



The Diagnosis? Nurse-on-Nurse Bullying

You are a nurse with five years experience. Additionally, you are board certified with advanced training in several critical care areas. Recently, you were hired by a major hospital to work in their intensive care unit or ICU.

The head of the nursing team Nicole has been there for more than 20 years. At first, she welcomes you with all smiles. However, within the first several weeks you begin to feel tension. She consistently assigns you the toughest cases - and has a pattern of questioning your decisions, both in front of doctors and patients.

In addition to your clinical skills, you are well aware that nurse-on-nurse bullying is a significant issue in today's healthcare environment. Now it is happening to you and from your team leader.

Looking at the long term, you want a long term workplace home. Nurses often leave positions because of bullying or harsh treatment from other nurses and staff. While you don't want to make waves, you also will not tolerate working under a hazing or bullying environment.

Healthcare is a highly-regulated environment with many deep-seated and close worker ties and relationships, through challenges and experiences. Your team leader has many such relationships, and so you decide it is best not to ask questions or try to communicate with others to better understand her.

Prior to meeting you spend the next week reviewing your past assigned cases as well as the inappropriate actions and comments related to each. You also do this over the next week, taking clear and detailed notes. You then prepare your mental ground, remembering that although you have a very reasonable concern, you will be listening, learning, and showing respect first.

You set up a time convenient to Nicole's schedule to speak. When she sits down, you notice that she is making poor eye contact and consistently touching her hair.

YOU: *"Nicole, I first want to tell you that I'm very excited to be here and working on this team. My interest is to really help the team and to get great results. I'm also looking forward to learning a lot from you and your leadership."*

She smiles back, but the smile is somewhat flat. Her arms are crossed.

NICOLE: *"Well, I appreciate that...and it's good to have you," she answers*

W.A.L.K. Example 4

Part 2

The Diagnosis? Nurse-on-Nurse Bullying

YOU: *"Thanks, but I did want to speak with you today because I have a concern. So to me, relationships are REALLY important, and I'd like to have ours be good and growing. However, I have noticed over the first three weeks two things. First is that I am being assigned the most complex cases, and second...you are routinely questioning me in front of the doctors and the patients."*

NICOLE: *"That's not true. I'm not out to get you."*

YOU: *"I'm not sure why it's happening, but I am sure that it IS happening. In fact, I have documented nine times when the questioning happened in front of six different patients over the last week. Also, I re-reviewed the charts - and out of our ten nurses, I have been assigned 95% of the most complex cases."*

NICOLE: *"What are you trying to say?"*

YOU: *"First, I absolutely am here to contribute to the team and learn from you...and I don't mind being questioned. But I do mind having it done in front of patients and doctors. I respect you and your leadership, but I'm not willing to tolerate being consistently treated in that type of manner."*

Second, I believe in assuming best intentions. That means I come to you and work things out with you. Because our working relationship being positive means a lot to me.

And finally, (while you lean in with your hands open)...please let me know if I have I done anything to upset or offend you. I really want to understand...and listen to what may be on your mind."

NICOLE: *"Look, it's nothing personal. You're not doing anything wrong...I am under a lot of pressure."* (she wants to say more...but stops)

YOU: *"Nicole, I can see why you're stressed. I really want to help and I'm a good and private ear, if needed. So you can 100% count on me."* (smiling at her).

NICOLE: (takes a breath) *"Thanks. I really appreciate that."* (smiles with crows feet showing).

W - Awareness of need to document if escalation were needed. Listening and learning...and non-accusatory of intent. Maintaining respect.

A - Approaches included: showing respect, non-verbal cues (several), law of charity, and empathy.

L - You didn't make assumptions on her behavior...but acknowledged that was doing it. You were professional, discreet, genuinely caring and showed a willingness to improve future relationship.

K - In keeping track, you had a backup plan to go beyond her if needed...but worked in a healthier level to earn more respect and trust.