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Surviving Bullying in the Workplace: A Personal Account

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Horizontal violence and bullying are so common in the culture of nursing and healthcare that nurses accept such behavior as normal. But there is no place for such disruptive behavior in our work environments. Workplace bullying can range from exclusion, gossip, humiliation, and yelling to physical threats. Nonverbal violence, such as eye rolling and glaring looks is more difficult to recognize but creates just as much discomfort in the victim. Having been the victim of a bully, I hope my story will help increase awareness of the issue and encourage other nurses to confront such workplace violence.

“Nurses eat their young” is a common expression used to describe behavior of older, more experienced nurses in interaction with younger inexperienced nurses. I would like to qualify this further by describing young to mean inexperienced in a new facility, specialty, or nursing role. These are times of vulnerability when a nurse may feel a need to prove his or her worth, talent, and knowledge.

I was targeted by a bully after accepting a new position in a 300 bed acute care facility in a new city. Although I was experienced in education at the academic level I had never served as a staff nurse educator in a hospital setting. In my new role, I reported to the director of nursing practice who was a direct report to the chief nursing officer. In the organizational structure, the department of nursing education reported to the director of nursing practice; however, educators were assigned to different service lines, such as emergency services. I soon learned that service line directors did not agree with direction set by the director of nursing practice or needs identified from staff surveys. This matrix structure created role confusion for the nurse educators as well as other staff and became a source of conflict.



Initially I was welcomed with great excitement by the director in the service line to which I was assigned. After two weeks the service line director abruptly changed her interactions with me and would pass me in the hall without eye contact, greeting or any form of acknowledgement. I planned to approach her with my observations until I was informed by two staff members to watch my back because the service line director was “out to get me.” They further shared that it was common behavior for the service line director to have favorites while other capable staff would be deemed as inadequate. I was stunned. After all, I was still on orientation and had not had a chance to even become acquainted with the unit.

The service line director was unavailable to meet with me weekly as was required by the director of nursing practice. On occasion she would give me an assignment but would always express dissatisfaction with the result in front of other staff members. I had no guidelines and turned to my job description for direction. When I learned the service line director had assigned my duties to others in the department, I was told not to concern myself with those responsibilities and to back off. Every attempt I made at communication was rebuffed.

My direct boss (the director of nursing practice), also new to her position, encouraged me to keep trying to develop a productive relationship with the service line director. However, she did share “the service line director was toxic” and she would deal with the director in time. She and I met with the service line director to discuss our issues. I was astounded to hear the service line director lie about what was happening in her department and accepted no responsibility for her actions. In short, I found the meeting unsatisfactory.

Studies indicate that horizontal violence and bullying can have repercussions for the individual involved in the situation. Victims may experience physical problems such as frequent headaches changes in body weight and sleep loss. As bullying continues, victims experience low self esteem and decreased job satisfaction. In my case, I became steadily more anxious as time passed. I worked Monday through Friday and noticed a growing sense of anxiety every Sunday evening as I thought about returning to work the next morning. Driving to work on Monday mornings I felt an increasing sense of dread. I was paralyzed and indecisive in moving forward. If I left my position I was afraid that I would also lose my reputation and not receive a good recommendation. Physically my blood pressure and weight were on the rise. I had never had a problem with my blood pressure.

Why did I tolerate this behavior? I had always been a person who stood up for what I believed and excelled in all other positions in nursing. What was different? Why did I feel so vulnerable and reactive? I had never had difficulty communicating and approaching anyone with whom I felt conflict.

Strategies to Combat Bullying in the Workplace

Journaling is helpful for reflecting on situations and thinking of ways to deal with issues over time. I started a journal and kept track of every incident with the service line director. I wrote down the nature of the incident, time, date, place and the names of all who were present. I wanted to be very clear about the pattern that was taking place.

I went to my director several times to share my concerns and feelings. Although she listened, she did not hear. Instead she told me that I was just too sensitive and to just keep doing what I was doing. She indicated I was expecting too much of myself and offered to send me to a class on conflict management. I left our meetings feeling as if she had no understanding of the situation and that no efforts were being pursued to address the issue with the service line director or resolve this difficult situation.

Nurse managers are in a unique position to deal with horizontal violence and bullying. If the nurse manager is open about the topic, staff feel comfortable in coming forward with problems. In the end, I felt unsupported by my director.

Understanding the hospital policies that address workplace violence is another way of dealing with bullying. I turned to Human Resources to research my standing in the organization. The Human Resources director interviewed me at length and assured me that actions were being taken to resolve my issue. I submitted a copy of my journal to Human Resources which then made the hospital responsible for acting upon the situation. It was only later I found out there was a lawsuit and an ongoing investigation against the service line director for creating a hostile working environment.

I also took advantage of my Employee Assistance Program (EAP) and went to a counselor. During my sessions, I learned how I had allowed the service line director and my director to trigger me. Over the months I have learned more about myself and how to take better care of myself.

The last thing I did was to seek assistance from my state nurses association. Joyce Benjamin, Executive Director for the Arizona Nurses Association (AZNA), listened and heard my story. I felt supported by her. Not only did Joyce listen and offer

sympathy for my situation, she told me I was not alone and AZNA was taking a zero tolerance policy on this issue. She told me she was already aware of activities at this facility and that she had gone to the leadership to share complaints reported to the AZNA. At her invitation I told my story as part of a panel discussion on lateral violence and bullying at the Arizona Nurses Association fall symposium. Today I am helping the association develop a set of tools to assist hospitals educate their staff about workplace violence and bullying.

Where am I today? After 8 months, I left the nurse educator position and took a staff position in the ICU at the same facility. I am currently exploring a move to the academic setting. I feel a deep commitment to work with my profession in developing civility in interaction with all members of the health care team and will continue to work with the AZNA to address workplace bullying. Though this experience, I learned more about myself and my capabilities. For me it was a time of change and improvement and I choose to work in a healthy work environment.

STUDIES INDICATE THAT HORIZONTAL VIOLENCE AND BULLYING CAN HAVE REPERCUSSIONS FOR THE INDIVIDUAL INVOLVED IN THE SITUATION.