

□ ***From the Playground to the Nurses' Station: Understanding and Eliminating Workplace Bullying***

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1 □ **Objectives**

- ▶ Describe the term lateral or horizontal violence in nursing.
- ▶ Discuss the contributing factors to horizontal violence in nursing and its overall impact.
- ▶ Describe potential barriers for not reporting horizontal violence in nursing.
- ▶ Discuss effective interventions to reduce horizontal violence.
- ▶ Describe how the six standards for establishing Healthy Work Environments can reduce horizontal violence in nursing.
- ▶

2 □ **Horizontal Violence (HV)**

- ▶ Described as aggressive and or destructive behavior towards another person or persons.
- ▶ It is the demeaning and downgrading of others through unkind words and cruel acts that gradually undermines one's confidence and self-esteem.

3 □ **How Prevalent is it?**

- ▶ 90% of healthcare workers reported being victims of workplace intimidation
- ▶ 60% of new graduates will leave their first position within 6 months
- ▶ 16% - 24% of nursing turnover can be directly r/t verbal abuse
- ▶ Nurses who experience the highest degree of conflict also report the highest degree of burnout.
- ▶

4 □ **History**

- ▶ Has been described in the literature for 25 years
- ▶ Strange, since nursing is viewed as a caring profession
- ▶ Rite of passage, nurses eating their young
- ▶ Organizational conditions and unsympathetic leadership styles can lead to power struggles arising from conflict of values.
- ▶ Over time HV is viewed as normal, "that's the way it's always been"
 - > 75% of nurses believe this is common practice

Why do you think that bullying or horizontal violence continues to be an issue among healthcare workers?

What do you think are the most common types of HV in nursing today?

What you need to know about Bullies

- ▶ They need targets to survive!
- ▶ They are good at clinical work.
- ▶ They see the workplace as a battlefield.
- ▶ They like to keep their targets guessing about when the next encounter will occur.
- ▶ They don't play by the rules.

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Types of Nurse Bullies

Resentful Nurse

- ▶ Develops and holds grudges
- ▶ Pits herself against that nurse and often encourages others.
- ▶ Unit "Drama"
- ▶

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Types of Nurse Bullies

"PGR" nurse – some nurses use *put downs*, *gossip* and *rumors* to bully other nurses.

- In stressful situations, instead of working together this nurse is likely to turn on others.
- Targets seem random.
- Quick to take offense at a neutral remark and respond with a put-down or an innuendo.

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Types of Nurse Bullies

Cliquish Nurse

- ▶ Uses exclusion as a means of aggression
- ▶ Consider themselves the "in" group and judge others to be "out".
- ▶ May show favoritism in which nurses they help or ignore other nurses if they try to join.

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Organizational Impact

- ▶ Increase absenteeism d/t stress related illnesses
- ▶ Cost of overtime to fill sick calls and disabilities
- ▶ Staff dissatisfaction
- ▶ Reduced productivity
- ▶ Increase turnover & Increase cost of orientation or agency costs
- ▶ Cost of increased mistakes

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Impact on Quality and Safety of Patient Care

- ▶ Bullying behaviors create a toxic work environment which not only harms nurses, but also our patients.
- ▶ *If nurses are afraid to speak up because they are intimidated by fellow nurses and physicians, patients can be harmed.

21 **Code of Conduct Policy**

- General Expectations of all Staff
- Definition of Disruptive and Inappropriate Behavior
- Process for addressing Disruptive and Inappropriate Behavior Event
 - Reporting System or the Integrity Hotline
 - Formal Process:
 - ✓ one-on-one discussion, facilitated by another member of the unit
 - ✓ Informal discussion with the individual's supervisor, administrator or department or division chief

22 **Reported Themes....**

- ▶ Behaviors are minimized and not recognized.
 - Lack of clearly defined behavioral expectations
 - Lack of knowledge related to code of conduct policy
- ▶ Fear inhibits all reporting.
 - "If I complain, no one will help me."
 - "If I file an incident report, I'll be labeled a complainer."
 - Reporting did not result in change.
- ▶ Avoidance and isolation are coping strategies.
 - Avoid conflict situations
 - Lack of bystander intervention

23 **Reported Themes.....**

- ▶ Lack of respect and support.
 - Lack of respect for their role and feeling unsupported, having no control over workflow or resources.
 - Disconnect with Leadership and Administration
- ▶ Organizational chaos
 - System problems that adversely affected their ability to provide care.
 - Lack of accountability allowed people who had bad personalities or poor work ethics to stay on.

24 **Staff's Responsibilities**

Take action against bullies:

- ▶ #1 Name the behavior!
 - Sends a powerful message
 - "You were yelling and screaming at me in the middle of the nurse's station where patients and families can hear you."
 - "I just saw you roll your eyes when I asked you for help with a patient"
 - "Yesterday when I gave you my report and told you I didn't have time to finish everything, you smiled and told me not to worry about it, that you had all night. But then I found out that you were speaking badly about me behind my back"

25 **Staff's Responsibilities**

Take action against bullies:

- ▶ #2 Document the Incident!
 - Establishes a pattern
 - Leadership follow up
- ▶ #3 Support your co-workers!
 - Peer support is very important as a defense against bullying.
 - Stand up for the "absent member" in a conversation when they are not present.

26 **Individual Measures**

- ▶ Remember what it was like to be "new kid"
- ▶ Work to include new staff in socialization
- ▶ Role model professional behaviors
- ▶ Validate assumptions before judging
- ▶ Do not give the bully an audience
- ▶ Break cycle of "I paid my dues, now it's your turn"
- ▶
- ▶

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5 Steps to Changing Unit Culture or Behaviors
(Renee Thompson)

#1. Know what Bullying behaviors are!

- ▶ Bullying or Incivility

Targeted	Low level
Harmful	Unprofessional
Repetition	Rude behaviors

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28 **5 Steps to Changing Unit Culture or Behaviors**

#2. Recognize Destructive Behavior

"Oh that's just his/her personality"

When the behavior impacts communication on the unit, then the behavior needs to change!

Why? What's at risk?

29 **5 Steps to Changing Unit Culture or Behaviors**

#3. Set Behavioral Expectations

-Set Clinical Expectations AND Behavioral Expectations

- Involve staff in determining the way they would like to be treated and develop these expectations.

- Create a vision of the kind of environment you want you unit/ area to look like. (Staff Rounding)

Does signing a document stating that you understand the values of the organization control or change behavior?

30 **5 Steps to Changing Unit Culture or Behaviors**

#4. Confront any Disruptive Behavior Immediately

- Stop using SILENCE as a strategy

- Name the Behavior as Bullying!

- Sample statements:

"It's been brought to my attention....."

"I've never heard or seen you do this but I believe it's true"

"I'm not sure if you are aware of this....."

"I'm offended by that comment"

31 **5 Steps to Changing Unit Culture or Behaviors**

- #5. Hold employees accountable for their behavior in addition to their performance!
 -Need frequent f/u after confronting to make sure behavior is sustaining change.
 - Involve HR early and document!

"Step up and be accountable for behavior or step out!"

"I will give you anything that you need but if you don't change your behavior, I can't help you."

"The way that we treat each other is just as important as the care we provide!"

32 **2018 AACN HWE Survey**

- ▶ The results are in!
- ▶ 8080 participants
- ▶ Repeated 2006 survey in 2008, 2013, 2018.
- ▶ 80% experienced verbal abuse at least once.
- ▶ Of those, 34% experienced verbal abuse by another RN.
- ▶ Over 12 months, of the 6017 nurses reporting verbal abuse, the number of verbal abuse incidents by another RN = 12227.
- ▶ In units that implemented HWE standards, reported abuse incidents were resolved satisfactorily 50%, compared to 24%.

33 **Establishing and Maintaining a Healthy Work Environment**

6 AACN standards that support HWE:

- Skilled Communication
- True Collaboration
- Effective Decision Making
- Appropriate Staffing
- Meaningful Recognition
- Authentic Leadership

34 **HWE: What's it all About?**

- The creation of healthy work environments is imperative to ensure patient safety, enhance staff recruitment and retention, and maintain an organization's financial viability.

AACN , 2005

- A Healthy Work Environment is one that is safe, empowering, and satisfying. Parallel to the World Health Organization definition of health, it is not merely the absence of real and perceived threats to health, but a place of "physical, mental, and social well-being," supporting optimal health and safety.

ANA Website, 2015

35 **Focus is on the patient!**

Skilled Communication

- Give & accept constructive feedback
- No gossiping. Discuss problems in private.
- Use conflict-resolution strategies to solve issues

38 **True collaboration**

- ▶ All staff must be *relentless* in pursuing and fostering collaboration.
 - ▶ All members of the healthcare team must be valued and committed partners in making policy, directing and evaluating clinical care and leading organizational operations.

41 **Appropriate Staffing****Meaningful Recognition**

All staff must be recognized and must recognize others for the value each brings to the work of the organization.

- ▶ What kind of recognition processes does your area have in place?

43 **Authentic Leadership**

- ▶ Nurses leaders:

Must fully embrace the imperative of a healthy work environment & Authentically Live It!

- ▶ Open door policies and routine town hall meetings can be opportunities to hear staff concerns.
- ▶ In addition, allowing staff to give feedback on the leader's evaluation is important.
- ▶ Joint leadership accountability between physicians and nurses shows a united, collaborative front.
- ▶ The leaders should also be able to admit when they have made a mistake or to reevaluate decisions when things are not working.
- ▶ Leaders must walk the talk to actualize the change they want to see.

44 **Why are HWE's important?**

- ▶ There is a direct link between work environment and staff recruiting & retention.
- ▶ There is a direct link between work environment and patient satisfaction.
- ▶ There is a direct link between work environment and patient safety!
- ▶ Future Monitoring and Reporting of Horizontal violence?

46 **References**

- ▶ Taylor, R. (2016). Nurses' Perceptions of Horizontal Violence. *Global Qualitative Nursing Research*, 3, 1-9.
- ▶ Longo, J. (2012). Bullying in the Workplace: Reversing a Culture. *American Nurses Association (ANA)*, Nursebooks.org.
- ▶ Castronova, MA., Evans, S. & Pullizzi, A. (2016) Nurse Bullying: A Review and A Proposed Solution. *Nursing Outlook*, 64, 208-14.
- ▶ Ciocco, M. (2018). Fast Facts on Combating Nurse Bullying, Incivility, and Workplace Violence- What Nurses need to know in a Nutshell. Springer Publishing Company, NY.
- ▶ Workplace bullying Institute (2014). Healthy Workplace Bill. Retrieved from: <http://healthyworkplacebill.org/>.
- ▶ <https://healthyworkforceinstitute.com/>