

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.

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WHY IS BULLYING SO PREVALENT IN THE NURSING PROFESSION?

Workplace bullying is a problem. Bullying behavior is destructive, pervasive, and exists in every industry. However, does workplace bullying exist in the nursing profession?

Every nurse knows that the answer to this question is YES! We've all heard the phrases, "nurses eat their young" and "well that's just the way it is in nursing." We've become so accustomed to nurses behaving badly that we fail to recognize how big the problem is.

Sixty percent of all new nurses quit their first job within the first six months due to the bad behavior of their co-workers. Forty-eight percent of new graduating nurses are afraid of becoming the target of workplace bullying.

Every day of my life, a nurse reaches out to me asking for help. We are hemorrhaging really good nurses because of workplace bullying.

So why is bullying so prevalent?

Many theories exist regarding why bullying is prevalent in the nursing profession. In my research and observations, two primary reasons stand out:

Nursing is a female dominated profession

Ninety percent of the 3.1 million nurses in the United States are women. And let's face it ladies, we are not always that nice to each other. Theories suggest that age-old female "competition" has shifted from competing over a man to competing over status, respect, and position in the nursing environment. The same behaviors once witnessed between two women fighting over a man are the ones witnessed today in the behavior of bullies. I have heard many women say they would rather work with a department of men than women any day. Perhaps you have said the same. Women can be catty and cruel, yet we allow this bad behavior to continue because, "That's just the way women are."

Solution: Women need to celebrate the accomplishments of other women. Every day, find one reason to compliment a co-worker who is female. Be the role model for female-female admiration – not aggression!

Nurses are an oppressed profession

There are more than 3.1 million nurses in this country and only 650,000 physicians, yet nurses are known as the silent majority. While nurses are held accountable for outcomes, they are still paid by the hour; have to commit to a swipe-in and swipe-out schedule; and are afforded minimal or



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no representation at decision-making tables in their workplaces. Feelings of frustration, coupled with an increasingly complex and stressful job, can create environments where nurses “take it out” on each other. Since nurses can’t “take it out” on administrators or physicians, the theory is that they take it out on the already oppressed, subservient group. Becoming a bully helps certain nurses to gain some of the perceived power they are missing in their profession.

Solution: Nurses need to learn how to articulate their value. This can be accomplished through advancing their degrees, obtaining certification, and inviting themselves to the decision-making table. Getting involved provides nurses the voice they need to overcome feelings of oppression and powerlessness.

Nurses are among the most empathetic, caring, and compassionate human beings in this world. While workplace bullying IS prevalent in the nursing profession, we each have the opportunity and ethical responsibility to swing the pendulum from “eating our young” to supporting, nurturing, and growing each other!



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NURSE BULLYING: CAN YOU GUESS WHO IS “EATING” WHOM?

When nurses hear the phrase, “nurses eat their young”, of course we think about the crusty older nurse bullying the younger new nurse. Studies show that new nurses ARE the most vulnerable to becoming the target of workplace bullying. But are new nurses the only group of nurses getting eaten?

The answer is no.

Every day a nurse reaches out to me asking for help regarding a bullying situation. Lately, many of these pleas for help are coming from OLDER nurses who are being bullied by the newer, YOUNGER nurses! An older nurse recently shared that she overheard a new nurse make the comment, “Isn’t it about time we put her out to pasture?” Can you imagine? In a sense, we have swung the bullying target pendulum from new nurses to older nurses.

How can this be?

Although most nurses who bully others suffer from low esteem, there is an entirely new group of nurses who actually suffer from high esteem. We tend to find this phenomenon in our newest generation of nurses – the millennials. Before I go down this path, I want to add a disclaimer: Not all new nurses behave this way; just like not all experienced nurses are crusty and “eat their young.”

But we are seeing a trend with more and more new nurses eating the older ones. So, it is at least worthy of discussion. Why do new nurses suffer from high self-esteem? It’s because we (parents) did it to them.

Parents who were so worried about damaging their child’s self-esteem that they went overboard protecting it. These parents have been labeled the helicopter parents who hovered closely by making sure nothing harmed their child. Parents praised their children constantly. When they played ball, everybody got a trophy; nobody kept score, and kids were repeatedly told how special they were. Twelve years ago, my daughter graduated from high school as their Valedictorian – along with ten other students! According to the school leaders, they all met the criteria and the school didn’t want to leave anyone out. Back in my day, Valedictorian meant one!

As a result, these millennials entered into the workforce having a higher sense of entitlement, accomplishment, and think they are better than others. We’ve unknowingly created the next generation of nurse bullies.



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What can we do now?

FIRST, we need to recognize that this is happening. We spend so much time protecting the newer nurses that we get blindsided when bullying happens to experienced nurses.

SECOND, we need to embrace generational differences. What a wonderful opportunity we have in today's workplace – four generations working alongside each other. While the potential exists for miscommunications and different perspectives, there can be great respect and knowledge transfer among generations. For the first time, we can create environments where experienced nurses are mentoring the new nurses and vice versa.

And THIRD, we need to address bad, unprofessional behavior no matter who is behaving badly – young and new or old and experienced. All disruptive, unprofessional, and bullying behavior needs to be addressed.

Nurses can be so kind and compassionate to their patients yet they can be horrific to each other. We each have an ethical responsibility to address bullying behavior independent of age, gender, years of experience or position!



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COMMON WEAPONS NURSE BULLIES USE AGAINST THEIR TARGETS

Nurse bullying is a problem. Bullying is destructive, pervasive and doesn't belong in a profession dedicated to caring and compassion. Seventy-three percent of all nurses report being the target of or at least witnessing bullying behavior in the workplace. Sixty percent of all new nurses quit their first job within the first six months due to the bullying behavior of their co-workers. We are hemorrhaging good nurses from the profession due to this issue.

Nurses can be so caring and compassionate to their patients but they can be horrific to each other.

Because bullying is receiving a lot of attention in the media, we have the tendency to call all bad behavior bullying. However, not everything is bullying. Sometimes, people are just being too direct, disrespectful and unprofessional or perhaps they are just having a bad day.

Definition of true bullying

Bullying is the repeated pattern of destructive behavior with the conscious or unconscious attempt to do harm. The key is to identify if you have seen the behavior before, directed towards you or someone else. If so, this could be a bullying situation.

What does nurse bullying actually look like?

Many bullying behaviors involve open criticism, being treated in a humiliating and degrading way, ignored, given unfair assignments or spreading false rumors. Some bullying behavior can actually 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 receives from the charge nurse so she screams at her and pulls her hair.”

Bullies use many weapons against their targets. While some bullying behaviors are sneaky and go undetected for weeks, months and even years (covert); other bullying behaviors are easy to recognize (overt). Both are destructive and do not belong in a profession dedicated to caring and compassion.



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Overt versus covert bullying behavior

Example of overt bullying behavior: Your co-worker Megan starts loudly criticizing you in the middle of the nurses' station, in front of others. This isn't the first time Megan has done this to you. She consistently criticizes, finds fault with everything you do, and appears to enjoy making you cry or appear weak and incompetent in front of others. Megan is an overt bully.

Common overt bullying weapons:

- Verbal criticism or name-calling
- Intimidation
- Blaming
- Ethnic jokes or slurs
- Finding fault
- Threatening
- Physical violence

Example of covert bullying behavior: Your co-worker Cherie is so nice! She frequently offers to finish your work at the end of your shift when you've had a busy day; she goes out of her way to reassure you that she loves new nurses, and offers to trade your difficult patient with one of her easier patients from time to time. Yes, Cherie is super nice until you find out she's been gossiping about you behind your back telling the other nurses, physicians, housekeeping and anyone else who will listen that she has to "clean up your mess" because you can't cut it as a REAL nurse. Cherie is a covert bully.

Common covert bullying weapons:

- Sabotage
- Withholds information
- Excludes others
- Unfair assignments
- Undermines
- Downplays accomplishments

Remember, not everything is bullying and if we are going to eliminate TRUE bullying, we need to start recognizing the destructive weapons bullies use against their targets and disarm them!

TWO POWERFUL STEPS TO STOP THE CYCLE OF BULLYING

Nurses who find themselves targets of bullying behavior suffer physical, mental, emotional and spiritual damage. They call off work, seek medical care for stress related conditions, and may develop depression and anxiety disorders. As a result, we are hemorrhaging good nurses from our profession; a profession that is supposed to be dedicated to caring and compassion.

Many targets of bullying think they're powerless, especially if tortured by a gang of bullies or if the bully is their boss. However, that's what the bullies WANT you to think.

The bullies are wrong!

It's time we stop ignoring bullying behavior and start taking action. While organizational leaders need to do their part, individuals who find themselves the targets of bullying behavior can take action too.

Below are two action steps I can recommend to address bullying behavior.

Step One: Name the behavior

One of the most powerful actions you can take when dealing with a bullying co-worker is to name his or her behavior. Bullies who feel a sense of power during their tirades gain momentum as they scream, yell, or spread rumors and sabotage their co-workers.

Naming the behavior as it occurs can stop things immediately and prevent an escalation of that behavior.

Examples of "naming it:"

- "You are yelling and screaming at me in the middle of the nurses station where patients and families can hear you."
- "I just saw you roll your eyes when I asked you for help with a patient."
- "Yesterday, when I gave you my report and told you I didn't have time to finish everything, you smiled and told me not to worry about it; that you had all night. But then I found out you were speaking badly about me behind my back."

Naming the behavior can send a powerful message to the bully that you are NOT going to accept being treated in an unprofessional manner.



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Step Two: Document, document, and document

If you are being bullied, start a documentation trail. Keep a small notebook with you and write down dates, times, witnesses, verbatim comments, and any behaviors you believe undermine a culture of safety and a professional work environment. Keep growing this documentation trail until you are at the point where you can file a formal complaint.

I received an update from a nurse who reached out to me regarding a bullying situation resulting in HER termination from employment. This nurse had been documenting her experiences all along – dates, times, verbatim comments, facts, etc. She decided to take legal action* against the bullies and sought the help from an attorney. Although it was a long road, she won her case! In her update, she shared the following advice:

“Document, document, document everything you see, hear, and suspect to be occurring. This proved to be vital to my case, as the themes I documented in my notes (while still employed) and had given to my attorney well before the discovery (sharing of records) process began approximately two years later. As discovery began, it became more and more evident how much of what I suspected to be occurring was occurring during the 8-10 months prior to termination.”

You don't have to just take the abuse. You can take action. We have to stop the outflow of really good nurses from our profession. Nurses deserve to work in nurturing, supportive work environments – free from the bullies!

**Note: Not everyone seeks legal counsel but it is an option. If you plan to seek legal counsel, please review your Nurses State Practice Act for guidance.*



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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](#).



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