Trial by Bully: Nurses’ Stories

Online-only content for “Bullying Among Nurses,” by Cheryl A. Dellasega, PhD, CRNP, in the American Journal of Nursing, January 2009, p. 52-58.

The following are stories nurses have shared with me in person or by e-mail or letter. Some are composites, and names and identifying details have been changed in all. Most reflect the perspective of the victim; the last story in each group is told from the viewpoint of the bully.

The Supernurse

- Deb, a new graduate, described a more experienced nurse's impatience. “When you're giving report, Jan jumps in and asks questions; she's just waiting for you to say something didn’t get done. I’ve heard her call new graduates 'stupid.' She forgets that she was once a young nurse who knew less than she does now.”
- “Eva is one of the most senior nurses on our unit and everybody treads lightly around her,” Coretta said. “She doesn’t hesitate to call others on their mistakes, but she’s very defensive when she’s questioned. I’ve found that it’s easiest to just accept the criticism and move on so that I’m not added to her Bad Nurses list.”
- Jane felt that the ICU nurses in her hospital looked down on the “regular” nurses. “They don’t realize I could work in the ICU, too,” she said. “I choose not to because floor nursing is more challenging to me.”
- Rhonda recalled being a brash new graduate who was sure she knew more than the middle-aged nurses at her small community hospital. “I often told them how we did things at the medical center where I trained. I was contemptuous of their outdated policies and procedures, and I let them know it.” Rhonda smiled ruefully. “One day I made a stupid medication error, which was very humbling. One of my coworkers helped me realize that my arrogance was just a cover for performance anxiety. I wasn’t quite so full of myself after that.”

The Resentful Nurse

- Nora took a position working with the director of a nursing home, but soon found herself in trouble. “I was the first African American nurse to work there, and the first NP,” she said. Then she described the many forms of sabotage she encountered: charts disappeared when she came to make rounds, questions were raised about her abilities, and gossip about her was rampant. Although she eventually left the job, she still harbors bitter feelings about the nurses who “defeated” her.
- Anne, a nurse who worked in a community agency, recalled, “There was a new position in our agency and a nurse named Beth applied for it. My friend Linda had been there longer and really wanted the job; she deserved it. But Beth had her bachelor’s degree in nursing, so they gave it to her. We all decided to give Beth the cold shoulder. Why should we make life easier for someone who wasn’t qualified and didn’t have the first idea about what to do?”

The PGR Nurse (a nurse who uses put-downs, gossip, and rumors)

- It began innocently enough,” Rita said. “Judy, one of my coworkers, made a sarcastic remark under her breath about something our nurse manager had said during a staff meeting. Her sarcasm annoyed Wendy, another nurse, who then made a derogatory comment under her breath about Judy. Then Maureen, a third nurse, told Judy what Wendy said, and the cold war began. I’m thankful it ended peacefully, although not until several years had passed.”
- Tara talked about this incident: “My nurse manager asked if I would come in on a weekend to train nurses to use a new piece of equipment. I agreed, and after the training I felt very good about what we’d accomplished. The next day I was out with my family when I received a page—a doctor was screaming at the nurses for what turned out to be a mechanical failure that was not their fault. Still, the damage was done. To this day, the nurses on the weekend shift still speak poorly of me.”
- Yolanda had been an emergency nurse for eight years and, as she assumed a managerial role, she felt confident. “Delegation seemed easy,” she said, “until I encountered Mary, an experienced, soon-to-retire nurse who seemed to detest me from the moment I arrived. I knew she could help me learn to run the ED smoothly, but she refused to even acknowledge my questions unless they directly involved a patient. I felt invisible.”
- Tia, an operating room nurse at a large medical center, said she has little tolerance for nurses she considers “whiners.” “When a coworker says she feels stressed out, I say, ‘Go tell someone who cares.’ Maybe that sounds harsh, but
why should I have to listen to a lot of crap at work? I have enough problems when I go home and have to take care of my four kids alone.”

The Backstabbing Nurse
• Cara taught at a nursing school. She was surprised but pleased when Lucy, the course coordinator, asked her to go to lunch so they could get to know each other. The hour-long break stretched to two as Lucy asked Cara questions that indicated she was interested in Cara as a person as well as a colleague. Cara said, “Later, I learned that Lucy hotfooted it back to the office and spread rumors using everything I’d said. Based on her distortions, I was treated like a pariah until I left a short time later.”
• Laura, a staff nurse, was using the unit’s only computer to research a case. Tanae, another nurse, arrived and asked to use the computer. When Laura explained that she needed a little more time, Tanae said, “No problem.” But when Laura finished 20 minutes later, she learned that Tanae had complained to the nurse manager about the wait. Laura felt stung: “I couldn’t believe that someone with whom I felt camaraderie would go behind my back and make such a big issue of having to wait for computer time.”
• When she entered the locker room one afternoon, Rita heard several colleagues “talking trash” about their nurse manager, Pat. Rita joined in, although she felt a little disloyal. She and Pat had daughters on the same soccer team and they’d been friendly at games, but Rita felt Pat had been too hard on her in her last evaluation. Just then the bathroom door opened and Pat came out. She had heard everything. Later she let Rita know that she was hurt, but Rita didn’t apologize. “Maybe I shouldn’t have joined in,” she said, “but she could have cut me a little slack on my evaluation.”

The Green-with-Envy Nurse
• Lisa recalled with distaste her operative with Anna.

The Cliquish Nurse
• Mia, a staff nurse at a hospital, said, “My head nurse, Sandy, has a little clique going on. She picks and chooses favorites, and they take breaks and socialize together. I’ve never been one of them. They usually get the best assignments and opportunities.” Mia brightened. “Then again, Sandy is small potatoes when it comes to the nursing administration clique. She tries to curry favor with them, but so far it hasn’t worked. She probably feels just like me—an outcast.”
• Pat spoke about how it feels when alliances suddenly shift. “For a while, one of the other nurses on my floor was like a substitute mother to me. She was older, I was having a rough time in my life, and she took me under her wing. One day I disagreed with her approach to a patient—and she turned on me viciously. From then on, she went out of her way to turn other nurses against me. I became an outcast. No one would help me turn patients, get them out of bed, and so on. Hannah controlled the clique, and I wasn’t one of them.”
• Greta acknowledged that she’s cliquish with several nurses at the home health agency where she works. “When I first came, it was trial by fire for me,” she said. “Why should it be any different for anyone else?” Those in the clique refuse to help new hires, withhold information about patients, and ask pointed questions designed to trip up the newbies.