
Break the Chain, Break the Silence: Stop Nurse Bullying Now



Working in an environment where abuse and bullying is the norm has a damaging impact on individual nurses and creates an unhealthy culture across a healthcare setting. These were findings in a recent study led by the University of East Anglia (UEA), which involved the completion of anonymous questionnaires by 855 nurses.

Workplace aggression and bullying also impact on the quality of care provided to patients. "There are consequences, not only for the direct victim, but also for the entire organisational system, in which it is possible to envision the trigger of vicious circles leading to broader and more diffuse forms of workplace aggression," said Roberta Fida, the leading researcher of the study and lecturer in organisational behaviour at UEA's Norwich Business School.

Workplace bullying is a growing concern in hospitals and healthcare facilities worldwide. For decades now it has become deeply engrained in the nursing profession. Regardless of age, background or status, it has been reported on a global scale that at least one in three nurses experiences some form of bullying in the workplace. Bullying not only undermines nurses' confidence and ability to practise nursing safely, but it can also have a detrimental effect on the quality of patient care, even affecting patient safety. The question of paramount significance that remains to be answered is: How can leaders finally break the cycle of bullying?

Leadership commitment.

The most important key driver when it comes to breaking the chain is leadership commitment. An executive leadership team that is ready to take a stand at all times needs to be firmly in place. Frontline managers must monitor employee behavior and the day-to-day operations of all employees. Training workshops and seminars also need to be provided for employees in order to teach them how to deal with destructive and toxic behaviours from other colleagues.

Leadership commitment to bullying is important because without it employee morale and patient safety can become seriously eroded. Management must address all issues and complaints that undermine a culture of safety and professionalism. Bullying may be verbal, but it can also become physical and potentially life threatening for patients and employees.

In an interview for Marie Claire, 27-year old Christi (who withheld her surname for purposes of confidentiality) notes how she was refused help from a cohort of fellow nurses when a patient suddenly lost consciousness at an intensive care unit at a North Carolina hospital. She also discovered a bloody syringe in her locker. "My first thought was, 'This could be attempted murder' ... because I didn't know what was on the needle that I would have contracted if it stuck me," stated Christi. When management did not allow Christi to transfer departments or change shifts, she decided to leave the health facility.

Although Christi's story may have been an isolated incident, many nurses continue to report being verbally harassed or bullied. According to a 2017 survey by the American employment agency RNnetwork, over forty percent percent of nurses surveyed said they had been harassed or bullied by other nurses. Nurse managers and leaders can nip this type of behavior in the bud by addressing the issue head on, disseminating and sharing information widely, co-creatively establishing protocols and civility charters, and setting the tone for the types of professional interactions that are desired in the workplace.

See also [Little Action on Nurse Bullying Could Harm Patients](#).

Training managers and employees.

Most managers do not receive any official training in how to handle work conflict or potentially disruptive and bullying behavior. According to Renee Thompson, DNP, RN, CMSRN, a leading authority on nurse bullying, "95% of all managers have never been trained on how to deal with bullying behavior." Frontline managers and nurse leaders need to invest in programmes which address communication techniques, conflict management skills and positive self-care activities in order to combat bullying. "There needs to be curriculum for leadership development that's specific on how to deal with disruptive behaviours," states Thompson. Hospitals and administrators can also combat incivility and bullying by providing formal training programmes for employees on how to tackle verbal harassment or bullying.

There is also a wide array of online resources and educational handbooks. The American Nurses Association, for example, has a zero-tolerance policy in place for workplace bullying and violence and it provides online resources and handbooks highlighting best practices for preventing workplace bullying, as well as various ways in which to respond to bullying and disruptive behaviours.

Break the silence, break the chain

Bullying can take many forms, from intimidation to passive aggressiveness, excessive criticism, the withholding of assistance, and verbal and physical abuse. In whatever shape or form it may occur, it is not something that should be accepted as part of the culture of nursing. Leaders cannot afford to turn a blind eye to bullying when it starts affecting patient outcomes, the quality of care, and nurses' ability to perform.

"Leaders use silence as a strategy. Nobody's addressing bullying. Everybody knows it's happening, but nobody's doing anything about it," said Thompson. What we need to do in healthcare settings is to break this silence, as it can cause a very real threat to employee and even patient safety, reducing the likelihood of positive patient care results. Once we break the silence, then we break the cycle of bullying.

Sources: [Becker's Hospital Review](#), [Oncology Nursing News](#), [Frontiers in Psychology](#)

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