

Nurse-to-Nurse Bullying: A Fact Sheet

Key Facts:

- 70% of nurses report working with nurses or other staff who are insulting, disrespectful, or rude.¹
- 60% of recently graduated nurses leave their first position within six months partly as a result of lateral violence and bullying.²
- Work environments where bullying exists have significantly increased rates of medical errors and adverse patient outcomes.^{3,4}

Scope of the Problem:

Bullying – also known as horizontal or lateral violence – among nurses and other members of the health care team is a major threat to the nursing workforce. Nurses are the largest component of the health care workforce, and severe nursing workforce shortages are expected due to an aging nursing population and an accelerated rate of nurse retirements. Workforce shortages would be made even more severe if, as has been estimated, one out of five recently graduated nurses are leaving the profession permanently within five years due to bullying in the work place.^{2,3}

The Joint Commission (TJC) has identified disruptive behaviors as a major threat to patient safety and a contributing factor to increased rates of medical errors and adverse patient outcomes.⁵ As of January 2009, TJC is requiring policies and procedures for identifying and managing disruptive behaviors. Health care organizations are required to have oversight systems in place which reduce and/or eliminate disruptive (including bullying) behaviors.⁵

Describe the Problem:

In the stressful environment of caring for patients, nurses who often feel overworked, not respected or appreciated are likely to take out their frustrations on each other. Bartholomew divides nurse bullying behaviors into **verbal behaviors** which include name calling, sarcasm, criticism, and intimidation and **nonverbal behaviors** which include unfair assignments, ignoring, refusal to help when asked, refusal to work with someone and exclusion, to name a few.^{2,3}

Cost and Consequences of the Problem:

- Significant increase in the costs of delivering patient care;⁵
- Increased rates of nursing staff turnover resulting in increased hospital expenditures for recruitment and training costs;^{4,5}
- Long-lasting psychological, physical, emotional, and social impacts on bullied Nurses;^{1,4,5} and
- Costly medical errors and deleterious patient outcomes.^{5,6}

Strategies and Solutions:

- Education of all staff members on appropriate professional behavior.⁶
- Specify unacceptable behaviors including bullying. Adopt a zero tolerance policy.^{4,6}
- Confront the aggressor. Do not be a “silent witness” to bullying and abuse.⁷
- Provide staff training in conflict management and confrontation skills.^{1,6,7}
- Ensure that preceptors of nursing students and recently graduated nurses are provided incentives, training, and support to prevent bullying of students in the clinical setting.^{1,3}

References:

1. Barnsteiner, J., Madigan, C. & Spray, T. (2001). Instituting a disruptive conduct policy for medical staff. *AACN Clinical Issues*, 12(3), 374-382.
2. Bartholomew, K. (March, 2009). *Ending Nurse-to-Nurse Hostility*. Presentation at the Oregon Nurses Association conference, *From Hostile to Healthy: Creating a Culture of Safety in Nursing*. Oregon Convention Center, Portland, OR.
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Nursing Practice Advisory: Nurse-to-Nurse Bullying

This ONA Practice Advisory is a companion document to the ONA Nurse-to-Nurse Bullying Fact Sheet.¹

This practice advisory is guided by principles of collegial respect and cooperation which are conducive to providing quality healthcare and are outlined in the *American Nurses Association Code of Ethics for Nursing Interpretation and Application (2008)*, Provision Six:

The nurse participates in establishing, maintaining and improving healthcare environments and conditions of employment conducive to the provision of quality healthcare and consistent with the values of the profession through individual and collective action.⁸

Definition of Bullying:

"A consistent, although maybe hidden, pattern of behavior designed to control, diminish, or devalue a peer (or group) that creates a risk to health and/or safety."²

Verbal Bullying Behaviors:

Examples of these behaviors include name-calling, sarcasm, bickering, faultfinding, back-stabbing, criticism, intimidation, gossip, shouting, blaming, fabrication and putdowns, to name a few.

Nonverbal Bullying Behaviors:

Examples of these behaviors include unfair assignments, ignoring, refusal to help, sighing, refusal to work with someone, isolation, exclusion, to name a few.

How do I know if I am a target of bullying?

An important first step in responding to a situation where you feel you may have been victimized or bullied is to assess the situation objectively. Was this event an isolated incident or a regularly or frequently occurring pattern of hostile or negative acts? In evaluating the situation put the event or incident in the context of your whole experience of relationship with your coworker, colleague or manager. All of us may have infrequent interactions with a coworker when they and/or we may act irritated, impatient, or rude. Isolated incidents of impatience, thoughtlessness and rudeness are not bullying. Bullying is a pattern of consistently occurring hostile or negative behavior that persists over time. A helpful way to look at the situation more objectively is to assess when and if you have experienced specific negative acts such as: "being excluded from work-related social gatherings" or "been subjected to negative comments about your intelligence or competence." The attached Workplace Bullying Quiz, adapted from the Workplace Aggression Research Questionnaire (WAR-Q)⁹, can be used to assess the presence of bullying in an organization or workplace. Other resources to help you assess the situation may include staff in an Employee Assistance Program (EAP), your union or labor representative, or a trusted manager or responsible colleague.

How do I respond if I believe I am the target of bullying?

If, after assessing the situation objectively, you believe that you are the target of repeated bullying, a natural reaction is to feel put down, devalued, and disrespected. Many people react to this experience by withdrawing into silence and avoiding further conflict and confrontation with the bully. However,

studies show that when the bully is confronted effectively, the bullying behaviors diminish.^{2,3,4} If the bully is not confronted the bullying behaviors are likely to continue and may escalate. If you are the target of nurse to nurse bullying, it is important to respond immediately. Do not allow bullying behaviors to become an ongoing pattern. Confront the bully by communicating calmly and clearly to him or her. It is helpful to use the following model:³

Model	Example
D: Describe your observations and feelings.	D: "I noticed today that you seemed bothered by my questions and I felt I was in the way."
E: Explain how the experience has affected you.	E: "I understand your workload is heavy, but when you ignore me, I feel unimportant and get the message that you wish I wasn't here."
S: State your goal in an assertive manner. Be clear and descriptive.	S: "I want you to respect me as a professional colleague so that we can work together effectively."
C: Consequences: Describe the consequences of the bullying behavior.	C: "If you continue to ignore me, I can't work with you effectively and our patient's care will suffer."

Bullying behavior should be recorded and reported.^{5,6} If the bully is another staff nurse or peer, notify your manager, or your unit's ONA unit representative. In the case of a manager who is behaving as a bully – report the manager's behavior to his or her superior and to the ONA unit representative. Keep a journal that includes dates, times, and witnesses of the unacceptable behaviors. Bullying by a supervisor, depending on its nature, may be construed as a form of inappropriate discipline for which a grievance can be filed even if no formal discipline has been administered. It may also be appropriate to file a grievance for bullying by a peer or others (nurse, physician, or co-worker) which is reported to a supervisor who, once notified, does not appropriately intervene. Procedures and processes for reporting horizontal violence vary but may include reporting to the facility's Human Resources department, an Employee Assistance Program (EAP), the nursing practice council, professional nursing care committee (PNCC) or ONA unit representative or staff. Sexual harassment is also a form of bullying that requires similar interventions by the nurse, employer and ONA, but could also have further legal implications.

How do I respond if I witness bullying of a colleague?

If you witness bullying it is important to act firmly and quickly to send a message to the nurse(s) involved that bullying behavior is unacceptable.^{5,6} Bullying is a pattern of controlling and hostile behavior. The lack of support for bullying by bystanders will send a powerful message of "zero tolerance" for bullying behaviors. Clearly the responses of others can either encourage the behavior or discourage the behavior. Don't be a silent witness. Use your influence to stop these destructive behaviors by clearly communicating to your peers that bullying is not tolerated on your unit or in your workplace.

Professional behaviors which help create a healthy cooperative team include:³

- DO
 - * Accept your fair share of the workload;
 - * Work cooperatively, despite feelings of dislike;
 - * Stand up for an "absent member" in conversations;
 - * Look co-workers in the eye when communicating;
 - * Repay debts, favors, and compliments; and
 - * Ask your nurse manager to provide you with training in conflict management and confrontation skills.

- DON'T
 - * Engage in conversation about a coworker when they are not present;
 - * Be a silent witness to bullying;
 - * Criticize a nurse colleague publicly. Discuss problems and concerns privately;
 - * Be overly inquisitive about each other's personal lives.

Summary:

Many experts on the problem of nurse to nurse hostility state that patterns of nurse bullying cannot be changed effectively without hospital administrators and managers leading the charge.⁷ Each of us has an opportunity and a responsibility to establish professional behavioral expectations and standards for our unit or workplace. The first step is to check to see if your facility has a written policy of zero tolerance for acts of workplace violence including bullying. If there is no existing policy, work with your facility leaders and administration and through your ONA unit representative or Professional Nursing Care Committee to establish a zero tolerance policy for all forms of workplace violence including nurse to nurse hostility and bullying. Additional recommended actions include:^{5, 6, 7}

1. Education of all staff members including new staff on appropriate professional behavior (See guidelines in *American Nurses Association Code of Ethics for Nursing Interpretation and Application*, 2008).⁸
2. Hold yourself and others accountable for professional behavior that reflects respect and courtesy.
3. Raise the issue of nurse-to-nurse (peer to peer) bullying at staff meetings.
4. Take reports of bullying behavior among staff seriously.
5. Provide training in zero tolerance for bullying for staff nurses who act as preceptors for students.
6. Develop mentoring programs for nurses new to their practice on your unit and in your facility which include preparation in dealing with bullying.

References:

1. ONA (2009). *Nurse-to-Nurse Bullying Fact Sheet*. Oregon Nurses Association, Tualatin, OR.
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Workplace Bullying Quiz

Based upon the Workplace Aggression Research Questionnaire (WAR-Q)
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Instructions: This is a screening test to help you determine whether you might have been involved in workplace aggression or bullying. Take the quiz to find out if you're a victim of bullying. Occasional insults don't count. Bullying occurs when the behavior has occurred consistently during the past six months. Circle the number that corresponds to each answer. After answering all the questions, add up all circled numbers; this total is your quiz score.

1. Been glared at in a hostile manner?

No 0
Sometimes 1
Regularly 2

2. Been excluded from work-related social gatherings?

No 0
Sometimes 1
Regularly 2

3. Had others storm out of the work area when you entered?

No 0
Sometimes 1
Regularly 2

4. Had others consistently arrive late for meetings that you called?

No 0
Sometimes 1
Regularly 2

5. Been given the "silent treatment"?

No 0
Sometimes 1
Regularly 2

6. Not been given the praise for which you felt entitled?

No 0
Sometimes 1
Regularly 2

7. Been treated in a rude or disrespectful manner?

No 0
Sometimes 1
Regularly 2

8. Had others refuse your requests for assistance?

No 0
Sometimes 1
Regularly 2

9. Had others fail to deny false rumors about you?

No 0
Sometimes 1
Regularly 2

10. Been given little or no feedback about your performance?

No 0
Sometimes 1
Regularly 2

11. Had others delay action on matters that were important to you?

No 0
Sometimes 1
Regularly 2

12. Been yelled at or shouted at in a hostile manner?

No 0
Sometimes 1
Regularly 2

13. Been subjected to negative comments about your intelligence or competence?

No 0
Sometimes 1
Regularly 2

14. Had others consistently fail to return your telephone calls or respond to your memos or e-mail?

No 0
Sometimes 1
Regularly 2

15. Had your contributions ignored by others?

No 0
Yes 1
Not Applicable 0

16. Had someone interfere with your work activities?

No 0
Sometimes 1
Regularly 2

17. Been subjected to mean pranks?

No 0
Sometimes 1
Regularly 2

18. Been lied to?

No 0
Sometimes 1
Regularly 2

19. Had others fail to give you information that you really needed?

No 0
Sometimes 1
Regularly 2

20. Been denied a raise or promotion without being given a valid reason?

No 0
Sometimes 1
Regularly 2

21. Been subjected to derogatory name calling?

No 0
Sometimes 1
Regularly 2

22. Been the target of rumors or gossip?

No 0
Sometimes 1
Regularly 2

23. Shown little empathy or sympathy when you were having a tough time?

No 0
Sometimes 1
Regularly 2

24. Had co-workers fail to defend your plans or ideas to others?

No 0
Sometimes 1
Regularly 2

25. Been given unreasonable workloads or deadlines -- more than others?

No 0
Sometimes 1
Regularly 2

26. Had others destroy or needlessly take resources that you needed to do your job?

No 0
Sometimes 1
Regularly 2

27. Been accused of deliberately making an error?

No 0
Sometimes 1
Regularly 2

28. Been subjected to temper tantrums when disagreeing with someone?

No 0
Sometimes 1
Regularly 2

29. Been prevented from expressing yourself (for example, interrupted when speaking)?

No 0
Sometimes 1
Regularly 2

30. Had attempts made to turn other employees against you?

No 0
Sometimes 1
Regularly 2

31. Had someone flaunt his or her status or treat you in a condescending manner?

No 0
Sometimes 1
Regularly 2

32. Had someone else take credit for your work or ideas?

No 0
Sometimes 1
Regularly 2

33. Been reprimanded or "put down" in front of others?

No 0
Sometimes 1
Regularly 2

Total _____ = _____

Scoring Interpretation:

If you scored...	Then...
34 & up	Serious Bullying Likely
17 - 33	Bullying Likely
16 - 12	Bullying Possible
0 - 11	Bullying Unlikely

Source: Neuman, J. H., & Keashly, L. (2004, April 4). *Development of the Workplace Aggression Research Questionnaire (WAR-Q): Preliminary data from the Workplace Stress and Aggression Project*. In R. J. Bennett & C. D. Crossley (Chairs), *Theoretical advancements in the study of antisocial behavior at work*. Symposium conducted at the meeting of the Society for Industrial and Organizational Psychology, Chicago, IL.