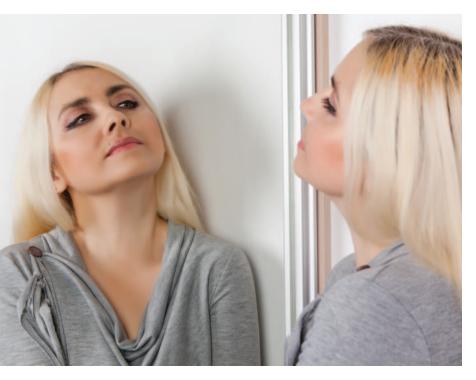# What if you're the bully?

Self-awareness and honest feedback can help you make a change.

By Renee Thompson, DNP, RN, CMSRN, CSP

IF NURSES around the world are talking about nurse bullies, we have to ask ourselves, "Who are the bullies?" The answer is that we are. We, nurses, are the bullies, or at least we have to consider that we might be.

Nurses are known for being compassionate, caring, dedicated, competent, selfless, and committed to their

patients. These same nurses also can be cruel, uncaring, uncivil, and brutal to their colleagues. Within each of us lie good, bad, and sometimes ugly behaviors that show up in the workplace. Some behaviors—such as eye rolling or not being overtly friendly—elicit less damaging effects. Other behaviors—such as withholding information, ignoring requests for help, and setting someone up to fail—disrupt the work environment and threaten the safety and quality of patient care. When caring and compassionate nurses resort to the silent treatment, make unfair assignments to nurses they don't like, or openly criticize colleagues in front of others, patient care is compromised. (See *Scope of the problem*.)

"I'm the bully"

Connie (not her real name) was invited to a leadership workshop to discuss bullying and incivility. She'd been a nurse for more than 30 years and was working as the operating room director. About halfway through the workshop, Connie stood up and proclaimed in front of her colleagues, "I'm the bully." Her assistant manager and charge nurse, who were sitting next to her, quickly jumped to her defense, "No, you're not. You're just a bit intense." Connie again proclaimed, "I'm telling you, I'm the bully. That's me up there [referring to the list of bullying behaviors on the screen]." However, her colleagues defended her innocence until finally, they both said, "Okay. You are the bully, but we've been too afraid to tell you!"

Why was Connie able to recognize her behavior based on the material presented during that workshop, but not before? Couldn't she see how her repeated patterns of overt yelling, targeting employees she thought were weak, and barking demands were characteristics of bullying? Connie said that although she knew she could come across as abrasive, she justified her behaviors as "for the good of the patient." For 30 years, Connie was known as a bully, but it wasn't until she was able to self-reflect and recognize her behaviors during the workshop that she made the decision to change her behavior.

If we're going to finally put an end to the rampant incidents of bullying and incivility within the nursing profession, we each need to take a hard look in the mirror.

Bullying vs. incivility

Not all disruptive behaviors can be labeled as bullying, so nurses need to understand what bullying is and what it isn't. But keep in mind that all acts of disruptive behavior in healthcare settings—whether it's bullying or incivility—aren't acceptable and should be addressed.

Scope of the problem

Bullying is widespread.

- 60.4 million Americans report being affected by bullying in the workplace.

- 70% of perpetrators are reported to be male, and 60% of targets are female.

- 90% of new nurses report experiencing bullying from other nurses.

Bullying can have physical and psychological consequences.

- 30% to 50% of stress-induced illnesses are reported to be caused by bullying behaviors.

- Research has connected fatigue, sleep disturbance, stomach ulcers, migraine headaches, GI issues, poor concentration, excessive worrying, depression, and posttraumatic stress disorder with bullying.

- Researchers found increased incidence of neck pain and type 2 diabetes among bullied employees.

Many nurses are speaking up when they see bullying behavior.

When asked whether they intervened when they witnessed bullying in the workplace in the past 2 years:

- 62.8% intervened

- 43.9% reprimanded the bully in public

- 49.6% spoke with the bully privately

- 43.5% reported the incident to a manager.

Follow this advice.

The American Nurses Association (ANA), in their *Healthy Nurse, Healthy Nation™ Year One Highlights*, offered this advice: Take care of yourself and encourage others to do the same to reduce stress that can lead to a toxic culture and bullying. And follow these suggestions from ANA's position statement on incivility, bullying, and workplace violence:

- Be inclusive and kind.

- Learn and practice conflict negotiation skills.

- Build healthy, respectful relationships.

Sources: ANA Enterprise 2018, Boivin 2018, Workplace Bullying Institute 2017.

Bullying defined

Although a legal definition of bullying doesn't exist in the United States, the general definition is "repeated patterns of disruptive behaviors with the conscious or unconscious attempt to do harm."

For a behavior to be considered bullying, you need a target, the behavior must be harmful in some way, and it must be repeated over time. For example, suppose that an experienced nurse, for whatever reason, doesn't like a newly hired nurse. She openly criticizes her, refuses to help her or take report from her, and withholds information during shift report. The experi-

enced nurse treats all of the other new nurses as professional colleagues. This is bullying.

Incivility defined

Incivility includes being rude, inconsiderate, and disrespectful. It shows up as gossip, condescending body language, helping the people you like, and not helping the people you don't like. It's the eye rolling, mocking, and clique-like behavior too often seen in workplaces. Although bullying is typically addressed through workplace policy and codes of conduct, incivility is addressed through culture change.

Begin with self-awareness

As I work with healthcare leaders to cultivate a healthy, professional, and supportive workforce by addressing workplace bullying and incivility, I've learned that the bullies can't be "everyone else." If over 90% of new nurses report witnessing or experiencing bullying behavior, we all have to look in the mirror and determine if we might be the bullies or at least, in some way, contribute to an uncivil work culture.

Start by taking an introspective look at your behaviors using a self-assessment tool, like the one I created. (See *What if the bully is you?*) Complete the assessment honestly and identify areas where you may be contributing to an unprofessional work environment. This assessment tool hasn't been validated, but it provides a quick and easy opportunity to self-reflect. For a validated, more comprehensive assessment, consider Dr. Cynthia Clark's Workplace Civility Index (bit.ly/2Tu2k3k).

Answering "sometimes" or "frequently" to many of the questions on the "What if the bully is you?" assessment may indicate a pattern of disruptive behaviors that could be defined as bullying. This may come as a shock, or you may already know that some of your behaviors are unprofessional. Remember that there are levels of disruptive behavior; if you answered "frequently" to some of the questions, you may be exhibiting low-level (incivility) behaviors. Whatever the level of your behavior, you need to make a change. And recognizing the need to change is usually the toughest part.

After you complete the assessment and identify that you've behaved unprofessionally, regardless of the reason, you now have an opportunity to step up and choose to conduct yourself professionally.

I read this story a few years ago about a man who was curious about who the "mean guy" was in the neighborhood: *People were always talking about this mean guy who lived on our block. I decided to go see for myself. I went to his door, but he said he wasn't the mean guy; the mean guy lived in the house over there. "No, you stupid idiot," I said, "that's my house."* It may be difficult and uncomfortable to open yourself up for scrutiny and awareness of your own be-

What if the bully is you?

Use this self-assessment tool to take an honest look at your workplace behavior. Circle the number that best describes how often you exhibit the behaviors described in the following 15 statements. (1 = Never, 2 = Sometimes, 3 = Frequently)

In my work environment…

I roll my eyes or make mean faces behind other people's backs.	1	2	3
I enjoy confrontations with people I know I can dominate.	1	2	3
I talk about other people in negative ways when they're not around.	1	2	3
I've purposely not invited somebody to a work party or event.	1	2	3
I've made fun of others because they're different.	1	2	3
I go out of my way to help some of my coworkers but not others.	1	2	3
If I'm in charge, I deliberately give the easier assignments to nurses I like.	1	2	3
I justify behaviors that help new nurses "toughen up."	1	2	3
I sometimes ridicule a new or inexperienced coworker.	1	2	3
I sometimes make people cry.	1	2	3
Other people seem unreasonably upset by the things I say or do.	1	2	3
I think most of my coworkers are incompetent.	1	2	3
Other people seem scared to give me their opinions.	1	2	3
New or inexperienced nurses rarely ask me for help more than once or twice.	1	2	3
I've been told that I intimidate other people.	1	2	3

If you answered "sometimes" or "frequently" to one or more statements, you're displaying behaviors that could be considered bullying if repeated over time. Remember, the first step to success is self-awareness. The second step is changing your behavior.

haviors, but such openness is a quality of maturity and professionalism.

Ask for honest feedback

Admit to your coworkers that you recognize you haven't always treated them professionally and that you intend to change. Ask them to be honest and direct with you if they see you behaving unprofessionally or uncivilly. Tell your coworkers, "If I ever come across as _____, please let me know because I really want to improve." The key here is that when someone does call you out on your behavior, you need to be open to it and refrain from being defensive. Reacting defensively to the feedback will reinforce a culture of silence.

Ask your supervisor for honest feedback, too. Don't assume that just because your supervisor hasn't talked to you about your behavior that your coworkers' complaints are unwarranted. Many managers and supervisors struggle to have difficult conversations with staff. Bringing it up yourself may be just the opening your supervisor needs to have an honest discussion with you.

Seek help

If you recognize bullying behavior in yourself, avoid spending excess energy on guilt and self-deprecation. Nurses who bully don't always make a conscious decision to treat their coworkers poorly. Sometimes they adopt bullying behaviors to cope with the demands of the job, protect themselves from others, or because they have personal issues that are spilling over into work.

To that end, don't be afraid to seek professional help to achieve the changes you're striving for. Most healthcare organizations offer some type of employee assistance program, which may be no or low cost. You also can find a trusted mentor, someone who will give you honest feedback and offer you suggestions about how to adapt your behavior.

Do your part

There's no shame in realizing you've been behaving as a bully; the shame lies in realizing you're a bully and doing nothing about it. If you've openly criticized coworkers or made fun of another's mistake, make a vow that you won't behave that way again.

When Connie admitted she was the bully and her assistant manager and charge nurse finally had the courage to agree, she cried, they cried, we all cried.

Nurse manager tip

If you're a nurse manager, consider printing the "What if the bully is you?" assessment and asking the entire staff (nurses, nursing assistants, unit secretaries, and others) to complete it. This is a self-reflection exercise, so don't ask to see the completed assessments. The goal is for each staff member to recognize his or her disruptive behavior and change it.

During subsequent staff meetings, encourage open discussion about whether any of the behaviors listed in the assessment exist in your workplace. For example, three assessment statements specifically address how staff treat new employees. Ask the staff:

- How can everyone in the department support and nurture new employees?
- How can we refrain from being too hard on new staff?
- How can each of us make an effort to help new employees succeed?

The entire room of 75 people applauded her, not because she was the bully, of course, but because she was able to finally see herself through other people's eyes. She vowed, in front of everyone, that she would do everything she could to change her behavior. And she did.

You can't fix something if you don't even know it's broken. We're losing great nurses to bullying and inci-

vility. Everyone has to do his or her part to stop the cycle of nurse bullying—even the bullies. ★

Renee Thompson is the CEO and founder of the Healthy Workforce Institute in Pittsburgh Pennsylvania (email: renee@rtconnections.com). She's also the author of the book *"Do No Harm" Applies to Nurses Too!*

Selected references

ANA Enterprise. Healthy Nurse, Healthy Nation™ Year One Highlights. *Am Nurs Today.* 2018;13(11):29-38.

Boivin JM. 2018 nursing trends and salary survey results. *Am Nurs Today.* 2018;13(11):14-9.

Clark CM. *Creating & Sustaining Civility in Nursing Education.* Indianapolis, IN: Sigma Theta Tau International; 2013.

Gilbert RT, Hudson JS, Strider D. Addressing the elephant in the room: Nurse manager recognition of and response to nurse-to-nurse bullying. *Nurs Adm Q.* 2016;40(3):E1-11.

Kusy M, Holloway EL. A field guide to real-time culture change: Just "rolling out" a training program won't cut it. *J Med Pract Manage.* 2014;29(5):294-303.

Stewart KR, Hand KA. SBAR, communication, and patient safety: An integrated literature review. *Medsurg Nurs.* 2017;26(5):297-305.

Workplace Bullying Institute. 2017 WBI U.S. workplace bullying survey. June 2017. workplacebullying.org/wbiresearch/wbi-2017-survey

Xu T, Magnusson HLL, Lange T, et al. Workplace bullying and violence as risk factors for type 2 diabetes: A multicohort study and meta-analysis. *Diabetologia.* 2018;61(1):75-83.