

NURSES fyi

MAGAZINE

Research Saga

Embracing the healer

Nurse's issues are women's issues

ANZAC 100 Years On

You are an inspired nightingale!

Dr & Nurse Ostrich

Cover Story:

Renee Thompson

Do No Harm

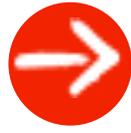
A Clinical Christmas

Make 2015 your best year yet



Nurses fyi Magazine Content

Cover Story



Renee Thompson

DNP, RN, CMSRN

“Do no harm” applies to nurses too!



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Research Saga

Research should be easier then this!

By Name withheld



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Renee Thompson:

“DO NO HARM” applies to Nurses too!



**Renee
Thompson**

Ask any nurse if he or she has heard the phrase, “nurses eat their young,” and you’ll get nods of sad recognition. Nurses choose their profession to deliver compassionate and effective patient care, and then they discover the ugly in nursing: nurses can be horrific to each other.

As I travel across the country speaking about disruptive behaviors, nurses eagerly share their bully stories with me; stories that make me sad, stories that make me angry, and stories that downright shock me like the story of a nurse who threw a cup of water in another nurse’s face because she was sitting in “her chair!”

48% of graduating nurses are concerned that they’ll become the target of workplace bullying when they start their first job.

60% of all new nurses quit their first job within the first year due to workplace behavioral issues.

Almost every day of my life, a nurse reaches out to me for help to deal with a bullying situation.

Nurse-to-nurse bullying is a serious problem and we need serious solutions.

WHAT’S THE IMPACT?

Bullying behavior in the healthcare environment has a negative impact on individuals, organizations, and ultimately, on patients.

Individuals

Nurses pay for bullying with their physical, psychological, and spiritual health. Many nurses are unable to work and suffer from Post Traumatic Stress Disorder (PTSD) as a result of bullying. I once talked with a new nurse who said she was having a good day. When I asked why, she said it was the first day she didn’t throw up on her way into work. It’s not a coincidence that it was also the first day she broke free from her preceptor who was her bully!

Organizations

Organizations pay for bullying with their profits. Globally, bullying costs organizations over 6 billion dollars per year. As an organization, you may SAY you have a culture of respect, evidence based practice, patient safety, etc. but if your subculture is bullying, incivility and disrespect, then your SUBCULTURE becomes your culture.

Patients

Ultimately, patients pay for bullying with their outcomes. When nurses spend mental energy trying to avoid the bullies, they are unable to focus on patient care and therefore, don’t always make decisions based on what’s best for patients.

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It's 2 o'clock in the morning and Cassie, a new nurse, is concerned about her patient. The physician on call is notoriously known for screaming at nurses, making them feel like idiots. The night shift nurses are the ones who “eat their young.” Cassie feels overwhelmed and alone. She doesn't know what to do and fears for her patient.

Bullying is destructive and doesn't belong in a profession dedicated to caring and compassion. Bullying behavior poses a significant threat to individuals, organizations, and the public.

WHY DOES NURSE BULLYING CONTINUE?

Over the years I've talked with thousands of nurses. Based on my research and through countless hours of dialogue with nurses from all over the world, I've discovered the 3 primary reasons why bullying continues:

1. We accept the behavior as the norm

Many nurses say, “Well that's just the way it is in nursing.” If you put a frog into boiling water, the frog will immediately jump out. But if you put a frog into tepid water and slowly increase the temperature to boiling, the frog will just sit there until it boils to death! The frog isn't even aware that its surroundings have become toxic. The same situation is happening in nursing. We don't even realize we are working in toxic environments.

You know this is an issue in your organization when you hear the phrases, “Just ignore her. That's just the way she is.” Or...”You're going to have to grow a thick skin if you want to succeed here.”

2. Fear of retaliation

I've talked to many nurses who are being bullied by other nurses. When I suggest that they speak up and file a formal complaint, many won't because they're so afraid the bully will find out and make matters worse.

Although organizations are starting to recognize this problem and are now implementing retaliation clauses into their policies, retaliation is alive and well.

3. Managers use silence as a strategy

85% of a manager's time is spent dealing with the behavior of their employees yet we don't teach managers how to address behavioral issues! I've talked with some new managers who say, “This person's been bullying for years!! If I do anything about it, she'll retaliate against me too!” We must do a better job teaching our managers the skills required to set behavioral expectations and hold their employees accountable for professional behavior.

WHAT CAN NURSES DO TO MINIMIZE BULLYING IN THE WORKPLACE?

Step 1: Mentally Separate Yourself from the Bully

Think back at times when you were yelled at, criticized, or secretly sabotaged by your co-workers. Now, pretend you are simply an observer watching the events you've recalled unfold. Can you see how the problem is with the bully

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and not you? Even if you make a mistake, it’s unprofessional and inappropriate for another person to yell, openly criticize, or “zing” you when you’re not looking. You don’t deserve to be berated or publically humiliated for a mistake. No one does. By mentally separating yourself from the bully, you minimize their impact.

Step 2: Name the Bully Behavior

The single most powerful response you can make in the face of either blatant (overt) or subtle (covert) bully behavior is to name it. Bullies who feel a sense of power during their overt tirades gain momentum as they scream and yell. Interrupting a bully midstream and labeling the behavior can short-circuit the verbal assault.

Likewise, when a colleague secretly tries to sabotage you, rolling his or her eyes behind your back or undermining your ability, acknowledging that you are aware of the behavior brings the bully out of the closet. Typically, once the covert bully’s cover is gone, the behavior stops.

To be effective, naming the behavior must describe specific, observable actions. For example, if you say to a bully, “You always give me the worst assignments,” the bully can deny the charge. If you say, “For three shifts in a row, I’ve been assigned four patients while the other nurses on my shift have been assigned only three,” it’s hard for the bully to deny this fact.

Here are additional examples of naming both covert and overt behavior.
“You are yelling and screaming at me in front of patients and their families.”
“This morning during the staff meeting, when our manager acknowledged my recent BSN achievement, I heard you snicker and saw you roll your eyes.”
“I’ll be willing to talk about my mistake when you are ready to speak privately rather than calling me a baby in the middle of the unit.”

Step 3: Walk away from Overt Bullying

When you walk away from a bully attack, you take the audience away with you. Seldom will a bully continue screaming, yelling, or criticizing without an audience. Here are sample situations and possible responses that involve walking away:

Yelling and screaming: Interrupt and say, “I’m willing to continue the conversation as long as you are willing to speak to me in a respectful manner.” If the yelling continues, walk away.

Openly criticizing: Interrupt and say, “I’ll be receptive your feedback when you deliver it calmly and respectfully.” If the bully continues to criticize, walk away.

Openly minimizing accomplishments: “I respect your decisions regarding education and I expect you to respect mine.” If the bully continues, walk away

Step 4: Support Your Conversation with Facts and Documentation

Keep a notebook and write down behavior, dates, times, and witnesses. Objectively sharing the information with a bully lets that bully know you aren’t

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going to be an easy target from that moment on. Since bullies prefer easy targets, this alone might take care of the problem.

If not, present the same information to your manager or human resources representative. If these individuals don't address the problem appropriately, lodge a formal complaint. By law, an organization must investigate and take action on formal complaints about bullying in the workplace.

It takes moral courage to address bully behavior at work, but it's an important step to protect yourself, your profession, and your patients. While your efforts might feel stumbling at first, they will get better with practice.

Imagine a world where bullying doesn't exist. Where nurses go out of their way to support each other. Where everyone works as a team. No, you're not dreaming. It is real - or at least can be.
Thank you!

I would love to stay connected. Please visit my website – www.rtconnections.com for additional resources to eliminate bullying in the workplace.

Be kind to each other. Take care and stay connected!
Renee
CEO and President, RTConnections, LLC

Renee's Bio:

Dr. Renee Thompson is a true champion for nurses. After more than 23 years as a nurse, nurse educator and nurse executive, Renee has become one of our country's leading authorities on nurse bullying, promoting healthy work environments and transitioning into professional practice.

Dr. Renee Thompson is the CEO and President of RTConnections, LLC and has been repeatedly published, interviewed, and awarded for her work to educate, connect and inspire current and future nurses. Renee is the published author of, ***“Do No Harm” Applies to Nurses Too!***, and ***Celebrating Nursing: Human by Birth – Hero by Choice***, and speaks nationwide to healthcare organizations and academic institutions motivating her audience at keynote addresses, professional conferences, workshops, and seminars. Her presentations and seminars focus on eliminating nurse-to-nurse bullying, effective communication and leadership, building a positive and healthy workplace, transitioning into professional practice and nurturing a culture of respect.

To stay connected with nurses, Renee continues to practice as a bedside nurse.

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