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 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, Folz-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...