

Making Things Right: How Nurses Encounter and Resolve Workplace Bullying

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Greetings from...



William F. Connell
School of Nursing
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INTERNATIONAL
TRAUMA STUDIES
PROGRAM



Langone Medical Center



Objectives:

- Identify the processes and strategies nurses use to prevent and resolve workplace bullying.
- Recognize how a staff/administration collaboration can prevent the consequences of workplace bullying.

What is Bullying?

Repetitive offensive, abusive, intimidating, or insulting behaviors, or unfair sanctions from a person of higher position or power with the deliberate intent to cause psychological or physical harm. Recipients feel humiliated, vulnerable, or threatened, thus creating stress, and undermining their self-confidence.



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Bullying vs. Horizontal Violence?

- Related to horizontal/lateral violence and harassment
- Differs by:
 - Power differential with bullying
 - Harassment involves a notion of difference
 - E.g., age, race, gender, sexual orientation

Bullying Behaviors



- Behaviors
 - Withholding information
 - Excessive criticism
 - Insults
 - Shunning
 - Unreasonable assignments
 - Denied opportunities
- Frequently "low grade"

Targets for Bullying

- Anyone that differs from the group norm on any major characteristic

-Gender
-Race/ethnicity,
-Personality traits
-Educational preparation
-Experience
-Professionalism



Impact of Bullying

Psychological Symptoms

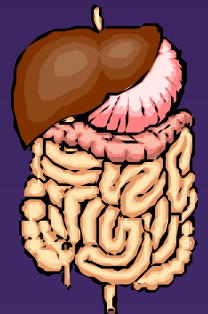
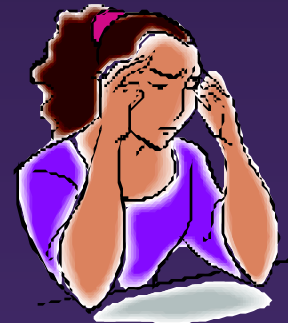
- Anxiety, irritability, panic attacks
- Tearfulness
- Depression, mood swings
- Loss of confidence
- Decreased ability to concentrate
- Diminished self-esteem
- Avoidance and withdrawal behaviors
- Increased use of tobacco, alcohol, and other substances



Impact of Bullying

Physical Symptoms

- Disturbed sleep
- Headaches
- Increased blood pressure
- Changes in eating patterns
- Gastro-intestinal upsets
- Loss of libido



Workplace Impact

Bullying Behaviors

- Withholding information
- Excessive criticism
- Insults
- Shunning
- Unreasonable assignments
- Denied opportunities

Workplace Impact

Impaired:

Communication
Collaboration
Decision making
Poorer performance
Absenteeism
Professional
disengagement
Poorer retention

System Effects of Bullying

- Professionals distance from each other
- Decreased teamwork and productivity
- Substandard quality of care to patients
- Negative impact on patient safety, increased errors
- Lower staff and patient satisfaction
- Potential for lawsuits, and increased financial strain due to related employee healthcare costs.

Why this study is different:

- Existing research on workplace bullying outlines behavioral categories, causes or a typology of individual and system responses
- **Limited information** on the **overall dynamics** of how nurses experience and resolve workplace bullying
- we wanted to understand **how nurses encounter bullying** in the workplace and **what they do to protect themselves** and their patients.

The Study:

- Constructivist grounded theory approach (Kathy Charmaz, 2000, 2006)
 - Theory emerges not solely from the data, but in concert with the individual experiences of the participants as well as values and experiences of the researcher.

The Study:

- A 30-item anonymous web-based e-survey was created (SurveyMonkey® 2007) and linked to an article about workplace bullying in *Nursing Spectrum*
- The Internet web link was open for participant responses for a three month period.



Vessey, J. A., DeMarco, R. F., Budin, W., Gaffney, D. A.,. (i2009). Bullying of nurses in the workplace: A preliminary study for developing personal and organizational strategies for transformation of hostile workplace environments. *Journal of Professional Nursing*. 25 (5), 299-306.

The Study:

- Sample - voluntary, national, self-selected convenience sample of 303 nurses
 - 99 participants responded to an open-ended optional question.
 - "If you would like, in the space below please describe the bullying situation as you remember it. Please refrain from using any identifiable data (e.g. names, specific hospital etc)."

The Analysis:

A total of 81 narratives were analyzed.

- some very brief, "it is too painful to talk about,"
- others wrote several hundred words describing who, what, when, where, how and the consequences of working in a hostile environment.
- We were struck by the honest and emotional descriptions the narrators used to portray the bullying they experienced in the workplace.

The Analysis:

Consisted of:

- Preliminary readings
- Open coding (line by line)
- Grouping, categorization of codes
- Development of concepts and establishing linkages
- Revisiting the narratives throughout the process

The Findings: Making Things Right

- The findings shape a grounded theory of how nurses *make things right* when confronted with bullying events in their professional lives
- The essential parts of *making things right* are
 - *placing* bullying events in a context,
 - *assessing* the situation,
 - *taking action* and
 - *judging outcomes*

The Findings: Making Things Right

- Each of the four essential parts of the process has subcategories that give depth to understanding how nurses make things right in the face of workplace bullying.

Placing: bullying events in context

- Six scenarios for *placing* bullying in context:

1) 'the newbie'

- New graduates, new positions,
new places

2) 'bearing witness'

- Watching the behaviors and mistreatment of others
- At a distance from the emotional fall-out but recognizing the pain of others

Placing: bullying events in context

- Six scenarios for *placing* bullying in context:

3) 'in the bull's eye'

- Being directly targeted by the bully

4) 'nurse interrupted'

- Experienced obstacles to patient care
- Assignment manipulation,
- Given incorrect or inadequate information

Placing: bullying events in context

- Six scenarios for *placing* bullying in context:

5) 'odd nurse out'

- Social aggression
- 6th grade girl games
- Verbal rejection
- Negative non-verbal behaviors

6) 'being in the penalty box'

- Receiving sanctions, punishments or threats

Assessing the situation: taking stock

- Participants engaged in self-reflection, analyzing not only their reactions and roles but the milieu as well
- Deconstruct the situation
- Self-inventory- thoughts and emotional responses
 - Positive-negative feelings
- Characteristics related to perpetrator as contributing factors

Taking Action

- Identified consequences of bullying in the workplace
- Majority tried to make things right, for themselves, their colleagues and their patients.
 - Tried to protect themselves and others.
 - Were not victims or silent witnesses.
 - Negative emotions did not deter the proactive stances they took in a number of situations.

Taking Action

- More than half detailed their actions.
- Three distinct subcategories of actions:
 - 1) giving and getting support;
 - 2) speaking up, speaking out or whistle blowing
 - 3) resigning or transferring from the toxic environment.

Judging outcomes

- Three subcategories emerged;
 - 1) constructive-positive outcomes,
 - Speaking up and being listened to.
 - 2) being ignored or no response
 - appeals to make things right were ignored.
 - key words consistently used: ignored, no action, did nothing, no follow through, or not backed.
 - 3) destructive-negative outcomes
 - Fear of retribution, retaliation, threat of termination
 - Excluded from staff interactions

A Narrative. . .

- I was brand new and my preceptor for the shift was ill so I was assigned to precept with someone else. . . she felt she had to explain every little thing and if I didn't do every little thing to her standard she stopped me and loudly announced to all "she didn't do this or that" as if I were in a bad nurse spotlight! . . . Her attack finished later that night by exclaiming I had done something without her there to watch and then claimed I rolled my eyes at her! She was menacingly close to my face and threatened me with the nurse manager. . . it didn't do any good to explain myself. No one stood up for me . . .

A Narrative (cont)

- “This nurse has repeatedly done this over the years and gets away with it. I recorded dates and events and brought them to my nurse manager(s), which resulted in my being blamed that I need to stand up for myself, confront her and she will then somehow respect me. I felt so alone. . . . I was scared having never experienced this sort of thing before. Many of my co-workers never gave me a chance. They played 6th grade girl mind games. I learned to ignore much. . . . in the end I left that unit standing tall. I had regained my dignity because she didn’t destroy me and my co-workers were secretly glad. Nurse 5

Nurse 5 deals with bullying situations by using a process of *making things right*.

- *Placing* the bullying in context –
 - Nurse 5 identifies and names multiple bullying events , especially during the “brand new” stage of one’s nursing career.
 - the very public nature of bullying as well as the more subtle actions of social aggression or “6th grade girl games” were described

Nurse 5 deals with bullying situations by using a process of *making things right*.

- *Taking stock* –
 - Nurse 5 recognizes the emotional and physical impact, yet also points out the shortcomings of the perpetrator.

Nurse 5 deals with bullying situations by using a process of *making things right*.

- *Taking action* –
 - Nurse 5 takes steps but also acknowledged there was inadequate support.

Nurse 5 deals with bullying situations by using a process of *making things right*.

- *Judging the outcome* –
 - Nurse 5 regains dignity and the respect of unit co-workers.

Conclusions

- Nurses who try to *make things right* in the face of bullying or hostile work environments **do much more** than label or describe their situation.
- Through a thoughtful process nurses analyze their own roles as well as the actions of others, and the resulting consequences.
- Most importantly nurses see how workplace bullying places patients at risk, whether it is from obstacles to performing nursing care or policy or procedural violations.

Nurses as “Upstanders”

- “History has long been taught in terms of perpetrators and victims. . . But it struck me that most of us live, actually in a different space, and that is the space not between perpetrators and victims but between bystander and, potentially, ‘upstander’”

Samantha Power, 2008

Nurses as Upstanders

- Upstanders can speak for an entire group of people as in the case of genocide or in smaller but no less significant ways such as the acts taken by nurses for their colleagues and patients.
- Rather than see nurses as victims, we must consider them the pro-active seekers of change and justice that they are.

Silence. . .

- Why would administrators be silent or even hostile, considering the impact bullying has on patient care and professional retention?
- Five aspects of bullying as organizational corruption; silence and censorship are among them. *Hutchinson et al, 2009*

Silence. . .

- Administrators use self-protection tactics.
 - Indeed, this was the case in our study as the nurses described how their reports of policy and procedure breaches were ignored or met with punishment.
- Without effective management of reports of wrongdoing, internal whistle-blowing will continue to have ruinous consequences, professionally and personally. *Jackson, 2008*

Recommendations

- Consciousness Raising for Nurses
 - Nurses must recognize that they are **pro-active change agents** who engage in a process of making things right when faced with workplace bullying.
 - Nurses should facilitate the **transformation from bystander to upstander** when bullying and other aggressive tactics are perpetrated in the workplace.

Recommendations

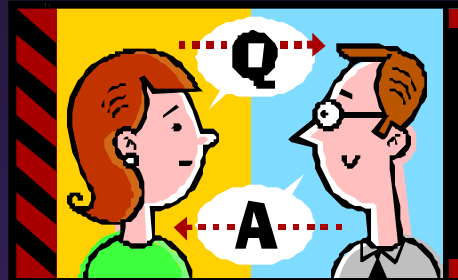
- The Role of Leaders:
 - Leaders must ensure their actions are congruent with the values of the health care organization.
 - Leaders must encourage, *and* front-line nurses need to ask for collective action with other nurses to discuss the challenges, benefits, triggers and possible solutions to workplace bullying.
 - Leaders must create a strategic plan for putting the knowledge from this study into action in local workplaces and in the worldwide arena.

Postscript. . .

- And most importantly, we need to reassure nurses that they are not helpless victims; they already deal with the problem of bullying.
- And finally, we can extend our hands as collaborators to build effective strategies and successful outcomes.



Any Questions?



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