

Bullying in Ticino (Switzerland) healthcare contexts: Impact on employees wellbeing and organization.

Introduction

Bullying in health care setting has a globally prevalence between 1% and 87% and it's in constant increase described by "WHO" as: "Bullying is a major public health problem".

It is defined as a repeated ill-treatment, harmful for the health of one or more individuals by one or more people.

There are different types of behaviours and they vary from verbal abuse, offensive conduct, humiliating and intimidating attitudes.

Those attitudes won't help you doing your job. Different are the outcomes that those actions have on victims: anxiety, sleep disturbances, generalized pain and reduced attention.

The objective of the study was to investigate the presence of the phenomenon within the Ticino (Swiss Canton) on healthcare contexts and to explain its experiences.



Methods

A qualitative study was conducted to a sample of professionals active in the health care context of Ticino (Switzerland) through 18 semi-structured interviews and their thematic analysis.

Results

Table: macro-themes and themes

Bullying Phenomenon
<ul style="list-style-type: none"> Bullying knowledge Ideas about bullying Presence of Bullying
Bullying Event
<ul style="list-style-type: none"> Who How to Where When Experienced
Consequences of bullying
<ul style="list-style-type: none"> Personal changes Lived experience and emotions Consequences on the patient
Interventions-strategies-support
<ul style="list-style-type: none"> Organisation and strategies to prevent/avoid Support from - to people Leadership role

The analysis of the interviews revealed four macro-themes: Bullying phenomenon, Bullying event, Consequences of bullying, Interventions-strategies and support. The experiences narrated by the participants are very diverse, ranging from isolation from the group, feeling judged, being slandered in relation to one's actions.

The impact of bullying at the level of professionals varies from physical, psychological, occupational and social symptoms with repercussions in both professional and personal life. The negative consequences of bullying can also be perceived on the quality of care provided, decreased concentration with an impact on performance, lack of help from colleagues or fear of asking for help in case of difficulty were reported. Participants did not describe extreme consequences such as leaving the profession or taking radical action against themselves.

There were no programmes to prevent this phenomenon or to support victims.

Conclusions

The experiences that have emerged have confirmed the presence of bullying in the healthcare sector in Ticino and how the consequences have a negative impact both on the bullied treatment staff and on the quality of care provided to patients.

The results of the research highlight the importance of leadership as the main actor in counteracting and managing bullying in health care institutions. It also highlights the need to expand knowledge about bullying among healthcare professionals, as well as the implementation of programmes that aim to manage and prevent bullying.

Facilitating a healthy working environment, where there is no tolerance of bullying behaviour, and victims are supported, would contribute to the well-being of staff and improved patient care.

