Workplace Aggression: Beginning a Dialogue

Monica R. McLemore, MPH, RN

The June 2005 Clinical Journal of Oncology Nursing editorial titled “Communication: Whose Problem Is It?” (Griffin-Sobel, 2005) was written to begin a dialogue about a phenomenon frequently experienced yet rarely discussed: workplace aggression, also known as disruptive behavior. Prompted by a groundbreaking study published in the American Journal of Nursing by Rosenstein and O’Daniel (2005), the editorial challenged oncology nurses to begin to fix problems of communication. After reflecting on both of the articles and considering my own experience as a nurse manager, clinician, and scholar, I decided to explore the topic as it relates to nurse-to-nurse workplace aggression. The following is a summary of interviews with nurse managers, nurse practitioners, and nurse scientists about root causes and effective strategies to manage these sometimes complicated situations. This article is meant to continue the dialogue about the very sensitive issue. Confidentiality has been maintained, and I welcome your comments.

Defining the Problem

All of the interview participants (N = 4) have been in nursing for many years (range = 13–30 years) and have a variety of expertise. Most participants identified a “primary” individual who was described as (a) a bully, (b) overbearing, (c) aggressive, (d) an “in your face” personality, (e) intimidating, or (f) bright and clinically competent but difficult to work with. An interesting finding was that the identifying characteristics were consistent throughout the interviews. Most participants referred to the conflict surrounding the difficult individuals as personality associated and indicated that the individuals were dominant members of the staff who repressed others in the workplace.

Unfortunately, all of the participants reported that the individuals had been disrupting their workplaces for many years and that the other staff members had ceased to speak up and participate in discussions for fear of becoming the next target. Two participants mentioned that staff had become apathetic regarding the disruptive individuals and avoidance seemed to be the best strategy when dealing with them. Data from Rosenstein and O’Daniel (2005) support these observations: “Intimidation of RN led to lack of communication and patient intervention” (p. 61).

Strategies to Address the Problem

All of the participants acknowledged that the individuals causing disruptive behavior were clinically competent and that the institutional guidelines for coaching and counseling did not apply in their situations. Participants expressed an overall need for guidelines and tools (especially for managers) when disciplinary action was not appropriate. Half of the participants suggested that raising awareness of the issue was vital, and all suggested that being able to identify issues early was extremely important.

One participant suggested identifying the root cause of the behavior and working with human resources and employee assistance programs to support the staff when dealing with workplace aggression. Another participant noted that her institution had a code of ethics and behavior expressing the values of the institution, and managers used that document to confront poor behavior. The strategies also are supported by the data reported in Rosenstein and O’Daniel (2005).
Strategies to Avoid

All four participants observed that two unsuccessful strategies were used with difficult employees: (a) avoidance of the issue and (b) grapevine gossip. All of the participants noted that difficult individuals were avoided, to the point of impacting patient outcomes. In each interview, nurses mentioned strategies such as “waiting until that person retired” and “They got a new job and gave their notice, so I didn’t have to deal with that situation.” These strategies are identified in Rosenstein and O’Daniel (2005) as a “disruptive force that undermines employee morale, increases stress and frustration, stimulates staff turnover, and leads to adverse patient outcomes” (p. 63).

Many of the employees warned new managers and nurses about disruptive employees through grapevine gossip, which further isolated the individuals and did not allow less seasoned RNs to learn from their expertise. One participant mentioned how rumors and untruths about disruptive employees continued to fuel the disruptive behavior and identified grapevine gossip as a proxy for the real underlying issues of the unit.

Relevance to Oncology Nursing

I asked all of the participants if something was inherent to oncology nursing that makes the problem pertinent, particularly if the philosophical nature of our work has an impact on disruptive behavior. All of the participants identified the difficulty yet deep fulfillment they experience in caring for individuals with cancer. Many mentioned the myth that oncology nurses are a “tough crowd” and that they expect better behavior from oncology nurses because of the nature of the specialty. However, several also discussed the need for support for oncology nurses, particularly those new to the specialty, to address issues of displaced anger, grieving, and projection. One RN suggested that Oncology Nursing Society membership acts as a “support group” and a professional role model for nursing behavior in the workplace setting.

Participants mentioned being asked whether working with patients with cancer was depressing, and they all said that it was not. In my experience, working with patients with cancer is the most fulfilling and rewarding aspect of my career. How we relate to and interact with each other reflects the care we give to our patients. What do you think?

Resources for Help

All of the participants identified the following underused resources in the workplace.
- Human resources
- Employee assistance programs
- Immediate supervisors and nurse managers
- Hospital administrators, including directors of nursing practice and clinical nurse specialists

The following reports also are available to clinical staff.
- Joint Commission on Accreditation of Healthcare Organizations: Healthcare at the Crossroads: Strategies for Addressing the Coming Nursing Crisis (www.jointcommission.org/Public Policy) and Disruptive Behavior in America and in America’s Physicians. Strengthening Physician and Staff Partnerships (www.jcrinc.com/online books.asp?durki=10999)
- Institute of Medicine: Crossing the Quality Chasm: A New Health System for the 21st Century (www.iom.edu/CMS/8089/5432.aspx)
- Institute for Safe Medication Practice: Intimidation: Practitioners Speak Up About This Unresolved Problem (www.ismp.org/MSAarticles/intimidation.htm)

I would like to thank all of the participants for offering their time to this informal yet timely survey.

Author Contact: Monica R. McLemore, MPH, RN, can be reached at monica.mclemore@ucsf.edu, with copy to editor at CJONEditor@ons.org.

References