Fast Facts on Combating Nurse Bullying, Incivility, and Workplace Violence

What Nurses Need to Know in a Nutshell

Maggie Ciocco

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FAST FACTS on

COMBATING NURSE BULLYING, INCIVILITY, and WORKPLACE VIOLENCE
Maggie Ciocco, MS, RN, BC, is currently a nursing program advisor for the W. Cary Edwards School of Nursing at Thomas Edison State University, Trenton, New Jersey. She has more than 25 years of experience in nursing education, as a preceptor, mentor, staff development instructor, orientation coordinator, nursing lab instructor, and clinical instructor. Ms. Ciocco received her master of science degree in nursing from Syracuse University; her bachelor of science degree in nursing from Seton Hall University, South Orange, New Jersey; and her associate degree from Ocean County College, Toms River, New Jersey. She has been an American Nurses Credentialing Center board-certified medical–surgical nurse for more than 20 years. Throughout her years as an educator, she has established preceptorship programs in acute, subacute, and long-term care settings. She is a member of the National League for Nursing and Sigma Theta Tau. Ms. Ciocco was awarded the Sigma Theta Tau–Lambda Delta Chapter Hannelore Sweetwood Mentor of the Year award in 2012. She is the author of Fast Facts for the Medical–Surgical Nurse: Clinical Orientation in a Nutshell and Fast Facts for the Nurse Preceptor: Keys to Providing a Successful Orientation in a Nutshell.
FAST FACTS on
COMBATING NURSE
BULLYING, INCIVILITY,
and WORKPLACE VIOLENCE

What Nurses Need to Know in a Nutshell

Maggie Ciocco, MS, RN, BC
To the “Other Ones” —

My previous books were dedicated to fellow nursing professionals and educators who made me the nurse I am today. I was educated by some of the best nursing professors and instructors in the profession, and I became a nurse educator because of them. I will never forget their kindness, strength, and advocacy for their patients and students. What they taught me was invaluable. But then there were the “other ones.” These other nurses also taught me, and their example influenced me as well, perhaps even to a greater extent.

I began my career as does every other student nurse, with the naïve impression that nursing is a profession filled with wondrous, gentle souls living out a vocation of service to humanity. The nurses who epitomized these qualities treated all that they encountered with gentleness and compassion. I vowed that someday, I would be “just like them” and endeavored to model their behavior. But I also observed the “other ones”—those other nurses I have encountered throughout my career. I listened when they spoke to each other and I observed how, as instructors, they interacted with students. I gathered remembrances of tears, whispered rumors, sneered accusations, and criticisms. I collected feelings of being ignored, rebuffed, and mocked. I witnessed the example of every clinical instructor who mistreated a student, every nursing professor who chose to “make an example” of a student’s failing, every charge nurse who belittled a novice nurse in front of staff, every unit manager who disregarded a new employee, and the staff nurses who were snubbed, overlooked, or mistreated by each other and by nursing administration.

The lessons the “other ones” taught me were valuable as well. They taught me to endeavor to treat each nurse, no matter each one’s time in the role, as a professional whose goal was similar to mine; to provide the best care each one could to a patient; and to offer the best education to a student. I would welcome each new nurse to the field and model the
behavior of how we should treat each other. Today, I still meet some of the “best and brightest” this profession has to offer and it continuously renews my spirit and love of nursing. I also still meet the “other ones” as well, and I continue to learn.

A special thank-you to Filomela (Phyllis) Marshall, EdD, RN, CNE—Dean, W. Cary Edwards School of Nursing at Thomas Edison State University, Trenton, New Jersey—quite literally, the best boss I’ve ever had! You lead from the front, support from the back, and always walk alongside.

Thank you to Sarah Hopkins, for all your hard work and support. You have chosen the best job in the world . . . good luck always!

And finally, to the Dream Team.

Keep away from people who try to belittle your ambitions. Small people always do that. But the really great make you feel that you, too, can become great.

—Mark Twain

If I’ve learned anything from life, it’s that sometimes, the darkest times can bring us to the brightest places and that our most painful struggles can grant us the most necessary growth.

—Danielle Koepke
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What mental images come to mind when you hear the word “bully”? Often it is the larger-than-life character looming over the small vulnerable person. It invokes an image of someone who is mean, hostile, and to be feared. How can that word be used in the same sentence as “nurse”? The image of the nurse is most usually associated with caring for, compassion toward, and healing of those who are sick and vulnerable.

Nurses have been rated by most Americans in the Gallup Poll for the past 15 years as the profession highest in honesty and ethics. How can a profession so trusted by the public be associated with bullying and incivility?

Incivility, bullying, and workplace violence in nursing are significant problems—so much so that the American Nurses Association (ANA) developed a position statement in 2015 addressing the issue (ANA, 2015). ANA’s Code of Ethics for Nurses With Interpretive Statements notes that nurses are required to “create an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect” (ANA, 2015, p. 4). How is it that we find ourselves at this juncture?

This book explores the topic and gives the reader practical hands-on skills on how to identify and deal with this phenomenon.
It provides detailed information, emphasizing why it is not okay to put new nurses “through the wringer” because we were once in that position. It is not okay to undermine coworkers or discourage students’ confidence. These tactics do not make us stronger. Bullying demoralizes us and sends exceptional young people with immense potential running from our profession. Now is the time for us to act. With the looming shortage in nursing, we must attract young, vibrant, caring, and creative individuals into nursing. We must nurture their spirit and keep them safe. Nursing must no longer tolerate this conduct.

Maggie Ciocco, the author, experienced this ugly behavior firsthand. Arriving at this institution wounded, she has, with the support of her coworkers, been able to accomplish so many positive things. With confidence restored, she is truly an advocate for all her students and those who work in the school of nursing. Well done, Maggie.

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Reference

In 1986, Judith Meissner wrote an article titled “Nurses: Are We Eating Our Young?” The article addressed how more experienced nurses often bullied new graduates and, instead of welcoming them to the profession, made their lives and work environment miserable. At the time of the writing, the article sent a shockwave throughout the profession of nursing. It was met with doubt on the surface because bullying and incivility in nursing had always been regarded as “our dirty little secret,” but it succeeded in opening a dialogue among nursing professionals at all levels.

The original article has been referenced literally hundreds of times and the phrase “eating our young” was added to the popular lexicon. Many subsequent articles and books have been written and research studies conducted regarding how nurses of all ages and experiences treat each other in the workplace and in schools of nursing, and theories have been developed elaborating what leads to such behavior. Human resources departments in countless health care facilities have developed policies to deal with “lateral and vertical hostility” (bullying), incivility, and workplace violence. Schools of nursing now provide courses on ethics and fair treatment of colleagues. However, despite courses, human resources policies, employer reprimands, and...
Employee punishments, the behavior of nurses toward each other has not improved.

So prevalent is the behavior that it is now felt that nurses have become desensitized. Very telling is the perspective shared by a third-year nursing student, who stated, “that was your generation; nurses don’t bully anymore.” She then reviewed current research and observed her fellow students and how they treat each other and nursing faculty and, in turn, are treated by hospital nursing and medical staff and clinical instructors. Upon reflection, she realized that the behavior is so common it is thought to be “normal” and part of the job or the initiation onto a new unit.

This text is intended to be a “field guide” to bullying and incivility: how to define, recognize, and deal with the behavior. It is not a text about fixing the profession of nursing so that nurses are uniformly supportive of each other and treat each other with kindness. Bullying and incivility will not be eliminated after reading an article or book. They will be eliminated when hospital and nursing administration, deans in academia, and professors of nursing recognize the problem, take seriously the complaints of the victims, successfully punish the perpetrators, screen for its presence prior to employment and school of nursing entrance, and educate all in how to recognize the problem and know how to assertively address the situation without hiding in fear. Bullying and incivility will be stopped when they are no longer tolerated!

Maggie Ciocco
Share

Fast Facts on Combating Nurse Bullying, Incivility, and Workplace Violence:
What Nurses Need to Know in a Nutshell
Bullying in Nursing

Why is it that, in a profession thought to be formed from individuals whose life goal is to care for others and show compassion, bullying is even discussed? When “bullying in nursing” is mentioned to those outside of the profession, it is usually met with a look of shock and verbalized disbelief. However, when it is discussed among fellow nurses, it is met with mutual agreement and a sharing of stories and an exclamation that it occurs not just on certain units, but among all nurses in all specialties of nursing and at all levels of the profession as well. But why do nurses bully? Surely, there has to be some deep-rooted reason. Does it originate prior to entering the profession or does it develop in nursing school or early in a nurse’s career as a reaction to how he or she was treated? Is it a learned behavior? Many a nurse has wondered how the nurses with whom they work, who have dedicated their lives to caring for others, or educators, who have dedicated their lives to teach others to treat patients with kindness and concern, become bullies, often driving students, novice nurses, and experienced professionals out of the profession.
After reading this chapter, the reader will be able to:

- List the actions of a nurse bully
- Explain two triggers of bullying in nursing
- Describe the patterns of bullying in nursing
- List 10 behaviors that indicate bullying in nursing
- Describe the nurse as “wounded healer”

DEFINITION OF A NURSE BULLY

A nurse bully is “a nurse who uses psychological and social harassment against another nurse through overt and covert behaviors” (Flateau-Lux & Gravel, 2014, p. 225). The American Nurses Association (ANA) defines bullying as “repeated, unwanted harmful actions intended to humiliate, offend, and cause distress in the recipient. Bullying actions include those that harm, undermine, and degrade” (ANA, 2015). “An unfortunate occurrence has been noted among those familiar with bullying in nursing . . . nurses often reject offers of assistance in dealing with the crisis,” (Dellasega, 2009, p. 54).

Fast Facts in a Nutshell

“Bullying is allowed to occur for three reasons: because it can; because it is modeled; because it is left unchecked” (Clark & Ahten, 2011).

ACTIONS OF NURSE BULLY

The actions of a nurse bully include the following:

- Showing hostility
- Humiliating
■ Getting up and leaving when the victim enters a room
■ Acting out in anger and impatience
■ If in management, directing the assignment of an unmanageable patient care load to the victim of his or her bullying
■ If in management, assigning patient care that is either above or below the scope of practice of the victim
■ If in management, not allowing another nurse to be promoted, take sick leave, take holiday time, or get overtime or compensation for work beyond a specific shift
■ Delivering verbal attacks, taunts, insults; condescension in language and attitude
■ Giving the silent treatment, such as excluding and ignoring
■ Giving threats and intimidation
■ Spreading rumors and lies that no one refutes
■ Withholding support
■ Giving work deadlines that are impossible to meet
■ Withholding vital patient care information
■ Ridiculing and humiliating the victim regarding his or her patient care
■ Micromanaging
■ Belittling and criticizing, faultfinding, and scapegoating
■ Sabotaging the victim’s work
■ Refusing to help others in patient care
■ If in management, removing or decreasing responsibilities from the victim
■ Playing practical jokes that are excessive and hurtful
■ Teasing and sarcasm
■ If in management, being late or not showing up to meetings scheduled by others
■ Coercing the victim to not take something to which he or she is entitled, such as a promotion or new position within the facility
■ Ignoring policies and procedures
■ Ignoring presentations given by others
VERBAL ABUSE

Another common type of bullying behavior in nursing is that of verbal abuse. One study conducted among pediatric nurses in 2005 revealed that 94% of them had experienced verbal abuse from coworkers, physicians, and patients (Chipps & McRury, 2012, p. 95). Another study conducted among Australian nurses broke down verbal abuse by the following types: rudeness (82%), shouting (68%), and sarcasm (64%; Chipps & McRury, 2012, p. 95). Verbal abuse can be “blatant or subtle and consists of communication through words, tone, or manner that disparages, intimidates, patronizes, threatens, accuses or disrespects another person” (Alspach, 2007, p. 12).

WHAT TRIGGERS BULLYING IN NURSING?

Bullying among nurses can be brought on by certain events or triggers (Dellasega, 2009, p. 54). These events or triggers include the following:

- Those who enter as new graduates, novice nurses, or student nurses (they are new, lack confidence, and feel powerless)
Those who are perceived as being intelligent, competent, loyal, accomplished and who have integrity and who are dedicated to the unit/facility (Castronovo, Pullizzi, & Evans, 2016, p. 209)

Those who think outside the box and have new ideas on how things should be; in other words, those who disturb the “status quo”

Anyone whom someone at a higher level perceives as a threat to his or her comfortable status

Being a seasoned nurse, but new to a unit or facility (he or she lacks confidence because of being new and not having friends or an advocate to assist him or her)

Receiving a promotion or honor that another nurse feels is not deserved (Dellasega, 2009, p. 54)

Having a previous issue in working well with others

Receiving special attention from physicians (Dellasega, 2009, p. 54)

Having to work on a unit that is severely short-staffed

A lack of resources or equipment to properly and safely care for patients

Working with violent or hostile patients and those with dementia

Poor working relationship with colleagues

Rapid changes within the facility or unit (i.e., change in governance, downsizing, restructuring)

Low or nonexistent support from nursing leadership and facility administration

Patient care “issues,” such as excessive documentation, computer work, and shift “work” not completed and therefore passed on to the next shift

Working the night shift, erroneously thought of as not working as hard as other shifts

Aggressive behavior by another nurse triggering anger in a colleague: then anger triggers abrasive behavior in another colleague and the behavior is reinforced because it is ignored
PATTERNS OF BULLYING IN NURSING

Cheryl Dellasega in her article, “Bullying Among Nurses,” notes that there are patterns to bullying in nursing. These are common to all specialties and all units. These types of behaviors tend to make other nurses on the unit feel intimidated or frustrated, even if they were not the ones being targeted for bullying (Dellasega, 2009, p. 54). See if you recognize yourself or nurses with whom you work in these patterns:

- **The Supernurse**
  - States she or he has seen and done it all in nursing and has performed better than coworkers and lords this over coworkers
  - Is usually more educated and experienced than his or her coworkers
  - Acts out feelings of superiority through verbal comments and body language (eye rolling, sighing)
  - Acts this way because he or she truly feels comments regarding the work of others are helpful
  - May be compensating for feelings of doubt, anxiety, and uncertainty
  - Is unaware of how his or her actions and verbalizations affect other nurses

- **The “PGR” Nurse**
  - Uses put downs, gossip, and rumors (PGR) to bully other nurses (Dellasega, 2009, p. 55)
  - Turns on other nurses instead of working with them through a stressful situation
  - Randomly selects and constantly changes those who are the target of their behavior
  - Responds aggressively and quickly to any remarks that he or she feels are hurtful, even when offense is not intended
  - May be trying to bond with other nurses through sharing of gossip and rumors—but the result of this behavior is still damaging to others
• **The Backstabbing Nurse**
  - Betrays the confidence and friendship of fellow nurses
  - Typically defined as “two faced”
  - Uses information about others to increase his or her “power” among fellow nurses; communication within the group can be misrepresented to others
  - Behaves in such a way that creates mistrust and affects working relationships

• **The Green With Envy Nurse**
  - Wants what he or she does not have either personally or professionally
  - Expresses his or her envy through comments or unhelpful behavior
  - Hides feelings of resentment from those he or she has targeted

• **The Clique Nurse**
  - Excludes other nurses as a form of antagonism
  - When two or more nurses form a group and exclude others—a clique can be a group of friends but it becomes harmful when they exclude others, show favoritism, help only those in the group, or ignore other nurses
  - Cliques are a “power base” and give the group a perceived “safe space”
  - The formation of a clique can be inadvertent, but it is a gathering of a subgroup of people

It should also be noted that bullies can develop because nurses of different ages have different approaches to patient care and can be intolerant of the new ideas or practices of the student, novice nurse, or newly employed nurse. Nurses who have been in the profession longer may also mimic the bullying behaviors that they experienced in the past. Nurse bullies, or any bully, can see the behavior in other nurses, but fail to see bullying behavior in themselves. They are among those who accept the behavior as normal. Bullies may also be seen by
nursing leadership as those with “passion” and fail to confront the behavior.

**SO, YOU THINK YOU ARE NOT A BULLY**

Many of us know a bully but are convinced that we are not bullies ourselves. The checklist denotes the behavior of a nurse bully. Think about your behavior with your coworkers for a given time period. Have you demonstrated any of these behaviors?

☐ Withholding patient care information from a fellow nurse  
☐ Gossiping and spreading rumors  
☐ Sharing private information not meant to be shared  
☐ Hiding patient care items from another nurse so that he or she is unable to care for the patient  
☐ Establishing and maintaining cliques  
☐ Ignoring another nurse who approaches a group that has gathered  
☐ Ignoring the opinions of others  
☐ Excluding another nurse from your social group  
☐ Shouting at another nurse  
☐ Publicly humiliating or ridiculing another nurse  
☐ “Micromanaging” the work of another nurse or coworker  
☐ Reminding another nurse of a past error  
☐ Do fellow staff avoid you?  
☐ Are your fellow staff angry or hurt by something you said?  
☐ Do you praise fellow staff or just comment on their shortcomings or something they did wrong?  
☐ Do you feel underqualified or over your head, and as a consequence place your staff in uncomfortable situations?

Checking off any of the these behaviors means that you act aggressively toward your fellow nurses and you are a bully.
THEORIES OF BULLYING IN NURSING

There are many posed theories regarding what causes a nurse to bully. Some postulate that it is a cycle, perpetually fueled by how nurses view themselves and other nurses. Others view bullying as a reaction to working conditions. These theories focus on how nurses view themselves, how they view other nurses, and how their training affects these views.

How Nurses View Themselves

The typical nurse is a young female who values “patient care, service and self-sacrifice” (Hurley, 2006, p. 69). Historically, nurses have been seen as being less mature and knowledgeable (read: “smart”) regarding skill and reasoning ability and possessing less societal power than those who enter the field of medicine. Therefore, nurses are seen by society and unfortunately themselves as “lacking power, autonomy and self-esteem . . . they became marginalized and look to those whom they perceive as more powerful for approval” (Hurley, 2006, p. 69). “Nurses have existed for centuries within a system headed by male physicians, administrators, and marginalized female nurse managers” (Longo & Sherman, 2007, p. 35).

How Nurses View Other Nurses

Some nurses value other nurses who finish their tasks and assigned care “on time.” The nurse who spends what others feel is “too long” interacting with a patient or completing care faces the consequences meted out by the peers. This can range from forcing the nurse to miss a meal due to increased workload to outright reprimand (Hurley, 2006, p. 69). But the person who is reprimanded feels that he or she cannot speak out against the perpetrator because the perpetrator is the “go to” person on the unit whom the nurse, particularly the new nurse, looks up to as a source of knowledge (Hurley, 2006, p. 69).
The Student Nurse

Student nurses “learn” to be submissive. A 2006 study noted that nursing students finish their degree programs with lowered self-esteem due to their treatment in nursing school. They then enter the field with their sense of autonomy affected and their competence level questioned by others and themselves. In order to survive, new nurses take on the submissive role to those who they feel have power over them (staff nurse, nurse managers, and physicians). Those who have the “power” often abuse those in submissive positions. It is also theorized that the student nurse, the oppressed, takes on the role of the oppressor in order to “survive.” This internalized oppression also makes students, or new nurses, feel that there is no way to change the system in which they are now caught up. They now become the bullies they feared (Hurley, 2006).

Fast Facts in a Nutshell

Another typical target of a bully is a nurse who is experienced, highly educated, and clinically competent. It is unfortunate that bullying occurs across a nurse’s career from being novice to expert.

THE PERPETUAL CYCLE OF BULLYING

So when viewed in its total context, bullying and the outcomes of the bullying behavior cause a cycle that must be broken. The nurse feels that he or she is being oppressed by the system, and by internalized feelings of low self-esteem (caused by being bullied, derided, and disrespected by physicians, instructors, managers, and fellow nurses). Nurses feel powerless to control their working conditions; they feel a lack of autonomy. Rather than asserting themselves and standing up to the system,
fellow nurses, and managers and risking revenge by them, the
oppressed nurses act out their feelings by bullying others,
because that behavior is covert and free from penalty. The vic-
tims fear retribution and the possibility of losing their source
of knowledge and help on the unit. They become distressed,
helpless, and powerless, and thus the cycle continues.

THE NURSE AS WOUNDED HEALER

Nurses become nurses for many different reasons such as help-
ing other people who are suffering. Many nurses are drawn to
the profession after experiencing or witnessing a physically or
verbally traumatic event in their own lives either personally
or through their work (Christie & Jones, 2014). How the nurse
coped with the previous traumatic experience determines
how she or he will cope with all future experiences. The theory
of the “Nurse as Wounded Healer” was developed by Conti-
O’Hare in 2002. In it, she states that if a nurse forms healthy
coping mechanisms to deal with the trauma, she is termed
“the wounded healer.”

- The trauma has been recognized and dealt with and the
  nurse has healed and uses past experience to assist him or
  her in dealing with future traumas and to assist others.
- The nurse is able to empathize with the patients and their
  colleagues.
- The nurse helps to create positive work environments.
- The nurse utilizes the self as a therapeutic tool to help others.

If the coping mechanisms were ineffective, the nurse is termed
“the walking wounded.”

- The trauma has not been recognized and dealt with and the
  nurse has not healed and does not use past experiences to
  assist him or her in dealing with future traumas and to
  assist others.
The pain and trauma of a past experience goes on to affect the nurse’s social and work relationships.

The nurse feels anger and has emotional problems.

The nurse’s past psychological “wounds” are projected onto patients and colleagues and make him or her less able to be empathetic (Christie & Jones, 2014).

The nurse often deals with alcohol and drug abuse.

The nurse suffers from job dissatisfaction and burnout.

The nurse exists in a negative work environment.

Nurses face so many stresses in their daily work and personal lives. The nurse who is among the “walking wounded” is unable to cope with these stressors without the use of a healthy outlet (which they have not learned to find). Colleagues, whom they perceive as weak and indefensible, become the targets of their misplaced aggression. If the victim does not have effective coping mechanisms, or fails to confront the bully, he or she becomes the “walking wounded” and the cycle continues.

References


Nurses very often do not report that they have been victims of bullying. “Victims of bullying generally report that using formal and informal organizational channels to bring about an end to bullying was emotionally draining, time-consuming, and often futile” (Johnson & Rea, 2009, p. 88). Nurses often feel that their only recourse and the only end to their treatment is to leave their job or the profession altogether. On the way out of the facility, they very often suggest to their fellow nurses that they just leave. By leaving, however, nurses miss the opportunity to effect a change, but they must consider what is best for their health.

After reading the chapter, the reader will be able to:

- List two outward signs that a nurse is being bullied
- List five mental and physical effects on the nurse who is bullied
- Describe two ways to cope with being bullied
- List five steps that will break the chain of bullying
- Describe how to heal a “walking wounded” nurse
Among many signs and symptoms, nurses who are bullied feel:

- Decreased job satisfaction
- Decreased support from their employer or health care organization
- Reduction in self-confidence and self-esteem
- Disillusionment with nursing (Hurley, 2006, p. 70); loss of viewing self as a person capable of being a nurse—someone who can no longer be caring, supportive, sympathetic, or empathetic

“Forty-five percent of people targeted by a bully experience stress-related health problems including debilitating anxiety, panic attacks, and clinical depression (39%)” (Heathfield, 2016). As a nurse, you are aware that stress-related disease can kill you, so put your health first. Other effects on physical and mental health include the following:
- Increased anxiety
- Fear
- Anger
- Sadness
- Depression
- Frustration
- Nervousness
- Embarrassment
- Emotional distress
- Strained personal relationships (family, friends)
- Psychosomatic distress
- Mistrust
- Fatigue
- Headaches
- Eating disorders
- Angina
- Burnout
- Substance abuse
- Posttraumatic stress disorder (PTSD)-related symptoms
- Eating disorders
- Cardiovascular disease
- Increased blood pressure
- Suicidal ideation

**HOW TO COPE**

Nursing is a stressful occupation. Having to deal with the stress of a profession while also being bullied places a great toll on the physical and mental well-being of the nurse. To cope with bullying, nurses

- Should not attempt to personalize an attack
- May find it helpful to discuss the situation and their feelings with a trusted friend, coworker, or educator
  - Speaking about the experience helps the victim verify that the actions of the perpetrator were actually bullying
Should seek counseling as soon as possible after the event to decrease emotional trauma
- Counseling should include assertiveness training so that the victim can learn to deal with situations of bullying in the future
- May also use journaling as a method in dealing with bullying
  - It provides a way for the nurse to document events (e.g., dates, times, witnesses, all notes, e-mails, and texts that may have been produced)
  - It provides an emotional outlet for the distress caused by bullying
- Should participate in stress reduction activities, such as enjoying time with family and friends, surrounding themselves with positive people, exercising, eating healthy, enjoying music, taking breaks, talking to a trusted friend, getting fresh air, participating in hobbies, and making physical and mental health a priority

YOU ARE BEING BULLIED . . . WHAT SHOULD YOU DO?

Everyone who has ever been bullied asks what he or she can do to either prevent it from occurring or to prevent it from reoccurring. Our mothers’ answer “just ignore it and it will stop” does not work, and it may also, as we have reviewed, place patients’ lives in danger. One study found that 50% of bullying incidents were not reported because victims or witnesses feared retaliation, including being fired (Castronovo, Pullizzi, & Evans, 2016, p. 210). Another study reported that 74% of victims were dissatisfied with the outcome when they tried to take action against the bully (Castronovo et al., 2016, p. 210). Also refer to Chapter 9 for other anti-bullying techniques as well as this resource (www.kickbully.com). It is an unfortunate reality that if you go against the bully, you should be prepared to go alone. If you have close friends or colleagues, they may not help
you because they are trying to preserve their own careers. Also be prepared that human resources and upper-level management will not assist either. Be prepared financially as well as with another job in the offing should fighting the bully not go as you hoped. Appropriate steps to take if you are being bullied include the following and more can be found at the aforementioned website:

- Do not ignore or excuse the behavior
- Set limits on what you will tolerate from the bully. If the bully crosses the line, then let him or her know that he or she must stop the behavior. It may be helpful to rehearse what you will say to a friend (role-play) so that you are comfortable with what you want to say and prepared for when the time occurs.
- Be aware of unit or facility policies and procedures in dealing with hostile behavior and bullying
- Try not to be afraid; fear will cause you to not take action against the behavior
- Begin by attempting to come to a resolution between you and the bully
  - Immediately or very soon after the event, the bullying actions should be addressed
  - If needed, create mental space between you and the bully by walking away from the situation. This is done when immediate resolution is not possible
  - If possible and you are not in immediate danger, tell the person who is bullying you how his or her actions are making you feel
  - If needed, elicit the help of an objective third party
  - Do not argue but focus on the facts that occurred. Tell the bully exactly what behavior you see him or her exhibiting and what you want stopped
  - Insist that all bullying behavior stop—be specific about the behavior you wished stopped
Do not state how the behavior made you feel—how his or her behavior is impacting the care of your patients or work overall

Do not attempt to reason with the bully or to attempt to have the bully understand how he or she is making you feel

Tell the bully exactly what behavior you will not tolerate in the future

If the bully crosses the line and violates your set limit, then you must consider how to fight the bully or reporting (see Chapter 9)

Be aware that if you speak up and attempt to defend yourself, it may encourage the bully to continue the behavior

Give the action a name, call a bully a “bully” and what he or she is demonstrating is bullying or uncivil behavior, and get it out in the open

Document. Include the date, time, location, and those involved. Give specific details of what occurred, including how you attempted to stop the behavior. The fact that patient care is being impacted will be important to management.

Keep copies of all e-mails and other documentation sent to you by the bully

Notify nursing leadership following the proper chain of command. If you skip the first steps and report bullying directly to management, they will more likely ask you to communicate with the perpetrator first and attempt to resolve the situation on your own.

If the charge nurse, nurse manager, or director of nursing is the bully, report the incident to human resources and ask for assistance.

Ask for help in dealing with the bully. Refer to facility policies regarding what help is available for employees dealing with workplace bullying and violence.

Be aware of what actions warrant notification of the police. These include public slander, physical abuse, or other
criminal actions. When in doubt, always notify your human resources department.

- If you feel uncomfortable, immediately address the bully’s behavior. It is thought that some bullies are unaware that their actions and words are causing distress.
- Speak about bullying at staff meetings—bring it out in the open
- Speak to human resources (or similar department) in your facility about how to deal with the situation.
- Document occurrences of bullying that you personally witness
- Note and document if the person bullying you also bullies others. Be sure that all others are documenting as well. More proof of bullying by multiple parties will have more of an impact
- Be aware of your own behaviors
- Do not share your documentation with anyone
- Take care of you! Work stress reduction into your daily schedule.
- Do not take matters into your own hands and retaliate against the perpetrator
- See professional counseling if needed

**Fast Facts in a Nutshell**

“Interestingly, five nurses in one study who spoke out against horizontal violence reported positive outcomes from ‘standing up for myself’” (Hurley, 2006, p. 70).

If dealing directly with the bully places you in danger or is not a possibility, then take the following steps:

- Walk away from the situation and find a safe area if necessary.
- Seek out someone whom you trust when reporting the incident.
STEPS TO TAKE TO BREAK THE CHAIN OF BULLYING

As previously stated, bullying behavior is cyclical. Aggressive behavior by another nurse triggers anger in a colleague. Then anger triggers abrasive behavior in another colleague and the behavior is reinforced because it is ignored. How can the cycle be broken?

- Be attentive and actively listen to those with whom you interact, including patients.
- In all communications with staff, patients, and significant others, be open, honest, and respectful.
- Be aware of self. Are you exhibiting bullying or uncivil behaviors? Are you supporting the bullying actions of others? Are you involved in healthy personal relationships with your coworkers? Are you a member of a clique that discriminates against others?
- Be accountable for your behavior. Hold others accountable for theirs.
- Do not be afraid to use the term bully when referring to the behavior of others—the longer that nurses attempt to hide its existence, the longer it will continue.
- When you are listening, restate what you heard to ensure what you heard was correct.
- Follow the Golden Rule: “Do unto others as you would have them do unto you.” In other words, treat everyone (patient, family member, fellow staff, administrator) the way you would like to be treated.
- Empathy and compassion are therapeutic techniques that should not be confined to just patients; they should be used with all with whom we interact including fellow staff.
- Do not assume that everyone is “against you” or that every comment is meant to hurt you.
- Be civil with all with whom you interact. Use kindness, consideration, and courtesy.
Act in a professional manner in all your interactions. This also means to be answerable for errors that occur or work/care that was not completed.

- Model professional behavior.
- Be willing to report bullying and incivility.
- Always remember yourself in the role of a student, novice nurse, or new employee. Recall what it was like to be that person and treat him or her how you would have liked to have been treated.
- Resist the temptation to gossip.
- Participate in conflict resolution, diversity, and effective communication-learning opportunities, both in-house and at outside offerings.
- Befriend new staff members; welcome them to the unit, and introduce them to fellow staff members and other personnel.
- Speak kindly to those who are bullied, and be supportive.
- Do not assume that a victim of bullying requires your assistance; ask first.
- Encourage your fellow staff members to work as a team in order to eliminate abusive behavior.
- Become a mentor for new staff.
- Be the person who begins the change of the unit/facility culture. Participate in facility committees and share your experiences and successes.
- Encourage victims to speak up and stand up for themselves. Be supportive of their actions.

Fast Facts in a Nutshell

Many nurses do not feel it is either possible or within their scope of responsibility to stop bullying.
NURSES DO NOT LET NURSES BULLY

Nurses everywhere state that they have been “forced” to witness the mistreatment and bullying of their colleagues. They note the behaviors of the perpetrator, the witnesses, and the victim. They also state that even though they saw the fear and anxiety their colleagues were experiencing, they did not step in to stop the bully because they feared the bully and they feared losing their jobs. Not only does the victim of bullying suffer the effects of the behavior, the witness does as well, including symptoms of decreased self-esteem, depression, and anger. Nurses who witness bullying should do the following:

- Be aware of unit/facility policies and procedures regarding bullying.
- Call for help following facility guidelines—the incident should be brought immediately to the attention of the appropriate individual.
- Not support the bullying actions of others.
- Support the victim by providing witness statements, documentation, and other called-for actions when appropriate to be taken, such as in a legal proceeding.
- Not let an incident of bullying occur while present, or act to stop it and/or report it as per unit/facility policy if it occurs.
- Not join in on a gossip session, or with a group that is teasing or laughing at another nurse. Refuse to spread gossip.
- Support a fellow nurse who has been the victim of bullying. Provide emotional support, validation, and assistance with documentation.

SIGNS AND SYMPTOMS

During the normal stress that is part of the health care system, fellow staff members may not recognize when a fellow nurse is
being bullied. There are common signs and symptoms to be aware of and these include the following:

- Appearing exhausted
- Taking “mental health days”
- Verbalization of depression
- Frequent absenteeism
- Frequent complaints of (somatic) illness and physical distress
- Verbalization of thoughts of suicide
- Verbalization of the feeling of “burnout”
- Complaint of headaches
- Eating disorders
- Depression

**HEALING THE “WALKING WOUNDED NURSE”**

As mentioned in Chapter 4, in order for a nurse to become a “wounded healer,” he or she must recognize and overcome the pain and suffering of the past. According to Conti-O’Hare who put forth this theory in 2002, nurses must first be able to recognize what occurred (Christie & Jones, 2014). They need ask themselves:

- What happened to cause the pain/trauma?
- What if anything could have been changed?
- How should it have been handled differently?

Once nurses have recognized the cause of the trauma and pain, they must then begin the process of transforming the incident into a manageable aspect of their lives. They do this by asking themselves:

- What can I learn from this incident?
- Has the incident affected me or the people about whom I care?
- Can this incident be used by me to make my life better?
After successfully recognizing the incident and transforming it, nurses must then transcend the incident. This means that they use what they have learned from moving through the steps in order to assist others around them, including patients and colleagues dealing with their pain and trauma. The nurse is able to say, if not aloud, then to self in her or his actions and care: “I understand your pain” and “How can I make things better for you?” The nurse must successfully move through all three steps in order to become a “wounded healer” who has the ability to empathize with another person. According to Conti-O’Hare, “professional relationships improve, resulting in a more positive work environment, and overall patient care is optimized” (Christie & Jones, 2014). If the nurse suffers another traumatic incident, he or she must move through the steps again.

**ZERO TOLERANCE MAY NOT BE THE ANSWER**

Many nurse theorists, authors, and even the American Nurses Association (ANA) state that only zero tolerance is the answer to stop bullying. Although this is an aspect of stopping the behavior, it must be undertaken along with other policies. Those in leadership should do the following:

- Adopt the core values of staff empowerment, effective communication, mutual collaboration, and learning.
- Model professional behavior.
- Celebrate educational and professional achievements.
- Celebrate and value the uniqueness of each staff member.
- Remind staff of what it was like to be new, when a new nurse employee or novice nurse begins work on the unit; encourage them to share their stories with the new nurse.
- Ensure that your facility provides an adequate orientation for new staff; ensure that staff development guidelines regarding orientation are followed.
- Utilize preceptors that support anti-bullying policies: who are supportive of new staff; who will intervene when
they witness bullying behavior (thus breaking the cycle—the new nurse will observe anti-bullying behavior and “pass it on”).

- Educate all staff on how to report bullying incidents and ensure them that acts of reprisal will not be tolerated.
- Be mindful of the possibility of increased bullying since it has been found that when a facility undergoes organizational restructuring or other change, it allows bullies to flourish as they take advantage of their authority to further their careers.
- Ensure that the facility has implemented evidence-based interventions that staff can utilize to prevent and respond to bullying. Included should be documenting incidents and actions to take during an incident. Ensure that staff are educated regarding the interventions.
- Staff evaluations should reflect negatively on those who demonstrate bullying behavior.

Zero-tolerance policies should include methods of reporting and enforcement. There should also be mentioned methods of measurement in order to ensure that the policy and all other measures have created the necessary changes.

**Fast Facts in a Nutshell**

“Most experts agree that it takes 2 to 5 years for an organization to change its culture” (Harris, 2013).

**References**


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