Professional Issues

Stopping the Culture of Workplace Incivility in Nursing

Rachele E. Khadjehturian, RN, MSN, FNP-BC

Workplace incivility (WI) continues to hamper professional nursing practice, patient care, and the health of nurses who encounter this phenomenon in their workplace. This article provides an exemplar of WI experienced by a new nurse when a more seasoned nurse uses humiliation, intimidation, and angry verbal abuse to accuse the novice nurse in the presence of coworkers and patients that she failed to provide essential nursing care to a challenging patient. Nurses are reminded that open communication among coworkers will help minimize the occurrence of WI, encourage a supportive milieu in the unit, and ensure the safety of patients, family, and staff.

Rachele E. Khadjehturian, RN, MSN, FNP-BC, is the program director of the New Graduate Nurse Residency Program at New York-Presbyterian University Hospital of Columbia and Cornell in New York, NY. The author takes full responsibility for the content of the article. The author did not receive honoraria for this work. No financial relationships relevant to the content of this article have been disclosed by the author or editorial staff. Khadjehturian can be reached at rad9037@nyp.org, with copy to editor at CJONEditor@ons.org.

Nurse-to-nurse workplace incivility (WI) continues to hamper professional nursing practice, patient care, and the overall health of nurses who encounter this phenomenon in their workplace. The literature presents other terms used to describe this phenomenon, including horizontal abuse, bullying, vertical abuse, and nurses eating their young (Ceravolo, Schwartz, Foltz-Ramos, & Castner, 2012; Embree & White, 2010; Farrell & Shafiei, 2012; Hutchinson, Vickers, Wilkes, & Jackson, 2010; Sheridan-Leos, 2008). In addition, strong evidence exists demonstrating WI contributes to increased turnover rates, diminished job satisfaction, and decreased patient safety because of poor communication among workers (Center for American Nurses, 2008; Johnson & Rea, 2009; Joint Commission, 2008; Sheridan-Leos, 2008). One study reported that nursing units normalized WI when the supervisor was the source of the abuse (Hutchinson et al., 2010). Notably, in a study conducted by Ceravolo et al. (2012), nurses in units that normalized WI often were not aware of their destructive actions because the behavior was so widely accepted.

The purpose of this discussion is to raise readers' awareness of the continuation of WI in nursing and to outline tips to address this type of destructive behavior in a prompt and proactive manner. For the purpose of this article, WI has been defined as a consistent behavior used to degrade or control another's behavior, including individuals or groups (Farrell, 1997, 1999).

Case Study

The following case study is an exemplar of nurse-to-nurse WI experienced by a new RN. In this situation, a more seasoned nurse used humiliation, intimidation, and angry verbal abuse to accuse a novice nurse, in the presence of coworkers and patients, that she failed to provide essential nursing care to a challenging patient.

Nurse X was hired at her first nursing job as a new graduate nurse onto a busy inpatient oncology unit at a prestigious academic medical center. She had no previous healthcare experience, and her bachelor's degree in nursing was a second degree for her. She had completed orientation recently and had worked for a few weeks when she shared this recent experience.

We have one patient on our unit who is very challenging to take care of, as she is known to manipulate people and situations. I happened to be assigned to be her nurse for three days in a row despite requesting an assignment change after day one. At 6 am, nearing the end of my second shift with her, I asked the patient to try to use the bedpan (she tends to request a bedpan at 7:15 in the middle of change of shift) but she refused. At 6:45 I asked her again, and [she] refused. At 7:15, I was at the nursing station giving report to the RN coming on duty. I had already handed my beeper off to the day shift and, therefore, was not made aware of the call bells that came into the unit clerk. A few minutes later, a fellow night shift nurse stormed into the nurses' station where I was sitting and began to scream at me in front of medical residents, patients, and RNs from the day and night shifts. She demanded to know why I was neglecting my patient and saying it wasn't her job to take care of her. . . . I tried to reason with her calmly but she just kept screaming at me, and then began to proclaim her belief of my incompetence in front of everyone. No one stood up for me or said anything to the nurse that was yelling at me. I left that morning in tears. Needless to say, I was dreading coming in the next day, not only because I knew I would have the same assignment, but also because I would have to work with the same people.

The author's first response to the new graduate's story was dismay and

- New nurses may not feel comfortable standing up for themselves when faced with hostility from a seasoned nurse. Be a source of support by talking, listening, asking for clarification of situations, and being a mediator if asked and when appropriate.
- Strong teamwork, high morale, and effective communication may be created and maintained by having team meetings at the beginning of each shift to establish nurses' concerns and patients' needs.
- Physical proximity creates a supportive environment. Do not walk or turn away if you see bullying. Stand behind the victim physically and figuratively to show solidarity. Ensure the nurse manager is aware of the event and that witnesses come forward.
- Disruptive behavior must be stopped right away. To better prepare staff to deal with such behavior, work with the nursing education department to implement programs that teach the skills and confidence needed to manage unacceptable behaviors.
- Experienced nurses in these scenarios need to be made aware of how their disruptive behavior is affecting others on the unit. Self-awareness allows nurses to identify these behaviors in themselves and explore more positive reactions to stressful situations.
- Nurse managers lead by example when they support bullied staff and reassure them the issue is being addressed through appropriate channels. A bond of trust will be created when a situation is brought to a manager and dealt with directly.
- Make a zero-tolerance policy for any bullying or aggression and re-emphasize support for the policy regularly to change the culture. Underscore the staff's responsibility to maintain a high-quality and safe environment for patients and each other.

FIGURE 1. Tips to Avoid Workplace Incivility in Nursing

Note. From "Combating Lateral Violence in Nursing: 10 Steps to Being a Colleague Advocate," by R.E. Khadjehturian, 2012, *Oncology Nursing Society Management and Program Development Special Interest Group Newsletter, 23*(2), p. 3. Adapted with permission.

distress. Sadly, she was not surprised. Many nurses have shared similar stories describing destructive behavior such that WI was considered the norm rather than the exception. The culmination of this event and many others prompted the first publication, "Combating Lateral Violence in Nursing: 10 Steps to Being a Colleague Advocate," in the Oncology Nursing Society Management and Program Development Special Interest Group newsletter (Khadjehturian, 2012). The companion piece is an exemplar and tips to address the specific issues are presented using the guidelines set forth in the original article (see Figure 1).

Nurses must consciously decide to stop this destructive conduct before it destroys nursing as a profession. In 2008, the Center for American Nurses released a statement on WI to educate the nursing profession of this dangerous phenomenon and its harmful effects on nurses (Center for American Nurses, 2008). Such aggressive behavior also threatens patient safety, which prompted the Joint Commission to include standards against bullying in the workplace in their accreditation process. The standards call for the workplace to have a code of conduct to address disruptive behavior and a process to manage such harmful behavior (Joint Commission, 2008). With the new Affordable Care Act going into effect in the United States, nurses will have more responsibility than ever before to ensure patient safety. Nurses will have to work *together* to ensure that communication between veteran nurses, new graduates or novice nurses, and other members of the healthcare team is collegial, respectful, and helpful.

Nurses must remain aware that WI continues to threaten nurses and the nursing profession. They must educate themselves on best practices to address these harmful situations in a prompt and proactive manner. Nurses also must remind themselves that regular assessments and open communication among coworkers will help minimize the occurrence of WI; encourage a supportive milieu in the unit; and ensure the safety of patients, family, and staff.

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