NURSE BULLY PROFILES & HOW TO TACKLE THEM HEAD ON
I’d like to share with you how bullying chose me.

I’ve been speaking in front of audiences for years. After my talks, many nurses would ask me if I was a professional speaker (or comedian) and would I be willing to come to their organization to speak; that my presentation was “the best” and that I was “the best speaker” they had ever heard. I quickly realized that when I was speaking to groups of nurses, I was in “the zone” - where time stood still. I loved it! After more than 20 years as a nurse, I took a leap of faith, quit a really secure job as a nurse executive, and started RTConnections.

Since then I’ve become one of our country’s leading authorities on nurse bullying and professional development.

So many nurses ask me why I chose bullying as my area of focus, but I didn’t really choose a career in bullying. ..
Bullying chose me.

Just like many of you, I know what it’s like to feel overwhelmed with gut-wrenching dread, knowing that I was working with a nurse who terrified me, because I lived it. Did you know that more than 70% of new nurses are exposed to workplace bullying? Yes. Really. Bullying in nursing is far more common than you think.

I just couldn’t sit back and say, “Well, that’s just the way it is in nursing.” Because I knew better. Because YOU deserve better. And YOU are the reason I’m doing my part to stop the cycle of nurses eating their young, their old, and everything in between!
As I mentioned in my bio, I have traveled far and wide speaking to other nurses on the topic of bullying and to say it’s a problem in the medical field would be a vast understatement.

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

Did you know that 48% of graduating nurses are concerned that they’ll become the target of workplace bullying when they start their first job and 60% of all new nurses quit their first job within the first year due to workplace behavior issues?

“This tells me that we have a serious problem that needs serious solutions.”

In this book I will go over the profiles of different types of nurse bullies and give you the information and tools you need to best resolve conflict with each of them.
Michelle has been a nurse in the same hospital, on the same unit, for 30 years. Although the physicians love Michelle, her co-workers dread working with her. Michelle knows everything, is the best at everything, and reminds you and everyone else of this fact every day. She has a bladder made of steel, never has to take a break or go to the bathroom, and thinks you’re weak if you do. “Break? You want a break? I haven’t taken a break, eaten, or peed in 30 years! You’re all pathetic and weak!” Michelle refers to the new nurses as “babies.” “Look at the new babies who just started. I wonder if they’re potty trained yet.” Nobody is ever good enough or capable enough for Michelle. Armed with knowledge and a quick sharp tongue, Michelle prides herself on being the smartest and most competent nurse in the universe. The new nurses shudder when they have to give Michelle report. Because it’s during report that Michelle unleashes her sarcastic and unrelenting weapons on her targets.
MICHELLE IS A SUPER NURSE

Super Nurses always have to save the day. In a crisis situation they tell everyone to get out of the way while they pull out a cape and sword to save the world. Super Nurses never need your help because you are an idiot, or worse yet, a baby nurse. Besides, they can single-handedly take care of all of the patients because Super Nurses are great! Public humiliation, intimidation, yelling, and openly criticizing are the primary behaviors used by Super Nurses—all overt and proudly displayed. Even when these nurses employ typically covert behavior, such as rolling their eyes, Super Nurses makes sure their targets and others are watching.

Don’t worry; there’s a way to deal with Michelle.

“In general, Super Nurses ARE knowledgeable and competent. However, when they use their competence to bully others, they prevent that knowledge from being incorporated into patient care.”

On the next page, I’ll show you how to use this insight to your advantage.
1. **Name their bullying behaviors**

When Super Nurses spew their venom on their targets, their behaviors are typically specific and observable (overt). You can use this understanding and “name it”. Observe the Super Nurse as he/she interacts with you or others. Identify the behavior and then just name it.

**Examples of naming:**

“You are yelling at me in front of patients and their families.”
“I just saw you roll your eyes at me.”
“I need your support – not your criticism so that our patients get the care they deserve.”

2. **Ask the Super Nurse clinical questions**

This is not about kissing their butts; this is about accessing their knowledge to impact patient care in a positive manner. By doing this, it takes the focus off of belittling everyone else and back to business – caring for patients.
3. **Document their bullying behavior**

Start a documentation trail that details objective behaviors and how it impacts patient care. I've written a lot about documentation but basically, document dates, times, witnesses; be objective and link behaviors to patient safety concerns. It's unfortunate that Super Nurses don't use their knowledge to support, nurture and mentor their colleagues. But we all know them and how their behavior creates hostile, unprofessional, and toxic workplaces. They either need to stop their bullying ways or leave.

To be a great nurse, you need to be clinically competent AND professional. Period.

Next up: Sorority Nurses
Maggie transferred from a small town in Virginia to a large hospital in Philadelphia. After a few days on the unit, she noticed that some of the nurses wore headbands. At first, she thought that it was a part of the unit specific uniform so the next time she went to the store, she bought one. After all, she wanted to feel like a part of the team.

As soon as Maggie walked into the staff locker room to put her things away, one of her coworkers (who was also wearing a headband) ran up to her and tore the headband off of her head. She yelled “Who said you could wear this? WE didn’t give you permission yet!”

Maggie was shocked and embarrassed.

The “headband gang” then tortured Maggie so badly to the point where she quit.
If you’re the new nurse, the rules are typically made clear to you very early in your orientation. “Be nice and obey us or we’ll make your life miserable here.” Sorority Nurses can bully without words but with powerful non-verbal signals such as crossing arms, giving the “death stare,” giving you the silent treatment, and walking away while you’re speaking; or Sorority Nurses use symbols such as headbands, barrettes, pins, and colors. Sorority Nurses show favoritism and only help the nurses who are “in.”

On units where a number of nurses speak a native language different from the others, Sorority Nurses may use language to create barriers and exclude others. Sorority Nurses may encourage members of the “in” group to communicate using their native language in front of their targets. All it takes is for one of those in the sorority to glance at the target for that person to think the group is talking behind his or her back. Add a laugh or a roll of the eyes, and the target immediately thinks the group is making fun of him or her. Sorority Nurses knows this and uses this covert tactic to make their targets feel excluded.

Now, let’s discuss how to handle a sorority nurse.
1. **Individual Strategy**

Name their behavior and start a documentation trail. When you have enough experiences about their behaviors, file a formal complaint with your manager. You have to help your manager help you. For more details on documentation, click here.

2. **Manager strategy**

Break up the club. When you KNOW you have a headband gang yet continue to allow them to wear their headbands, you are basically saying that you support the sorority. Schedule a meeting with every member of the sorority. Tell them that from now on, they will not identify themselves by wearing __________. Period.

If they are using powerful non-verbals and covert tactics, schedule a meeting with them and give them a warning. Tell them that you know what they are doing (give examples) and that you WILL NOT TOLERATE unprofessional, gang-like, middle school playground tactics in YOUR professional unit/department. Tell them you will be watching them like a hawk; that you expect more from them as nurses. If they are going to act like children, you will be forced to act like a parent.

FYI – get human resources involved early. You will need their support to break up the sorority.
Sorority Nurses exist because we let them. We all have to stop using silence as a strategy! We are hemorrhaging good nurses. Ending the cycle of nurse bullying requires action by individuals and nursing leaders. Isn’t it time we stop accepting nurse bullying as the norm?

“Isn’t it time we stop accepting nurse bullying as the norm?”

BULLYING IS NOT OKAY. PERIOD.
Lynn won the Daisy Award and was so excited!! It was a great honor to win this award at her hospital. Her manager made a big deal about it by announcing Lynn’s award at the staff meeting, bringing her flowers and a cake and putting a big congratulations sign on the unit. Lynn felt so honored. Shortly after the announcement, Lynn started to notice that any time Susan was in charge, she seemed to get the worst assignments - patients in isolation, the ones with the difficult family members, etc. Although Susan was friendly to Lynn, she found out Susan was talking about her behind her back. One of Lynn’s co-workers even overheard Susan say that since Lynn won that “big shot award”, she should be able to handle the worst patients.
The Bitter Nurse Bully is green with envy. This bully downplays everyone else’s accomplishments, never recognizes anyone’s success, and thinks awards are just stupid. The Bitter Nurse is hell-bent on not letting anyone get anything over on him or her, not even patients. A Bitter Nurse frequently has to “one-up” each conversation, always having a last word or a more remarkable story than everyone else’s. Although a Bitter Nurse may brag a bit like Super Nurse, this bully’s primary mode of operation is to negate your accomplishments, not necessarily to promote his or hers. They accomplish this either overtly (in your face) or covertly (behind your back).

“I don’t mean to sound bitter, cold, or cruel, but I am so that’s how it comes out.” ~Bill Hicks

**Overt and Covert Behaviors of a Bitter Nurse**

Sometimes the Bitter Nurse will actually challenge your accomplishments in front of others, going so far as to make light of or fun of them. The Bitter Nurse may openly criticize and try to humiliate you if you receive any awards or accolades. “You got your certification? So what? You just wasted your time and money.”

On the other hand, you might find out from others that the Bitter Nurse has been gossiping about you and secretly sabotaging you. If she is in charge, you might get the worst assignments. If the Bitter Nurse is on the scheduling committee, all of a sudden your requests for time off get denied, etc.
1. Name their behavior

Whether they are overtly downplaying your accomplishments or secreting sabotaging you, once you know, name it. For example, Lynn could have said to Susan, “Susan. I’m not sure you realize this but ever since I won the Daisy Award, when you’re in charge, I’ve been getting the worst assignments. Can we talk about this?” If the Bitter Nurse says directly to you, “Why are you going back to school (or getting certified), it’s a complete waste of your time…” Look the Bitter Nurse in the eye and say, “I’ll respect your decisions as long as you respect mine.”

2. Document

Once you know the Bitter Nurse has targeted you, remember to start a documentation trail. Documenting helps you to gather your facts so that you can use them to confront her (this is the 3rd time in a row that when you’ve been in charge, I’ve been assigned all of the patients in isolation) and to formally file a complaint if it reaches that point.
3. **Understand and show compassion**

Many Bitter Nurses act this way because YOUR accomplishments make them feel bad about themselves. Showing a Bitter Nurse compassion and understanding is NOT justifying their behavior. It’s role modeling professional behavior to them and everyone else. Perhaps over coffee or while in the break room you can engage in conversation with the Bitter Nurse about HER accomplishments and skills. Just simply complimenting the Bitter Nurse (sincerely) on something they’ve done can influence them to stop their bitter ways.

Chances are you have met one or more of the four classic types of bullies described in this eBook in your work environment. Of course, no one is a pure “type,” and some of the behaviors overlap. It is the ability to recognize the behaviors; both overt and covert that will allow you to respond to a bully attack effectively, no matter what the bully profile.

If you are a new nurse and want help to bully-proof yourself at work, make sure you check out my new Nurse Bully-Proofing Online Program [here](#).

“A kind gesture can reach a wound that only compassion can heal.” ~ Steve Maraboli
Katie, an experienced but newly hired nurse, became an unsuspecting target of Doris, a classic Viper Nurse. Doris was working the night shift and gave report to Katie, who was working the day shift. Doris gave Katie report on a patient who had an a.m. CT scan ordered. When Katie asked Doris if she had taken the patient to radiology for his CT scan, Doris replied that it was the day shift’s responsibility to take care of all a.m. CT scans. After all, said Doris, “a.m. occurs during the day.” Katie thanked Doris for letting her know.

Katie worked the night shift over the next few weeks and because Doris told her “CT in a.m. means day shift”, she left the a.m. CT scans for the day nurse. It wasn’t long before Katie got called into the boss’s office and reprimanded for “dumping” on the day shift. Katie learned that the night shift had responsibility to take care of the a.m. CT scans. Doris deliberately sabotaged Katie by giving her false information and then setting her up to fail. What’s worse, Doris was one of the nurses in the boss’s office complaining about Katie.
A Viper Nurse is a silent-but-deadly nurse. Viper Nurses are the most dangerous of all bullies because, as with the viper found in nature, you don’t even see this bully coming.

Viper Nurses are so nice to your face but then stab you in the back as soon as you turn around. They act like they are so excited to be working with you but trust me; they will talk badly about you behind your back. Viper Nurses are back-stabbers, and when you least expect it, they will “zing” you. Sometimes it takes years for Viper Nurse’s covert bullying to be uncovered, but it’s always there lurking and waiting for its next victim.

For the targets of Viper Nurses, the problem isn’t just that the bully is two-faced; the problem is that they slowly influence others on the unit into negative thinking about their targets. Viper Nurses rely on building trusting relationships and making their targets feel secure. A target may reveal a weakness (e.g., anxiety when talking to doctors) and then find out later that the entire department knows about it. The Viper Nurse denies saying anything and is hurt that the target would even think such a thing!

“Viper Nurses undermine, sabotage, and find ways to bully you without being obvious about it.”
1. **Know they are there**

Just like in nature, Vipers hide and unsuspecting targets walk right into their trap. When someone is super nice to you, pay attention to how they treat other people. If you hear them gossiping about others, showing favoritism, or rolling their eyes, chances are, they are doing it to you too. Be on the look out but don’t be paranoid.

2. **Confirm information**

Remember, Viper Nurses are covert bullies and may lull you into a false sense of trust. Put your guard up. When someone gives you “helpful” information, verify it with someone in an authority position. If Katie had confirmed Doris’s instructions, she would have quickly learned that Doris gave her wrong information.

3. **Confront their covert behaviors**

When you suspect you are dealing with a Viper Nurse, gather information and then “name it”. Naming the Viper’s behavior can send a powerful message that you’ve discovered her Viper ways and will not succumb to her bite! Katie could have named Doris’s behavior by saying,
“Doris. Help me to understand why you told me that it was the day shift nurses’ responsibility to do the a.m. CTs but then our boss told me a.m. CTs were always the night shifts’ responsibility.” Don’t worry about her response, just name the behavior and she will be less likely to sabotage you again.

“Although sneaky, Viper Nurses can be stopped. The key is to know they exist and to use the strategies above to lessen their bite. You deserve to work in a supportive and professional work environment – Free from the Vipers!”

SO, WHAT HAVE WE LEARNED ABOUT NURSE BULLIES?
So, what have we learned about nurse bullies? Although there are many different nurse bully profiles there are a few things that remain true about all nurse bullies:

- Their behaviors are never justified
- Documentation is key
- They need to be stopped

And remember...

“Do no harm applies to nurses too!”

It’s my hope that this material will come in handy at a point in your career when you need it the most, but it would make me incredibly happy if you never need it, because that means we’re doing something right!

If you are dealing with workplace bullying, please don’t feel like you have to tackle it all by yourself. I have NUMEROUS resources to help you AND your colleagues. Check out the next page for more information on how I can help.
I’m sure you’ve realized by now that here at RTConnections we take bullying pretty seriously! I’ve worked hard to put together workplace bullying packages that I believe would greatly benefit any individual nurse and/or organization! Click here to see my anti-bullying products!

Additional Resources:

- **Articles**
- **Interviews**
- **Videos**
Sign up for my newsletter to get the latest updates by e-mail at [www.rtconnections.com](http://www.rtconnections.com) & be sure to follow me on social media!

“My goal is to establish a community of nurses who don’t EAT each other but who nurture, support and GROW other nurses.”
– Dr. Renee Thompson