience over two negative behaviours weekly within 6 months (Gardner & Rasmussen, 2018), supporting the presence of severe bullying within veterinary practice. While self-report measures in both instances can create false positives through increased response motivation by affected individuals, this could imply that the high response rate by veterinary nurses (Everitt, 2017) is suggestive of bullying prevalence within the profession, where lack of empirical studies within this group represents a gap in current literature.

Effects of bullying

Bullying causes psychological effects through personal and job-related insecurity (Einarsen & Nielsen, 2015). For instance, reduced attendance of bullied veterinary students to lectures may be attributed to anxiety and impaired motivation, affecting progression (Bekiari & Sympas, 2015; Bekiari et al., 2017). A further study found that verbal aggressiveness from instructors hindered education (Bekiari & Manoli, 2016), which although not veterinary-based resonates with the importance of positive relationships between student and clinical coach (Williams, 2016). Somatic health is affected through disrupted sleep, chronic stress and increased participation in destructive habits (Gardner & Rasmussen, 2018; Magee et al., 2015; McEwen, 2017; Penninx, 2017). Such sequelae are associated with mental health (Nielsen et al., 2014), where bullying provokes anxiety, depression, post-traumatic stress disorder (PTSD) and suicidal tendencies (Milner, Niven, Page, & LaMontagne, 2015; Nielsen, Einarsen, Notelaers, & Nielsen, 2016; Verkuil et al., 2015), which may be retained long-term despite cessation of behaviour (Bonde et al., 2016). Everitt (2017) found that mental health was the most common effect self-reported by bullied individuals, supported by Carter et al. (2013), who utilised symptom measures to ascertain more objective mental affectivity. While cross-sectional methodology limits assessment of causality, a further longitudinal study achieved concurrent results (Bonde et al., 2016), confirming the relationship. Perception of bullying victimisation is suggested to exacerbate effects (Nielsen, Hetland, Matthiesen, & Einarsen, 2012); conversely, Einarsen and Nielsen (2015) found that 13% of participants displayed distress symptoms, with 12% behavioural-measured as bullied and 4% self-labelled, challenging this theory

through greater concordance of objectively measured bullying and impaired mental well-being. Additionally, Laschinger and Nosko (2015) found positive correlation between bullying exposure and PTSD levels, suggesting that mental health impact is proportional to behavioural severity (Magee et al., 2015). Controversy surrounding impaired mental health as a predictor of bullying experience (Einarsen & Nielsen, 2015; Verkuil et al., 2015) implies a complex and potentially cyclical causation, where psychological resilience does not mediate effects (Gardner & Rasmussen, 2018; Laschinger & Nosko, 2015; Lloyd & Campion, 2017), emphasising the importance of addressing workplace bullying for veterinary professionals' well-being.

Bullying and disillusionment

Disillusionment is prevalent in healthcare (Orton, 2011), including veterinary practice (Clarke, Knights, & Finch, 2016), where 41% of veterinarians report job misconception (Ridge, 2016). Bullying is considered a pivotal component, causing reduced motivation (Bekiari & Sympas, 2015) insecurity (Glambek et al., 2018) and subsequent poor work engagement (Einarsen, Skogstad, Rørvik, Lande, & Nielsen, 2018). Exposure may trigger re-evaluation of job circumstances (Glambek et al., 2014), prompting intention to leave (Laschinger & Fida, 2014). While Glambek et al. (2014) did not assess resignation to objectively support intent, further studies confirm increased likelihood of changing employer in affected participants (Berthelsen, Skogstad, Lau, & Einarsen, 2011; Hogh et al., 2011). Experience by students may promote cynicism and career uncertainty (Orton, 2011; Tee, Özçetin, & Russell-Westhead, 2016), risking early career attrition. The effect of bullying on disillusionment has been documented in alternative professions with cross-sectional (Allen, Holland, & Reynolds, 2015; Einarsen et al. 2016; Kandelman, Mazars, & Levy, 2018; Livne & Goussinsky, 2018) and longitudinal (Berthelsen et al., 2011; Glambek et al., 2015; Hogh et al., 2011) studies, suggesting reliable causation through demonstration of the trend over time (Einarsen et al., 2016). While omission of baseline control for career affectivity may impair the validity of proposed relationships (Einarsen et al., 2016; Glambek et al., 2015; Livne & Goussinsky, 2018), further studies incorporating such measures have achieved concordant results (Glambek et al., 2014; Hogh et al., 2011; Laschinger & Fida, 2014), confirming credibility of

the bullying–disillusionment association. Although not established in the veterinary profession, the observed relationship between bullying and intention to leave (Everitt, 2017; Gardner & Rasmussen, 2018), alongside veterinarian burn-out due to economic factors (Kipperman, Kass, & Rishniw, 2017), where such pressures have been attributed to bullying prevalence (Huntington et al., 2011), suggests association plausibility. Despite reports of feeling “underutilised and undervalued” (Ballantyne et al., 2016), with anecdotal concerns with nursing retention (Waters, 2017) suggesting disillusionment risk, data for veterinary nurses is limited. Consequently, this study aims to address a gap in current literature, investigating the relationship between workplace bullying and disillusionment among veterinary nurses.

Method

Design

Utilising a one-response cross-sectional design, the online survey was distributed via social media, where inclusion of open and closed questions enabled collection of both qualitative and quantitative data. Ethical approval was achieved through the University Centre Sparsholt Ethical Review Committee and all responses were anonymous, facilitating unrestricted answers. Participants were self-selecting, with the criterion of being either a student (SVN) or registered veterinary nurse (RVN). Demographic variation was

achieved (Table 1), although females were predominant. However, this is concordant with gender imbalance within the profession (Ballantyne et al., 2016).

Measures examined

Experimental questions were assessed using Likert-scale scoring of statements pertaining to bullying or disillusionment without using these terms within the question, promoting objectivity, with high scores indicating negative responses (Illing et al., 2016). Behavioural-measured bullying was assessed using the previously validated NAQ-R, where participants ranked incidence of negative behaviours within the last 12 months (Einarsen et al., 2009); 11 of the 22 statements were reversed to assess positive behaviours (Table 2), mediating response bias. The criterion for behavioural-measured bullying was a score of 20, equivalent to three negative behaviours experienced weekly, which resonates with the repeated and consistent exposure definitive of bullying (Einarsen et al., 2011; Glambek et al., 2014; Glambek et al., 2015; Lutgen-Sandvik et al., 2007), and is similar to another veterinary study by Gardner and Rasmussen (2018), who required two negative behaviours weekly over a shorter timeframe. This was supported by a self-labelling question, providing a bullying definition and asking the participant to indicate whether they were or were not affected, allowing quantification of self-labelled bullying and assessment of bullying perception when

compared to behavioural-measured results. Disillusionment was assessed through five statements relating to professional outlook (Table 3), with a score of 15 as the defining criterion. This scale achieved a Cronbach’s alpha of 0.7, demonstrating acceptable internal consistency (Gliem & Gliem, 2003).

Statistical analysis

Data was not normally distributed, which is unsurprising due to the subjectivity of the study (Illing et al., 2016). Therefore, non-parametric measures were required (Krzywinski & Altman, 2014; Whitley & Ball, 2002), alongside use of the median to

Table 1. Sample demographics

| Category | | Percentage of participants |
|------------------------------|---------|----------------------------|
| Status | RVN | 62.2 |
| | SVN | 37.8 |
| Gender | Male | 1.4 |
| | Female | 98.6 |
| Age range (years) | 18–24 | 38.2 |
| | 25–34 | 39.9 |
| | 35–44 | 14.3 |
| | 45–54 | 6.4 |
| | 55–64 | 1.2 |
| Length in profession (years) | Under 1 | 5.2 |
| | 1–5 | 51.6 |
| | 6–10 | 19.5 |
| | 11–20 | 16.6 |
| | 21–30 | 5.9 |
| | 31–40 | 1.2 |

Table 2. Statements and responses with corresponding scores for the negative and positive section of the NAQ-R question, adapted from Einarsen et al. (2009), where high scores indicate negative responses

| Section 1: Negative behaviours | | | | | |
|----------------------------------|---|------------------|-------------|------------|-----------|
| Statements | (a) Someone withholding information which affects your performance (b) Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks (c) Spreading of gossip and rumours about you (d) Being ignored or excluded (e) Having insulting or offensive remarks made about you (f) Being shouted at or being the target of spontaneous anger (g) Intimidating behaviour; e.g. invasion of personal space, threats of violence and/or physical abuse (h) Persistent criticism of your work and effort, and continued reminders of your mistakes (i) Having untrue allegations made against you (j) Pressure not to claim something which by right you are entitled to (e.g. sick leave, holiday entitlement, travel expenses) (k) Being the subject of excessive teasing and sarcasm | | | | |
| Responses (corresponding scores) | Never (1) | Occasionally (2) | Monthly (3) | Weekly (4) | Daily (5) |
| Section 2: Positive behaviours | | | | | |
| Statements | (l) Having appreciation shown for your input in the practice (m) Receiving offers of support from those available when your workload becomes challenging (n) Being encouraged to perform to the best of your ability and develop your theoretical/practical skills (o) Having your professional opinions respected and taken into account (p) Being made to feel trusted and reliable (q) Being treated fairly and equally to other members of the team (r) Receiving constructive feedback (s) Being made to feel relaxed and comfortable (t) Being communicated with openly and effectively (u) Having your need for an appropriate work-life balance being taken into account (v) Receiving praise for your work | | | | |
| Responses (corresponding scores) | Never (5) | Occasionally (4) | Monthly (3) | Weekly (2) | Daily (1) |

Table 3. Disillusionment statements and responses with corresponding scores, where high scores indicate negative responses

| Disillusionment section | | | | | |
|--------------------------------|---|--------------|-------------|-----------|--------------------|
| Statements | (a) Overall, I find veterinary nursing enjoyable | | | | |
| | (b) I am satisfied by my job role | | | | |
| | (c) My fellow SVN/RVN colleagues are positive about the veterinary nursing profession | | | | |
| | (d) I am as passionate about veterinary nursing now as I was when I began training | | | | |
| | (e) I am confident in my ability as a veterinary nurse | | | | |
| Response (corresponding score) | Strongly disagree (5) | Disagree (4) | Neutral (3) | Agree (2) | Strongly agree (1) |

prevent false elevation of data central tendency due to outlier presence (Leys, Ley, Klein, Bernard, & Licata, 2013). Poisson regression assessed significance of scores from incidence of negative and positive behaviours as predictors of disillusionment, and, suitable for ordinal-level data (MacFarland & Yates, 2016), the Mann–Whitney test was utilised for comparison of significance between RVNs’ and SVNs’ behavioural-measured bullying scores (Nachar, 2008). Dichotomous outcomes for achieved criterion of behavioural-measured and self-labelled bullying were assessed with the test of two proportions, determining presence of significant difference in both RVNs and SVNs (Krishnamoorthy, 2016).

Results

Descriptive statistics

Of 781 participants, only those who completed all compulsory questionnaire components were included in the evaluation, resulting in a sample of 574, of which 62.2% were RVN and 37.8% SVN. Qualitative responses ($N=273$) demonstrated a range of personal and job-related effects of bullying exposure (Figure 1), where impairment of self-confidence alongside hindrance to working ability through decreased concentration and enjoyment, as well as colleague and task avoidance, emerged as the key themes.

Behavioural predictors of disillusionment

Low incidence of positive behaviours was a significant predictor of disillusionment ($P<0.001$), whereas high exposure to negative behaviours was not ($P=0.6$). This test achieved 24% for R^2 adjusted deviance and a non-significant goodness of fit ($P=0.7$), suggesting reasonable suitability for the data.

Bullying occurrence in RVNs and SVNs

There was no significant difference between RVN and SVN behavioural-measured bullying scores ($P=0.335$). This is supported with descriptive analysis (Figure 2), demonstrating similarity of interquartile ranges as well as overall

distribution, where both populations possess a median score of 21. Additionally, both data sets display upper-skew, representing a higher proportion of both RVNs and SVNs in the sample experiencing more severe frequencies of negative behaviours. The outlier depicted in Figure 2 represents a true data point, where the participant reported daily occurrence of all 11 negative behaviours.

Perception of bullying

The percentage of RVNs and SVNs bullied through behavioural measures in comparison to self-labelling (Figure 3) demonstrates similarity for extent of behavioural-measured bullying between groups, with 58.8% for RVNs and 58.5%

for SVNs. In contrast, minor perception variation is demonstrated through differences in self-labelled bullying to behavioural-measured, with 59.6% for RVNs and 52% for SVNs; however, two-proportion analysis reveals that these differences are non-significant (RVN: $P=0.819$, SVN: $P=0.176$).

Discussion

Aiming to assess the perceived relationship between exposure to workplace bullying and disillusionment in veterinary nurses, this study’s findings contribute to the minimal literature exploring such issues within practice to produce supportive data for current initiatives into

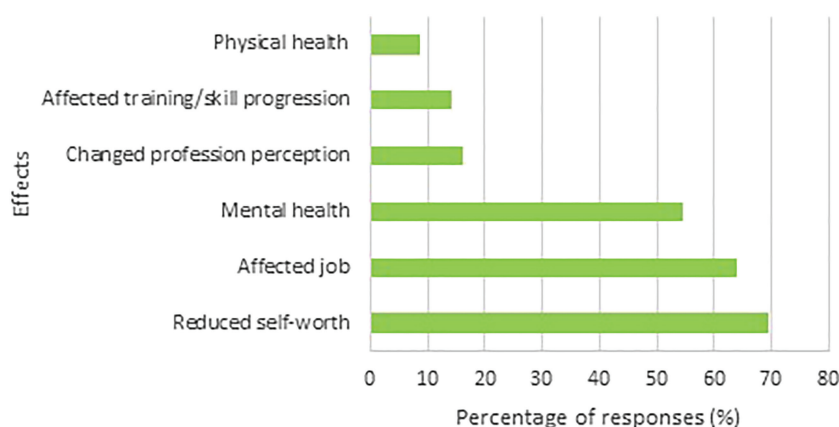


Figure 1. Effects of bullying

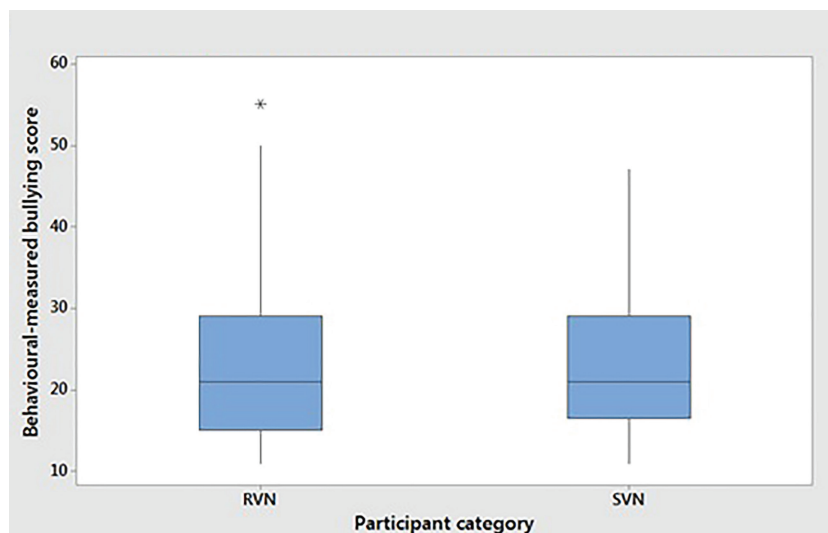


Figure 2. Comparison of RVN and SVN behavioural-measured bullying scores

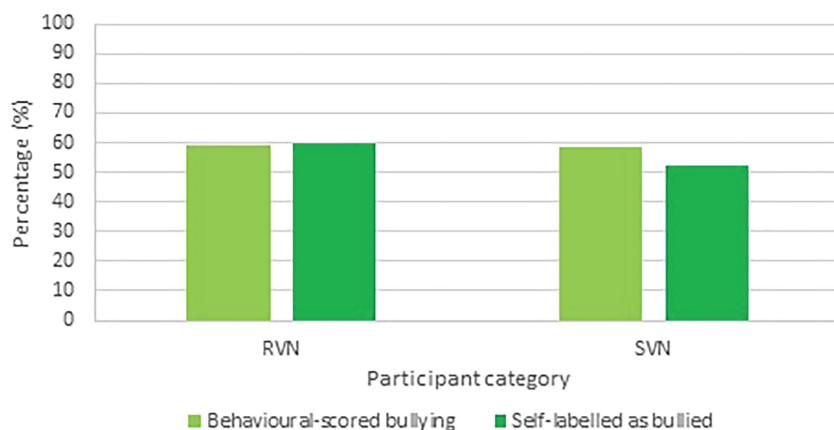


Figure 3. Comparison of perception through behavioural-measured and self-labelled bullying

improvement of veterinary professionals' well-being (Ballantyne et al., 2016). While low incidence of positive behaviours in practice is significantly associated with disillusionment ($P < 0.001$), high frequency of negative behaviours is not ($P = 0.6$). A possible explanation is that lack of positive interaction between colleagues and fellow professionals can foster generalised negativity towards the job through feelings of worthlessness within the role, impairing satisfaction (Clarke et al., 2016; Hatch et al., 2011). Negativity from bullying is more commonly isolated to the individual or environment (Berthelsen et al., 2011; Verkuil et al., 2015). From qualitative analysis on bullying effects, 64.1% of participants reported role-related factors, such as impaired concentration, ability and enjoyment, with only 16.1% detailing altered outlook on the profession, suggesting that bullied individuals perceive their experience to be isolated as opposed to a profession-wide issue. Allen et al. (2015) and Einarsen et al. (2016) obtained correlation between bullying and attributes of disillusionment; their utilisation of established scales to assess disillusionment factors in contrast to the current study may account for result variation, where although achieving acceptable internal consistency suggesting scale validity, reliability has not been established.

While a low deviance (24%) and non-significant goodness of fit ($P = 0.7$) indicate reasonable suitability of the Poisson regression model for the current data, results should be interpreted with some caution, as extraneous variables may be confounding (Ajao & Ogunde, 2017; Cameron & Windmeijer, 1996; Krishnamoorthy, 2016). This is unsurprising due to the subjectivity and complexity of bullying effects (Fox & Cowan, 2015;

Hogh et al., 2011), where additional variables may include economic stressors (Kandelman, Mazars, & Levy, 2018; Kipperman et al., 2017) or nursing confidence, where Livne and Goussinsky (2018) demonstrated its moderating effect on bullying and burn-out incidence. In this study, 71.25% of participants agreed or strongly agreed that they were confident in their nursing abilities, which may account for the non-significant relationship between bullying and disillusionment. Method adaption to the longitudinal design would aid assessment of this causality (Einarsen et al., 2016) through acquisition of baseline psychological measures to act as a control, improving result validity. While utilisation of a more complex regression model to assess interaction of such factors was beyond the scope of the current research, 85.5% of disillusioned participants rank as bullied through behavioural measures, suggesting that although a direct relationship was not established, bullying may act as a risk factor for disillusionment.

No significant difference was achieved between RVNs and SVNs ($P = 0.335$), contrasting with human nursing studies, which suggest that students are at higher risk of bullying (Livne & Goussinsky, 2018) due to inexperience and instability within the profession (Tee et al., 2016). While there are minimal studies examining this relationship in veterinary literature, supportive data in the present research found SVNs to most commonly report RVNs in authoritative roles (54.8%), veterinary surgeons (47.5%) and management (43.3%) as the source of negative behaviour, in comparison to RVNs reporting veterinary surgeons (58%) and management (48.7%), with a similar incidence of RVNs of the same status and those in authoritative positions (38.1% and 36.7%, respectively). While

the latter findings indicate presence of horizontal bullying, which is common in human nursing (Carter et al., 2013), the overall trend is suggestive of greater prevalence of vertical bullying. This may be attributed to organisation hierarchy, as similar findings have been achieved in veterinarians, where those in non-managerial roles obtained greater mean bullying scores than managers (Gardner & Rasmussen, 2018). Destructive leadership is commonly implicated in bullying prevalence and culture within the workplace (Glabek et al., 2018; Hoel et al., 2010; Nielsen, 2013), potentially accounting for similarity of bullying experience between groups in non-managerial roles. Everitt (2017) achieved opposing results, suggesting greater occurrence of horizontal bullying between both veterinary nurses and surgeons. While the omission of veterinarians in the current study limits comparison, it highlights scope for research extension to assess both professions, establishing the nature of bullying within the veterinary industry and facilitating appropriate supportive action.

No significant difference was discerned between behavioural-measured and self-labelled bullying in both RVNs ($P = 0.819$) and SVNs ($P = 0.176$), indicating emotional intelligence – a necessary trait for interpersonal skills within stressful environments such as veterinary practice (Lloyd & Campion, 2017). Considering that this resilience does not moderate the effects of bullying per individual (Gardner & Rasmussen, 2018; Laschinger & Nosko, 2015), the present finding of 58.7% of participants experiencing bullying through behavioural measures, with a further 69.9% witnessing bullying of a colleague suggests severity of the issue within veterinary nursing; 26.5% attrition due to incomplete surveys highlights the need to refine the current questionnaire to obtain a greater sample size, helping to ensure that results are representative. Although bullied individuals would possess greater motivation to participate with self-selecting methodology, the rate of bullying demonstrated in this study in relation to the UK veterinary nursing population suggests a prevalence of 1.8% (Ballantyne et al., 2016), which is near equivalent to the prevalence of severe bullying in alternative professions (Zapf et al., 2011). The inability to distribute the survey to all veterinary nursing professionals may evince greater scope of workplace bullying, posing the necessity for broader research to establish the full extent of this issue within the profession.

Conclusion

While causation was not established between workplace bullying and professional disillusionment in this instance, results are indicative of complex interaction between these variables, where further organisational and personal factors may contribute. Demonstrating a previously unexplored risk factor of disillusionment in the low incidence of positive behaviours experienced from colleagues, this study also highlights a concerning degree of bullying within the sample which may indicate a widespread issue, as in human nursing. These findings contribute to the limited literature on bullying within the veterinary profession and provide a basis for further exploration and subsequent addressment of the issue within veterinary nursing, in line with current well-being initiatives.

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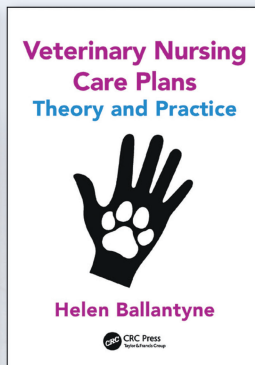
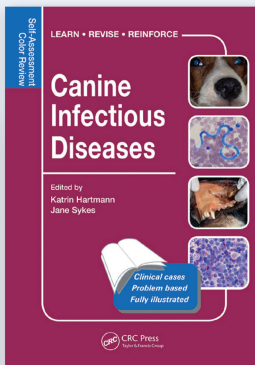
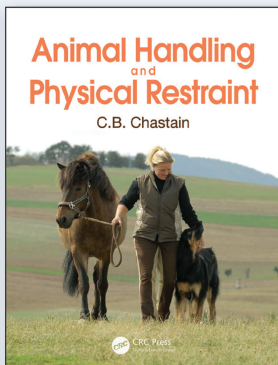
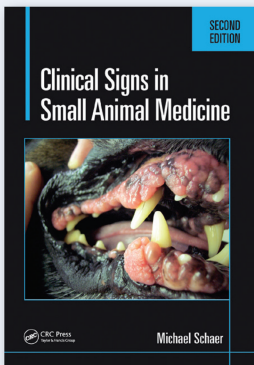
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