This fall, the terrible issue of bullying was front and centre once again. The story of Amanda Todd and her cry for help, and subsequent death, were difficult for me to bear. There is no doubt this girl suffered from depression, but the taunting, ridicule and isolation she experienced is something no one should have to endure.

In response to this tragic event, schools throughout the province held vigils and assemblies to talk about bullying, its impact, its causes and how to stop it. It is important to hear the messages being shared with our youth: do not be silent when you know someone is being bullied, and; just because someone is ‘different’ does not give another person the right to bully them. These same messages have been echoed across Canada.

Why am I writing about bullying? I believe nurses – if placed in the school system and supported to use their full knowledge and ability – could make a tremendous contribution to everyday student life by helping and supporting children and adolescents at a tender time in their lives. But that is not why I am writing this column. The truth is bullying is alive and well within our profession and we know it. And that makes me very angry and very sad.

At our board and assembly meetings in September, we heard about instances of bullying between registered nursing students and registered practical nursing students at educational facilities. We also heard about nursing students being bullied during clinical placements. I’ve heard people discuss the bullying that goes on between members of staff in various health-care organizations. Why is this continuing to happen?

There are lots of theories about what causes bullying in these three scenarios. They amounts to condoning the very act we find abhorrent. Staying silent includes us in the group of bullies. Most organizations have a code of conduct and a whistleblower process so that one can identify bullying to an external source. RNAO’s BPG, Preventing and Managing Violence in the Workplace, includes recommendations on how to identify and address violence, including bullying.

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However, there is one simple intervention. Identify what you see and hear as bullying and insist that it stop. Speak with your teacher, manager or VP until someone listens. Do not engage in the gossiping about a colleague (a subtle form of bullying) and clearly state that you will not allow bullying to go on. This is a shared responsibility.

Many of Amanda’s classmates regret staying silent. They will have to live with that regret for the rest of their lives. While I have not heard of a nurse who was bullied and resorted to suicide, I have heard of nurses who were bullied and left their workplace or the profession altogether as a result. We cannot afford to let this happen. The decision to confront – and the responsibility to report – lies with each of us.

I recently had the privilege to hear Dr. Izzeldin Abuelaish speak at a community event. He grew up in the Javalia refugee camp in Gaza and eventually obtained his medical degree. He is a religious and committed family man. In 2006, he lost his three daughters and a niece in a shelling incident. Rather than hate or accuse, he has used this tragic event as a driver for peace. He tells everyone he meets: “Hate is not a response to war.” Each person can and needs to make a difference towards peace, he says. The peace he talks about is not only limited to the Middle East but, in each family, each workplace and each community.

As president of RNAO, I urge you to bring this message back to your workplace, whether a university or college environment or a health-care facility. This is an issue we must deal with head on. Bullying is a type of war on the soul. Please do not respond to bullying with more bullying, and please do not respond to fear, frustration and self esteem concerns with bullying.

I am urging each one of us to not be silent anymore. RN

Rhonda Seidman-Carlson, RN, MN, is president of RNAO.

Find out more about RNAO’s BPG at www.RNAO.ca/violencebpg