Commentary

Bullying is a prevalent problem within the workplace, and unfortunately, has become commonplace in health care settings. As a nursing instructor and through the research and experience of my student nurses, I have observed and learned of mistreatment by staff nurses toward student nurses as a misguided initiation to the profession—a phenomenon known as “nurses eating their young” (Echevarria, 2013; Flateau-Lux & Gravel, 2013; Gillespie, Grubb, Brown, Boesch, & Ulrich, 2017). Bullying can range from being ignored to physical or verbal aggression toward the student nurse, new nurse, or any other health care worker, which can impede communication, learning, and quality patient care in clinical settings. The premise of the current article focuses on my opinion, and that of my students, that nursing students faced with unjust treatment by a staff nurse should confront the nurse, especially if it compromises patient safety or prevents patients from receiving the best care possible.

To introduce 34 Bachelors of Science in Nursing students to the collaborative aspect of nursing research, I assigned an opinion paper on the topic, “Should Student Nurses Confront Nurses Who Demonstrate ‘Eat Their Young’ Attitudes Toward Them?” Instructions for the paper included researching journal articles about bullying in the nursing profession. Based on what my students researched, discovered, and experienced, these attitudes—and bullying in general—are common in health care settings because the jobs are high pressure and less stable (Palaz, 2013). One student’s experience with bullying during clinical further fueled my passion to bring this matter into the public spotlight, which led to the writing of this opinion piece.

BACKGROUND: ONE STUDENT NURSE’S PERSPECTIVE

On our first day of medical surgical clinical in our Care III rotation, we were met with increased hostility from the moment we stepped on the floor. The nurses would not look in our direction, or even respond to our greetings. After receiving our assignments, in a kind manner, we mustered up enough courage to ask if we could join the reports that were occurring for our patients. The nurses gave us [verbatim reports] and retorted things such as, “I am glad you have this patient. I could not stand him yesterday, and now you get to deal with him!” Confused, we smiled and carried on.

The day was a bit hectic as we were not completely oriented to the unit, and it was difficult to find supplies we needed. We thought we would be free from the hostility at lunch, until we were gathering our things in the break room to head to the cafeteria, and one of the nurse techs came in and said, “Well, I guess I will not be eating lunch today. I do not want to be near those students.” With all these incidents, we proceeded to say nothing and meet the nurses, as well as the techs, with nothing but kindness.

Luckily, our nursing instructor talked to the nurse manager that day, and he was able to make the next few experiences more enjoyable. Bullying from nurses and nurse techs made our group very discouraged about asking questions, doing things, or even, in some cases, being nurses. We all agree that in our future nursing careers, we will treat students the way we wanted to be treated.

THE PROBLEM: “EATING THEIR YOUNG”—NURSES AS THE PRIMARY SOURCE OF BULLYING

As evidenced by the above student experience, staff nurses are the most common sources of bullying for nursing students (Budden, Birks, Cant, Bagley, & Park, 2017); further, mistreatment is more common toward younger nursing students (Palaz, 2013). Studies of Australian and Turkish nursing students showed that 50% and 60% of students analyzed, respectively, indicated that they had experienced bullying by a superior in clinical settings (Budden et al., 2017; Palaz, 2013).

The phrase “nurses eat their young” describes bullying imposed by senior nurses on new nurses or student nurses as an initiation to the profession. Bullying can vary in appearance by being direct, indirect, physical, or verbal (Quine, 2001), and the reaction of the new nurse or nursing student can improve or worsen the situation. When faced with discrimination or mistreatment in clinical settings, students can choose to be passive or to confront the nurse. It is my opinion, and the opinion of my students, that student nurses should confront mistreatment at the hands of staff nurses and other superiors.

CHALLENGES WITH CONFRONTATION

Some clinicians and staff nurses maintain the opinion that student
nurses, because they are students, should not confront staff nurses. First, they argue new nurses, especially student nurses, lack the life experiences needed to initiate a confrontation in a professional manner. Anger can result from a perceived threat (Lee, 1999), which can explain why staff nurses would react adversely to confrontation. Increased hostility or resentment from staff nurses may correlate with decreased quality of patient care.

Second, some offenses may not appear to warrant action. A study regarding harassment in the workplace showed that women support confrontation when offenses are pervasive, but not when they are rare (Kahn, Barreto, Kaiser, & Rego, 2016). This situation may be more prevalent in fast-paced environments, such as health care settings, where there is insufficient time to spend confronting staff nurses for an offense that does not appear significant.

Third, staff nurses are in a position of authority and power over student nurses and have influence over their progression, which can instill fear within student nurses. Nurses are trusted professionals held to high standards (Advisory Board, 2017; Nurse Pathways, 2017).

Fourth, every form of mistreatment diminishes collaboration and teamwork, which puts patient care at risk. As advocates for patients, student nurses must make time to eliminate anything that prevents patients from receiving the highest quality of care available.

Finally, student nurses may not be comfortable confronting staff nurses, but rather can report to and seek guidance from their clinical instructor.

**TYPES OF MISTREATMENT AND COMMON RESPONSES**

The most common form of mistreatment experienced by student nurses is feeling ignored (Seibel, 2014). Staff nurses can act dismissive of students who are seeking to communicate information or acquire patient information. When student nurses are providing care and acting as patient advocates, staff nurses ignoring student nurses is equivalent to ignoring patients. Mistreatment of student nurses by staff nurses also impedes communication. Poor communication in health care settings can lead to repeated interventions or missed treatments, such as timely medication administration. Verbal and physical aggression from senior staff toward student nurses is another common form of bullying (Seibel, 2014).

Common responses to mistreatment are reporting the behavior to a superior, such as filing a complaint, and talking to friends about the situation (Palaz, 2013). Merely reporting an incident or gossiping about it does nothing to protect patients from the adverse effects of impaired communication and teamwork. In fact, student nurses who file complaints can often end up taking the blame for the mistreatment. To ensure patient safety and quality of care, student nurses must confront staff nurses to rectify the underlying problem.

**RECOMMENDATIONS FOR STUDENT NURSES**

We believe that confrontation is the answer. The main reason that mistreatment by staff nurses toward student nurses should be confronted, and not ignored, is that inappropriate behavior can influence the education of student nurses, which, in turn, can lead to poor quality of care for patients and even compromise patient safety.

Bullying by a superior could lower the motivation of students to participate in clinical care and interact with the care team. Lack of motivation, in turn, lowers the quality of care that student nurses provide to patients, especially during a critical time when nursing students are forming the foundation of their own practice habits or style. When student nurses are preoccupied thinking about avoiding a demeaning staff nurse or trying to control their anger, they may fail to notice something critical during patient assessment when not wholly focused.

When nursing students experience bullying in clinical settings and do not confront the issue, the chance to learn and improve their skills is inadvertently negated (Smith, Gillespie, Brown, & Grubb, 2016). If nursing students' skills do not improve, patient care will remain compromised.

In addition to loss of learning and resulting poor patient care, another concern of passiveness in “eat their young” situations is that when students are mistreated, they may assimilate the negative conduct into their own practice and mistreat unlicensed personnel or nursing students themselves (Palaz, 2013). This domino effect prevents student nurses from incorporating professional and ethical habits into their practice.

However, nursing students should not let pride or anger fuel the confrontation, but rather logic and the central desire of care for patients. Confronting staff nurses may prevent the mistreatment from negatively affecting student nurses’ learning and efficiency, or from inhibiting teamwork among the health care team (Wolf, Perhats, Clark, Moon, & Zavotsky, 2017). Awareness of one’s actions and how they affect others can be an important quality for nurses to have (Cassity, 2017), and one that can be formed while in clinical settings.

In the event nursing students experience mistreatment, students should notify their clinical instructor to help resolve the situation (Smith et al., 2016).

As clinical is a time of learning for students, mistreatment is counterproductive and should not be condoned or tolerated.

**RECOMMENDATIONS FOR STAFF NURSES AND CLINICAL INSTRUCTORS**

Eliminating or even reducing discrimination and mistreatment in health care settings is not solely the responsibility of student nurses through confrontation. Rather, it is the respon-
sibility of everyone involved to ensure quality patient care. Staff nurses must be able to identify their patterns of behavior and treatment toward student nurses and others in less senior roles, so they are facilitating good role modeling and helping create an environment conducive to learning and productivity and proper patient care and safety. Other senior staff and clinical instructors must pay attention to how student nurses are being treated and look for signs of and help prevent discrimination and mistreatment, and set a positive example (Smith et al., 2016).

CONCLUSION

Bullying is not the right of superiors, and surviving it is not a “rite of passage.” To the contrary, bullying should be unacceptable in any profession, including health care settings. Staff nurses should not continue disruptive behavior simply because they have seniority. Mistreatment in any form prevents nursing students from growing in their abilities and impedes the care of patients. To ensure safety of patients, removing obstacles to teamwork and communication is paramount for student and staff nurses.

Ultimately, clinical rotations are a time for student nurses to have an impact on patients’ lives and build a foundation of knowledge and experience upon which their career will build. It is because of the critical importance of the clinical experience that student nurses must overcome obstacles to patient care, student learning, and teamwork.

REFERENCES

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