Nurse Against Nurse: Horizontal Bullying in the Nursing Profession

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EXECUTIVE SUMMARY
Healthcare professionals are not immune to bullying; in fact, they experience bullying at an alarming rate. Sometimes the bullying is passed down from superiors, but frequently bullying occurs between coworkers. This is known as “horizontal bullying,” and it has become a serious issue within the nursing profession. Horizontal bullying between nurses can cause negative consequences for everyone involved, in particular the nurses, patients, and the entire organization.

To fully address and resolve horizontal bullying in the nursing profession, we must consider many factors. The first step is to establish what constitutes bullying and to develop a clear process for dealing with it when it occurs. Before it is possible to eliminate the problem, we need to understand why bullying takes place. To be effective, solutions to the problem of horizontal bullying in the nursing profession must include the entire healthcare industry.

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INTRODUCTION

The media has placed considerable attention on the prevalence of bullying in the United States, but most of the attention has been directed toward children and the bullying that takes place in schools. Yet bullying does not stop at a certain age; many people are still dealing with it on a daily basis in their places of work. Often, the negative treatment is dispensed by a boss or an individual higher up in the hierarchy system, but there has been an increase in bullying between coworkers (i.e., horizontal bullying) (Johnson & Rea, as cited in Cleary, Hunt, & Horsfall, 2010).

One definition of bullying is “singling out someone to harass and mistreat” (Dessler, 2013). Although the definition can vary, I think most people would agree that bullying consists of an imbalance of power and an intent to cause harm, and that the action is repeated. Individuals who bully others often choose victims who have a hard time defending themselves. To be considered bullying, the actions taken against another individual must be done for the purpose of causing harm. Incidents occurring only once usually are not considered bullying, but they still should be dealt with, or the actions may turn into bullying. Individuals may test the waters by using a negative action against another person. If the victim ignores the action it likely will be repeated. We need to understand that bullying is not only physical or verbal; other forms of bullying include social and cyberbullying. Social bullying consists of gossiping, leaving people out, and spreading rumors (Dessler, 2013).

The imbalance of power plays an important role in horizontal bullying. Thobaben (2007, p. 82) defined horizontal bullying as “hostile, aggressive, and harmful behavior by a nurse or group of nurses toward a coworker or group of nurses via attitudes, actions, words and/or behaviors” The bully feels that he or she has more power because of seniority, experience, knowledge, or a variety of other reasons. However, this does not mean that the bully has actually been given more power by management. Because bullied individuals are less able to protect or defend themselves, the bully feels more powerful.

Horizontal bullying has become an increasing problem in the field of nursing. Several studies have shown that more than 50% of nurses have been involved in this type of behavior (Cleary et al., 2010). Many refer to this growing problem as “nurses eating their young.” I discussed horizontal bullying in the nursing profession with several individuals (in-person interview, November 7, 2013) in the Nursing Department at Minnesota State University Moorhead (MSU). While causes of bullying vary from case to case, several factors, such as a hierarchical workplace culture, increase the likeliness of bullying taking place. Horizontal bullying, as with all other types of bullying, can have a disastrous effect on the victim and the organization. Healthcare organizations must focus on solutions to this increasing problem.

PREVALENCE

The prevalence of horizontal bullying is hard to measure because of the lack of...
understanding as to what constitutes bullying, and because victims may wish to keep it secret. Some victims are embarrassed by what is happening, so they choose not to report the incident. Although the prevalence of horizontal bullying is difficult to determine, a 2010 survey of nurses found that between 65% and 80% had witnessed horizontal bullying (Cleary et al., 2010). Walrafen, Brewer, and Mulvenon (2012) found that nurses reported having witnessed horizontal bullying at rates as high as 77%. The same study found that 53.3% of individuals felt that they had experienced bullying behaviors from coworkers. These statistics show that the issue must be addressed.

BEHAVIORS

Any type of harassment that could hinder an individual’s ability to satisfy work requirements is considered workplace bullying. Bullying behaviors can be person-to-person, over the telephone, written communication, or even displays of offensive materials such as an inappropriate poster. Cleary et al., (2010) reported the most common bullying behaviors among nurses to be the following:

- Being allocated an unmanageable workload
- Being ignored or excluded
- Having rumors spread about you
- Being ordered to carry out work below your competence level
- Having your professional opinion ignored
- Having information relevant to your work withheld
- Being given impossible targets or deadlines
- Being humiliated or ridiculed about your work

The article also included several other bullying behaviors, such as repeatedly checking an individual’s work, giving someone the silent treatment, belittling, criticizing, scapegoating, sabotaging, and blaming the individual for things that are not within his or her control. However, defining all of the actions that constitute bullying is nearly impossible because “the bullying spectrum is broad and its hurtful strategies are quite creative, flexible, and amenable to being tailored for the target” (Cleary et al., 2010, p. 333).

While some of these actions may seem minor, repetitive actions lead to negative consequences (Cleary et al., 2010). When dealing with bullying of any kind, it is important to consider the effects if the behavior is repeated and magnified, because, left untreated, bullying actions often are repeated.

Although horizontal bullying of nurses is considered to be an under-reported problem, behaviors that are not considered bullying also should be mentioned. These behaviors include expressing differing opinions, normal instruction, staff training, timely and constructive feedback, performance management issues, and safe workplace practices. Nurses should be educated so that they are able to differentiate between bullying behaviors and behaviors that are not bullying for their own well-being, as well as that of the organization.
CAUSES

Hierarchy System
Terry Dobmeier (personal communication, November 2013), a recently retired nursing professor in the School of Nursing and Healthcare Leadership at MSUM, strongly believes that the hierarchy system under which many nurses are working is to blame for much of the bullying taking place between nurses. “Bullying is especially associated with workplaces that are hierarchical; the bully frequently holds superior power to that of the target” (Cleary et al., 2010, p. 332). Tracy Wright, a faculty member at MSUM (personal communication, November 2013), concurred that the hierarchy system is to blame. Historically, physicians have been given authority over most other health professionals, including nurses. Nurses are forced to take orders from physicians, as well as from other health professionals who have higher rank. This can lead nurses to feel that they have the right to exert power over nurses whom they view as less capable. Their power—or authority—often is misused. Simply put, nurses treat others the way they have been treated.

Seniority
Senior nurses sometimes feel it is their right to have authority over less experienced nurses. When this power isn’t granted by management, they retaliate by being unhelpful or even harmful. Because the senior nurse may feel underappreciated, he or she avoids helping other nurses in an attempt to prove his or her value. This is likely to happen if a senior nurse feels the new nurse is not following his or her advice. The senior nurse will just watch the new nurse fail rather than provide guidance.

Feelings of Insecurity
Insecuiries also can drive nurses to bully other nurses. Dobmeier (personal communication, November 2013) stated, “Generally, people bully others in a variety of situations because of their own insecurities.” Newcomers often bear the brunt of this type of bullying. In many workplaces, employees generally are wary of new employees, especially ones who fill the same position as theirs. Nobody wants to be replaced. Even if replacing an employee isn’t management’s goal, many experienced nurses feel it is.

Patients’ Protection
Nurses often are protective of their patients, and this strong feeling can have a detrimental effect on the relationships between nurses. Some nurses feel that they are the only ones capable of providing adequate care for certain patients, related Victoria Teske, a faculty professor at MSUM (personal communication, November 2013). Although this view usually is incorrect, nurses want what is best for their patients. This can lead to nurses’ viewing their coworkers’ care as not up to the unrealistic level that they believe patients require. Teske has had experience with this type of bullying. She joined a neonatal intensive care unit early in her career. She recalls feeling completely rejected by the nurses in the unit. “They took specific babies as their own and were extremely critical of the care anybody else gave to those particular babies” (V. Teske, personal communication, November
2013). She said, “I became convinced that they worked with neonates because they couldn’t talk to them, and the nurses didn’t know how to communicate with adults. I stuck it out a year, but leaving there was a very happy day.”

**Territorial Tendency**

Some nurses feel threatened by coworkers. This territorial tendency is driven by the belief that they have earned the right to exercise authority. This is often how bullying starts, with a nurse focusing too intently on the actions of another nurse. When a nurse does not meet another nurse’s standards, the latter writes off the other nurse. Teske (personal communication, November 2013) said she was saddened to admit that she had bullied another nurse because of this reason. She explained that she forms opinions of people the first day she meets them, and if they are arrogant, she makes it her mission to let them know they are not as great as they think they are. She shared, “The reason that I bullied nurses who had been around a while is because they didn’t conform to my expectations.”

**Differences in Education**

Teske found that differences in the education that nurses receive can lead them to attack each other. She said that she received her bachelor of science degree in nursing in 1975. During that time, Teske explained, most nurses received their education through diploma programs, which provide education and training to students within a healthcare facility; baccalaureate programs were far less common. In Teske’s experience, the diploma graduates believed that the nurses with a bachelor’s degree were “book smart,” but lacked in the area of patient care. Teske felt that diploma nurses were just waiting for the nurses with degrees to make mistakes. Of course, the reverse also may be true, as nurses with baccalaureate degrees might assume that diploma graduates lack the necessary knowledge for the profession. Believing that other nurses are lacking in any area may lead them to attack one another. Despite the increase in baccalaureate nursing programs, many nurses still receive their education through associate degree programs.

Differences in technology education also can cause workplace differences. According to Larson (2013), younger nurses sometimes “behave rudely and condescendingly to veteran nurses who are taking longer to adapt to new technology.”

**EFFECTS OF BULLYING**

**Physical and Psychological**

Much research has been conducted on the physical and psychological consequences of bullying. Some of the most common negative outcomes are headaches, stress, irritability, anxiety, sleep disturbance, excessive worry, impaired social skills, depression, fatigue, loss of concentration, helplessness, psychosomatic complaints, and posttraumatic stress disorder (Cleary et al., 2010). Often, victims experience more than one effect. Determining the true impact of horizontal bullying in terms of the physical and psychological effects on victims is difficult because individuals may feel the effects in varying degrees.
In addition, victims and healthcare providers often have difficulty connecting the outcomes (such as sleep disturbance) with bullying.

**Performance**

Although the individual experiences the brunt of the negative effects of bullying, others are affected as well. Above all else, the care that the affected nurse provides often significantly decreases. In a 2008 *Sentinel Event Alert* that addressed disruptive behaviors, The Joint Commission noted that “intimidating and disruptive behaviors can foster medical errors and [lead] to preventable adverse outcomes.” Some methods of bullying limit the information that is given to the victim, which almost always involves patient information. This leaves the victim in a poor position to care for the patient, thereby compromising the patient’s safety (Becher & Visovsky, 2012). The work performance of bullied nurses also suffers because they have higher rates of absenteeism (Cleary, Hunt, & Horsfall, 2010), which costs the organization significantly. According to Murray (2009), “bullying in the workplace can cost over $4 billion yearly.” The financial implications for an organization can be broken down further; Becher and Visovsky (2012) estimated the cost of horizontal bullying to be $30,000–$100,000 per year for each individual. This estimate includes the cost of missed work, treatment for physical and psychological effects, decreased work performance, and increased turnover.

Horizontal bullying damages relationships in the entire healthcare organization because of the ever-growing rift between employees. Poor communication resulting from bullying causes healthcare teams to separate even further. This weakens the performance of employees at all levels of the organization. Moreover, the safety of patients is greatly compromised and the organization’s image is damaged (Becher & Visovsky, 2012).

**Turnover and Retention**

Bullying results in increased turnover when nurses choose to leave the organization instead of remaining in a workplace where they are unhappy (Larson, 2013). Sometimes, the organization is unaware of what is going on and views the individual being bullied as the problem, causing him or her to feel even more isolated and increasing the likelihood of leaving the organization (Cleary et al., 2010). The average cost to replace a nurse who has left to work at a competing organization ranges from $22,000 to $64,000 (Walrafen et al., 2012).

**Solutions**

**Removal of Hierarchy System**

The problem of bullying cannot be reversed if the focus is only on nurses. The healthcare industry needs to be restructured to solve the problem. Wright (personal communication, November 2013) stated, “I don’t think it can be fixed if the concentration is only on nurses. The entire infrastructure within healthcare needs to be addressed so all healthcare professionals are equally valued and respected.” Many of the reasons nurses bully each other center on the fact that they often do not feel valued or respected. Creating a
workplace environment that values all employees equally is important for decreasing horizontal bullying in the nursing profession.

**Nurse Educator’s Role**
Teske (personal communication, November 2013) mentioned that her education prepared her for poor treatment by other nurses. Instead of treating bullying as inevitable, nurse educators should focus on breaking the cycle. New nurses should be educated about how to deal with being bullied, the steps that should be taken if it does occur, and how not to become a bully. When I discussed the issue with the nursing faculty at MSUM, the professors said they play a major role in lessening bullying behaviors in the nursing profession. They felt responsible for teaching nursing students positive ways to interact with each other. “Nurse educators should be an integral part of the training process, as they understand the specific hospital system and how to navigate it” (Becher & Visovsky, 2012, p. 212). This indicates a positive shift in the education new nurses are receiving on the topic of bullying in the workplace.

**Mentors**
To complete their education, nurses are required to complete a preceptorship. They are usually assigned to one or more mentors with whom they work during this time. The mentors instruct the new nurse and provide feedback. However, working with a mentor is not always a positive experience; sometimes, this is when nurses first experience horizontal bullying. Wright (2013) believes that mentors must provide emotional support, as well as a good educational experience. Managers play a role in this process, and they must know their employees well enough to choose mentors who will provide new nurses with positive experiences. The mentors chosen should be willing to provide emotional support and methods for dealing with workplace bullying. According to Becher and Visovsky (2012, p. 211), “Leaders who demonstrate trusting behaviors allow staff to feel supported.” In addition, “Providing ample opportunities for education and professional development is important to prevent or eliminate [horizontal violence] in the workplace.”

**Workplace Culture and Policies**
The 2010 survey conducted by Walrafen et al. (2012) asked nurses to express their thoughts and offer suggestions on ways to decrease the amount of bullying in the workplace. Responses were overwhelming weighted toward improving the workplace culture. Many nurses stated that they would like to focus on their relationships with coworkers. The authors (2012, p. 10) stated, “The high number of responses to the question was interpreted as a desire on the part of the nurses to be active in the solution.” The nurses also thought that appreciating and celebrating the differences among them was necessary to improving the workplace culture. Some of the 227 respondents suggested organization-sponsored continuing education programs focused on cultural awareness. Most of the nurses agreed that it was important for all members of the organization to take responsibility for creating a
positive workplace culture (Walrafen et al., 2012).

Policies must align with the organization’s goals and mission. Many organizations focus on creating a safe workplace, and this should be reflected in the organization’s bullying policies. When unacceptable behavior is identified, a corrective plan must be developed and implemented. Even with zero-tolerance policies, it is likely for bullying to take place without a positive workplace culture (Cleary et al., 2010). Awareness campaigns should be used in conjunction with policies because they help clarify reasonable and unreasonable behaviors according to the organization’s standards. Common steps are creating awareness by identifying risk factors informing, instructing, training, controlling risks, and encouraging safe reporting to management (Cleary et al., 2010).

A special focus must be placed on nurse leaders because of their direct contact with the nursing staff. They, along with the nurses themselves, are in the best position to prevent and eliminate horizontal bullying by holding themselves and their peers accountable for modeling acceptable professional behavior. This can be achieved through support and education. Nurse leaders often are the first line of discipline when bullying is taking place, so it is important that they understand their organization’s bullying policy. It is their responsibility to recognize bullying and to act (Becher & Visovsky, 2012).

CONCLUSION

According to several studies, more than 50% of nurses have experienced horizontal bullying of some kind, and it is an important issue to address (Cleary et al., 2010). Moreover, the percentage is probably significantly higher because of underreporting. It is likely that most nurses will experience horizontal bullying, either as the victim, the bully, or a bystander (Cleary et al., 2010).

Many factors add to the difficulty of solving the major problem at hand. One of the challenges stems from the difficulty in defining bullying behaviors. It is nearly impossible to list and describe all of the actions that constitute bullying. Organizations should have a bullying policy in place that clearly describes not only unacceptable actions but also unacceptable outcomes (such as humiliating the victim) (Cleary et al., 2010). This will help employees understand which behaviors are considered bullying to prevent or stop them from participating in such activities and to assist them in knowing which actions to report.

The victim often suffers physical and emotional effects, but the consequences of bullying do not stop there. Bullying has a financial impact on the organization because of absenteeism, decreased performance, and lowered retention rates. The impact of bullying on performance also negatively affects patients, thereby injuring the reputation of the organization and solidifying the importance of addressing the problem (Cleary et al., 2010). Solutions to the problem vary, but healthcare leaders must emphasize the organization as a whole. The entire organization needs to be involved to stop horizontal bullying in the nursing profession.
REFERENCES