

Mean Girls of the ER: The Alarming Nurse Culture of Bullying and Hazing

It's not only threatening the profession, it's putting patients' lives at risk.

MORE FROM GOOD HOUSEKEEPING



By Alexandra Robbins
MAY 20, 2016

Over the course of four years, I interviewed hundreds of nurses for a book (*The Nurses: A Year of Secrets, Drama, and Miracles with the Heroes of the Hospital*), examining a subculture the public knows little about. The nursing profession demands a lot from its ranks: 12-to 14-hour shifts coping with traumas, managing grotesqueries, soothing distraught family members. And they do it with a calm and grace that belie just how complicated their jobs really are. The women and men I spoke with exuded the compassion and selflessness we've come to expect from nurses, traits that make it easy to understand why the country's 3.5 million nurses have topped Gallup's annual poll of Honesty and Ethical Standards in Professions for 13 straight years.

Which makes the profession's silent secret all the more surprising: rampant hazing, bullying, and sabotage so destructive that patients can suffer and, in a few cases, have died. Nurses told me about numerous daunting behavioral patterns: colleagues withholding crucial information or help, spreading rumors, name-calling, playing favorites, and intimidating or berating nurses until they quit.

Nurses eat their young.

Nurse bullying is so pervasive that it has its own expression. In 1986, nursing professor Judith Meissner coined the phrase "Nurses eat their young" as a call to action for nurses to stop ripping apart inexperienced coworkers. Nearly 30 years later, the bullying seems to be getting worse, says Gary Namie, Ph.D., director of the Workplace Bullying Institute in Bellingham, Washington, which receives more calls from nurses than from workers in any other field (36 percent vs. 25 percent from educators, the next-most-frequent callers). "The profession's on the brink of some sort of transition," Namie says. "Nurses uniformly seem to accept nurse-on-nurse violence as just part of the job. But they're losing nurses by the drove."

From her first week, Christi, a 27-year-old intensive care unit nurse at a North Carolina hospital, stood out. The hospital had a recognition program in which nurses whose patients complimented them to management got a star posted on a bulletin board. The once-bare board quickly filled with Christi's stars. Her coworkers, a group of 14 mostly middle-aged nurses, glared at and whispered about her. When she entered the break room, they would "go dead silent," she recalls. And Christi wasn't the only victim. Nurses on another floor fat-shamed two of Christi's friends, calling them rude names until they cried.

Worst of all, the clique members wouldn't help Christi with patients who required multiple nurses. About four months into the job, Christi had a patient who suddenly lost consciousness. She pressed the code button to signal that she needed emergency assistance with a crashing patient. To her shock, nobody came. Alone, Christi grabbed the code cart outside the door, checked the man's blood sugar levels, and saw that they'd dropped so dangerously low that he was at risk for a fatal coma. After Christi pushed dextrose through his IV, the man regained consciousness. "He turned out to be fine, but for a full five minutes, I'm sitting with this man on the floor in sheer panic. My patient could have died," she says. "I was devastated because these are people who are 'called' to serve others. To imagine they would put a petty, personal bullying issue in front of someone's life is just appalling."

Even when cliques aren't behaving badly in critical situations, they still unsettle nurses and affect their job performance. At a Virginia hospital, a group of senior nurses have a history of mistreating younger coworkers. "I've seen them give someone multiple patients who need one-on-one care, then watch *The Bachelor* while the nurse struggles and runs around," says Megan, 30, a labor and delivery nurse. "They're spending 99 percent of their time gossiping."

One of these nurses also screamed expletives at Megan at the front desk and on another occasion told her, "You have a target on your back, and people don't like you." "It makes me nervous about going to work," Megan says. "We eat our young — it's really true, and it needs to be better addressed." Her manager advised her not to quit, saying, "Sometimes it has to get worse before it gets better."

Researchers say that at least 85 percent of nurses have been verbally abused by a fellow nurse.

The prevalence of nurse bullying is staggering. Researchers say that at least 85 percent of nurses have been verbally abused by a fellow nurse. Worldwide, experts estimate that one in three nurses quits her job because of bullying and that bullying —

not wages — is the major cause of a global nursing shortage. (In the U.S., the Bureau of Labor Statistics projects that by 2022, there will be a shortfall of 1.05 million nurses.)

"When your colleagues ostracize, intimidate, or don't support you, you feel isolated," says New England Institute of Technology professor Martha Griffin, Ph.D., a leading researcher of nurse lateral violence (intimidating colleagues at the same level). She cites research that found bullying responsible for as much as 60 percent of new nurses leaving their first jobs within six months. New Zealand researchers found that bullying causes 34 percent of nurses to consider leaving the profession entirely.

The statistics certainly applied to Christi. A week after she saved the coding patient solo, a friend stopped her. "Don't go in your locker. You need to call the manager, but I don't want to get involved," said the friend, who had seen the other nurses break in. Wary, Christi opened her locker and lifted her clothes with a tongue depressor. Someone had hidden a bloody syringe beneath them. "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," Christi says. She called her manager, who promptly disposed of the evidence. When Christi asked for an investigation, she says management refused, explaining, "We can't fire 14 people for one nurse." After the hospital denied her requests to change shifts or transfer departments, she left the institution.

Victims of nurse bullying rarely have legal recourse because woman-on-woman aggression isn't discriminatory. "Unless there's sexual coercion, there's no legal protection. If you're the same gender, same race, you're stuck," Namie says. "Bullying is primarily legal in America."

Griffin agrees that it's "very rare" for nurse bullies to get in trouble for their behavior. The bullies are often favored employees, and supervisors can't confidently assess a "she said/she said" that they didn't witness. Researchers report that nurses usually keep quiet because they fear retaliation, they don't believe the bully will be punished or that anything will change, or their supervisors are friendly with the perpetrator or are complicit themselves. They might not stand up for themselves because the behaviors are so entrenched in the industry that many nurses assume, "That's just the way we are." "Everyone knows about it, but nobody wants to admit it," Griffin says. "Because we know the patients aren't as safe in hospitals that harbor behaviors like this."

It's tempting to attribute nurses' hostility to their stressful, high-stakes work environment. But studies show that more nurses experience bullying from peers than do doctors or other healthcare staff. And nurses are verbally abused more frequently by each other than by patients, patients' families, and physicians, all of whom commonly abuse nurses.

Among nurses, bullying is typically more passive aggressive than in-your-face harassment. A 2011 Research in Nursing & Health survey found that the most common bullying methods are "being given an unmanageable workload" and "being ignored or excluded." Griffin found that the five most frequent forms of lateral violence among nurses are: "nonverbal innuendo (raising of eyebrows, face-making), verbal affront (snide remarks, lack of openness, abrupt responses), undermining activities (turning

away, not available), withholding information ... [and] sabotage (deliberately setting up a negative situation)."

Such behaviors can be found in any profession, of course. But in nursing, communication is paramount for the hyper-accurate teamwork necessary to treat patients. When communication breaks down — between nurses or between nurses and doctors — patients' lives are at risk. A 2014 report by The Joint Commission, the governing body and accreditation group for hospitals, found that 63 percent of cases resulting in the unanticipated death or permanent disability of a patient could be traced back to a communications failure.

Many nurses assume that because the workforce is 91 percent female, they are destined to resort to backstabbing and cattiness.

Nurses are in even more of a quandary when the bully is their boss. Supervisors have penalized nurses they don't like by giving them undesirable schedules, piling on the workload, or assigning them belligerent or otherwise difficult patients. UMass Lowell nursing professor Shellie Simons, Ph.D., reported in a 2010 study that a nurse told her, "During my first pregnancy, because the charge nurse didn't like me, I was assigned the most infectious patients — HIV, tuberculosis, and hepatitis."

Anna, 29, who once worked at a Texas emergency room, described a clique of supervisors "straight out of *Mean Girls*." The ringleader often held pre-shift meetings in which she selected someone to humiliate in front of the entire staff. "Nobody ever said anything back," Anna says. "She was like an evil genius; she could get away with a lot because she was smart and really good with patient care." During one shift, when a supervisor overloaded her with seven patients, Anna expressed concern that she couldn't provide proper care to that many people at once. (Nurses union National Nurses United advocates for a maximum of four ER patients per nurse.) The supervisor lambasted her until she cried, then told her to go home. On another shift, Anna had to restrain a former serviceman. The patient was "a mess, with superhuman strength, like the Incredible Hulk on drugs. I pushed the call bell to get help, and she said no. The supervisor was the one you were supposed to call for help!" says Anna, who had to yell for assistance. It took six people to hold the patient down. After a year, Anna paid the hospital to get out of her contract: "Because of her clique, there wasn't a safe place to go except for out."

Why is bullying so frequent among nurses? Many nurses assume that because the workforce is 91 percent female, they are destined to resort to backstabbing and cattiness. But the "girls will be girls" argument only demeans a field of smart, strong women passionate about their jobs. Scholars contend that nurses are a beleaguered population because of a history of powerlessness and submissiveness to mostly male physicians and administrators. Browbeaten, they grew to accept bullying as an inevitable occupational hazard. "Unfortunately, many nurses have been taught to simply 'grin and bear it,' and as a result of prolonged abuse, nurses have become an oppressed group with nowhere to channel anger but at other nurses," Saint Joseph's University researchers observed in 2005. (Interestingly, when nurses have better working conditions, they're less likely to be aggressive towards one another, according to a 2010 *Journal of Advanced Nursing* study.)

Because they believe complaining to doctors or administrators could jeopardize their jobs, nurses are more likely to redirect their rage or fear against one another. They typically don't have other workplace outlets for venting their frustrations. Many hospital units don't give nurses time to eat, to take a walk, or even go to the bathroom. They are often overworked and accosted by aggressive patients. They can be so physically and emotionally depleted that they have little time for themselves, let alone their colleagues.

Still, there may be a difference between the clear-cut bullying that can happen anywhere and intimidation that qualifies as nurses eating their young. Some nurses want a neophyte to prove herself before they accept her as part of the team. If a nurse can't handle criticism from a peer, the thinking goes, then how can she handle the stress of attempting to save a coding patient or treating an alcoholic patient sexually harassing her? So nurses might be impatient or reluctant to offer assistance in order to whip new grads into shape. Indeed, the American Nurses Association (ANA) calls nurse bullying "a type of initiation to determine if the new nurse is tough enough to survive." It doesn't excuse the behavior, though, stating on its website: "The ANA upholds that all nursing personnel have the right to work in healthy work environments free of abusive behavior such as bullying, hostility, lateral abuse and violence, sexual harassment, intimidation, abuse of authority and position, and reprisal for speaking out against abuses."

Before her current job in Virginia, Megan was a "travel nurse" who took short-term positions across the country. At each hospital, the staff nurses tested her to determine whether she measured up. They gave her "medicated screamers" and patients with hostile family members, or paired her with "a horrible physician, knowing it would be a clash of personalities," she says. "Every place I went had some sort of barrier that I had to overcome." She distinguishes this hazing from the bullying she endures now. "You want to know the traveler they bring in is good," she says. "I can justify the hazing more than the bullying."

As workplace bullying has increasingly become a part of the national dialogue, some experienced nurses worry that new graduates are misinterpreting their tone. "When you're in such a high-pressure environment, you just react sometimes. Nurses have to be able to handle that. If you get caught up in the anxiety of the situation, you tend to miss the finite details in patient care that can be the difference between life and death," says Meghan, 30, a pediatric nurse practitioner in Pennsylvania. "People do things in hospitals they wouldn't do in real life, like lose their temper. If you take it personally, it's going to affect your job performance. You have to get over yourself."

Many hospital units don't give nurses time to eat, to take a walk, or even go to the bathroom.

When California ICU nurse Jen, 46, saw that a new nurse was planning to give a patient a potentially toxic double dose of medication, she told her, "You need to look up meds you're unfamiliar with before you give them so you don't hurt people." The younger nurse then reported to the unit's charge nurse that Jen was "mean and bullying" her.

"I didn't yell at her, but I also didn't hold her hand and gently tell her to look up things she did not know. I like precepting [training] new nurses, but a lot depends on how you

communicate and on them not being defensive. It's a two-way street," Jen says. "There's a feeling among older nurses that newer ones are coddled a lot more than we were. Recognize that I might be coming from a busy or stressful place. I'm only trying to help; I don't ever mean to hurt anyone's feelings." Because so many departments are short-staffed, inexperienced nurses take on massive responsibility and critical patients whether or not they're ready. Meghan, who has seen newbies make potentially disastrous mistakes, says they "can be unreliable and dangerous," leading some experienced nurses to believe they have to be stern to protect patients. "After a while, you get tired of people making the same dumb mistakes, so you tend not to watch what you say," she says. "Sometimes you have to say things in a harsh way so they understand. Some new grad nurses think they know everything. Those tend to be the people others are mean to. If you come in on your high horse, you need to be knocked off a bit because it's those nurses who do things wrong and hurt people."

But patient care can also deteriorate when nurses intimidate one another. Many nurses told me about times they needed help to lift a large patient and coworkers made them do it alone, letting the patient suffer because of the lengthier, more uncomfortable process. Griffin calls any type of intimidation "a safety concern. The vulnerability of someone needing care shouldn't ever be compromised because of some rite of passage. If you don't feel comfortable speaking up or someone won't assist you, patients are at risk."

There's a feeling among older nurses that newer ones are coddled a lot more than we were.

The clique at Anna's former hospital "covered things up for certain nurses," she says, citing a case when a clique member used oxygen inappropriately on a patient. He died soon after being discharged. "The clique lied and said nothing out of the ordinary happened when several people knew he had oxygen applied to him for hours while he was sleeping, and you don't do that," she says. "Nobody spoke up about it because it was the wrong group of people to mess with."

It's safe to say that the vast majority of nurses would not let an interpersonal issue interfere with doing right by patients. Nevertheless, some have, with catastrophic results. Namie says he's consulted at three hospitals where nurse bullying played a role in a patient's death. In one operating room, an experienced nurse had a habit of humiliating new ones. When a nurse she was training called for help, the older nurse ignored her, and the patient died. "The families never know," Namie says. "People die because older cliques torment the newbies. They make new nurses play guessing games with respect to techniques, and when [new nurses] ask a question, they say, 'You're supposed to know; why would I tell you; you're so stupid.' The unwitting victim in all of this is the patient, who suffers because the older nurses want to play games with younger nurses. But there are life-and-death consequences."

From: Marie Claire