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Introducing the Bully Busting Toolbox Pocket Guide

Proposed Multifaceted Approach:

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Overview

Violence against healthcare workers has intensified recently, keeping pace with the violence in our society at large. This single fact has influenced employees in healthcare to contemplate a career change. Demonstrations of violence are seen impacting staff emerge as physical, verbal attacks or bullying, occurring on a daily basis. The decades old adage of *its just part of the job* are rapidly coming to an end as the professional nurse awakens to the realization that Healthcare Organizations, are legally responsible in guarding employee safety. Including protecting staff to and from work, such as parking lots, or any part of the organizations’ property. There is an uptick of employees suing their employers for failing to protect them in the workplace, this can be found when viewing legal journals. Courts have sided with the damaged employees against these large healthcare corporations, mainly due to those hospitals not following their own policies and regulations. It is not enough to have written rules and regulations if they are not followed.

This article presents a synopsis of bullying in the healthcare arena, from the eyes of the nurse who have lived through it. Why it is imperative to your bottom line, to recalibrate the *status quo* antiquated approach, to a more proactive method. Bullying strikes at the heart of nursing, the future of the nursing profession is in jeopardy if an alternative approach is not enacted. Lateral violence is the most common form of bullying affects 75% of your workforce, according to the Workplace Bullying Institute. It is reflected in patient safety, medical errors, staff turnover, customer service, retention, recruitment, engagement while eroding at the organizational trust factor, with the employees and the community. Unaddressed workplace violence which includes bullying will ultimately cost your hospital(s) financially. Organizational costs can be measured through your legal exposure, developing your defense and court settlements. The human factor costs will be more sever and will be manifested in your key strategic planning initiatives: employee retention and promoting recruitment.

Recommendations outlined in this proposal will:

- Reduce your hospital’s legal exposure
- Accountability stance against all forms of violence
- Staff Intervention Team- immediate assistance for impacted staff
- Reporting strategies
- Introduction of a portable reference guide- Bully Busting Toolbox
  B.B.T. Strength, Courage, Empowerment® Pocket Guide
- Retaining and engagement of current staff strategies

The emotional intelligence of the organization is influenced by the environmental climate, tone, comprising of interpersonal relationships and behaviors of all personnel. Guaranteeing employee’s basic rights in our culturally diverse work force includes; respect, dignity and safeguarding basic human rights. Every organization bears the responsibility in preventing environmental hazards and violence which includes bullying and harassment.
**Biography**

My research has been predominantly through my employment with the Veterans Health Administration System Hospital in Tampa Florida, where I served in various roles: clinical staff nurse, union director and peer advocate. My 43-year nursing career has been in the private, public and government sectors of healthcare also contributed to the formation of my fundamental views on workplace violence concerns. My nursing skills have been developed from my varied diverse experiences: from a small rural hospital and clinic on an Apache reservation, to a regional referral hospital serving the state of Arizona and in Anchorage Alaska while being employed with the Indian Health Service a division of the U.S. Public Health Service. My nursing background has encompassed working in several areas from Med Surg, ER, ICU, Pediatrics, NICU, PICU, Outpatient Clinic. The varied experiences fostered strong views on diversity and cultural acceptance, influencing my personal views as well as my nursing work style.

Everyone approaches their work differently, all of us attempt to start a new job or work area hoping to fit in, to be liked and accepted into the group. On a few occasions, I became the targeted person who was singled out by the local bully. I learned how to manage my bully on my own, and didn’t think that more about it since that time. That was the extent of my knowledge on workplace bullying subject, until I became the Director for the National Nurses United Union (NNU) in the Tampa Veteran Health Administration (VHA). The union’s role was to resolved RN issues either with meetings with managers, negotiating resolutions, mediation or writing grievances. I found that these options did little in reducing bullying complaints overall nor did it improve the reporting process. During one national union meeting, I learned of egregious acts of bullying that ended with an advanced practice RN committing suicide after enduring several years of bullying abuse. The person had reported up the chain of command and met with their hospital Director, still the bullying continued. The bully perpetrator remained in their position and was never disciplined. This revelation along with the ongoing complaints I received in my local hospital, motivated me to attempt to change the status quo of dealing with bullying for decades.

Working in the Veterans Health Administration Hospital system (VHA), required me face the realities of working in a large bureaucratic agency. For all the printed words found in the plethora of VA Handbooks, Rules, Regulations, and Policies, they are hollow verbiage since bullying and harassment are common practice in the VHA. Some employees believe this conduct is actually encouraged by the management and administration or they would do something to stop it. The fact that all the printed words written in hospital policies and regulations, are used by some management as a suggestion, not something they have to follow. For the RNs I represented, this was the ultimate betrayal and a fundamental hypocrisy to the mission of the VHA.

This article is a composite of two proposals I submitted to the Secretary of the Department of Veterans Affairs from 2016 and 2017. Some of the information was derived from firsthand experience during my time as a Union leader at a local VA Hospital. The concerns are presented in a broad manner to protect the actual parties involved. My intent is to expose the destructive bullying epidemic sweeping throughout healthcare, mirroring society at large.
UnMasking Bullying in Healthcare Industry: How Bullying Impacts Your Bottom Line

Bullying in the form of harassment and lateral violence are at epidemic proportions, in part due to shifts in our culture and society at large. The time has come for a fresh approach to this human relationship problem. Bring your hospital organization into alignment with the regulatory bodies of healthcare: Joint Commission (JACO), American Nurses Association (ANA), National Institutes of Health (NIH), Center for Disease Control (CDC), National Institute of Occupational Safety and Health (NIOSH), Department of Labor (DOL). Each agency has established strong position statements condemning bullying in healthcare: zero tolerance policy, no place in healthcare, bullying is a form of violence. The antiquated status quo approach of the past 50 years has proven to be ineffective, time to recalibrate your approach.

In 2017 Gallup Organization poll, the nursing profession continues to rank as having the highest standards of honesty and ethical values, continuing the narrative of nursing being the most trusted professional. The public is unaware of pervasiveness of bullying in our profession, what would they do if they knew of this violent undercurrent that is undermining the core, the very heart of the nursing profession. We know that workplace discourse is a reflection of society at large with its changing cultural norms. The violence caused by bullying spans physical, emotional, and the psychological abuse of another employee that interferes with work performance, which in healthcare arena impacts patient safety. This article is dedicated to the violence caused by bullying, and harassment, the silent epidemic. This article will not focus or review the physical violence toward healthcare workers are subjected to on a daily basis.

During my union experience, I noticed a general laissez-faire indifference approach to the bullying phenomena. Supervisors or managers would deliberately abstain from enforcing known hospital policy. This attitude has emboldened the bully perpetrator, which reeks havoc in the work unit and the impacted individual(s). Ironically, the bully will remain employed continued to receive their pay, their benefits, while methodically undermining the hospitals and or Organizations’ mission and philosophy. This undermines the hospitals strategic goals for: organizational trust, retention, recruitment, and engagement.

Once an employee is the subject of bullying, it will be increasingly challenging for them to focus on the work at hand, their clinical skills will be impacted. Absorbing new information even in the form of help or guidance that will assist them will prove problematic. The targeted individual is too preoccupied with defending their: reputation, job, career, psyche, since their very livelihood is at stake. I discovered that most that most employees do not have the tools to arm themselves against the assaultive attacks by the local bully. After several attempts of developing an educational learning tool or handout people could use as a reference, I developed the Bully Busting Toolbox Pocket Guide (B.B.T.). The tools or icons represented in the toolbox represent educational cues and tactics that will help the reader neutralize the bully’s tactical confrontation. The information conveyed in the B.B.T. will create options for the employee that may stop the
bullies assault early before they are deeply traumatized by the incident(s). Educating employees on these topics will allow them to better manage work-related issues immediately, diminishing supervisor’s involvement. If the bullying conflict continues, the employee is advised to follow the hospital reporting process and filing a complaint via the appropriate chain of command.

Introducing the **Bully Busting Toolbox B.B.T.**

*Strength, Courage, Empowerment ® © in 2016.*

- The tool icons represent educational cues or tactics that will enable employees to navigate difficult behaviors and situations in the workplace.
- The 3x5 inch size with laminated pages makes it sturdy and portable for use anywhere.
- Provides basic education of bullying, harassment, EEO harassment and why people bully
- How to develop evidence and how to report
- Verbal de-escalation mnemonic
- Creating a Respectful Culture
- Resources for in depth reading

Every business entity bears the responsibility in monitoring and prevent environmental hazards including bullying and lateral violence. Literature discuses a business’s emotional intelligence and integrity is influenced by the environmental climate and tone found in interpersonal relationships and behaviors of all its personnel. Protecting the guaranteed human rights of every employee is morally, ethically appropriate concurrently promoting respect, dignity with a diverse workforce is encouraged.

As we rapidly approach the impeding nursing shortage, leaders are encouraged to better equip their employees with tools that will ensure current nurses don’t leave the profession. Tools to improve the work lives of current professionals including future professionals. Nurses are a dying breed, as such it is a battle the nursing professionals can’t afford to lose.

The English statesman Edmund Burke writes;

*"All it needs for evil to prosper is for people of goodwill to do nothing."*
I. **Awareness**

Bullying is not just for kids, it is a human problem found worldwide and has reached epidemic proportions. We have seen bullying examples of it in every aspect of our society and culture, partially originating with poor interpersonal relationship skills. Bullying in the form of lateral violence, has struck at the heart of nursing for decades, the use of antiquated practices has enabled bullying to go unchecked. This article will provide an action plan to address workplace violence. Healthcare needs to shock its current strategy by enacting an AED approach:

**A= Awareness, E= Education staff, D= Discipline**

A) **Awareness:** Viable solutions to behavior concerns hinge on creating a standard approach, that enables all employees to recognize bulling, and harassing behaviors. Why these behaviors are divisive and disruptive to the cohesiveness of the work group. Perhaps devote the month of October in association with the National Bullying Prevention Awareness Month Campaign: *Stomp out Bullying: Change the Culture* from www.stompoutbullying.org.

E) **Education:** Include bullying in the mandated annual review and provide quarterly educational reminders of the zero-tolerance policy.

D) **Discipline:** Disciplinary process will be enforced. Accountability for disruptive conduct with timely disciplinary action.

Bullying is recognized globally with many western countries decreeing bullying illegal by enacting legislation. Here in the USA it is only illegal in twenty-three (23) states who have enacted the Healthy Workplace Bill. *Find out where your state stands: www.healthyworkplacebill.org.*

The WBI has conducted national surveys that advise businesses that; bullying is four times more common than either sexual harassment or racial discrimination on the job. (Aug 27, 2016) That is an eye-opening percentage, yet organizations have done little in retooling their approach.

Businesses share common mission and philosophies using language such as: trust, respect, language dignity, responsibility, and excellence. Simultaneously ignoring hostile work environments that actively allow bullying and harassment. There is a current trend for employees to take their employers to court, suing their employers for contributing to the hostile work environment, this is seen in recent news accounts. Amazon was cited for encouraging a Darwinian work culture. The guardians Philip French in 2014 writes: *This has created a system where, in the words of one ex-employee, “you learn how to diplomatically throw people under the bus”. This is commonly known as the “rank and yank” system.*

Many of these lawsuits have favored the employees over the employer- simply because the employer did not follow their own written policies and procedures. Class action law suits are becoming more commonplace as employees band together to fight their hospitals disgraceful practices. Bullying impacts every facet of the healthcare industry with costly ramifications to the hospitals bottom line. Attorney Jon Hyman writes in in his article in Workforce of May 2013: *The reality is that defending a discrimination or other employment lawsuit is expensive. Defending a case through discovery and a ruling on a motion for summary judgment can cost an employer between $75,000 and $125,000. Those are estimations will be surpassed with current inflation and realizing that the financial outlay will be more with jury trials and the appeals process, not including any employee awards and settlement costs.*
It would be more prudent to retain the employee, mediating the root problem then risk a pricey lawsuit with an uncertain outcome. It is never enough just to have written policies- they must be enforced to mean more than words on a piece of paper. Accountability for work conduct at any level including management, is imperative for change to occur. These policies and documents may be well written and condemn bullying behaviors, but the fact remains that workplace bullying is at epidemic proportions within healthcare, in my view due to lack of accountability and enforcement. In an article written in Forbes Magazine by Christine Comaford: 75% Of Workers Are Affected By Bullying, underscoring how widespread this phenomena is.

The Daily Mail article by Scott Lilienfeld And Ashley Watts they write about 1% of the general population is psychopathic or has psychopathic traits. Typically, psychopaths create a lot of chaos and generally tend to play people off against each other says Nathan Brooks, a forensic psychologist at Bond University. Some people with psychopathic traits are very successful in their careers and others who may be your coworkers are the ones who thrive on the drama and will do almost anything to get their way. They demand attention, are inflexible, offensive, stubborn, verbally abusive just to see the reaction it initiates. These employees are determined to cause as much chaos as possible since they thrive on drama and diversionary tactics to conceal their wrong doing. The bully will always pursue their agenda without regard to your Organizations goals or mission philosophies.

Healthcare Industry governing institutions have developed Anti-Bullying Position Statements, Joint Commission (JACO), American Nurses Association (ANA), Center for Disease Control (CDC), National Institute of Occupational Health and Safety (NIOSH), National Institute of Health (NIH), Dept. of Labor (DOL), Veterans Health Administration(VHA). All entities condemn workplace bullying, labeling it as: Bullying as a Safety Hazard, No place in Healthcare, an undocumented form of Violence, Zero Tolerance, and VA’s NO FEAR ACT. However, these written policies do not reflect the realities of the workplace, especially in the clinical areas.

A prime example of hospitals not following their own policies; A returning veteran seeks employment with VA. The veteran believes they will fit in here at a VHA hospital, which will allow them to work with their fellow solders, only to be subsequently bullied out of the VA. Their reasons for leaving vary, but most cite lack of accountability and not upholding the rules and regulations from the administrative staff. They bear witness to the bullying and harassing behaviors inside the VHA. The targeted individual has limited recourse once management denies their complaint. Their choice is either a) to leave the employment or b) risk their mental health and their livelihood if they stay. The destructive factors of bullying can be compared to a disease process that contaminates all workers it contacts, it quickly metastasizes and transforms the entire workgroup into a dysfunctional cesspool.
The key findings from the 2017 Workplace Bullying Institute National Survey: Bullied individuals pay dearly with the loss of their economic livelihood to stop it. In the absence of legal prohibitions against it, employers are failing to take responsibility for its prevention and correction.

Key Findings
- 19% of Americans are bullied, another 19% witness it
- 61% of Americans are aware of abusive conduct in the workplace
- 60 million Americans are affected by it
- 70% of perpetrators are men; 60% of targets are women
- Hispanics are the most frequently bullied race
- 61% of bullies are bosses, the majority (63%) operate alone
- 40% of bullied targets are believed to suffer adverse health effects
- 29% of targets remain silent about their experiences
- 71% of employer reactions are harmful to targets
- 60% of coworker reactions are harmful to targets
- To stop it, 65% of targets lose their original jobs
- 77% of Americans support enacting a new law
- 45% report worsening of work relationships, post-Trump election

Bullying behaviors are typically kept under wraps for a period of time. The target attempts to deal with it on their own, but it also provides deniability on the part of management. Leadership involves awareness of your employees work issues and knowing what is occurring under your tutelage. Being unaware of personnel strife can be likened to *sticking your head in the sand*. This mentality is propagated by some managers as away of side stepping accountability. It is a reflection of their abilities to lead, and in their mind, helps them to be shielded from culpability for staff discourse. This emboldens the unit bully who will continue to take advantage of their manager’s weaknesses. This is the way the bully will attain power in their unit, and continue to undermine the hospital mission by participating in unethical, and in some cases illegal behaviors while continuing to receive their normal wages. In my experience, leaders in pinnacle positions of an Organization, are caught off-guard and are oblivious to the degree of aberrant behaviors occurring right under their leadership.

Red Flag Warnings are obvious signs of distress emitted by employees. These signs are evident if the supervisor took time to observe and analyze their personnel. Recognizing that any changes to a team member work practices constitutes a red flag. The once friendly outgoing confident person you hired has changed: they are now more withdrawn, quiet, forgetful, they make mistakes and they appear on edge or anxious all the time.

As the bullying continues to dismantle the psyche of the targeted person, they become increasingly stressed, as they develop emotional, psychological, and physical symptoms.
Below is a list of symptoms targeted staff display.

**General Reactions of Target**

- As the verbal exchange ensues- the target soon realizes something is wrong.
- Rationalize the weird behaviors as misunderstandings, maybe I was wrong, conflict within the work culture
- Shock, anger, shame at not being able to deal with or stop the problem
- Emotional toll: stress, anger, shock, frustration, feeling of helplessness, difficulty in concentration, poor work performance or productivity
- Silence, increased frustration, and secrecy, hesitant to report
- Feelings of helplessness, powerlessness, of being tortured, feeling abandoned
- Disengagement, discontentment, and tension in: work; home, relationships, children - their life
- Loss of confidence, change in personality
- Stress, anxiety about going to work
- Discontentment with everything, absenteeism
- Family tension, interference with your relationships
- Unable to concentrate, poor work performance or productivity
- Lack of concentration and attention contributes to injuries
- Low morale, I don’t care attitude
- Extrication from work establishment and companies mission, poor customer service
- Impacts the targeted victim’s ability to perform their job in an effective manner
- Physical symptoms include poor sleeping habits, headaches, loss of appetite, stomach aches, absenteeism, increased risk of accidents, hypervigilance
- They are tortured inside and from outside sources
- Targeted victim seeks help, sadly many do not receive timely assistance
- Once the bully gains success in controlling one target, they move on to conquer more individuals
- The bully is bolstered by their success and will continue abusive behaviors until they become the serial bully, infecting the entire work area
- Ignoring or under reporting, escalates into workplace violence
- Bullied personnel feel terrorized and tormented at work
- Staff feel lost not knowing where to seek help
- Complaints to management go unheeded, or nullified
  a. Staff anguish is internalized- they have reported to no avail, several have committed suicide
  b. Stress externalize their feelings and move toward and an active shooter scenario

Except from: Bully Busting Toolbox BBT Strength Courage Empowerment®

**Bullying Red Flags for Administration:**

- Excessive call ins in one particular unit/ area
- Patients suffer along with the targeted caregiver
- Influences the overall nurses’ performance
- Inability to concentrate and focus on intricate tasks
- Clouds critical thinking skills
- Increase errors; medical, procedural, pharmaceutical
- Delay in treatments
- Increase in employee work injuries; preoccupied – when will the bully attack again
- Uptick in workers compensation claims (OWCP)- CA1 physical trauma, CA2 medical including PTSD
- Increase in EEO claims
• Emotional and psychological intimidation- alters ability to be empathetic
• Abandoning pleasantries of customer service
• Hospital reputation in community diminished- difficulty in recruitment
• Unit bully may turn their attention on to their patients, slowed or delayed response to patient needs: answering lights, toileting, pain control measures (Dunn 2003)
• Bullying endangers patient safety (McKenna 2004)
• Plummeting moral

I have witnessed many supervisors and middle management personnel avoid intervening in staff conflicts or they choose to turn a blind eye to recognizing these red flags. The supervisory response is inconsistent. Some internalize the staff complaints and become defensive: I had no idea there was a problem, I didn't see, didn't realize etc. These excuses represent actual replies I have been given. Perhaps the manager is:

• Not equipped to deal with situation attempt to cover up the problem
• Afraid to request assistance- fear exposing their short falls
• Down play situation as- incivility, or a personality problem amongst staff
• Shift blame back to the whistleblower or target who made the claim
• The bully is their friend therefore their conduct is protected
• Targeted staff have been blackballed, preventing promotions or transfers

Any delays on managements’ part prolongs the abuse and wreck havoc within the unit. The staff’s impression and take away is a lack of trust in administration. An outside observer may find it incomprehensible how any authority figure can permit one employee mistreating another employee, directly under the nose of management without interceding or admonishing wrong doing.

Many administrators just want to hear the facts surrounding bullying in the workplace, that can be difficult to quantitate since bullying is grounded by subjective interpretations of the targeted individual. Bullying can be obvious: an employee yelling in front of others, using threatening or condescending language to another employee. That would be considered factual since it was witnessed by others, we know that bullies are characteristicly more sly and subtle in their approach. Confrontation by the bully is usually done one on one basis, out of earshot of others so there are no witnesses to concur with the target’s account. That makes it more difficult to establish the facts surrounding an event, when the evidence is subjective not factual. This requires a different approach in investigating which will be discussed in the III section titled reporting in this article. Every nurse has been taught to accept the patient’s subjective ranking of their pain using the pain scale 0-10. Then why do we so easily disregard our own colleges subjective feelings from them being tortured from bullying.

II. Education

Fundamental changes to the annual or quarterly employee education program should include segments on Bullying, non EEO harassing behaviors, reporting options, verbal de escalation. Defining review of terminology to avoid confusion amongst staff. Employees should each receive a of the B.B.T. Pocket Guide to use for further reference so they may review strategies that will assist them in navigating around difficult people or situations. Announcement of
unacceptable disruptive behaviors that are contrary to the hospitals established rules and policies. The hospital reporting mechanism will be in place for 24/7 reporting options.

Investigations of bullying will be conducted by a staff intervention team (SIT), outlined in section III Reporting. The hospitals investigative response will be punctual along with disciplinary actions which could include termination.

Bullying, harassment, and incivility are frequently use interchangeably which causes confusion for many employees. Literature repeatedly refers to the employee who is the focus of the bully’s attack as the target. When that person perceives themselves as being victimized, and harmed by being systematically and persistently bullied they are the target as well as the victim. Whichever term used, the targeted employee will struggle to survive any way they can as they attempt to maneuver this mine field of abusive.

Many employees are confused as to where to report bullying harassment, they go to the EEO office, which sends them down a wrong path. EEO only oversees complaints that fall within their jurisdiction only: race, color, religion, sex, national origin (ethnicity), age, disability. Currently this list has expanded to include other classes see the EEOC web site but still does not include harassment caused by bullying. Their process is restrictive, reports must be within 45 days of incident and the investigations can take up to 90 days or more. When the employee reports bullying here they are left in limbo, since they do not resolve bullying concerns. This is a dead end for the injured employee and a missed opportunity for the facility to end bullying conduct. They are left exposed to retaliation and to suffer at the hands of the unit bully, torture being their new normal.

**Terminology:**

- **Incivility:** less intrusive behavior that deals with manners, rudeness, being discourteous or impolite that is socially inappropriate which can morph into bullying behaviors. Interactions may start out as being impolite or uncivil, which can easily escalate into bullying and harassment behaviors.

- **Harassment:** Any unwelcomed conduct or behaviors, verbal written or physical. It is viewed as demeaning, hostile or offensive to the person who is the recipient. Bullying harassment is different that the harassment EEOC covers. When the staff hear the same terminology of course they think of the harassment covered in their annual review. They seek help through the EEO office, which ends up being a dead end for them since EEOC only processes cases dealing with harassment covered under the seven protected classes: race, color, religion, sex, national origin (ethnicity), age, disability.

- **Bullying:** There are many definitions of bullying in literature but the court system has embraced the Workplace Bullying Institutes (WBI) definition:

  Bullying is repeated, health-harming mistreatment of one or more persons (the targets) by one or more perpetrators. It is abusive conduct that is:

  - Threatening, humiliating, or intimidating, or
  - Work interference — sabotage — which prevents work from getting done, or
  - Verbal abuse
  - Is driven by perpetrators’ need to control the targeted individual(s).
  - Is initiated by bullies who choose their targets, timing, location, and methods.
• Is a set of acts of commission (doing things to others) or omission (withholding resources from others)?
• Requires consequences for the targeted individual
• Escalates to involve others who side with the bully, either voluntarily or through coercion.
• Undermines legitimate business interests when bullies’ personal agendas take precedence over work itself.
• Is akin to domestic violence at work, where the abuser is on the payroll

Varied terminology is used in studies to describe bullying: lateral, horizontal, peer to peer violence, and mobbing. This phenomenon is more pervasive than commonly though, as studies estimate it to affect 75% of the workforce. Many studies reference the bosses being the main bully. From first-hand experiences the bullying phenomena us frequently a toxic mix of two entities- lateral violence (LV) and the bully boss. When bullying torture and abuse is the new normal for an employee, their only recourse is to leave their position and get a job elsewhere.

Being simultaneously bullied by both entities is a special kind of hell, threatening anyone’s psyche. Bullying behaviors encompass a power struggle between those who have the power or perceived power (local unit bully), and staff who do not. Permitting any form of bullying to continue unchallenged, strengthens the toxicity in the workplace: hospital, unit, clinic.

Kathleen Bartholomew explores lateral violence (LV), in her book of 2006, Ending Nurse to Nurse Hostility: Why Nurses Eat their Young and Each Other
She writes that:
• Nursing Directors and managers play a pivotal role in defusing LV
• That nothing is as destructive as a toxic work environment
• LV is counterproductive to the workgroup.

The trauma inflicted upon a person by bullying is life altering, one consequence of the ordeal is PTSD. The targets choices are limited, leave, or put up with the continued abuse. These DOL claims for PTSD are filed under CA 2 forms. These numbers could be measured and assessed by reviewing the DOL claims and triangulate those numbers with the location of where the employee states the abuse originated.

Unmasked Voices from Real Clinical Staff
• Targeted persons have told me they experience panic attacks when thy arrive in the parking lot at work. They have to come early to calm their racing heart, palpitations, and shortness of breath
• RN felt like giving up, thought about suicide because no one in authority cares ‘low man on the totem pole’ for management to care about what we say
• They give themselves a pep talk before entering work ‘just do your work and get through the shift’
• Feel like I can’t do anything right
• I never had this problem before
• I was respected and was a clinical resource for others in my previous hospital
• I’ve recently made a couple medication errors- luckily the patient didn’t experience any bad effects, “thank god the patient didn’t die”
• I am humiliated that this occurred and is on my work record- first in my 10+ years as an RN
• Some coworkers empathize but others are on the side of the bully, all have no idea how to help because if they do- they will be the next targeted person
• They risked going to the manager, even though she is friends with the bully, seeking guidance and notify their supervisor of the bully’s conduct.
• One RN had personal family problems at home and confided in the manager that why they came late on occasion. The manager did not keep the RNs information confidential, so that it became the gossip of the unit.
• Another RN was egregiously bullied by their manager over several years. The RN attempted to reach out for help from their friends, their union, and even sought assistance with the local EEO office.
• EEO agreed to meet the RN off site to discuss the bullying and harassment issues. The RN reported to work later- the manager confronted the RN for going to EEO telling the RN ‘I know everything that goes on here, don’t do it again’ Threatening the RN with further disciplinary action
• This manager had more ammunition to continue bullying this RN
• Assassinating my character
• Blaming the problems on me not on the person who caused the problem
• attacked at work sustaining injury to their neck and anxious no afraid to return to unit-may be crippled next time
• nurse was being blamed for causing the horseplay which resulted in their own injuries
• One RN schedule was consistently changed, sometimes without her knowledge, by the manager because the RN spoke out against bully (managers friend)
• RN complained that the bullying coworker made up stories about her to others in the unit.
• RNs passed over for promotion due to being targeted
• Managers use changes to the work schedule or not granting time off requests as a way of retaliating or harassing certain RNs
• Targets have panic attacks when they see the bully arrive, and when they the group gathers together during shift report or for meetings
• On the verge of tears at different times of the day, thinking about the next assault from the bully
• Targets have to defend their profession reputation secondary to the falsehoods and slanderous attacks
• Totally false allegations against me
• Floating staff do not want to return to work on hostile unit
• Seasoned RN being oriented to new unit- the bully humiliates RN for not knowing a new piece of equipment
• 5 seasoned RNs left one unit due to ongoing harassment over a period of several years.
• Each bullying over various issues and each RN was over 40 years old (EEO age discrimination). All left the unit, those who could retired did so, one left government service

Aging workforce represents many in the healthcare workforce, with aging comes physical and medical issues. Many are now being harassed by human resources, as they file for reasonable accommodations (RAC) adjustments to their work. They are being threatened with demotion or that they may be terminated if they don’t accept the demoted position. This is in fact against the law and falls under EEOC, specifically the American Disabilities Act (ADA).
In short—**it is not a matter of if you have bullying in your workplace, but more a matter of how you deal with it once reported.**

### III. Reporting Options

Reporting any disruptive behaviors to superiors exposes that employee to retaliation and reticule, this reality has been given, as the single largest obstacle for clinical staff to come forward to report. Reporting disruptive behavior along with centralized data collection and tracking mechanism, is the first step at curbing bullying and harassing behaviors that impact your hospital. Because bullying is under reported, its impact under appreciated inhibiting an effective organizational response. “Most of the world will make decisions by either guessing or using their gut. They will be either lucky or wrong.” Quote from Suhail Doshi, CEO, Mixpanel.

We have found that most hospitals collect data via a spreadsheet, where the conduct or ethical compliance problems are grouped in one column. The root cause of these conduct issues may have derived from bullying. The bulling numbers are camouflaged within this column, hidden from view and appraisal by leadership. Hospitals are data driven, yet with the current system is no evidence of bullying, when in fact it is at epidemic proportions. “Some of the best theorizing comes after collecting data because then you become aware of another reality.” Quote from Robert J. Shiller, Winner of the Nobel Prize in Economics.

Liz Ryan writes in Forbes, *if you can’t measure it, you can’t manage it*.

Developing mechanisms that will reassure employees that when they report; they will be protected from retaliation if they are a witness or they are the subject of the harassment and or bullying. Healthcare is a 24/7 business, as such it should have an electronic reporting mechanism available during all hours of operation. Employ the use of the Homeland Security adage: *if you see something, say something*.

The formation of a Staff Intervention Team (SIT), composed of personnel from Ethics and or Compliance Department, and Risk Management, each person(s) having concurrent duties with SIT and their own respected departments. These members are knowledgeable and well versed in the rules, regulations and policies of your hospital and can be neutral in these situations. An impartial investigative process must be developed and given priority. It is common knowledge that many targets have waited months to years before they come forward to report, for some it can mean a life and death.

**Reporting Option:**

1. Designate an electronic confidential reporting link on your home page
   - Include simple brief definitions of bullying, harassment, hospital ethics or conduct rules as reminder
   - Importance of including pertinent information in report: date(s), times, location
   - Simple fillable form that can be anonymous
   - Can be submitted 24/7
2. Reporting Notification Cascade
   - Employee fills out complaint form
   - Completed form automatically sent to SIT team group (membership per leadership)
   - SIT repository for data collection
3. SIT member investigates allegations within 72 hours of reporting
   - Respond to unit where complaint stems
   - Confidential fact-finding investigation with staff
   A. Target employee receives:
      - Private debriefing, active listening by SIT
      - Counseled on next steps for investigative process
      - Employee Assistance Program (EAP) referral number
      - Present employee their copy of BBT Pocket Guide
   B. Alleged bully:
      - Interviewed as allegations assessed
      - If conduct is questionable
      - Review employee conduct policy
      - Review investigation and disciplinary process
      - Provide EAP number
4. SIT given authority to separate employees during investigation
   a. Change schedules, shifts, work days
   b. Place on leave
   c. Detail to other units with similar skill sets
5. SIT evaluation
   - Develop impartial written assessment within 10 days
   - Submit to human resource (HR) and leadership
6. HR determines disciplinary response /action
   - HR informs supervisory chain of command of plan
7. SIT collects hospital data on bullying
   - Data repository
   - Status report to leadership quarterly
   - Edit hospital action plan as needed

IV. Refining Strategies: Engagement, Retention and Recruitment

When discussing retention and recruitment lets review some widely accepted basic facts. According to the US Workforce Report of 2012 the peak nursing shortages will occur in 2030. NSI Nursing Solutions report of 2017 report that turnover rates for bedside RNs is 14.6%, down from 17.2% in 2015.

While an overwhelming majority (85.7%) of organizations view retention as a “key strategic imperative” it is not evident in operational practice/planning. Almost all hospitals have retention initiatives, however, less than half or 43.4% have translated these into a formal retention strategy. Labor expenditures capture the majority of you budget, anything that influence those labor costs, is in essence your bottom line. Toxicity in the workplace encourages a critter culture says Forbes.com.
Considering the basic labor costs for recruiting, orientation, and benefit package offered an experience RN, each costing your hospital well over the estimated $100,000.00.

An example of the financial costs of addressed bullying: One ER I worked in had an excessive amount of LV or mobbing, caused by a small group of four (4) RNs we called them the mafia. This small group caused the exodus of nine (9) highly skilled seasoned RN in my first year of working there. These RNs were fed up with lack of oversight from the nurse manager, allowing the mafia free reign to use harassing tactics against them, reporting falsehoods and blatant lies to the manager who remained in her office all day. Concerned for their reputation and not wanting further character assassination, they left this hospital- that equates to approximately 1 million dollars walking out the door.

One study reports the shortages will critically impact the West and Southern sections of the nation. As the seasonal snowbirds come back to roost, they will bring their chronic diseases, taxing your organizations resources further as you comply to mandated quality and safety measures. Retention strategies can not be discussed without derailing current strategies that have done nothing to extinguish current toxic work cultures. As hostility and staff disfunction grow, patient care suffers. Increased workload without improved staffing measures remains an enormous nurse dissatisfier. Multiple studies have proved a direct link between RN staffing with patient safety and patient outcomes. Nurses are critical to the surveillance and coordination that reduce such adverse outcomes per Pamela H. Mitchell PhD in her book, Patient Safety, and Quality: An Evidence-Based Handbook for Nurses. Other retention and engagement considerations should be analyzing the effects of a toxic work culture:

- Aging workforce, retirement
- Toxic work culture - exacerbate staff exodus
- Widespread absenteeism
- Floating FTE- gaps to fill in for sick calls
- Long term gaps in FTE
- Increase expense for contracting agency nurses

Combining established facts of the impending nursing shortages with a work culture that harbors toxicity and violence, should rank high on any strategy that evaluates engagement. Nurses are quickly becoming a priceless commodity for the healthcare business at large. As the shortages become more evident, and as nurses realize their value, they will soon have leverage to be more selective with their employment. That employment measure will be based on scheduling, work culture, manager's leadership skills, and empathetical connection with staff. Nurses will not feel obligated to stay at one facility if these measures are not met, and will simply move on to another hospital. The nursing profession will soon recognize more autonomy than ever before in their history.

The obvious goal of organizations should be to keep your highly trained, seasoned nurses happy and engaged with their hospital. This goal can be accomplished primarily by eradicating all forms of workplace violence, embracing a zero-tolerance policy blended with accountability and the enforcement of disciplinary action. Addressing the toxic undercurrent of bullying undermines all strategic planning further complicating the already competitive recruitment process.
V. Quality Engagement

Quality implies increasing the caliber of a specific feature, from a standard measure to one of excellence. In order to accomplish this, healthcare must recalibrate their status quo approach when managing disruptive conduct and behaviors, revising it for a more aggressive proactive position. Organizations have adapted their goals to be more inline with business entities. Business for the healthcare model includes: improving quality of care, reducing the costs of care, expanding access, magnet designation or pathway to excellence certification placing emphasis on Press Ganey reports. Hospitals have concentration has been on physician needs and hospital services, inevitably ignoring the largest, yet critically important part of your labor force- the nursing department.

Suggestions for improving the connection with your employees can be as simple as not staying invisible, hidden within the halls of the ivory tower, better known as: the administrative wing. Marcel Schwantes article in Inc.com 6 things good CEOs always do to connect with Employees. He offers suggestions to establishing a bond by reminding executives that, Authenticity is a leadership strength that will win over your followers.

Suggestions to eliminate obstacles:
- Roundtable meetings or luncheons (brown bag) discuss overview of hospital plans
- Daily executive rounding, random choices
- Recorded all hands-on deck employee forums-all employee owner meetings
  - a. Communication used as learning tool
  - b. Allowing staff to understand how decisions are made
- Open door policy- open access via email portal
- Employee council structure- shared governance with diverse membership
- Record your meetings (video) and share with employees- via home page link
  - a. Good Morning Hospital XYZ Time
  - b. Recurring monthly or quarterly
  - c. Allow staff to sit face to face for 5-10 min. with the CEO or Chief Nurse
  - d. Limit scope for constructive solutions to problems
  - e. Or discuss staff ideas for organizational improvement
  - f. Other avenues available to file complaints

The large hedge fund company of Bridgewater Associate’s CEO Ray Dalio lives his beliefs “My most important principle is that getting at the truth, whatever it maybe, is essential to getting better. We get at the truth through radical transparency and putting aside our ego barriers in order to explore our mistakes and personal weaknesses so that we can improve”. Staff will reciprocate this trust with positive, respectful engagement when they feel part of and engaged with the facility long term.
Enhancing Recognition Programs:

The daily work provided by front line clinical staff, is the backbone of every hospital, yet their contributions are not heralded enough. Studies show marked improvement in work when people feel valued and appreciated in their job.

Zero to low cost recognition ideas:
- Seek to praise respect positive behaviors, attitudes
- Increase verbal and written compliments
- Costs zero $ dollars to pass out: certificates, thank you notes
- Be receptive to constructive input for chance to improve
- Encourage and praise team work
- Lead with respectful attitude
- Managers seek out front line staff to recognize
- Share committee opportunities with all RN staff
- Managers to get out of the office and walk their unit, speak to staff
- Active listening to issues
- Handle personnel problems when they first arise
- Deal with disruptive behaviors immediately

IV Summary

This article has underscored the realities of bullying, as being a human condition that will never be completely eradicated, realization that interpersonal conflict will always be present in any workforce. The unmasking of bullying in healthcare exposes core issues that can be altered by the steps outlined here, which can be adapted with little financial outlay.

The principle factors are already present in your mission statement and policies. Adapting the ideas presented: AED, SIT, providing all staff with the Bully Busting Toolbox Pocket Guide will empower employees. The mission remains- change the culture, protect healthcare employees from all forms of workplace violence. It is not part of the job.

Continuing the present tactics dealing with workplace bullying, and you will witness a mass exodus of nurses from your hospitals and will only intensify the nursing shortage.
References


NIOSH studies bullying in the U.S. workplace 10/1/2014 Paula L. Grubb, PhD, Research Psychologist, National Institute for Occupational Safety and Health, CDC workplace safety and health topics August 8 2013

Occupational Safety and Health Administration. Workplace violence in health care: Understanding the challenge. OSHA 3826, 12/2105 (accessed May 18, 2016)

The Joint Commission. Behaviors that undermine a culture of safety. Sentinel Event Alert, July 8, 2008;40

The Joint Commission.org/assets/1/23/Journal Quick_Safety_Issue_24 June 2016 pdf

ICARE are Core Values reaffirmation of commitment Aug 14, 2014


Veterans Health Administration (VHA) Directive 2008-045, Anti-Harassment Policy


Hospital Policy Memorandum (HPM). Violence Prevention in the Workplace 3/3/2014

• VA Directive 7700
• Occupational Safety and Health
• Public law 91-596

Hospital Policy Memorandum (HPM), (136-01). Patient Rights and Responsibilities of June 2015

• VHA Manual M-1, Part I, Chapter 26, Change 101, “Hospital Accreditation”

Tampa HPM 00-45 Prevention of workplace harassment and bullying 12/1/2012

Tampa HPM 00-11 Prevention of Workplace Bullying

American Federation of Government Employees (AFGE) Master Agreement between the Department of Veterans Affairs March 2011
National Nurses United Master Agreement (NNU) between the Department of Veterans Affairs November 2012

Workplace Bullying Institute - WBI - Help, Education, Research.
http://www.workplacebullying.org


Dunn, H. 2003 Position on Lateral / Horizontal Violence and Bullying in the Nursing 
https://www.mc.vanderbilt.edu/Nemeth, 2007), horizontal violence


Rocker, C. Addressing Nurse-to-Nurse Bullying to Promote Nurse Retention www.nursingworld.org › ... › Vol. 13 - 2008 › No 3 Sept 08


Christine Comaford (August 27,2016). 75% Of Workers Are Affected By Bullying -- Here’s What To Do About It. https://www.forbes.com/.../the-enormous-toll-workplace-bullying-takes-on-your-bottom...

Cheyenne Macdonald. (September 13,2016). Is YOUR boss a psychopath? Study finds up to one in five CEOs have high levels of psychopathic traits. http://www.dailymail.co.uk


