Workplace Bullying: More Than Eating Our Young

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Course Objectives

• Define bullying and describe 5 types of bullying behaviors
• Identify 2 effects of bullying and 2 methods to create a healthy workplace by eliminating bullying behaviors
What is Bullying?

• “Repeated, offensive, abusive, intimidating, or insulting behaviors;
• Abuse of power;
• Unfair sanctions that make recipients feel humiliated, vulnerable, or threatened, thus creating stress and undermining their self-confidence.”

Vessey, 2009.
Other Terms to Describe Bullying

- Horizontal hostility
- Lateral violence
- Hazing
- Relational aggression
- Workplace incivility
- Harassment
- Singling out
Common Behaviors

- Innuendo
- Verbal affront
- Undermining
- Withholding information
- Sabotage
- Infighting
- Scapegoating
- Backstabbing

- Failing to respect privacy
- Breaking confidences
- Gossiping
- Exclusion
- Eye-rolling
- Silence
- Humiliation
- Physical threats/acts
The Culture of Bullying

• Exists in all professions
• Especially prevalent in nursing
• 60% new RN’s quit first job within 6 months of being bullied
• 1 in 3 new nurses considers quitting profession because of abuse
• More than escalation of personal conflict—attack on competence and professional reputation
The Culture of Bullying

- Study of 4000 Critical Care Nurses
- 18% experienced verbal abuse by another nurse
- 25% rated collaboration fair or poor
- 22% rated respect for other RN’s fair or poor

Ulrich et al, 2006
More Sobering Statistics

- ISMP study (2004): nearly half recalled verbal abuse and intimidation
- Stanley et al (2007): 65% observed bullying behaviors often or sometimes; 57% thought it to be very serious problem
- Allnurses.com survey: 2000 respondents—75% stated nurses “eat their young”
- Berry et al (2012): 72% new RN’s experienced a bullying event, 21% were bullied daily
USA Is Not Alone

- Australia—use emotional and psychological abuse to enforce bully-defined rules
- UK—learned process, clique behaviors; 38% likely to leave job; 44% reported bullying
- Canada—1 in 5 victims suffer from PTSD
- Finnish study (2000): 5% of >5000 hospital workers
Generational Conflicts
Treating experienced nurses like they are “washed up,” harboring sacred cows, fear change
Excluding them from unit activities
Marginalization
Patronizing communication
“Dumping” assignments
Liz’s Story...

“I have cared for open heart patients for 35 years. Our new manager said in a staff meeting that he was going to have several new nurses trained to take care of the open heart patients because I was getting too old. He said I needed to “pick up the pace” and turn over the reins to the younger nurses. I felt like he had no respect for my experience and knowledge.”
Eating Our Young

- Very similar to hazing in university setting
- Staff engage in behaviors to test tolerance or see how the new nurse “fits in”
- Examples: criticizing, undermining, discouraging, scapegoating, silence, gossiping, eye-rolling, humiliation, withholding information or support, exclusion
- Intentionally put in situations beyond their capabilities
Nursing Education

- Students need to suffer in order to learn
- Lip service to principles of adult learning
- Brag about attrition rate as correlation to superiority
- Instructors engage in public humiliation to demonstrate power over students

Baltimore, 2006
Vertical Violence

• 3 year study of BSN students of anger during clinical experiences
• Most frequent behavior-”being put down” by RN
• “Unwanted and ignored”
• “Distrusted assessments”
• “Unfairly blamed”
• “Publicly humiliated”

Effects of Workplace Bullying
Consequences for the Nurse

Individual manifestations:
- Sleep disorders
- Low self-esteem
- Low staff morale
- Apathy
- Disconnectedness
- Depression
- Work absences
- PTSD/PTED
Individual Consequences

• Decreased productivity
• Leaving organization
• Leaving profession
• Marital problems/divorce
• 1 in 7 adult suicides in Canada due to bullying
• Uncertainty among witnesses to bullying
• Feelings of isolation, inferiority
Consequences for Patients

- Threatens delivery of safe, quality care
- Increased errors
- Decreased patient satisfaction
- Higher incidence of healthcare acquired conditions
Patient Consequences

- Interferes with teamwork, communication, collaboration
- Fear of speaking up to advocate for patients
- High turnover jeopardizes continuity & may leave nurses without adequate experience to notice subtle changes
- Unsafe conditions from inadequate staffing ratios
Linking Bullying to Errors

• Rosenstein & O’Daniel (2008):
  – 4,539 HC
  – 71% linked to med errors
  – 27% linked to pt. mortality

• Veltman (2007):
  – OB nurses
  – 53% linked to near misses
  – 41.9% specific events resulted from disruptive behavior
Organizational Consequences

- Limited ability to recruit new nurses
- Inadequate staffing ratios
- Decreased teamwork and collaboration
- Less likelihood of patients recommending
- Decreased reimbursements
- Decreased manager effectiveness
- Loss of trust in management
Organizational Consequences

The Bottom Line

– Expense of orienting replacement staff
– Patient and employee litigation
– Decreased productivity
– In UK, 1/3-1/2 of stress-related absenteeism
– 9000 federal employees--$180 million in lost time and productivity, not counting loss in morale, collaboration, and professional growth due to bullying (Crabbs & Smith, 2011)
Eliminating Bullying Behaviors to Create a Healthy Work Environment
Admit the Problem Exists

• May be hard to recognize
• Look beyond the norm
• Encourage communication in a truly safe environment
Education to Change the Culture

• How to recognize behaviors
• How to respond effectively
• Appropriate behaviors
• Leadership training
• Multidisciplinary collaboration
Individual Measures to Stop Bullying

• Look out for each other
• Reporting instances of abuse
• Resolve to stop gossiping
• Cognitive Rehearsal
• Address problems while still small
• Break cycle of “I paid my dues, now it’s your turn”
Individual Measures

• Remember what it was like to be “new kid”
• Work to include new staff in socialization
• Role model professional behaviors
• Validate assumptions before judging
• Do not give the bully an audience
Position Statements Regarding Zero Tolerance Policies

– American Association of Critical Care Nurses (2004)
– American Nurses Association (2008)
– American Psychiatric Nurses Association (2008)
– American Association of Nurse Anesthetists (2010)
– Oregon Nurses Association (2009)
– Academy of Medical-Surgical Nurses (2012)
– Canadian Federation of Nurses Unions (2007)
– New York State Nurses Association (2011)
– Virginia Nurses Association (2008)
Zero Tolerance

- Multidisciplinary guidelines for reporting, enforcement, and measurement
- Hold everyone accountable
- Investigate root cause of instances
- Develop mentoring system
- Include due process
- Provide support to those impacted
- Organizational commitment to well-being of staff
In Conclusion...

• Destructive effects reach in all directions
• Treating all members of the health care team with respect encourages collaboration, open communication, teamwork, and promotes delivery of high-quality care
• Break silence and work together to break cycle of bullying
Thank You!