



NB Nurses' Experiences of Workplace Bullying

By JUDITH MACINTOSH

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In March and April 2012, NANB opened a virtual forum on the website to provide opportunities for New Brunswick nurses who had been bullied at work to talk about their experiences. Nurses did not need a second invitation! It seemed that this topic resonated with a wide variety of nurses, novices and experienced nurses, those working in hospitals and other settings, and some still working and others now retired from the profession.

What these nurses had in common was the strong impact of being bullied at work on their careers, their health, and their whole lives. I also recognized the admirable degree of respect they exemplified in their descriptions of those experiences and the consequences for them.

This is a thematic summary of the comments on the virtual forum and I include some quotes from that forum to illustrate.

Bullying Tactics

Nurses described the breadth of bullying tactics they experienced, most of which were psychological abuse. These tactics included being targeted by backstabbing, having privacy and personal space invaded, being undermined, insulted, harassed, intentionally overloaded with work, humiliated, demeaned publicly, and being isolated, excluded, and ignored. “Words were hurtful and targeting people instead of the situation. Frustration would become anger, and it would often end up with personal attacks, and sometimes with objects being thrown around.” Other

nurses reported being yelled at, sworn at, blamed, belittled, and gossiped about. “It was the most demeaning experience of my life” said one nurse. One nurse said, “Many rumors rumbled around the gossipy hospital community and the small community where I live,” and another was targeted when a co-worker “spread a rumour.” Another nurse said she experienced “whispering behind my back, not speaking to me, giving me a heavier workload, [and] ignoring my presence.” Still others were threatened personally or in relation to their jobs. One example was the nurse who mentioned that they are “always threatening to terminate our employment if we do not conform to their opinions and beliefs.” Some noticed that time off and workloads were not distributed fairly, “I was refused time off when I needed the time off.” Most of these behaviours have the result of intimidating targets. Several nurses mentioned statements such as this one, “any form of bullying is unacceptable.” One nurse indicated being intimidated involved an extreme example, “I was ignored when I spoke to anyone and dismissed. I would ask for some assistance with a patient and I was denied.” We can imagine the potential impact of bullying on client care.

Personal Impact

Targeted nurses described some effects these tactics had. Nurses reported that they lost a sense of trust in their colleagues. For example, “The situation shook me to the point that, two years later, the events are still etched in my

memory. In my current life, I have so little self-confidence that I find it difficult to make any decision.” Lack of trust leaves some targets feeling helpless, upset, disturbed, confused, and sad. One said, “It’s got us feeling trapped, helpless and at her mercy.” Another observed, “I lost all my self-esteem and self-confidence.”

For others nurses, the feelings bullying invoked included anxiety, fear, anger, and terror. One nurse said, “I got to the point I was terrified to answer an email for fear I would say or do something wrong.” One nurse noticed how her anger affected others, “I would drive home every night crying. It was a time in which I was filled with a lot of emotion and I found myself being very angry with those close to me.” Most nurses noticed that the bullying lowered their morale, lowered their self-esteem, damaged their confidence, increased their self-doubt, and made them sick at the thought of work. “I didn’t feel like I had anyone in the office I could talk to and I began doubting my abilities”, the workplace “morale is very low,” and “I began feeling overwhelmed. I felt sick at the thought of going to work every day.” Health symptoms of increased stress included nightmares, insomnia, loss of concentration, crying, and panic attacks. Some nurses said, for example, “I am not sleeping lately, and finding it hard to concentrate,” bullying becomes “a weight you can’t bear,” and “I am ‘walking on eggshells’ all of the time.” Another said, “It’s terrible. It’s every day. It’s all the time. It’s exhausting.” Not

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surprisingly nurses found the stress of dealing with bullying almost unbearable, “I was distressed,” the doctor saw “how distraught I was in this situation,” and “it was the most stressful experience of my life.” Consistent with what research reports, some nurses said they take stress home and that affects their relationships with family and friends. “I have suffered a great deal as has my family,” “my life was a mess I did not know who I was or what I wanted in my life.”

There are often long-term consequences on health and careers and many nurses noted this as well. These impacts do not resolve quickly even when targets leave the workplaces where they were bullied. Nurses said, “I felt and still feel abused,” “but I am still experiencing some sleepless nights, and anxiety at work,” and “as time passes, I find that my trust does not improve.”

For some, the best way to deal with the bullying was to leave the job, go elsewhere to work, or to take sick leaves. Some nurses said, “I was forced to take a stress leave,” “I actually left one unit because they would not stop with the comments and picking on my nursing care,” and “eventually, I left my job and was able find employment somewhere else.” One nurse connected leaving and being fired, “It was traumatic to work under those conditions and I felt worse resigning, but I tell myself if I hadn’t I’m sure my supervisor would have found a way to fire me.” Most felt relief after making that decision, “It was a happy day when I left that toxic environment” and “I am feeling a lot better having left.”

At least one nurse was fired because of being bullied—puzzling—but has been reported with other research on bullying. For those who felt their reputations were damaged by being bullied, those effects persisted too. “My reputation has been tarnished immeasurably” and “now that my professional credibility as well as my personal reputation has been insulted nothing can be done.” After time, some nurses noted that they had learned from the experience, not necessarily how to manage it but things about themselves. For example, “though it was a difficult time, I believe I learned a lot about myself.”

Impact on the Profession

Even with the devastating personal impact of being bullied, nurses were concerned about how workplace bullying reflected on their chosen profession. They said, “These situations would destabilize me and make me doubt my management abilities”, and they questioned the professionalism of those who bully. They lost respect for other nurses when they felt they set bad examples. It was very discouraging for nurses to consider this impact on the nursing profession itself. Some relevant comments are, “Such a beautiful profession, but also capable of a total lack of respect,” “nurses, the professionals, who were and are educated to be ‘caring’ are often the least likely to care for each other,” and “I find it distressing when nurses denigrate the work of nurses in other roles”.

Responses to Bullying

Some nurses, initially, did not respond directly to the bullying behaviour, perhaps because, like this nurse, “I’m really not sure how to handle the situation, much of how I feel I am being bullied is such subtle behavior.” Others said they worked harder to show that they were capable, positive nurses. As one nurse put it, “I refused to give in and gave more than what was needed and expected in an effort to prove I was capable.” Most nurses did not report the bullying. One nurse said, “I never spoke up to the nurse nor did I tell the Director of Nursing.” Nurses sometimes waited for it to stop, but they refused to yield or stoop to the same level of interaction, “I will never stoop to such a low level of human behaviour.” Some said they spoke directly to the person bullying to address the behaviour. Targets also said they became active in trying to address it. Many nurses reported the behaviour through appropriate channels, to their supervisors or managers, with varying outcomes, “When I reported this incident to my Supervisor, nothing was done or addressed with the person involved.” Others said that the person bullying was spoken to or reprimanded.

Some nurses documented their experiences carefully to create a record of the pattern of behaviour. Other nurses followed appropriate workplace procedures, filed reports, involved unions, and reported experiences to NANB. In spite of following these approaches, some nurses felt they “had to sort it out myself” and they noted it was important to maintain their

integrity and to “be who you are.” Many nurses came to realize that taking time off, changing jobs, resigning, or transferring were ways to move away from bullying situations when they weren’t resolved. Engaging in exit interviews provided some nurses opportunities to inform employers about behaviours that had been going on and that seemed to be tolerated.

Organizational Responses

With many nurses indicating that they had eventually reported the bullying, it is interesting to note the responses the organizations gave them. A few nurses reported feeling supported by their managers, “my bosses . . . have been supportive,” but still nothing changed. Many felt that nothing was done, that the issue was not addressed, and that they were left alone with the problem. In fact, some felt like this nurse: “It would be useful if targets could talk about the bullying without being judged or wrongly perceived, e.g., as weak or passive, if we could be better equipped to respond to bullying as soon as it starts, if we had healthy workplaces where more than lip service is paid to respect and conflict resolution (even when a policy on bullying is in place, there is not always a follow up, which discourages others to take action)”. Another said, “My supervisor provided no support and denied the event.” Worse, in some cases the person they reported the problem to supported the person bullying or moved the target away from their chosen work. Occasionally, that person intervened but the bullying worsened afterwards. What helped nurses was their relationships with family and friends, “I also had some good friends who were supportive and understood what I was experiencing.”

Outcomes of Actions

Nurses mentioned the outcomes of the actions they chose to address the bullying. Most said that they felt better and happier after leaving the workplace. Some felt they should have left sooner. Moving to a new workplace let some nurses feel valued again, restored their faith in their fellow nurses and enabled them to look after their health and to put this behind them. One nurse said, “I ended up leaving the hospital for a more appropriate workplace, and I am very happy now” and another said, “I work

with mature and well-rounded staff now and think I have died and gone to heaven.” These nurses mentioned reflecting on their experiences, rebuilding strong self-esteem, recognizing their strengths, and learning from the experiences. Some nurses spoke positively about the outcomes, “I believe I learned a lot about myself at the time” and “I have moved on and was accommodated to a job with a higher level of pay.”

For other nurses, it was harder to move on and they felt the enduring impact on their lives. Some nurses said, “It took me at least four years to get over the negative impact on me as a person”, it is “still eating at me,” “I felt and still feel abused over this,” and there is a “long-term impact on life.” The loss of trust in other nurses was one long-term impact. For some, it was hard to rebuild their careers. In light of this, the altruism and commitment to the profession visible in the comments was remarkable by nurses who wanted to prevent bullying from happening to others.

What Nurses Suggest

New Brunswick nurses were clear in identifying the kinds of responses to workplace bullying they feel are needed. Some nurses think that organizations need policies that clearly articulate unacceptable behaviour, identify consequences for it, and set out discipline for those enacting it. Making it safe to report bullying and providing support for targets when bullying occurs are essential steps to addressing it. Most employees can benefit from education sessions to help increase awareness of the problem and how it needs to be addressed. Education would help targets, those who bully, and employers and unions to contribute to safer workplaces. If managers were better prepared to deal with bullying when it occurs, and if they modeled respectful behaviour, nurses believe the frequency of bullying would drop.

Nurses thought that targeted nurses could do some things to help themselves. It is important to identify and find mentors for yourself. Nurses need to support and protect one another at work, and may need to seek help outside the workplace. Nurses can use performance evaluation times to provide feedback to managers about bullying.

Overall, nurses who were targeted loved their work. They felt they were good at it and were skilled nurses, and many had evidence of positive performance appraisals to confirm these feelings. This is also consistent with the literature on workplace bullying: most targets are ethical workers with high standards and strong skills, and have been recognized as such, making the losses to both nurses and employers because of bullying very great.

Remaining Challenges

Some situations involving workplace bullying are more challenging to address. When the person who is bullying is the immediate supervisor, targets feel limited in how they can report. Witnesses of workplace bullying experience health and career effects but may not be immediately aware of that. Interestingly, at least one nurse was concerned about being wrongly accused of bullying and the effect this could have on her career. Some nurses mentioned that issues of difference such as language, experience, body size, education, sexual orientation, and culture might influence becoming targeted but none of these is an excuse to bully. Many of these differences fall clearly within grounds for discrimination protected by Human Rights legislation and could potentially be dealt with differently than most workplace bullying. There is some discussion of whether bullying is intentional or not, but intent does not change the impact on targets and their health and careers, although it is an interesting question to consider. Whatever other issues remain, nurses need and deserve workplaces in which respect, trust, and collegiality are the norms. There is no room for workplace bullying in intense health care work environments. Appropriate approaches to preventing and managing workplace bullying need to go beyond dealing with the dynamics between two people. Because of the impact on targets, witnesses, clients, and productivity, workplace bullying is a problem that needs to be addressed deliberately and persistently at the level of work units. Nothing less will be effective in the long term. We need to begin now!

