

Workplace Bullying in Nursing: A Problem That Can't Be Ignored

Workplace bullying is a serious problem affecting nursing. Abusive workplaces result in lack of job satisfaction, poor retention, and adverse patient outcomes. The purpose of this article is to present the history of this problem in nursing and offer potential solutions.

Carol is a new nurse working on a medical-surgical unit. She is an outstanding nurse — very thorough, attentive to the needs of her patients, and considered to be a team player by her co-workers. One day, she is asked by her supervisor to document she had provided care to patients not assigned to her. Carol declined. In the weeks that followed, Carol's supervisor continually belittled her in front of other staff and patients, told her she should have chosen another profession, spoke to her in a condescending manner, used demeaning language, or just completely ignored her. After months of continually being bullied, feeling depressed, suffering from loss of sleep and appetite, and not knowing where to turn for help, Carol resigned her position and went to work at another hospital.

What Is Workplace Bullying?

Workplace bullying, a serious issue affecting the nursing profession, is defined as any type of repetitive abuse in which the victim of the bullying behavior suffers verbal abuse, threats, humiliating or intimidating behaviors, or behaviors by the perpetrator that interfere with his or her job performance and are meant to place at risk the health and safety of the victim (Center for American Nurses, 2007; Felblinger, 2008; Longo & Sherman, 2007; Murray, 2008a). Often workplace bullying involves abuse or misuse of power and authority within an organization.

Bullying behaviors create feelings of defenselessness in the victim and significantly demoralize his or her right to dignity in the workplace (Department of Labor and Industries, 2006; Longo & Sherman, 2007). This silent epidemic in nursing usually is driven by the perpetrator's need to be in complete control of an individual, regardless of the pain and suffering inflicted on the victim. The bully meticulously plans who will be targeted, when the victim will be abused, and how this abusive behavior will be perpetuated. Furthermore, the bully strategically plans to involve other employees in the bullying behaviors, either voluntarily or by coercing them into the abusive behavior. Very frequently these minions cooperate out of fear of being the next victim (Griffin, 2004; Murray, 2008a).

Why Individuals Bully

Nurses may bully others for a number of reasons. The basis most often is solely the need for the bully to be in control of all aspects of the work environment. The perpetrator of the bullying behavior also may have a personality flaw, such as being shortsighted; stubborn to the extreme of psychopathic tendencies, such as trying to be repulsively charming; have an exaggerated sense of self; and lack the ability to be remorseful or feel guilt over the harm inflicted upon others (Anderson, 2002; Felblinger, 2008; Murray, 2008a).

Bullying behaviors also exist because of a *white wall of silence* that often protects the bully (Murray, 2007). In some cases, senior managers ingratiate these behaviors and often protect the bully instead of the victims (Longo & Sherman, 2007). This unrelenting bullying behavior in the workplace will continue unless health care organizations implement zero-tolerance policies and

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legislation is passed making workplace abuse illegal (American Association of Critical-Care Nurses [AACN], 2004; Center for American Nurses, 2007; Longo & Sherman, 2007; Murray, 2008b; Ramos, 2006).

Tell Tale Signs of Workplace Bullying

The following examples will help nurses determine if they are being bullied (Felblinger, 2008; Longo & Sherman, 2007; Murray, 2008a):

- Despite a nurse's attempt to learn a new procedure or complete a task, the supervisor is never pleased.
- A nurse is called to unplanned meetings with the supervisor (and perhaps others who are witness or participants) where only further degradation occurs.
- The workplace bully continually undermines and torments a nurse who is trying simply to do his or her job.
- Despite having expertise and a history of excellence in the area of practice, a nurse is accused of being incompetent.
- No matter how many times a nurse asks for help, and the senior leader tells the nurse action will be taken, the bully continues to interfere with the nurse's job performance.
- The bully screams or yells at the nurse in front of others to make him or her look bad.
- Colleagues are told to stop interacting with a nurse at work and in social settings.
- A nurse constantly feels stressed and fearful waiting for additional negative events.
- When a nurse asks an organizational leader for help, he or she is told to "get a tougher skin" or "work out your differences."
- Co-workers and senior leaders share the nurse's concern that the bully is a problem but they take no action to address the concern in the workplace.

Consequences of Workplace Bullying

One of the most profound consequences of workplace bullying is the emotional pain suffered by victims, which also has a secondary

effect on co-workers who witness the bullying as well as families who recognize the impact on the bullied loved one. Victims suffer significant anxiety, depression, and feelings of isolation (Murray, 2008a). Other consequences include being labeled as a troublemaker; fearing loss of career advancement opportunities or job loss, experiencing psychosomatic symptoms, such as nervous tension, headaches, eating disorders, sleep disturbances; and onset of chronic illness. Symptoms of bullying can persist over extended periods of time. Furthermore, victims may develop symptoms of post-traumatic stress disorder. These wide-ranging consequences can have long-term detrimental effects on victims, including problems with self-esteem, recurrent nightmares, and depression (Felblinger, 2008).

Impact of Bullying on Health Care Organizations

Bullying in the workplace is a very serious matter that continues to escalate in health care organizations. Although little is written on the topic of workplace bullying as it relates to nursing, literature indicates hostility significantly decreases morale as well as job satisfaction (Greene 2002; Murray, 2008a). If abuse is permitted to continue unabated, workplace rights advocates expect the financial burden on health care institutions to be unprecedented. Bullying in the workplace can cost over \$4 billion yearly (Murray, 2008a). It also has become a major contributor to the increasing rate of work dissatisfaction, absences from work, lost productivity, and work-related injuries in health care institutions (Felblinger, 2008; Longo & Sherman, 2007; Murray, 2008a).

Health care leaders can address workplace bullying by following the Forces of Magnetism developed by the American Nurses Credentialing Center (ANCC, 2008), which describe characteristics that exemplify excellence in nursing. For example, nursing leaders should be well-informed risk takers who support staff in providing safe, high-quality patient care. Magnet® leaders are in a key position to advocate for nurses who are bullied in the workplace because they realize the potential

impact on patient care delivery. Magnet hospitals also encourage a participative management style that accepts feedback from nurses at all levels of the organization. In fact, Magnet leaders promote and value nurse input regarding concerns. Having these values throughout an organization creates the conditions for nurses to report workplace bullying without fear of reprisal or becoming the next victim of the bully. Nurses in Magnet hospitals also have available consultants and resources to address their concerns related to workplace abuses. These may include experts from professional nursing organizations experienced in workplace advocacy or persons from other health care organizations in the community who have had success in addressing workplace bullying. Nurses are a critical influence on organization-wide processes and policies, especially as they relate to workplace bullying. Using the Forces of Magnetism can help nurses address this escalating professional workplace issue (ANCC, 2008; Murray, 2007; Murray, 2008a).

How Nurses Can Protect Themselves

Nurses can help themselves and others when confronted with bullying in the workplace. Although they may appear to be straightforward, these strategies can be difficult to accomplish if nurses do not have support (Longo & Sherman, 2007; Murray, 2007; Thomas, 2003).

- A nurse first must recognize when bullying exists. Frequently, an individual is told that he or she is not being bullied. However, the victim is aware of being targeted and knows the bully is planning systematically to continue the harassment and interfere with the victim's work.
- A nurse should seek behavioral health services when needed. Workplace bullying is a tremendously overwhelming experience.
- A nurse must be aware of the effect of the bullying on personal health and remain alert to signs and symptoms, such as anxiety, loss of sleep, and eating disorders.

- A nurse should know his or her rights. State and federal professional organizations might be able to assist a victim of workplace bullying (e.g., American Nurses Association, state nursing associations, the Department of Justice).
- A nurse must be knowledgeable of workplace policies and procedures related to bullying and harassment.
- A victim should document all incidents of bullying, including date, time, site of occurrence, and witnesses.
- A nurse should be prepared for the possibility that instead of addressing the problem, senior leaders within the organization will not stop the bullying as they protect personal interests.
- Legal assistance may be needed when all other avenues to address the problem have failed.
- Staff should offer to attend meetings as witnesses when the bullied co-worker is asked to meet with the bully.
- Staff should agree to support the bullied co-worker by providing written statements, documentation, and/or sworn testimony at legal proceedings.

Improving Protections for Nurses

Silence unfortunately often allows bullying to continue in the workplace (Murray, 2007). Perpetrators often have a longstanding history of committing similar abuses at other institutions in which they were employed. Instead of appropriate and effective action being taken to address the unacceptable behaviors, they may get moved from one organization to another. Often it is difficult to terminate their employment because they may be educators with tenure and many institutions choose not to take the necessary steps to stop the bullying from taking place. The culture of academic institutions also must play a critical role in addressing unethical behaviors of health care professionals (Whitehead & Novak, 2003). The nursing *Code of Ethics* mandates that unethical behaviors such as workplace bullying be reported through appropriate channels within health care organizations and, if needed, to outside agencies (e.g. state nurses association, professional nursing organizations) with responsibility for safe workplace environments (Murray, 2007; Murray, 2008a).

To date, most attempts to curtail workplace bullying have addressed only minimally its destructive effect on nursing (Murray, 2008a). Legislation is needed to make it a crime for individuals to abuse nurses. The Federal Nurses Association, a constituent member of the American Nurses Association (ANA), has been involved in legislative initiatives that propose critical protections for nurses who identify workplace bullying. Legislation such as the Paul Revere Freedom to Warn Act would offer protections to nurses who draw attention to wrongdoing in the workplace (Murray, 2008b).

Nursing Implications

In January 2009, new Joint Commission standards addressing hostile behavior in the workplace went into effect. These standards require health care institutions to have in place codes of conduct, mechanisms to encourage staff to report disruptive behavior, and a process for disciplining offenders who exhibit hostile behavior (Joint Commission, 2008). In addition, nursing's *Code of Ethics* mandates reporting of unethical behaviors in the workplace (ANA, 2001).

Addressing workplace abuse, harassment, and bullying of nurses in the workplace is long overdue (Murray, 2008a). Nurses should demand to work in environments free from abuse where a model of ethical behavior is adopted and supported (Center for American Nurses, 2007). Health care organizations must adopt and support fully zero tolerance policies which recognize abuse in the workplace will not be tolerated (Murray, 2008a; AACN, 2004). Ongoing educational programs are needed to help nurses recognize the signs and symptoms of violence in the work setting as well as actions that will prevent abuse from occurring and stop any abuse that is taking place (Center for American Nurses, 2007). A safe, anonymous mechanism for reporting workplace bullying also is critical (Murray, 2007). Nurses have a right to practice, learn, teach, and conduct research in settings that are safe and healthy. Stronger laws are needed to protect whistleblowers from retaliation for reporting unethical behaviors in the workplace. Nurses must play a leading role in taking political action (Murray, 2007; Murray, 2008b). Finally, research must be conducted for full exploration of factors contributing to this escalating problem (Center for American Nurses, 2007). Intervention research aimed at reducing mistreatment is essential, as are studies aimed at testing the effectiveness of these interventions (Center for American Nurses, 2007; Felblinger, 2008).

Conclusion

Health care leaders have a responsibility to employees and the public to provide work environ-

What Nursing Co-Workers Can and Should Do

Nurses also can take a number of steps to look out for each other (Johnson, Martin, Markle-Elder, 2007; Longo & Sherman, 2007; Murray, 2007; Thomas, 2003):

- When bullying is occurring, a nurse should call for help immediately. Operating room nurses have a method of calling a "Code Pink" to signal co-workers that workplace abuse is occurring. Colleagues who can be released from patient care areas go to the location of the code and stare silently at the individual bullying the nurse. This technique gets the bully to retreat from the challenge or recognize the abusive behavior has been revealed.
- A nurse should provide support to a co-worker immediately following an attack, determining what should be done for the victim.
- The bullying incident should be brought immediately to the attention of the manager.
- Staff should not side with the bully. Doing so may bring temporary protection but at a huge ethical cost. An observer should have the integrity to do the right thing and not encourage bullying.

ments that are free from abuse and harassment. When workplace bullying has been identified as a problem, senior leaders must take swift, appropriate action to ensure the abuse stops, the perpetrator is held accountable, and steps are taken to ensure bullying does not occur again. Policies and procedures must be implemented and enforced to ensure nurses feel safe to report incidents of bullying.

In 2006, the ANA adopted principles related to nursing practice and the promotion of healthy work environments for all nurses (ANA, 2006). In its resolution, ANA affirmed all nurses have the right to work in environments free of abusive behavior, such as bullying, hostility, abuse of authority, and reprisal for identifying abuse in the workplace. Nurses have a responsibility to avoid bullying, promptly report incidents of abuse, and most importantly, promote dignity in the workplace for all health care professionals (ANA, 2008; Murray, 2008a). ■

References

- American Association of Critical-Care Nurses (AACN). (2004). *Zero tolerance for abuse*. Retrieved July 15, 2009, from www.aacn.org/Wd/Practice/Docs/Zero_Tolerance_for_Abuse.pdf
- American Nurses Association (ANA). (2001). *Code of ethics for nurses with interpretive statements*. Silver Spring, MD: Author.
- American Nurses Association (ANA). (2006). *Workplace abuse and harassment of nurses*. Retrieved March 18, 2008, from <http://www.nursingworld.org/MainMenuCategories/OccupationalandEnvironmentalHealth/WorkplaceViolence/ANAResources/WorkplaceAbuseandHarassmentofNurses.aspx>
- American Nurses Credentialing Center (ANCC). (2008). *Forces of magnetism*. Retrieved March 23, 2008, from <http://www.nursecredentialing.org/Magnet/ProgramOverview/ForcesofMagnetism.aspx>
- Anderson, C. (2002). Workplace violence: Are some nurses more vulnerable? *Issues in Mental Health Nursing, 23*(4), 351-366.
- Center for American Nurses. (2007). *Bullying in the workplace: Reversing a culture*. Silver Spring, MD: Author.
- Department of Labor and Industries. (2006). *Workplace bullying: What everyone needs to know*. Retrieved March 23, 2008, from <http://www.lni.wa.gov/Safety/Research/Files/Bullying.pdf>
- Felblinger, D. (2008). Incivility and bullying in the workplace and nurses' shame responses. *Journal of Obstetric, Gynecologic and Neonatal Nursing, 37*(2), 234-242.
- Greene, J. (2002). The medical workplace: No abuse zone. *Hospital Health Networks, 76*(3), 26-28.
- Griffin, D. (2004). Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. *The Journal of Continuing Education in Nursing, 35*(6), 257-263.
- Johnson, C., Martin, S., & Markle-Elder, S. (2007). Stopping verbal abuse in the workplace. *American Journal of Nursing, 107*(4), 32-34.
- Joint Commission. (2008). *Joint Commission alert: Stop bad behavior among health care professionals*. Retrieved July 16, 2009, from http://www.jointcommission.org/NewsRoom/NewsReleases/nr_07_09_08.htm
- Longo, J., & Sherman, R.O. (2007). Leveling horizontal violence. *Nursing Management, 38*(3), 34-37, 50, 51.
- Murray, J.S. (2007). Before blowing the whistle, learn to protect yourself. *American Nurse Today, 2*(3), 40-42.
- Murray, J.S. (2008a). No more nurse abuse. Let's stop paying the emotional, physical, and financial costs of workplace abuse. *American Nurse Today, 3*(7), 17-19.
- Murray, J.S. (2008b). The Paul Revere Freedom to Warn Act: Legislation to protect federal whistleblowers from retaliation. *American Journal of Nursing, 108*(3), 38-39.
- Ramos, M.C. (2006). Eliminate destructive behaviors through example and evidence. *Nursing Management, 37*(9), 34, 37-38, 40-41.
- Thomas, S.P. (2003). Professional development. 'Horizontal hostility': Nurses against themselves: How to resolve this threat to retention. *American Journal of Nursing, 103*(10), 87-88, 101.
- Whitehead, A., & Novak, K. (2003). A model for assessing the ethical environment in academic dentistry. *Journal of Dental Education, 67*(10), 1113-1121.