According to Nagelhout,1 “The blood brain barrier is essential for maintaining homeostasis in the central nervous system and is vital for proper neuronal function.” Since we all know about the amazing arrangement of endothelial cells that controls the passages of substances, I’d like to chat about another BBB concept, the “Big Bad Bully.” In meeting many of you at the AANA Annual Congress and discussing our shared experiences within our nurse anesthesia programs, I was truly surprised to hear the stories of mistreatment and bullying that student registered anesthetists (SRNAs) experienced while working in the intensive care unit.

We all know that the adventure of acceptance into a nurse anesthesia program is hard enough, from showing leadership in your nursing practice, community involvement, striving for great GRE scores, rocking out the interview… and the list could continue forever! We strive for the BEST!

Many students have also had to endure obstacles to this process from their coworkers and management, even before starting their new journey in learning the great science and art of nurse anesthesia. After acceptance into a nurse anesthesia program, they find themselves getting difficult/unsafe patient assignments, lack of lunch breaks, being the first to be floated to other floors, not be granted time off, removed from leadership roles, and so on. Why is this? Let’s examine what bullying is before we cannonball into this topic.

Bullying: Not Just for Children and Adolescents

You would think that bullying ends in childhood and adolescence, but in fact, workplace bullying is a common experience for adults. The Workplace Bullying Institute defines workplace bullying as, “…abusive conduct that is threatening, humiliating, or intimidating, or work interference which prevents work from getting done, or verbal abuse.”2 According to the Workplace Bullying Survey that was conducted in June 2017, “60.4 million Americans are affected by workplace bullying, 61 percent of Americans are aware of abusive conduct in the workplace and 40 percent of bullied targets are believed to suffer adverse health effects.”3 I know what you are thinking: Bullying in the workplace is a huge issue, but why would ICU nurses who have been so successful, who are likely the resource and leader of the ICU unit, be subjected to such behavior?

We all have heard, “nurses eat their young,” but from what I hear from other students, “young” could be replaced with “achievers.” According to Nurse Bullying in the Workplace, nurses may be bullied because of jealousy, feelings of inadequacy, and fear of change.4 “A nurse who is a go-getter and goes above and beyond performing the standard of care can be deemed as a threat to other nurses.”4

Speaking Up About Workplace Bullying

I believe that bringing these stories to the attention of our practice is important. At the Annual Business Meeting in Boston, fiscal year 2018 AANA President Bruce Weiner, DNP, MSNA, CRNA, discussed his own experience with workplace bullying and recommended the Nurse Anesthesia Leadership Survival Guide5 as a resource for CRNAs and students.

Unfortunately, leadership qualities can put an individual at risk for bullying. Having met many SRNAs in Boston, I know that there is already an abundance of leadership and advocacy among this immensely talented group of achievers! I was blown away by the strengths, knowledge, power, motivation, goals, determination, and involvement of the future CRNAs. However, with these splendid qualities comes the hazard of being a target for negative workplace behaviors. This survival guide provides strategies to prevent and address bullying as well as health and wellness resources.5

The Critical Inner Voice: Being Our Own BBB

To “reverse, reverse” (yes, this is a reference from the Cha-Cha Slide that many of you danced to at the Anesthesia College Bowl Reception), what about the bullying of ourselves? Can we be our own BBB or Big Bad Bully? Knowing that we as students are absolute “perfectionists,” what happens when we do not make the grade we desired on a pharmacology exam, or miss an airway/ preoperative IV/ arterial line? I have seen many students hang their heads in shame and speak disparagingly about their overall abilities. This creates a toxic loop in which every less-than-100-percent event takes a toll on the student’s confidence, abilities, and self-esteem.
Anyone could argue that they want their patient to have “perfect” anesthesia care, bringing a positive connotation to the root word of perfectionism. Researchers say that striving for excellence isn’t perfectionism at all. In fact, perfectionism isn’t working hard or setting high goals—it is a critical inner voice. This critical inner voice can arise from many factors, genetics, society, and environmental influences, but for the sake of our own mental health students need to understand that learning from mistakes is vital to the educational process. As one of my preceptors stated, “Now is the time, make the mistakes, learn what works, learn what doesn’t—as long as you are learning.”

If we were perfect, we wouldn’t need to go to clinical, class, or simulation lab, right? Can I also add the hours in the library studying? If we were perfect, why would nurse anesthesia programs be years in duration? We are destined to have hills and valleys along this educational journey. Sometimes you walk out of clinical, high-fiving everyone in your path because you just successfully intubated a difficult airway with an awake fiberptic approach. Other times, you may be less excited because you didn’t cut off the sevoflurane in time and had to wait a few extra minutes...the point is, we have highs and lows. These highs and lows will not stop once we are CRNAs either, as everyone has good and bad days.

My wonderful friend and fellow student, Jason Slabach, RN, lives by the notion to “trust the process,” which took me a very long time to uphold but now I deeply and gratefully embrace. We will never be 100 percent perfect, 100 percent of the time. Think about the AANA Mission Statement, “The AANA advances patient safety and our profession through excellence in practice and service to members.” The key word being excellence, not perfection.

Combating the Issue, Changing the Culture
Many students have already encountered bullying in their professional and academic careers. Bullying by others and beating up on ourselves leads to negative emotional, mental, and physical outcomes. We, as students, are at the forefront of this issue and know that this problem in our profession needs to stop.

We can extend the AANA Motto, “Safe and effective anesthesia care for every patient,” to include “Safe and effective emotional, physical, and mental well-being of ourselves and others.”

Another wonderful friend and fellow student, Justine Zoeller, RN, shared a moving and inspirational book with me that will forever hold a special place in my heart called, Wonder. My favorite quote from this novel is, “If every person made it a rule that wherever you are, whenever you can, you will try to act a little kinder than is necessary—the world really would be a better place.”

We can change our culture, behavior, and self-perceptions. According to diffusivity, let’s set kindness have the largest concentration gradient, membrane solubility, and surface area in our profession. Wouldn’t Fick be proud?

References