



## DID YOU KNOW? *ABUSE IS A LEARNED BEHAVIOUR IN NURSING*

**KEY WORDS:** *shielding, silencing, rite of passage, cultural norm*

Evidence in the literature supports that bullying and other forms of abuse in the workplace is a learned behaviour in nursing passed down from generation to generation<sup>1,2</sup>.

Modeling of the behaviour starts in nursing school and is carried throughout clinical practicums and into the work environment<sup>2,3</sup>. Through education and practical experiences, nurses are socialized into the professional nursing role observing aggression and bullying as 'part of the job' and of 'being a nurse'<sup>2,4</sup>. Thus, abusive behaviour appears to be firmly entrenched in the broader culture of the nursing profession – both in education and practice<sup>4,5,6</sup>.

The 'enculturation' of abusive behaviour, or the process of how the established culture teaches an individual the accepted norms and values of that culture, and in this case the norms of abusive behaviour, involves four overlapping types of learned behaviour.

**1. Silencing behaviour** – As observed in other oppressed groups, nurses display silencing behaviour. The research literature describes that nurses 'silence' themselves as a strategy to avoid conflict and maintain the status quo in their workplace and private lives<sup>7</sup>. Fear of retaliation and punishment prevents most nursing students from asserting themselves or reporting abusive behaviour from instructors, preceptors and other nurses in the clinical setting<sup>2,5</sup>. Each of these mentoring nurses has the power and authority to influence students' final course grade and potential nursing career. Students may feel it is too dangerous to speak up to a dominant authority figure or to face the consequences and stigma of being labelled a snitch or whistle-blower<sup>8,9</sup>.

Silencing behaviour in nursing students carries forward into their nursing practice. As employees, they may recognize aggressive behaviours between nursing colleagues in the workplace, but do not challenge the status quo of the work setting. They silence themselves to avoid conflict, or worse, become the next victim of bullying<sup>2</sup>. They may also be reluctant to report bullying behaviour to the nursing supervisor. Under-reporting has serious consequences in nursing as it not only prevents the behaviour from being appropriately dealt with, it can foster and perpetuate the behaviour.

**2. Rite of Passage** – Instructors, preceptors and staff nurses often use abusive behaviour to 'break in' new recruits to the group<sup>10</sup>. Student nurses and newly graduated nurses describe rudeness, abusive language and humiliation as the most common forms of abuse from a nursing colleague<sup>11</sup>. Tolerance for the abusive behaviour in nursing practice is accepted as part of the 'rite of passage' into the profession, disguised more favourably as 'earning the stripes' or 'seeing if she can make it here'<sup>10</sup>. Mentoring nurses may feel justified in exercising fault-finding, intimidation, belittlement, harsh criticism and other forms of verbal-emotional abuse towards nursing students and new nurse employees, having been treated in a similar fashion during their own period of nursing education and workplace orientation. Many believe they are upholding a high standard of quality care<sup>10</sup>. The problem with the 'rite of passage' is that nursing students and new staff nurses internalize the abusive behaviour as a norm within the profession, and eventually may become abusive in their own right<sup>6</sup>.

**3. Shielding behaviour** – Nursing students and new employees may be shielded by instructors or seasoned staff from certain nurses known to be bullies<sup>12</sup>. Shielding statements of, 'stay away from the charge nurse because she is really busy and can be pretty hard on students' or 'she is a really excellent nurse, but can make your life miserable if you don't know your stuff' send powerful messages to nursing students and new nursing staff. The statements suggest that known aggressors or bullies are tolerated and perhaps best to be avoided; yet their inappropriate behaviour is accepted. The classic statement, 'it may not be right, but that's the way it's always been around here' is a clear indicator of a work environment that tolerates, even fosters, intimidation and abuse.

Other studies describe shielding behaviour that protects the bully<sup>13</sup>. McMillan describes apathy and reluctance among senior nurses to intervene when they witness bullying behaviour<sup>13</sup>. Because it can be a taken-for-granted situation, these nurses essentially 'turn a blind eye' to the abuse, doing nothing to intervene and protect victims. Their behaviours 'shield' the bully from discipline and the abusive behaviour is reinforced and continues unimpeded, or escalates<sup>13</sup> (as in the broken-window theory described in the Practice Guideline on addressing co-worker abuse).



**4. Adherence to the Behavioural Norm** – Whether abusive behaviour is merely witnessed or personally experienced, exposure allows nurses to ‘learn’ these behaviours<sup>14</sup>. If abusive behaviour occurs regularly without consequences, nurses learn that these behaviours are acceptable, and they internalize the behaviour as a normal ‘part and parcel of the

job and of being a nurse’<sup>4</sup>. Studies describe that nurses adhere to the behavioural norm of the workplace to blend in and to have their nursing peers respond to them more favorably and accept them as part of the group<sup>14,15</sup>. They engage in learned behaviour just to fit in, and may eventually become bullies too<sup>16</sup>.

## PUBLISHED SUPPORTIVE DOCUMENTS

This FACT SHEET is linked to other supportive documents:

Practice Guideline: Addressing Co-Worker Abuse in the Workplace  
FACT Sheet: Co-Worker Abuse is a Threat to Patient Safety

## REFERENCES

- <sup>1</sup> Kohnke, M. F. (1981). Nurse abuse – nurse abusers. *Nursing and Health Care*, 2(5), 256-260.
- <sup>2</sup> Szutenbach, M.P. (2013). Bullying in nursing: Roots, rationales, and remedies. *Journal of Christian Nursing*, 30(1), 16-23.
- <sup>3</sup> Miedema, B., MacIntyre, L., Tatemichi, S., Lambert-Lanning, A., Lemire, F., Manca, D., & Ramsden, V. (2012). How the medical culture contributes to coworker-perpetuated harassment and abuse of family physicians. *Annals of Family Medicine*, 10(2), 111-117.
- <sup>4</sup> Thomas, B. (1995). Risky business. *Nursing Times*, 91(7), 52-54.
- <sup>5</sup> Longo, J., & Sherman, R. O. (2007). Leveling horizontal violence. *Nursing Management*, 34-36; 50-51.
- <sup>6</sup> Johnston, M., Phanbtbarath, P., & Jackson, B. S. (2009). The bullying aspect of workplace violence in nursing. *Critical Care Nurse Quarterly*, 32(4), 287-295.
- <sup>7</sup> DeMarco, R. (2002). Two theories/a sharper lens: The staff nurse in the workplace. *Journal of Advanced Nursing*, 38(6), 549-556.
- <sup>8</sup> Dellasega, C. A. (2009). Bullying among nurses. *American Journal of Nursing*, 109, 52-58.
- <sup>9</sup> The Joint Commission. (2008). *Sentinel Event Alert #40: Behaviours that undermine a culture of safety*. Retrieved January 23, 2013, from [http://www.jointcommission.org/sentinel\\_event\\_alert\\_issue\\_40\\_behaviors\\_that\\_undermine\\_a\\_culture\\_of\\_safety/](http://www.jointcommission.org/sentinel_event_alert_issue_40_behaviors_that_undermine_a_culture_of_safety/)
- <sup>10</sup> Bartholomew, K. (2006). *Ending nurse-to-nurse hostility*. Marblehead, MA: HealthPro.
- <sup>11</sup> McKenna, B. G., Smith, N. A., Poole, S. J., & Coverdale, J. H. (2003). Horizontal violence: Experiences of registered nurses in their first year of practice. *Journal of Advanced Nursing*, 42(1), 90-96.
- <sup>12</sup> Institute of Safe Medication Practices. (2004). *Medication Safety Alert: Intimidation: Practitioners speak up about this unresolved problem (Part 1)*. [March 11, 2004 issue]. Retrieved January 23, 2013, from [https://ismp.org/newsletters/acutecare/articles/20040311\\_2.asp](https://ismp.org/newsletters/acutecare/articles/20040311_2.asp)
- <sup>13</sup> McMillan, I. (1995). Losing control. *Nursing Times*, 91(15), 40.
- <sup>14</sup> Lewis, M. A. (2006). Nurse bullying: Organizational considerations in the maintenance and perpetuation of health care bullying cultures. *Journal of Nursing Management*, 14, 52-58.
- <sup>15</sup> Randle, J. (2003). Bullying in the nursing profession. *Journal of Advanced Nursing*, 43(4), 395-401.
- <sup>16</sup> Alspach, G. (2007). Critical care nurses: Are our intentions nice or nasty? *Critical Care Nurse*, 27, 10-14.

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