



Nursing Focuses on Reversing a Culture of Workplace Bullying

by J. Cunningham

Bullying in the workplace is abusive behavior. It's a form of harassment that in a health care setting, is often labeled as lateral violence or horizontal violence. Nurses popularly term it, *nurses eating their young* because it's most often nurse-on-nurse aggression.

No matter the phrase, bullying in the workplace is bad, persistent, unwelcome behavior by one colleague toward another that costs health care organizations money, lawsuits and increased staff turnover, and jeopardizes the delivery of safe patient care. For those victimized—that is, those targeted by the bullying—the toll can be loss of self esteem, confidence, good health (both mental and physical), motivation and job satisfaction. In a workplace that tolerates bullying behavior, there's no upside for anyone. It's deadly to overall productivity. After all, people who are angry about their treatment at work don't work very hard.

While physical violence in the workplace has long been recognized as the obvious threat that it is—a type of assault—workplace bullying is only now being exposed as a silent epidemic that erodes the healthy functioning of a workplace and puts workers in harm's way. Bullying is a pattern of behavior where the repeated incidents are what reveal it is taking place. While yelling or using profanity at someone is obvious abuse of a colleague, bullying is often subtle—a glare, a stare, an exclusion—even when the behavior is rampant throughout a workplace culture.

Some states have laws that generally address bullying under the categories of sexual or workplace harassment, and discrimination; most don't. Some organizations have processes for dealing with this repeated, health-impairing, profit-losing behavior; most are fairly unaware of it or turn a blind eye toward its destruction. As of June 2007, only 13 states in the U.S. within the last four years have introduced anti-bullying healthy workplace legislation.¹ None has actually passed legislation, including Texas.

There are laws outside the U.S. that address some form of workplace bullying. Canada has laws against *psychological harassment*. Swedish law covers workplace bullying through its Ordinance of the Swedish National Board of Occupational Safety and Health which includes provisions against victimization at work and places the responsibility on employers to make sure victimization is understood as not acceptable. In the United Kingdom, a legal duty of trust and confidence is an implied term of every employment contract, and in Australia, a corporation can be found liable for not providing a safe workplace if bullying endangers a worker's health (includes stress as well as physical harm)².

There are, however, U.S. laws against workplace harassment. Unlawful harassment is a form of discrimination that violates the Civil Rights Act of 1964. Unwelcome behavior based on gender, sexual orientation, race, color, religion, nationality, ancestry, ethnic origin, disability (mental or physical), age, physical appearance,

marital status, veteran status, medical condition or education constitutes harassment.

A hostile work environment refers to harassment because it is a condition where an employee can not do their best work or be productive. It's basically suppression, and the opposite of a healthy workplace where creativity, teamwork and collaboration thrive.

Nationally, a 2007 survey by the Workplace Bullying Institute places the prevalence at 37 percent of American workers who have been bullied at work or witnessed someone else who was.³ Just taking August 2007, there were according to the U.S. Bureau of Labor Statistics approximately 145.8 million employed Americans.⁴ Nearly 40 per cent of that many workers is a lot of workers to experience horizontal violence either as a target or a witness which is often as destructive. Undeniably, bullying behavior is an epidemic.

Profile of the Bully

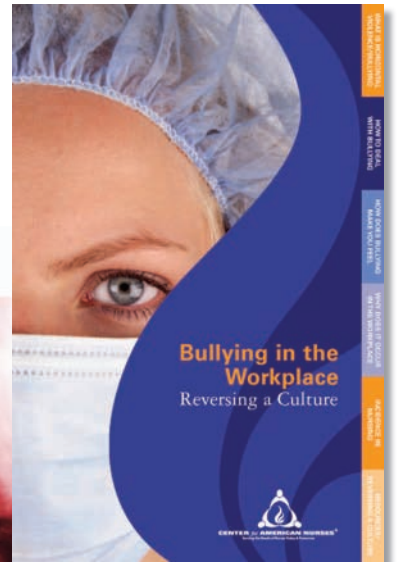
Bullies bully to hide inadequacy. They project their inadequacy onto others. Projection is a hallmark of a bully. A typical bully uses aggression—verbally or physically—with the intent to cause hurt, humiliation and belittlement. That's the purpose of the bullying behavior—to use power and position to deliberately hurt people in order to control them.⁵ "Most bullies lack self-discipline, the ability to pursue long-term goals, or to work in a team...and are consummate liars."⁶

People bully to divert attention away from their inadequacy and to avoid facing up to it. They bully to reduce being exposed for what they are—weak, inadequate and incompetent. In the workplace, they won't be viewed by management as strong leaders if they appear ineffective or powerless.

According to kickbully.com, bullies lack control of impulses. They grew up learning that pleasure comes through aggression and impulses, and when fear, guilt, ridicule and intimidation are used against opponents, the bully gets what's wanted. The behavior continues.

Mobbing

Since bullying is almost exclusively psychological harassment, when groups of people engage in the activity in the workplace, it's frequently referred to as **mobbing**. Through the *pack attack* mobbing experience, the target is then subjected to repeated criticism, undermining, discrediting and other forms of harassment by a group that's incited by a ringleader (the chief bully). Workplace mobs are often comprised of "inexperienced, immature or



A Center for American Nurses guide to recognizing—and addressing—workplace bullying. Available for order online.

emotionally needy individuals with poor values to engage in adversarial interaction with the target."⁷ It is the ringleader who gains intense gratification for the psychological destruction of the target.

Targets

In terms of gender, more than half of all bullies are female (58%), with a vast majority of bullying targets also being women (80%).⁸ According to research⁹, targets of bullies are:

- educated, experienced in the workplace, and often too old or too expensive to leave a current job.
- good at their jobs; often excel at them.
- popular with people.
- topic or role experts which draws others to them for advice or guidance.

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- someone with a well-defined set of values which can't be compromised.
- someone who refuses to join an established clique and who shows independence of thought or deed.
- someone with at least one exploitable vulnerability.
- someone who stands up for a colleague who's being bullied (this ensures you'll be next).
- Someone who's threatening to the bully after the previous target leaves.

And the list goes on and on. Web sites to visit for more information are listed in the references.

From Hostility to Respect

The truth is, bullying in the workplace escapes identification as the truly nasty, psychological harassment that it is because it is not yet as well understood or recognizable as it should be. Bullying is done with impunity where offenders are at low risk of being recognized or accountable. That's why the Center for American Nurses® is on a push to reverse the destructive behavior by revealing it and educating nurses in recognizing and addressing it on both a personal and organizational level.

In 2007, the Center produced *Bullying in the Workplace: Reversing a Culture*, a booklet now available to nurses in all practice settings that provides tools for recognizing and addressing bullying in the workplace. The booklet can be ordered at www.centerforamericannurses.org for a list price of \$12.50 each (CAN members pay \$10 each). Continuing education contact hours are available with purchase of the booklet. Contact hours are provided by American Nurses Association. The American Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Within the booklet, the Center provides a quick reference card for identifying bullying behavior in the

workplace. The examples follow. The booklet—and the continuing education—will also offer ways of dealing with bullying in the nursing workplace. Order one today!

As the nursing environment continues to face a shortage of personnel and leaders, recruitment and retention of nurses at the bedside are major considerations of hospitals in providing for quality patient care, not to mention best operational business case. The Robert Wood Johnson Foundation® estimates a cost savings of \$40,000 to \$60,000 to retain a nurse in the workforce, depending upon location of the hospital in the U.S. RWJ estimates nearly \$40,000 could be saved on orientation and training; another \$5000 on marketing and advertising for the position. Turnover of experienced nurses is expensive so it is in the best interest of health care organizations to prevent and control the behavior, and promote instead workplace cultures that value and ensure safe and reliable care, vitality and teamwork, creativity, collaborative relationships with trust, and operational efficiencies.

Examples of Bullying Behavior*

- Being accused of errors made by someone else.
- Nonverbal intimidation, including being stared at or glared at.
- Being belittled.
- Having thoughts or feelings ignored.
- Being excluded from activities or conversations.
- Being gossiped about or being the topic of rumors.
- Being yelled at or screamed at in front of others.
- Being humiliated in front of others.
- Being assigned undesirable work.
- Being sabotaged.
- Having resources or information withheld, thus impeding job performance.
- Being physically threatened.

*Used with permission as reported by the Center for American Nurses, and adopted from the work of M. Griffin, 2004.10 See references.

References

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- 9 Bully Online. Bullying: what is it? (2007). Retrieved April 24, 2007, from <http://www.bullyonline.org/workbully/bully.htm>
- 10 Griffin, M. (2004) Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. *The Journal of Continuing Education in Nursing*, 35, 257-263. ★

The Center for American Nurses

Texas Nurses Association is a charter member of the Center for American Nurses, an affiliate organizational member of the American Nurses Association that addresses the workplace needs of individual nurses not represented by collective bargaining. The Center offers tools, services and strategies for making nurses their own best advocates in practice environments.

In the Spring of this year, the Center for American Nurses conducted an online Conflict Resolution survey. The 858 nurses who participated in the survey responded to questions regarding the type, incidence, and frequency of conflict in the nursing workforce. The results of the survey will soon be published in a nursing publication. ★



Sunset Review of the BNE

Well over a year ago, the Board of Nurse Examiners for the State of Texas (BNE) was in the throes of preparing for Sunset review, scheduled for the 2007 80th Legislative Session. Like most Texas state agencies, the BNE was created for a specific purpose, namely as a legal structure for regulating practice and education. And like most state agencies, it is regularly assessed by the legislature—typically every 12 years—who determines whether there is a need for it to continue for another 12 years.

In the Sunset review process, if the legislature does not pass a bill to recreate a state agency before its expiration date, state law dictates that the agency will automatically be abolished. Established by the Texas Sunset Act of 1977, the Sunset review process is a way of continuing, making changes to, or abolishing state agencies—let the “sun set” on them—that no longer can effectively provide necessary services.

In the lengthy, structured oversight process that is Sunset review, the BNE submitted a self-assessment report to the staff of the Sunset Advisory Commission who in turn reviewed it, collected input from a broad range of stakeholders, held public meetings, received feedback, and finally issued recommendations to the Commission. If the Commission—made up of a 12-member body of legislators and public members—recommends an agency should continue, legislation is required.

For the BNE, in 2007, it was House Bill 2426 that the legislature passed, and Gov. Rick Perry signed into law. The bill became effective on September 1, 2007. HB 2426 amended the Texas Occupations Code to extend the operation of the agency until 2017. Besides operations of the BON, HB 2426 also:

- Brought about a name change to the BNE; now named the Texas Board of Nursing (BON);
- Created a new requirement—effective September 1, 2008—that future nurses pass a jurisprudence exam as part of initial licensure;
- Changed the BON's role in the regulation of nursing education eliminating duplications of functions carried out by the Texas Higher Education Coordinating Board;
- Established the Advanced Practice Nurse Compact (multi-state license recognition) in Texas;
- Brought about a requirement to create guidelines or amend rules concerning consequences of criminal conviction or deferred adjudication;
- Established requirements relating to reporting of a nurse suspected of being impaired, the role of the nursing peer assistance program, and providing a schedule of sanctions regarding impairment. ★