

# Healthy WORK ENVIRONMENTS

## Strategies for Eliminating Nurse-to-Nurse Bullying

*Nurse-to-nurse bullying is a problem. It's destructive, pervasive, and has no place in a profession dedicated to caring. However, there is hope for individuals who find themselves targets. When nurses stop accepting the bad behaviors of their colleagues as the norm, bullying will stop.*

Imagine a world where bullying doesn't exist: where nurses go out of their way to support each other and where everyone works together as a team. For some nurses, this world exists. For others, this world is an unrealistic dream. The reality is that while nurses can be kind and caring to patients, we can be horrific to each other.

Amy couldn't wait to start her first job as a new nurse on a busy medical-surgical unit. Although a few of Amy's classmates, who had clinical rotations on that unit, warned her about the nurses who "ate their young," the excitement of landing her first job as a professional nurse was more powerful. However, it wasn't long before Amy realized that the experiences of her classmates mirrored her own, and she eventually left that unit.

What happened? And what can you do to avoid succumbing to bullying behavior like Amy did?

### Definition

Bad behavior has many names: horizontal, lateral, or vertical violence; nurse-to-nurse oppression; incivility; disrespect; and bullying. All exemplify the meaning of *bad behavior*, which undermines a culture of safety and respect. Different degrees of bad behavior exist, from leaving the copier jammed for the next person (low level) to overt threatening to do harm (high level). However, all levels of bad behavior need to be eliminated in the workplace.

High stress environments in health care can push the nicest and most competent nurses to their limits. In a crisis situation, nurses may speak abruptly and harshly to their peers. However, a difference exists between someone who lashes out during a crisis moment and a bully. A nurse who is not a bully, but acts inappropriately recognizes he or she behaved badly and will apologize. Bullies justify their actions and do not believe they have done anything wrong. Bad behaviors, therefore, are perpetuated. *Bullying* is defined as the repeated pattern of destructive behavior with the conscious or unconscious attempt to do harm emotionally, mentally or physically. Regardless of whether or not the bully recognizes his or her behavior as inappropriate, the behavior is defined as bullying if the behaviors are repetitive toward others.

### Literature Review

The reader can find a plethora of information about bullying behaviors, why bullying occurs, bullying characteristics, and the impact bullying has on individuals and organizations. Even though such research is available, many health care organizations have not successfully eliminated this bad behavior in their work environment. Prevalence of bullying among nurses in the workplace ranges from 46-100% (Bartholomew, 2011). What's more disturbing is learning who these bullies are. An International Workplace Survey determined that of the 80% of respondents who witnessed bullying acts on a nurse colleague, more than 51% of the perpetrators were other nurses (Johnston, Phantharath, & Jackson, 2010). Clearly we need to do a better job with organizational and individual efforts to eliminate bullying behavior in the workplace.

### The Impact of Bullying

Bullying is destructive, pervasive, and does not belong in a profession that exemplifies caring and compassion. The impact of bullying reaches beyond each bullying incident; it infects the culture like a virus and destroys the work environment from the inside out.

**Impact on individuals.** Victims of bullying suffer emotional pain that can lead to physical pain and high absenteeism (Longo & Sherman, 2007). Victims can experience a variety of emotions such as humiliation, incompetence, lack of confidence, and loss of self-worth (Longo & Sherman, 2007).

**Impact on the nursing profession.** Nurses who are victims of bullying may leave the profession, adding to the shortage of high-quality nurses available to care for patients and impacting those who remain working in an unhealthy work environment (Jones & Gates, 2007). Bullying is becoming nursing's professional "black eye" as people outside of health care are learning about nurse-to-nurse bullying and are asking the nursing staff if they have a bullying problem in their work environment. The nursing profession's image as an ethical profession is in jeopardy.

**Impact on the organization.** Absenteeism from work due to bullying is on the rise. Many nurses do not have the support or the skills necessary to cope with bullying and just miss work to avoid the experience, especially if they know they are going to be working with a "bully." Absenteeism adds to unnecessary costs to organizations and adds a burden to the remaining staff, leading to high turnover and nurse disengagement. The bottom line for the organization is high turnover leads to higher operational costs.

**Impact on patient care.** The impact of bullying on patient care is most concerning. Nursing environments plagued by bullying behaviors have higher patient mortality rates (Aleccia, 2008). Why? Nurses are less likely to call upon colleagues for assistance if they do not feel comfortable asking coworkers for help, leading to situations where patients may not receive the care they need when they need it.

### Steps to Blocking the Bullying Behavior

There are at least four steps a nurse can take to discourage and eradicate bullying behavior. These steps include recognizing the behavior; separating one's self from the bullying, speaking up, and confronting the behavior.

**Step 1: Recognizing the behavior.** The first step to eliminate bullying is to recognize bullying behaviors. One reason bullying behavior continues is because nurses consider the “hazing of other nurses” to be normal or a rite of passage into the profession (McKenna, Smith, Poole, & Coverdale, 2003). Behaviors such as being unapproachable, getting the toughest assignment, gossiping, eye rolling, being made to feel stupid, or being openly criticized are seen as the norm. The seeming acceptance of these behaviors is especially seen in newly graduated nurses. Make no mistake about it. These behaviors are destructive, inappropriate, and unprofessional.

*Action Step: Spend time observing the behaviors of your co-workers. Are they being respectful to others, or can you recognize some of their behaviors as either low level or high level bullying?*

**Step 2: Separating from the bully.** When bullies “attack,” their victims tend to internalize and believe the message of their attacker. Criticisms such as, “that’s stupid,” or, “didn’t they teach you anything in nursing school?” can be devastating to hear, especially for the new nurse. Nurses who are repeatedly subjected to these criticisms develop feelings of worthlessness, insecurities, and question their competence. A powerful step to decrease the impact of such criticisms is to “separate” from the bully.

When faced with bad behavior from a colleague, take a mental step back and observe the behavior. Is the person communicating in a professional, appropriate manner? Is his or her intent to nurture and support or is it to harm and humiliate? If you determine the person is behaving inappropriately, don’t allow his or her words to affect you. Instead, realize that even if you did make a mistake, you have the right to be treated respectfully.

*Action Step: If you are dealing with a bully who is trying to make you feel bad about yourself, imagine drawing a “line in the sand” between yourself and the bully. As long as you are standing on one side and the bully is on the other, he or she cannot harm you. Don’t let anything he or she says “cross the line.”*

**Step 3: Speaking up to the bully.** Many victims of bullying suffer in silence only to become so distraught that they not only leave their unit, but some leave the nursing profession altogether. Nurses who find themselves bullied need to speak up. The act of telling someone about the bully can be extremely cathartic, can validate feelings, and provide support to the victim.

Who can you tell? Start with someone on your unit with whom you have a good relationship. This person can be your preceptor, educator, charge nurse, or manager. The key is to let someone know you’re in a bullying situation. So often nurses are victimized yet suffer in silence. It doesn’t have to be this way. Speak up! You deserve to work in a nurturing and supportive environment.

*Action Step: Prepare a list of people whom you trust. Let them know ahead of time that you might confide in them if you are dealing with the bad behavior of your co-workers. The key is to plan who you will go to if you find yourself being bullied.*

**Step 4: Confronting the bully.** One of the reasons bullying continues is because most people avoid confronting the bullies about their behavior. A simple way to confront a bully is to “name the behavior” when you witness it. For example, if a bully

is screaming and yelling at you in the middle of the nurses’ station, you can address the behavior by stating, “You are screaming and yelling at me in the middle of the nurses’ station.” When the behavior is not as obvious, you can still name it. For example, “I just heard you snicker and saw you roll your eyes when our manager announced I got the caring award.” Naming the behavior sends a message to the bully that you are aware of his or her bullying tactics. Over time, the bully’s bad behavior will decrease and eventually stop.

Respectfully confronting a bully doesn’t always work. But *not* confronting him or her NEVER works.

*Action step: After you have observed your co-workers’ behaviors and recognized some of them as bullying behaviors, write down how you will address the behaviors the next time you fall prey to them. Script the words you will use to “name the behavior” and practice saying these words until you feel comfortable. The next time you are faced with that behavior, you will be prepared.*

## Conclusion

Bullying has no place in a profession that is supposed to be caring and compassionate. Together, let us take ownership in the creation of supportive and nurturing work environments. Commit to eliminating bullying behavior by recognizing bad behavior and speaking up. If each of us incorporates these steps into our daily routines, we can collectively make a difference that will positively impact our environment, our patients, and each other.

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In her book, “*Do No Harm*” Applies to Nurses Too! *Strategies to Protect and Bully-Proof Yourself at Work*, Renee tackles the dirty secret that has plagued the profession of nursing for years. She brings the topic of nurse-to-nurse bullying in health care organizations to life by using real-life examples and scenarios paired with effective problem-solving strategies.

To contact Renee or to order her book, please visit [www.rtconnections.com](http://www.rtconnections.com).