

Incivility, Bullying, and Workplace Violence in Healthcare

Holly Carpenter, BSN, RN

Senior Policy Advisor, American Nurses Association

**Cole Edmonson, DNP, RN, FACHE,
NEA-BC, FAAN**

Chief Nursing Officer, Texas Health
Presbyterian Hospital



American Nurses Association Annual Conference

**TRANSLATING
QUALITY INTO
PRACTICE**

March 8-10, 2017 Tampa, Florida



Objectives

- Discuss select data from ANA's health risk appraisal 2017 results on incivility, bullying, and workplace violence in the nursing profession.
- Summarize the work completed by ANA's professional issues panel on incivility, bullying and workplace violence.
- Describe the development and implementation of effective bullying/workplace violence initiatives utilized in a large healthcare system.



- “Bullying has long existed in health care; it was the ugly secret that no one wanted to talk about. However, the culture of acceptance and silence that accompanied it is finally being broken. The conversation is changing to focus on creating civil cultures that embrace collegiality and respect.”

- Edmonson & Bolick, 2015





Bully Culture

Those who survive bullying early in their careers tend to carry their learned behaviors with them. They accept the bully culture as part of the job and eventually may choose to bully others.

(Townsend, 2012)





State of the Science

- 35% percent of adult Americans (estimated at 54 million) report being bullied at work ([Workplace Bullying Institute, 2010](#))
- Complicit in bullying are **bystanders**
 - Coworkers
 - Patients
 - Visitors

Be an Upstander!



ANA Health Risk Appraisal Data Pulled 10/3/16

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	Don't know/Not sure	N/A
I have experienced verbal or non-verbal aggression from a person in a higher level of authority	20.81%	28.84%	7.35%	25.20%	14.08%	0.30%	3.43%
I have experienced verbal or non-verbal aggression from a peer	16.52%	24.89%	7.10%	33.76%	14.19%	0.22%	3.32%
I am worried for my physical safety	36.16%	40.92%	10.58%	6.73%	1.94%	0.33%	3.34%
I have been physically assaulted by a patient or family member of a patient while at work	33.82%	31.17%	4.29%	17.29%	7.05%	0.19%	6.19%
I have been verbally and/or physically threatened by a patient or family member of a patient	24.03%	23.01%	4.99%	29.04%	12.61%	0.23%	6.09%



Incivility Defined

- “Rude and discourteous actions”
 - Name calling
 - Condescending tone
 - Public criticism

(Andersson & Pearson, 1999; Read & Laschinger, 2013)



Bullying Defined

- “Repeated, unwanted harmful actions intended to humiliate, offend and cause distress in the recipient”
 - Top down
 - Bottom up
 - Lateral
- Workplace mobbing: “Collective form of bullying and as an expression of aggression aimed at ostracizing, marginalizing, or expelling an individual from a group”

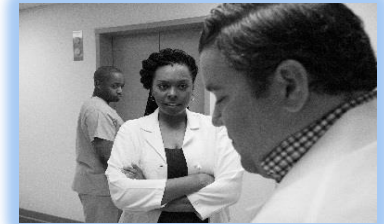
(Harper, 2013; Bowling & Beehr, 2006; Galen & Underwood, 1997)



Defining Incivility & Bullying Behaviors

- Disrespectful behaviors including:

- Harassment
- Passive-aggressiveness
- Teasing
- Gossiping
- Purposely withholding business information
- Overruling decisions without a rationale
- Sabotaging team efforts
- Demeaning others
- Verbal intimidation
- Eye rolling





Incivility and Bullying

- Incivility and bullying occur
 - Top down and bottom up
 - Laterally
 - Among and within every profession
 - At every level of the organization
- We have experienced it
- We may have done it
- We have been silent bystanders





WHY DON'T LEADERS ACT?

- Lack clarity
- Lack of support
- Lack of awareness
- Lack of knowledge
- Lack tools

WHY DON'T PEERS ACT?

- Fear
- Unwilling to become a target
- Failure to recognize
- Lack of support
- Unwilling to get involved
- Don't know how to intervene



Workplace Violence Defined

- Type I - Criminal intent
- Type II – Customer, client, or patient
- Type III- Worker-on-worker
- Type IV – Personal relationships

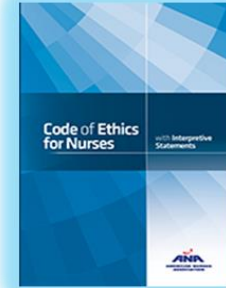
(DHHS, 2006; NIOSH, 2013; IPRC, 2001)





Organizational Standards

- ANA *Code of Ethics* mandates reporting of unethical behaviors in the workplace (ANA, 2001).
- In 2006, the ANA adopted principles related to nursing practice and the promotion of healthy work environments for all nurses.
- The Joint Commission standards addressing hostile behavior in the workplace went into effect in 2008. These standards require healthcare institutions to have codes of conduct, mechanisms to report disruptive behavior, and a process for disciplining offenders who exhibit hostile behavior.
- In 2015, the ANA published a position statement on incivility, bullying, and workplace violence with recommendations for RNs and their employers.





Detrimental Effects to Nursing Profession

- Change/leave profession
- Low job satisfaction
- Health effects
- Direct and indirect costs
- Decreased appeal to potential new nurses
- Lower faculty numbers
- Unhealthy, disrespectful work environments





Nurse Health

- Decreased self-worth and confidence
- Physical symptoms
- Psychological symptoms
- Judgment impairment



Physical/Psychological Manifestations

Common reactions:

- Acute or chronic anxiety
- Depression
- Sleep interruptions
- Fatigue
- Lack of mental focus



Post-traumatic stress disorder:

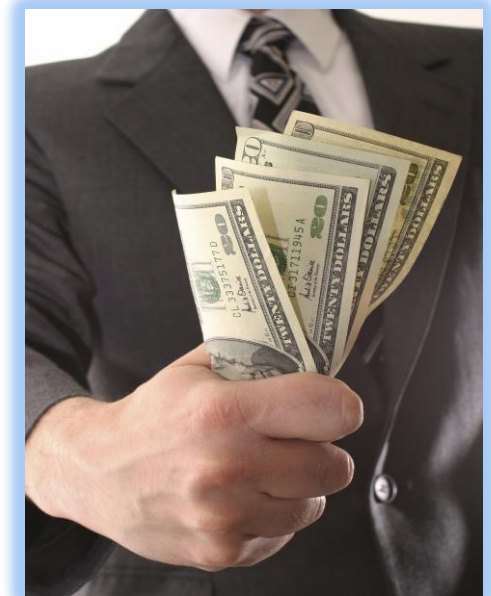
- An experience that shatters beliefs and values
- Manifestation: Withdrawal, Conversion, Projection





Financial Implications

- Decreased productivity
- Employee turnover
- Treatment for victims of violence
- Legal expenses
- Recruiting, hiring and training new employees





October is Anti-Bullying Month





What we're striving for

- Safe, respectful work environment
- All are valued
- Collaboration
- Zero-tolerance policy
- Prevention initiatives in place
 - a. Primary-identify and reduce
 - b. Secondary-reduce harm during incident
 - c. Tertiary-reduce consequences following incident





New ANA Position Statement on Incivility, Bullying, and Workplace Violence



Incivility, Bullying, and Workplace Violence Position Statement

- Developed throughout 2015, released in August
- Developed by ANA Professional Issues Panel
 - Diverse group of RNs representing many areas of practice and academia
 - Advisory committee of 400 nurses convened virtually via ANA Nurse Space
- Public comment period
 - Over 250 comments received



Incivility, Bullying, and Workplace Violence

- Position statement approved by ANA Board at 2015 Membership Assembly

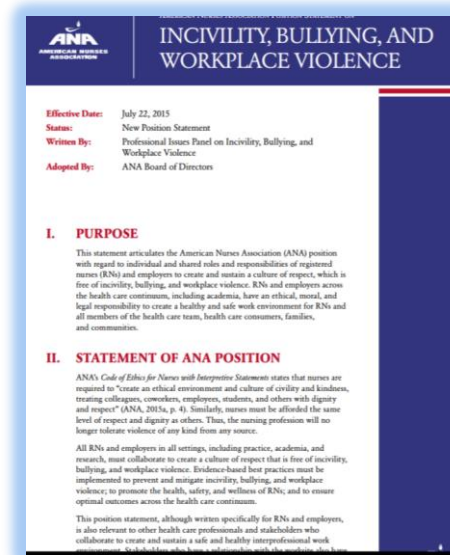
Includes:

- Statement of ANA position
- Background
- Definitions of key terms
- Recommendations for RN AND Employers
- Extensive references



Statement of ANA Position

- ANA's *Code of Ethics for Nurses with Interpretive Statements* states that nurses are required to “**create an ethical environment and culture of civility and kindness**, treating colleagues, coworkers, employees, students, and others with dignity and respect”.
- Similarly, nurses must be afforded the same level of respect and dignity as others. Thus, **the nursing profession will no longer tolerate violence of any kind from any source.**
- All RNs and employers in all settings, including practice, academia, and research, must collaborate to create a **culture of respect that is free of incivility, bullying, and workplace violence.**





Incivility and Bullying: Recommendations for RNs and Employers



Prevention Strategies

- **Primary:** Identify and reduce vulnerabilities in order to prevent
- **Secondary :** Strategies to reduce harm once an incident has begun
- **Tertiary:** Strategies aim to reduce associated consequences



Primary Recommendations for Nurses

- Healthy relationships
- Self evaluation
- Communication
- Inclusiveness
- Conflict negotiation/resolution
- Code words
- Predetermined phrases
- Advocacy
- Uphold Code of Ethics





Civility Best Practices

- Clear communication
- Respect
- Consider words and actions
- Avoid gossip and rumors
- Collaborate and share
- Offer assistance
- Take responsibility
- No abuse of power
- Be polite
- Apologize
- Encourage
- Listen
- Constructive criticism
- Be open

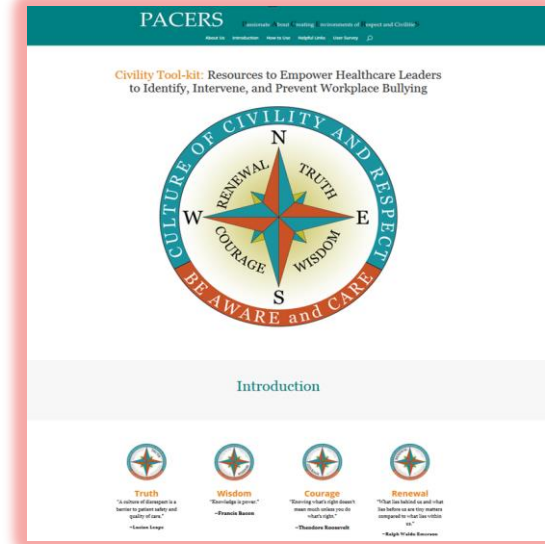




Civility & Respect Tool-Kit

www.stopbullyingtoolkit.org

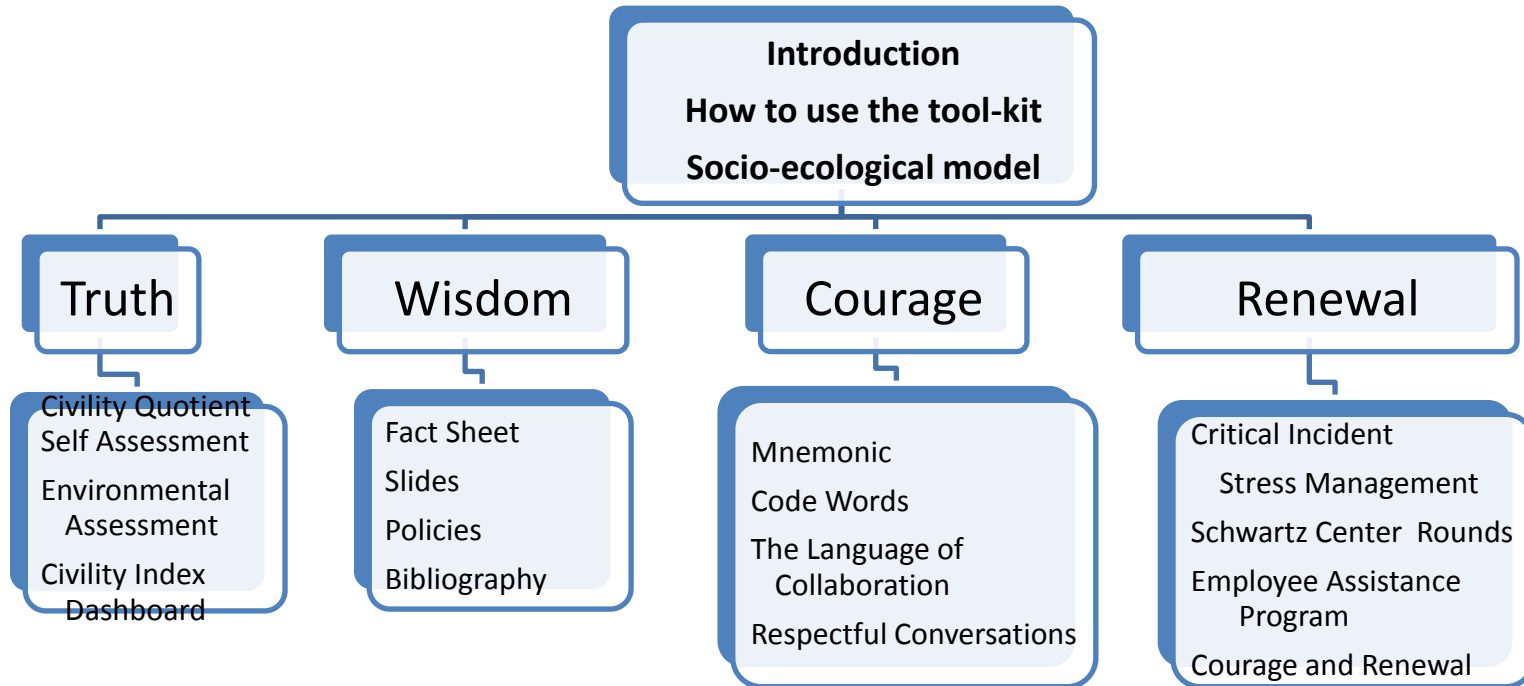
- Free resources to empower healthcare leaders to identify, intervene, and prevent workplace incivility and bullying
 - Moral Compass
 - Introduction
 - How to use the tool-kit
 - Socio-ecological model
 - Helpful Links
 - Grouping of resources into buckets
 - **Truth**
 - **Wisdom**
 - **Courage**
 - **Renewal**



Many of the materials in the tool-kit are copyrighted; permission is granted for free download with proper citation of authorship.



Civility Tool-Kit





Secondary Recommendations for RNs

- Consider responding directly to instigator
- Seek guidance through appropriate channels
- Use the code word
- When code word is used, respond
- Bystanders-support target, consider addressing instigator



Tertiary Recommendations for RNs

- Report event
- Keep detailed written account
- Provide support to targets
- Apologize, make amends
- Consider obtaining
 - Peer support
 - EAP
 - Counseling
 - Legal counsel
 - Activate security system
 - Worker's Comp





Primary Recommendations for Employers

- Culture of respect and safety
- Orientation
- Zero tolerance policy
- Mechanism for support
- Education
- Stress reduction
- Peer coaching and mentoring
- Communication
- Crisis theory/identification/intervention, conflict negotiation/resolution





Secondary Recommendations for Employers

- Support from leadership-evaluate own actions
- Stress management and reduction strategies
- Empirical measures
- Develop action plan
- Fatigue reduction
- Hardiness and resilience training





Tertiary Recommendations for Employers

- Activate reporting mechanisms
- Maintain and monitor accounts of incidents
- Designated neutral representative
- Possible committees
- Performance improvement plans for instigators
- **Transparency**
- Keep target from retaliation





Workplace Violence: Recommendations for RNs and Employers



Primary Recommendations for RNs

- Assist with development of prevention program
- Understand policies and procedures
- Training, education
- Anticipate, prevent, respond to crises
- Know how to use environmental controls
- Self-care
- Situational awareness
 - Presence and purpose of unknown individual
 - Assess environment
 - Recognize cues



Secondary Recommendations for RNs

- Comprehensive program
- Crisis intervention and management
- Use administrative controls
- Use environmental controls
- Use reporting system
- Report concerns



Tertiary Recommendations for RNs

- Evaluate, continued improvement
- Post-incident meetings
- Use counseling post-incident
- Refer bystanders to appropriate services
- Express sympathy
- Provide support



Primary Recommendations for Employers

- Leadership commitment
- Just Culture
- Comprehensive WPV prevention program aligning with OSHA guidelines
 - Management commitment and employee involvement
 - Worksite analysis
 - Hazard prevention and control
 - Training and education
 - Development of a plan for reporting and evaluation



Primary Recommendations for Employers

- Hazard Prevention and Control (Hierarchy)
 - Engineering controls
 - Modification of room layouts
 - Lighting
 - Limited access
 - Securing/eliminating items that can be used as weapons
 - Administrative controls
 - Policies, procedures
 - Codes
 - Training and education
 - At hire, annually, PRN
 - Specialized
 - Mock drills
 - De-escalation techniques, self-defense, situational awareness
 - Variety of methods





Primary Recommendations for Employers

- Near miss reporting, tracking, and evaluation
- HR
 - Prescreen
 - Background checks
 - Minimize provoking former employees
- Optimal staffing





Secondary Recommendations for Employers

- Identify strengths and weaknesses
 - Continuous improvement
 - Maintain and update
- Treat threats seriously
- Review each episode thoroughly



Tertiary Recommendation for Employers

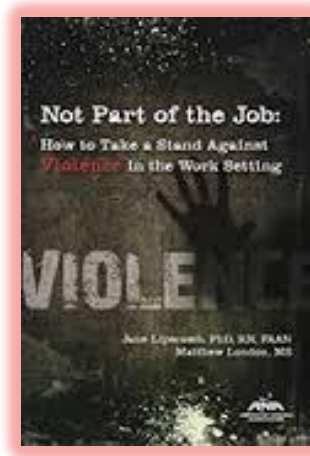
- Evaluate and improve WPV program
- Acknowledge injury or loss
- Arrange for immediate coverage
- Provide support
- Conduct root cause analysis





Additional ANA Resources

- Not Part of the Job: How to Take a Stand Against Violence in the Work Setting
- Healthy Nurse, Healthy Nation™ website
- Bullying in the Workplace:
Reversing a Culture
- New position statement





References

Much of the information in this presentation was taken from ANA's latest position statement *Incivility, Bullying, and Workplace Violence* unless otherwise noted.

Primary references used in this presentation and in the position statement are all available at nursingworld.org.

References

- American Nurses Association. (2015). Position Statement: Incivility, Bullying, and Workplace Violence.
- American Nurses Association. (2009). Lateral violence and Bullying in nursing. <http://nursingworld.org/Content/NavigateNursing/AboutNN/Fact-Sheet-Lateral-Violence-and-Bullying-in-Nursing.pdf>
- American Nurses Association. (2006). Resolutions: Workplace abuse and harassment of nurses. Retrieved from <http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Nurse/WorkplaceAbuseandHarassmentofNurses-1.pdf>
- Buckman, R.A. (2005). Breaking bad news: The S-P-I-K-E-S strategy. *Community Oncology*, 2(2), 138-142.
- Edmonson, C., & Bolick, B. (2015). Bullying: Changing the conversation with evidence and tools. *American Nurse Today*, 10(11), 33.
- Edmonson, C., & Lee, J. (2015). Civility index dashboard. In Civility tool-kit: Resources to empower healthcare leaders to identify, intervene, and prevent workplace bullying. Retrieved from <http://stopbullyingtoolkit.org/Civility-Index-Dashboard.pdf>
- Chipps, E. M., & McRury, M. (2012). The development of an educational intervention to address workplace bullying: A pilot study. *Journal for Nurses in Staff Development*, 28(3), 94-98.
- Hutchinson, M., Wilkes, L., Jackson, D., & Vickers, M. H. (2010). Integrating individual, work group and organizational factors: Testing a multidimensional model of bullying in the nursing workplace. *Journal of Nursing Management*, 18(2), 173-181.

References

- Jones, C.B. (2008). Revisiting nurse turnover costs: Adjusting for inflation. *Journal of Nursing Administration*, 38(1), 11-18
- Johnson, S.L. (2009) International perspectives on workplace bullying among nurses: a review. *International Nursing Review*, 56, 34–40
- Johnson, S. L., & Rea, R. E. (2009). Workplace bullying: Concerns for nurse leaders. *Journal of Nursing Administration*, 39(2), 84-90.
- McLeroy, K. R., Steckler, A., & Bibeau, D. (Eds.) (1988). The social ecology of health promotion interventions. *Health Education Quarterly*, 15(4), 351-377.
- Porath, C., & Pearson, C. (2013). The price of incivility. *Harvard Business Review*, January-February Issue. Retrieved from <https://hbr.org/2013/01/the-price-of-incivility>
- Sa, L., & Fleming, M. (2008). Bullying, burnout, and mental health amongst Portuguese nurses. *Issues in Mental Health Nursing*, 29(4), 411-426.
- The Joint Commission. (2008). Sentinel event alert. Behaviors that undermine a culture of safety. Issue 40.
- Townsend, T. (2012). Break the bullying cycle. *American Nurse Today*, 7(1).
- Weitzel, S. (2003). Feedback that works: How to build and deliver your message. Greensboro, N.C.: Center for Creative Leadership. Retrieved from: <http://www.ccl.org/leadership/pdf/publications/readers/reader405ccl.pdf>
- Workplace Bullying Institute. (2010). Results of the 2010 WBI U.S. Workplace Bullying Survey. Retrieved from <http://www.workplacebullying.org/wbiresearch/2010-wbi-national-survey/>

- Black & White Photos by Jonathan Levin Photography & Video, Chicago, IL



Questions?

Holly Carpenter, BSN, RN

Senior Policy Advisor

holly.carpenter@ana.org

301-628-5105

Cole Edmonson, DNP, RN, FACHE, NEA-BC, FAAN

Chief Nursing Officer

coledmonson@texashealth.org

214-345-7163