



How Bullying Affects Health Care

Have you been bullied as a kid, an adult, a nurse? Bullying stories cut across all ages, occupations and countries.

This is Pat Iyer with *Iyer's Insights*, one of the shows of Legal Nurse Podcast. I have been thinking about bullying as I hear the news of U.S. men who lost their power, positions and income because of current or past bullying behavior towards women.

For close to half a year I helped Greg Williams by ghostwriting a book about bullying, called *Negotiating with a Bully*.

Last week Kelly Campbell, my cohost for this podcast, and I were in South Jersey at a podcasting conference. One of the events involved breaking into teams of 4 and using a set of random words to create a 5-minute podcast. My group's words were burly, crackers, subdued, and downcast. We created a podcast that needed to use the 4 words. So we picked the topic of bullying. Each of us described an incident in which we were bullied.

My bully was a neurosurgeon who had temper tantrums in the OR (he threw instruments at nurses) and expected the head nurse to carry his charts and write down verbal orders. He was 5'1" and had a complex about being small. If anyone called him Italian, he corrected the person and said he was Sicilian.

One of his patients had a brief change in condition and he went after me for not contacting him soon enough. He demanded I explain what I was doing minute by minute for a 20-minute period.

Once I created my chronology and stood my ground, he never went after me again.

Bullying behavior affects patient safety around the world. Intimidating behavior within health care leads to medical errors, miscommunication or lack of communication.

I know bullying is not confined to the United States because I confirmed this when I was teaching in Australia. After I presented about bullying at the International Council of Nurses Quadrennial Conference in Melbourne, Australia, several nurses from other countries spoke to me about bullying.

Bullying is offensive, intimidating or insulting behavior that upsets the recipient, who feels humiliated or vulnerable. It includes gossiping, backstabbing, and scapegoating that undermining staff morale, self-worth and team cohesiveness.

What makes bullying a global issue?

- Is it the disparity in power and status between nurses and other healthcare providers, such as physicians?
- Is it the stress of the healthcare environment?
- Is it that until recently, such behavior was considered the norm?
- Is it the difficulty in changing attitudes?

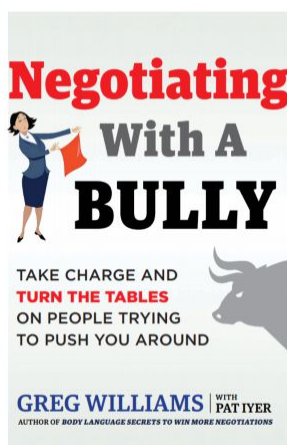
Dr. Alan Rosenstein, who counsels bullying physicians, told me that his research shows that 15-20% of all adverse medical events are due to disruptive behavior.

Attorneys and legal nurse consultants encounter cases in which disruptive behavior led to patient harm. The role of intimidation may not be clearly revealed, as many healthcare providers are reluctant to testify about their hesitation to confront a bully.

Although The Joint Commission, which accredits healthcare organizations world-wide has standards which require organizations to address disruptive behavior, bullying has not been stamped out.

Bullying is a particularly dangerous activity within health care.

The delivery of health care is complex and requires coordination of efforts and sharing of information. Staff who are intimidated avoid communicating with the intimidator. Nurses intimidated by physicians don't question orders, don't speak up as a patient advocate, and don't seek help for patients.



This is Pat Iyer. Before we continue the show, I need to tell you about a book I ghostwrote. It was published in June 2018. It is called **Negotiating with a Bully.**

Everyone has felt bullied at some point in their lives, whether by a family member, childhood acquaintance, colleague, boss, or client. You know you have been bullied when you feel pressured, demeaned, and angered. You walked away from a negotiation feeling like you lost ground. You gave into demands and agreed to something that was not in your best interests. And you resented the way you felt.

Negotiating with a Bully will teach you how to skillfully deal with bullies in different forms and environments. You'll explore the mindset of a bully and understand the motivations and behavior so that you can gain an advantage over him or her.

Negotiating with a Bully will give you the answers you need to become a more effective negotiator when you are confronted by a bully. You will learn how to quickly and easily:

- Recognize the tactics of a bully--before you yield ground in a negotiation.
- Employ an arsenal of negotiation strategies, including some you may have never considered using before.
- Plan a negotiation with a bully so that you feel prepared to tackle the situation.
- Interpret the body language of the bully--and his or her target--to better assess his or her intentions.

You'll find this book at this link: <http://LNC.tips/bullybook>.

Bullying in health care shows up in many forms. Here are some examples.

Bullying by a patient

An angry young male is admitted to the hospital after he was shot by police during a drug deal. He becomes demanding and treats the nurses like his personal servants. One of the nurses finds a tape recorder in his bedside table and spreads the news to the other staff. The nurses are suspicious about why he is taping conversations and fear he will take words out of context and sue them. **Pretty soon no one wants to take care of him.**

Bullying by a physician

An operating room nurse is assigned to work with an orthopaedic surgeon. Before surgery begins, the male nurse tells the male surgeon that he is not often assigned to orthopaedic cases and may be slower while assisting. After surgery, the male surgeon grabs the front of the nurse's scrub top with his bloody glove and berates him for his performance. When the nurse asks him to remove his hand, the surgeon sneered, "Are you afraid I am going to hit you?"

Bullying is a disruptive form of communication a person perceives to be harsh attack upon herself or himself professionally or personally. It includes demeaning comments, intimidating or condescending language or intonation, and issuing threats.

Bullying by colleagues

A nurse is hired as a nursing quality assurance coordinator. Her peer group members are the nursing supervisors. When she sits down to eat lunch with them, she is greeted by silence. She tries to start conversations, which sink like a stone without responses. After she attends an out of state Joint Commission conference, the silence gets worse. This new employee previously got along well with others, but is puzzled by the reception she receives from the nursing supervisors.

Bullying includes silence and social ostracism.

All of these are real instances of bullying in health care. What is the rest of the stories?

Bullying by a patient

The nurses, with their nursing supervisor, worked out a plan of care to set limits on the angry young man's behavior. They rotated him to a different nursing unit every month until he could be discharged. He lost his power to intimidate people and modified his behavior.

Nurses are educated to develop plans of care to deal with manipulative patients who test the limits and display bullying in healthcare environments. The bullying of this patient kept him in control until the nurses took back their power and developed a unified approach to deal with his behavior.

Bullying by a physician

The operating room nurse reported the surgeon's behavior to the nursing administration. They explained that the surgeon brought a lot of patients into the hospital and that they could not change him. The nurse found this frustrating.

The nurse knew two relatives of his were planning to have orthopaedic surgery within the next month. He convinced his relatives to change surgeons and have a different surgeon at a different hospital perform the operations. The nurse's employer and the surgeon both experienced financial repercussions because of the changed surgical plans.

The Joint Commission standards require facilities to have policies on how to deal with disruptive behavior. Some facilities have a zero-tolerance policy, which means they will tolerate no incidents of disruptive, bullying behavior. In these settings, this orthopaedic surgeon *may* have been removed from the staff.

Bullying by colleagues

The nursing quality assurance coordinator stopped trying to eat lunch with her colleagues and teamed up with another nursing administrator who was friendly to her. She learned the supervisors were jealous because she was sent on an out of town trip. She never felt there was a good fit between her and the hospital. At the end of a year working at the hospital, the nurse resigned her position and started her own LNC business. This is my story.

Social ostracism and silence are subtler forms of bullying than the abusive, disruptive behavior of the patient or orthopaedic surgeon. Yet they have power to wound and prevent the development of a well-functioning team.

Our healthcare environment in the U.S. is changing as we recognize the high costs of bullying: turnover, absenteeism, law suits, and patient harm.

Our social climate in the U.S. is changing as women stand up and report sexual abuse and harassment, a particularly nasty form of bullying.

My presentation revealed that other cultures struggle with the issue as well. We have much work to do to make bullying a thing of the past.

Is the bullying climate changing in your country? Send me an email at patriciaiyer@gmail.com and let me know. I'd really like to know.

I'd love it if you go on Amazon and purchase a copy of **Negotiating with Bully**. I know it will help you see bullying in a different light. That link is <http://LNC.tips/bullybook>.

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