

A Matter of Respect and Dignity: Bullying in the Nursing Profession

Laura A. Stokowski, RN, MS

Posted: 09/30/2010

Workplace Bullying in Nursing

Bullying is well known, if not well understood, in the nursing profession. Despite the great many articles written on this topic, little is known with certainty about why such rancor exists among nurses. At least, this literature exposes the "hidden" problem of workplace bullying to the light of day. Perhaps by acknowledging it, we will finally be able to put an end to it.

Cheryl Dellasega, GNP, PhD, author of *Girl Wars*^[1] and *Mean Girls Grown Up*,^[2] Professor of Humanities at Penn State University College of Medicine and Professor of Women's Studies at Penn State University, doesn't mince words when speaking about bullying in nursing. "Nurses are really vicious to each other," explains Dellasega, noting that the problem is profession-wide: "It's not one hospital. It's not one type of nurse. It's the new nurse, it's the nurse who transferred from another floor, it's the ICU nurses feeling superior to the med-surg nurses -- it's endless."

As interesting as it may be to delve into the motivations of bullies, it is more important to consider the effects of bullying on its victims, or as they are sometimes called, "targets." Is this animosity just an inevitable consequence of people (and primarily women) working together, something that nurses must get used to if they are to remain in the profession, or is bullying a persistent, destructive presence that is poisoning our profession?

Before anyone hits the "discuss this" button to inform me that bullying isn't unique to nursing, I'm going to state right here, at the start, that you are quite correct. A quick search reveals that bullying occurs not only among other health professionals but in nearly every imaginable workplace environment. Bullies, it seems, are not limited to the playground anymore.^[3]

We can't solve the worldwide problem of workplace bullying, but we can turn the mirror on ourselves and try to discover why bullying exists in a profession that is supposed to stand for caring.^[4]

What Is Workplace Bullying?

Workplace bullying is typically viewed as a manifestation of workplace violence.^[5] By nature, bullying is the repeated, unreasonable actions of individuals (or groups) directed toward an employee (or a group of employees), intended to intimidate, and by doing so, create a risk to the health and safety of the employee(s).^[6] Bullying usually involves a "power gradient," with the bully in a position of power (actual or perceived) compared with the victim.^[7] Bullying, then, often involves an abuse or misuse of this power. Bullying includes behavior that intimidates, degrades, offends, or humiliates a worker -- often in front of others. Bullying behavior makes the victim feel defenseless and robs the nurse of the right to dignity at work.

Bullying has as many names as study authors who have written about it: lateral or horizontal violence; nurse-to-nurse hostility; workplace intimidation; professional incivility; or simply "negative behaviors." Dellasega calls bullying "relational aggression -- the subtle art of emotional devastation," behavior that is typified by psychological rather than physical abuse.^[4] Alspach defines lateral (or horizontal) hostility as a variety of unkind, discourteous, antagonistic interactions that occur between persons at the same organizational hierarchy level.^[8] These behaviors, typically described as infighting or backbiting, are also divisive and off-putting.^[8] Bullying and horizontal/lateral violence differ in that the former is typically repetitive, whereas the latter can occur as a single incident.

The overused phrase "nurses eat their young" is neither specific nor helpful in describing the problem of bullying in nursing. Our new graduates may represent an often-targeted group, and are perhaps the most vulnerable, but are by no means the only victims of bullying.

Who Are the Bullies?

I wish that I could say to bullies, "You know who you are." Unfortunately, though, most of the guilty would not acknowledge their behaviors or see themselves as bullies. Instead, they see themselves as smarter, faster, or more skilled than everyone else. They have an exaggerated concept of their own worth and importance. Sadly and mistakenly, they hold the view that making another nurse look bad makes themselves look good.

Evidence suggests that nurse-to-nurse bullying might start in nursing school. In surveys, student nurses often report bullying by classmates.^[9] Students report feeling exploited, ignored, or unwelcome without realizing that these unfriendly behaviors might represent bullying.^[10]

In an electronic survey of nurses, which had 303 respondents, Vessey and colleagues found that bullying occurred most often on medical-surgical units (23%), followed by critical care units (18%), emergency departments (12%), perioperative areas (9%), and obstetric departments (7%). In this same survey, the individuals who most often publicly humiliated, isolated, excluded, or excessively criticized staff nurses were identified as senior nurses (24%), charge nurses (17%), and nurse managers (14%).^[11]

Quine found that the most common type of bully identified by nurses was a manager who was older than the victim.^[12] If true, this might explain some of the reticence on the part of bullied nurses to report the bullying behavior. Who is going to go up against a manager?

What motivates bullies? Like the grade school bully, the adult bully seeks to dominate in interactions with others, frequently demonstrating controlling and manipulative behavior. Some bullies seek to control the work environment by controlling the nurses in it.^[13] The mean girl has grown up to become the mean woman.^[4]

Motivations can be inherent in the labels assigned to various types of bullies, such as these suggested by Dellasega^[4]:

- The *super nurse* -- more experienced, educated, or specialized; conveys an elitist or superior attitude;

- The *resentful nurse* -- develops and holds grudges; pits nurse against nurse;
- The *put-down, gossip, and rumors nurse* -- shares negativity; quick to take offense;
- The *backstabbing nurse* -- cultivates friendships, then betrays them; "2-faced";
- The *green-with-envy nurse* -- tends toward envy and bitterness; and
- The *cliquish nurse* -- uses exclusion for aggression; shows favoritism and ignores others.

Dellasega has 2 theories to explain the bullying culture that prevails in nursing. The first is the educational system. Nurses, being primarily women, are educated differently from medical students. Medical students are taught to never break down, to always have the answer, and to project confidence, even if they don't feel it. Dellasega believes that nurses are trained to be subservient and uncertain, rather than independent and confident.

The other factor is the nature of the workplace, and specifically, the lack of freedom. Most nurses are essentially "stuck" on their units for an entire shift. When things get rough and reach a boiling point, nurses can't get away to let off steam and calm down. Unlike many other workers, nurses can't take a walk or go outside for a few minutes when they are feeling stressed.

Therefore, Dellasega suggests compassion for nurses who resort to bullying:

Everyone has an experience where they were hurt, even the bully. Perhaps the bully is motivated to act aggressively before another nurse is aggressive towards her. The nurse -- the bully -- who gets stuck in that mode is the one we really worry about. Maybe she is going through a divorce, or feels she is stuck in the job and has no option because she has kids in college. How can we make her feel differently? What can we do to make it a happier scenario for her?^[4]

How do bullies choose their victims? Bullies often select their targets carefully, picking from the most vulnerable, such as new graduates or new hires who may lack not only confidence and power to resist, but may lack established friendships among the nursing staff to warn them about, and shield them from, known bullies. Gathering data directly from nurses who have experienced bullying, Dellasega identified the following triggers, or situations, that appear to precipitate or make a nurse vulnerable to bullying^[4]:

- Being a new graduate or new hire;
- Receiving a promotion or honor that others feel is undeserved;
- Having difficulty working well with others;
- Receiving special attention from physicians; or
- Working under conditions of severe understaffing.

Manifestations of Bullying

Bullying takes many forms -- some blatant, some less so. Nurses who have researched this problem have collated an extensive list of behaviors that represent bullying, including the following^[4,5,14-16]:

- Refusing to speak to a colleague, being curt, giving the "silent treatment," or withholding information (setting someone up to fail);
- Unwarranted or invalid criticism, excessively monitoring another's work;
- Physical or verbal innuendo or abuse, foul language/swearing;
- Raising one's voice, shouting at or humiliating someone;
- Treating someone differently from the rest of the group, social isolation;
- Asking inappropriate and/or excessive questions about personal matters or teasing about personal issues;
- Gossiping, spreading rumors, assigning denigrating nicknames;
- Inappropriately exempting staff from responsibilities or assigning low-skilled work;
- Blaming someone without factual justification;
- Allocating unrealistic workloads and not supporting a colleague;
- Being condescending or patronizing;
- Taking credit for another person's work without acknowledging his or her contribution or blocking career pathways and other work opportunities;
- Publicly making derogatory comments about staff members or their work, including use of body language (eye rolling, dismissive behavior), sarcasm, ridicule; making someone the target of practical jokes; and
- Impatience with questions; refusal to answer questions.

A recent qualitative investigation of the typology of bullying behaviors revealed insights into the complex nature of bullying and the intentions of its tactics in nursing. Reported behaviors were classified as constituting a personal attack, erosion of professional competence and reputation, or an attack through work roles and tasks.^[16] "Skilled" bullies use methods that are subtle and covert, without apparent anger or aggression, making it difficult for observers to discern hostile intent.^[16] These investigators concluded that bullying is more than just an escalation of interpersonal conflict, but is also an attack on the competence and professional reputation of bullied nurses.

How Common Is Bullying in Nursing?

Everyone, according to Dellasega, has experienced bullying -- as the bully, the victim, or the bystander. "We have all watched this happen to someone."^[4]

When nurses were surveyed about their personal history with respect to bullying, such as being the target of bullying themselves or witnessing an episode of bullying involving another nurse, the proportion of nurses who had acknowledged this experience varied from about 21% to 46%.^[7,14,17-19] Stanley and colleagues found that 65% of surveyed nurses had witnessed 1 or more episodes of lateral violence between coworkers.^[19] This is perhaps to be expected, given the wide variation and subjectivity in individual definition and perception of bullying.

What Are the Effects of Bullying?

Consequences to individuals. In its victims, bullying engenders distress and emotional pain,^[13] anxiety, feelings of isolation, helplessness, and dejection. Psychosomatic symptoms, physical illness, and increased use of sick time are among the consequences of these emotions. Reports of clinical depression and even posttraumatic stress disorder reflect the seriousness of individual reactions to bullying.

Bullying need not be associated with overt anger or aggression to harm its victims. Repeated bullying, moreover, is believed to take a cumulative toll.^[16]

It isn't difficult to imagine the effects of bullying on a new graduate nurse who lacks confidence and yearns for acceptance and positive feedback about his or her performance. Bullying at this stage is a cruel indoctrination to the profession and can make students, in particular, feel incompetent, invisible, and inferior.^[5]

Whether furtive or flagrant, bullying behaviors are infrequently reported, and therefore infrequently addressed. Fear of retaliation and the stigma associated with being a "snitch" or a "whistle-blower," along with reluctance to stand up to an intimidator, contribute to underreporting.^[4,15] Many nurses admit to feeling as though they are in limbo -- unable to cope with verbal abuse, yet unwilling to confront their abusers.^[9] Some supervisors will decline to address bullying, even when brought to their attention, or imply that the victim is to blame or that the victim's behavior should change rather than the bully's, essentially shielding the bully from discipline and fostering continued bullying behavior.^[20]

Consequences in the workplace. Bullying can create and sustain a toxic work environment.^[21] The organizational ramifications of workplace bullying are dangerous and costly. Bullying can erode morale and job satisfaction, leading to loss of productivity, work absence, and nurse attrition.^[22] Termination and turnover are expensive sequelae of bullying because most hospitals can ill afford to lose nurses.^[13,23]

Bullying is also viewed as a risk to patient safety. Bullying interferes with teamwork, collaboration, and communication, the underpinnings of patient safety. Although to date research linking bullying and patient safety is often focused on disruptive physician behavior,^[24,25] the principles are clearly and immediately applicable to other healthcare professionals, including nurses. Intimidation can influence communication in healthcare, and failed communication threatens patient safety.

Approaches to Bullying

Sadly, bullying has long been tolerated in healthcare. Sometimes called nursing's "silent epidemic," bullying might even be tacitly accepted with "a wink and a nod," or subtly encouraged by a failure to

acknowledge or take steps to end it. This can give rise to an attitude of indifference toward bullying in the workplace and unwillingness to address it, even on the part of victims. This is one reason that a "zero-tolerance" organizational policy about workplace bullying is now the bedrock of bullying prevention recommendations.

Strategies for nurses. Murray suggests that nurses should take a collaborative approach to bullying; nurses should "look out for each other," and support victims of bullying during and following an episode, including reporting the incident.^[13] Victims are encouraged to document incidents of bullying, including date, time, site of occurrence, and witnesses.

Dellasega has this advice for nurses who witness an episode of bullying^[4]: "Intervene quickly to prevent minor conflicts from escalating." Often, she continues, "a misperception or false assumption triggers behavior that spins out of control." Because bystanders usually outnumber bullies and victims, they can act together to alter the situation's dynamic and avert a bullying incident. "You can intervene on behalf of a coworker who is being bullied by asking her to help you with a task in another location, speaking up on her behalf, or simply standing beside her."^[4] Dellasega also cautions nurses about participating in gossiping, which is also a form of bullying.

Strategies for organizations. Each organization has the responsibility to develop processes for managing threatening and intimidating behaviors.^[23] Although no one-size-fits-all approach is likely to be successful for all bullies or all situations, most experts agree on the essential elements of a prevention and management approach to workplace bullying.

The root of the bullying culture in nursing could very well be an absence of respect in the workplace. In healthy workplaces, leaders promote and uphold a culture of respect, setting the example of harmony and collaboration for their staff.^[26]

Taking the perspective that bullying is a safety issue, in 2008, the Joint Commission issued a standard on intimidating and disruptive behaviors at work, citing concerns about increased medical errors, poor patient satisfaction, adverse outcomes, higher costs, and loss of qualified staff.^[15] "Intimidating and disruptive behaviors are unprofessional and should not be tolerated."^[15]

The Joint Commission's guidelines for the prevention of disruptive and inappropriate behavior are not specific to nurses because they take into account physician behavior. However, many of these recommendations are clearly of value to any healthcare professional. Key recommendations include the following:

- Education for staff about professional and respectful behavior;
- Holding individuals accountable for behavior;
- Organizational policies that promise "zero tolerance" for intimidating or disruptive behaviors and protection for those who report these behaviors;
- Leadership training for leaders who must model and uphold standards of behavior;

- Surveillance and reporting systems for unprofessional behaviors; and
- The importance of documenting attempts to address bullying behaviors.

In 2009, the Joint Commission added these leadership standards to further deter and mitigate workplace bullying^[15]:

- The hospital/organization has a code of conduct that defines acceptable and disruptive and inappropriate behaviors.
- Leaders create and implement a process for managing disruptive and inappropriate behaviors.

Legislative solutions. The absence of laws against bullying leaves victims of bullying with little legal recourse. It appears that no legal definition of bullying exists. Bullying is often confused with harassment, which *does* have a definition in law, and for which a person *can* be sued.^[6]

A jury in Indiana recently ordered a heart surgeon to pay \$325,000 to a hospital employee who made a claim of workplace bullying. This rare case caused many to ask the question: What legally constitutes workplace bullying? It is a question that the states are beginning to address.

In May 2010, the New York State Senate passed the Healthy Workplace Bill, a measure that would allow workers to sue for physical, psychological, or economic harm from abusive treatment at work. If this bill becomes law, workers in New York who can show that they were subjected to repeated, malicious hostile conduct, including bullying, could be awarded lost wages, medical expenses, compensation for emotional distress, and punitive damages. The New York State Assembly is expected to take up the bill next year. To date, 17 states have introduced a healthy workplace bill, although none have yet passed antibullying legislation.^[27]

Final Thoughts

Whatever the reason, antipathy among nurses in the workplace has become a significant problem. We can't afford to wait for definitive answers about the root causes of bullying, nor can our patients. Acknowledging that bullying exists, and that it is complex and multifactorial, is an important first step in eradicating it from the workplace. However, it is time for all nursing leaders to get serious about workplace bullying, and put some muscle behind rhetoric, such as zero tolerance. Additionally, nurses must take responsibility for their actions and for the effects of bullying on their colleagues. In the end, a strong sense of community in the workplace, where each individual is considered a valued team member, is the best weapon against bullying.^[4]

References

1. Dellasega C. *Girl Wars: 12 Strategies That Will End Female Bullying*. Forest City, NC: Fireside; 2003.
2. Dellasega C. *Mean Girls Grown Up: Adult Women Who Are Still Queen Bees, Middle Bees, and Afraid-to-Bees*. Hoboken, NJ: Wiley; 2005.

3. Hader R. Bullying isn't just found on the playground. *Nurs Manage*. 2009;40:6.
4. Dellasega CA. Bullying among nurses. *Am J Nurs*. 2009;109:52-58.
5. Cooper JRM, Walker JT, Winters K, Williams PR, Askew R, Robinson JC. Nursing students' perceptions of bullying behaviours by classmates. *Issues Educ Res*. 2009;10:212-226.
6. Washington State Department of Labor & Industries. Workplace Bullying: What Everyone Needs to Know. Olympia, Wash: Washington State Department of Labor & Industries; April 2008. Report # 87-2-2008. Available at: <http://www.lni.wa.gov/Safety/Research/Files/Bullying.pdf> Accessed September 22, 2010.
7. Simons S. Workplace bullying experienced by Massachusetts registered nurses and the relationship to intention to leave the organization. *ANS Adv Nurs Sci*. 2008;31:E48-59. [Abstract](#)
8. Alspach G. Critical care nurses as coworkers. Are our interactions nice or nasty. *Crit Care Nurse*. 2007;27:10, 12-14. [Abstract](#)
9. Sofield L, Salmond SW. Workplace violence. A focus on verbal abuse and intent to leave the organization. *Orthop Nurs*. 2003;22:274-283. [Abstract](#)
10. Hoel H, Giga SI, Davidson MJ. Expectations and realities of student nurses' experiences of negative behaviour and bullying in clinical placement and the influences of socialization processes. *Health Serv Manage Res*. 2007;20:270-278. [Abstract](#)
11. Vessey JA, Demarco RF, Gaffney DA, Budin WC. Bullying of staff registered nurses in the workplace: a preliminary study for developing personal and organizational strategies for the transformation of hostile to healthy workplace environments. *J Prof Nurs*. 2009;25:299-306. [Abstract](#)
12. Quine L. Workplace bullying in nurses. *J Health Psychol*. 2001;6:73-84.
13. Murray JS. Workplace bullying in nursing: a problem that can't be ignored. *Medsurg Nurs*. 2009;18:273-276. [Abstract](#)
14. Johnson SL, Rea RE. Workplace bullying: concerns for nurse leaders. *J Nurs Adm*. 2009;39:84-90. [Abstract](#)
15. The Joint Commission. Sentinel Event Alert #40. Behaviors that undermine a culture of safety. July 9, 2008. Available at: http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_40.htm Accessed September 22, 2010.
16. Hutchinson, Vickers MH, Wilkes L, Jackson D. A typology of bullying behaviours: the experiences of Australian nurses. *J Clin Nurs*. 2010;19:2319-2328. [Abstract](#)
17. Yildirim D. Bullying among nurses and its effects. *Int Nurs Rev*. 2009;56:504-511 [Abstract](#)

18. Leiper J. Nurse against nurse: how to stop horizontal violence. *Nursing*. 2005;35:44-45.
19. Stanley KM, Martin MM, Nemeth LS, Michel Y, Welton JM. Examining lateral violence in the nursing workforce. *Issues Ment Health Nurs*. 2007;28:1247-1265. [Abstract](#)
20. Longo J, Sherman RO. Leveling horizontal violence. *Nurs Manage*. 2007;38:34-37.
21. Johnston M, Phanhtarath P, Jackson BS. The bullying aspect of workplace violence in nursing. *JONAS Healthc Law Ethics Regul*. 2010;12:36-42. [Abstract](#)
22. Felblinger DM. Bullying, incivility, and disruptive behaviors in the healthcare setting: identification, impact, and intervention. *Front Health Serv Manage*. 2009;25:13-23. [Abstract](#)
23. Cleary M, Hunt GE, Horsfall J. Identifying and addressing bullying in nursing. *Issues Ment Health Nurs*. 2010;31:331-335. [Abstract](#)
24. Institute for Safe Medication Practices. Survey on workplace intimidation. 2003. Available at: <http://www.ismp.org/pressroom/pr20040331.pdf> Accessed September 22, 2010.
25. Porto G, Lauve R. Disruptive clinical behavior: a persistent threat to patient safety. *Patient Safety and Quality Healthcare*. 2006. Available at: <http://www.psqh.com/julaug06/disruptive.html> Accessed September 22, 2010.
26. Cleary M, Hunt GE, Walter G, Robertson M. Dealing with bullying in the workplace: toward zero tolerance. *J Psychosoc Nurs Ment Health Serv*. 2009;47:34-41.
27. Healthy Workplace Bill. Available at: <http://www.healthyworkplacebill.org/> Accessed July 20, 2010.