

# DR. RENEE THOMPSON'S SERIES ON NURSE BULLYING



A collection of articles on nurse bullying and conflict in the workplace written by Dr. Renee Thompson, DNP, RN, CMSRN. Dr. Thompson is one of the top professional development and anti-bullying thought leaders in nursing.

# TABLE OF CONTENTS



Three Strategies to Tackle a Bullying Boss	3
Nurses Eating Their Young: Bullying or Hazing?	5
Is My Co-Worker Really Bullying Me?	7
Aggressive Nurse Bullying: Signs and Symptoms	9
About Dr. Renee Thompson	11
About American Sentinel University	12



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# THREE STRATEGIES TO TACKLE A BULLYING BOSS

Bullying behaviors happen because they can. **It takes willing individuals and leaders to stop it.** But what if the leader is the bully?

According to Gallup, the number one reason why someone stays or leaves their job is the relationship they have with their manager. Unfortunately, more and more nurses share their stories about nurse bullying – NOT from their co-workers but from their boss.

## **Common ways bully bosses behave:**

- They show favoritism to nurses they like via better schedules, time off, and easier work while the nurses they don't like get impossible schedules and harder work.
- They openly criticize nurses they don't like and openly praise the ones they do like. Oh, and they do this in front of others.
- They micromanage some nurses while allowing other nurses to do whatever they want. Sometimes to the point where some nurses are formally disciplined.
- They downplay the accomplishments of some while making a big deal and rewarding others.
- And, if a bully boss really wants to torture one of their employees, they will get the other nurses to “gang up on them” by giving them the toughest assignments, ignoring them during the shift, and deliberately sabotaging them at work.

**Although addressing the bullying behavior of a boss is more difficult, it is not impossible.** The following represents three strategies you can take to tackle the bullying boss.

## **1. Recognize the boss' behavior as bullying**

Many nurses don't realize they are being bullied, especially when the bully is the boss. They may think they're overreacting or being too sensitive when the boss shows favoritism, uses exclusion, or openly criticizes in front of others. They start to accept their behavior as the norm (thinking ‘well, that's just the way she is’). Similar to the famous “frog in a pot of boiling water” example (if you put a frog in boiling water, it will jump out. But if you put the frog into tepid water and slowly heat the water to boiling, the frog doesn't notice and boils to death). Nurses get numb to the behavior and think it's normal too.



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**ACTION STEP:** Spend the next few weeks observing your boss's behavior. Pay attention to how he/she treats other employees compared to how he/she treats you. Can you identify any patterns? Are there other nurses who are being targeted too?

## 2. Speak up

You may not be comfortable speaking up to your boss about the fact that you think he or she is a bully, but you do need to tell someone. Is there an educator you can confide in? Can you talk to someone in your professional nursing organization (if you belong to one)? Is there an experienced nurse who you can talk to? The point is this – TELL SOMEONE!!!! Telling another person might provide the support and objectivity you need to address it.

**ACTION STEP:** Make a list of a few people whom you trust. Then, schedule a coffee or lunch date (off of the unit) and tell them what you've been going through. Ask for an objective opinion and perhaps a recommendation on how they would proceed.

## 3. Document, document, and document!

If you are being bullied, START DOCUMENTING your experiences. Documenting the bullying behavior is one of the most powerful weapons you can use to stop the cycle of bullying. There are many nurses who have successfully addressed bullying behavior of their co-workers and their boss. The one common strategy was that they all documented their experiences over time.

**ACTION STEP:** Keep a small notebook with you and write down dates, times, witnesses, verbatim comments, and any facts you believe validate bullying behavior. Keep growing this documentation trail until you are at the point where you can file a formal complaint.

*Please note: sometimes the bullying is so bad that I recommend leaving. The negative impact to your health isn't worth it!*

The bottom line is that you deserve to work in a supportive, professional, and collegial environment. When the boss is the bully, their behavior minimizes your ability to be successful. However, don't be a passive victim. Take action instead!



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# NURSES EATING THEIR YOUNG: BULLYING OR HAZING?

The phrase, **nurses eat their young**, has plagued our nursing profession for decades. The experienced nurses treat student nurses like babies and graduating nurses are warned ahead of time to watch their backs and expect that the existing nurses will torture them.

**Forty-eight percent of graduating nurses are afraid that they'll become the target of workplace bullying.** More than 60 percent of all new nurses quit their first job due to the bad behavior of their co-workers.

Sarah is a new nurse. Her preceptor, Linda, an older nurse, tends to be tough on Sarah. She gives Sarah the toughest patients, doesn't step in to help even when she sees that Sarah is drowning. Linda openly criticizes her in front of others and frequently makes comments about whether or not Sarah "has what it takes" to be a nurse.

Is Sarah being **bullied**? Or, is Sarah going through **new nurse hazing**?  
**How do you know the difference?**

## The difference between bullying and hazing

Bullying is the repeated pattern of destructive behavior with the conscious or unconscious attempt to do harm. For a behavior to be labeled as bullying, it must be repeated and must be destructive to the individual. There also tends to be a perceived power gradient involved. For example, a physician may perceive he has more power over a nurse. Likewise, an experienced nurse may perceive he has more power over a student or new nurse and use that power to harm – to squash others.

**Bullying involves exclusion**, while hazing involves groups or teams. Members of the teams are basically tortured – embarrassed, harassed, and may suffer physical and emotional harm. **The intent is to see if the new member is worthy to become a part of the group or team.** We see examples of hazing among college fraternities, sports teams, or exclusive clubs.

**Hazing involves inclusion.** Being tough on new nurses to help them learn is a common behavior. Many experienced nurses say they learned how to become a competent nurse by being "**thrown to the wolves.**" They share stories about receiving only one week of orientation on a critical care unit, being told they're in charge without any training, and single handedly caring for every patient on the unit while the other nurses take an extended lunch break.



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They learned how to be competent nurses by suffering when they were new.

Because of this, some nurses actually think that by being tough on new nurses, that they are helping them. However, they are wrong.

**Studies show that when you are unnecessarily hard on someone during the learning phase, they become less competent.** Being tough on someone to help them grow is okay – just not when they are in the learning phase.

Sometimes it's hard to tell if someone's intent is to exclude (bully), include (hazing), or teach (tough in order to help learn).

[Check out this video](#) for additional insight.



#### Bullying versus hazing clues:

- Bullying usually involves an individual, while hazing involves groups.
- Hazing tends to have a defined period of time while bullying can last for years.
- Nurses who are tough may refer to how they learned, “when I was a new nurse...”
- Nurses who are tough may say phrases like... “I wanted to see if you could handle it.” or “The best way to learn is to jump in feet first!” or “Nobody helped me and that’s how I learned.”

If you think you're in a bullying or hazing situation, please speak up and seek the support from you leaders, educators, and others who recognize that it's NOT okay to eat our young. We must nurture, support, and help grow our newest nurses.



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# IS MY CO-WORKER REALLY BULLYING ME?

Barbara attended an inservice on nurse bullying. Over the next few weeks, **anytime someone said or did something Barbara didn't like, she would say, "that's bullying."** The charge nurse told Barbara she was assigning her the more critical patient instead of assigning the patient to a newer nurse, to which Barbara replied, "You're bullying me. Why do I always get the hardest patients?" Even when the charge nurse reminded Barbara that she was more experienced and therefore more competent, Barbara insisted she was being bullied. When her co-worker asked her to lower her voice at the nurses' station because she could hear her loudly in the patient's room, Barbara replied, "Don't bully me." Barbara's manager gave her a verbal warning for coming to work late three times within two weeks. Barbara immediately accused her manager of bullying her.

## So are Barbara's boss and co-workers really bullies?

We have a tendency to call all bad behavior bullying. However, **when we label everything as bullying, we water down the true bullying behavior.** Doing so reduces our opportunities to clearly identify behaviors that lead to toxic work environments, undermine cultures of safety, and negatively impacts our patients and our profession.

Sometimes decisions are made based on what's best for patients or for the team. Sometimes it's just the boss holding his/her employees accountable (coming into work late impacts the team!). And **sometimes your co-workers might lash out because they're having a bad day.**

## How do you tell if it's bullying or a co-worker having a bad day?

Here is the most widely accepted definition of bullying:

*Bullying is the repeated patterns of destructive behavior with the conscious or unconscious attempt to do harm.*

Follow these guidelines to determine if your co-worker's behavior is truly bullying:

- **The behavior repeats**
  - **Bullying exists when disruptive behaviors are repeated over and over again** – not when your co-workers get "testy" with you or give you an assignment you don't like. Ask yourself this question, "Have I seen this disruptive behavior before either directed towards me or others?"



  
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- **Involves perceived power**
  - **Bullying involves a perceived power gradient over another person.** For example, a physician may perceive he/she has more power over a nurse; a nurse may perceive he/she has more power over a nursing assistant; an experienced nurse may perceive he/she has more power over a new nurse; and a boss may perceive he/she has more power over an employee. The key here is that they *use* their “power” to squash others.
- **Intent to do harm**
  - For the behavior to be considered bullying, **there must be a conscious or unconscious intent to do harm.** Harm can manifest as humiliation, sabotage, intimidation, etc. And the intent can be conscious or unconscious. Some nurses mistake constructive criticism as bullying when it’s not or when someone is direct (like the nurse who asked Barbara to lower her voice).
  - **Sometimes people who we work with are just rude, unprofessional,** or inconsiderate. It’s not that we should accept these behaviors either, but if we are ever going to eliminate bullying, we have to understand the differences between bullying and everything else.

**The next time you are in a situation, ask yourself these three questions:**

1. “Is this the first time I’ve experienced this behavior, or is this a pattern of behavior?”
2. “Does this person believe they have more power over me?”
3. “Is there intent to do harm?”

Remember, **not everything is bullying** and if we are going to eliminate true bullying, we need to stop watering down the term by using it for everything and keep it real.



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# AGGRESSIVE NURSE BULLYING: SIGNS AND SYMPTOMS

**Nancy didn't like Chris and everyone knew it.** When they would have catfights at the nurses' station or get into a shouting match in the locker room, everyone just ignored them. "That's just the way they are." Their co-workers just tried to avoid them.

But then one day, Nancy took it too far.

On a Saturday evening, in the middle of the hallway, Nancy pointed her finger at Chris and said, "My boyfriend knows what shuttle you take. He'll be waiting for you and is going to beat the tar out of you!"

## **Was she serious or just kidding around?**

Seventy-three percent of all nurses report being the victim of or at least witnessing bullying behavior in the workplace. Most behaviors involve open criticism, being treated in a humiliating and degrading way, ignored, given unfair assignments, or spreading false rumors. **However, some bullying behavior can lead to physical violence.**

A nurse refuses to get out of another nurses "chair" so the nurse throws a cup of water in her face. A nurse doesn't like the assignment she received from the charge nurse so she pulls her hair and pushes a chair across the room.

## **How do you know when your co-worker might become violent?**

### **1. It starts with verbal assaults**

**According to law enforcement officers, most physical attacks start with verbal assaults.** Rarely does anyone get physical with their targets before they verbally assault them. They may curse, yell, even throw an adult temper tantrum (I once witnessed a nursing leader jump up and down and shake her fists because she got mad!!). **Pay attention to nurses who verbally criticize, especially in front of others.** They are more likely to escalate their behaviors to physical violence.

In Nancy and Chris's case, their arguments began as mild nit picking, but then gradually escalated to louder and louder verbal attacks. Their arguing got so loud one night that a patient called the operator to complain that their yelling was keeping her awake!



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## 2. Many aggressive bullies threaten their targets

No one thinks it will happen to him or her, but **when someone actually threatens you, take it seriously**. Many times, victims of physical assault admit that their aggressor warned them before they engaged in violence.

Chris took Nancy's threat seriously. Security escorted Chris to her car, and sure enough, Nancy's boyfriend was found close by with a baseball bat in his hand!

## 3. Aggressive bullies may show signs of mental health problems

**Bullies who resort to physical violence are not mentally healthy.** You may see evidence of dysfunction manifested in other ways: labile emotions (laughing hysterically one minute and crying the next); unpredictable and inconsistent behaviors; or illogical thinking.

Nancy was suffering from a bipolar disorder and wasn't compliant with her treatment. But nobody knew. They just thought she was "crazy".

*Please note: Not all individuals with mental health disorders resort to bullying. However, it's important that you heighten your awareness regarding mental health disease.*

**Please, please do not justify someone's aggressive behavior by saying, "Well, that's just the way she is."** Take all potential [indications for violence](#) seriously by reporting any threat or verbal attack to the appropriate person/department. **Document every situation with a co-worker that you believe may lead to physical harm.** Speak up and tell others if you're concerned.



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# ABOUT DR. RENEE THOMPSON

Dr. Renee Thompson is a keynote speaker, author, award-winning nurse blogger, and professional development/anti-bullying thought leader.

Renee is the published author of several books and speaks nationwide to healthcare organizations and academic institutions motivating her audience at keynote addresses, professional conferences, workshops, and seminars. Her presentations and seminars focus on improving clinical and professional competence, eliminating nurse-to-nurse bullying, effective communication and leadership, building a positive and healthy workplace, and nurturing a culture of respect.

To stay connected with nurses, Renee continues to practice as a bedside nurse. To find out more about Dr. Renee Thompson, the services she provides and her published works, [please visit her website](#).

American Sentinel University friends and family can get 25% off Renee's great anti-bullying products – simply enter in the code: AMSENT16.



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