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Reversing the bullying culture in nursing

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Leaders within healthcare organizations are struggling to manage disruptive behavior and bullying in the workplace.

A DIRE SITUATION IS LOOMING in the US healthcare system. The country is bracing for a projected unprecedented shortage of more than 500,000 RNs by 2025, due in part to baby boomer nurses retiring at the same time as the demand for healthcare is rising. Moreover, despite the 3.3% increase in student enrollment and a stable RN vacancy rate of 8.1%, RN turnover rates range from 8.4% to 13.9%; and the demand for registered nurses still is expected to increase 2% to 3% annually.¹ RN dissatisfaction and related intent to leave the work environment are believed to be key factors contributing to the shortage. Moreover, exposure to incivility, including workplace bullying, is one of the primary factors influencing RN dissatisfaction and turnover rates,² and can be a reason why some leave the profession altogether.³

INCIVILITY AND BULLYING BEHAVIORS IN THE WORKPLACE Evidence suggests workplace bullying and related disruptive behavior are commonplace, and on the rise. The combination of a busy healthcare setting, difficult patient situations, and the requirement for interdependent relationships can serve as a breeding ground for incivility and bullying behaviors.⁴ In response to a survey by the Joint Commission, more than 50% of nurses reported having been a victim of bullying and/or disruptive behavior at work, and more than 90% stated that they witnessed the abusive behavior of others.⁵ Despite the subsequent Joint Commission Sentinel Alert requiring healthcare facilities to design and implement a systemwide approach to ensure employee awareness of disruptive and/or bullying behaviors, bullying continues and still is perceived to be steadily on the rise.⁶ The implications for nurses' work environments are noteworthy, since the health and availability of nurses are vital for the provision of a safe environment for our most vulnerable population—the patients we serve.^{2,7,8}

Incivility is described as "rude or disrespectful behavior that demonstrates a lack of regard for others."⁴ If left unabated, more aggressive behaviors, such as workplace bullying, can flourish and acculturate within a unit, department, and even the organization at large. The definition of workplace bullying has evolved over the years, from behavior that included open physical assault or violence, to more subtle, even masked behaviors such as backbiting, blaming, disparaging, and exclusionary treatment meant to do harm to another.⁹⁻¹¹ While a few researchers believe bullying only occurs horizontally among coworkers, the majority feel that a real or imagined imbalance of power between the bully and the victim is a necessary element of bullying behavior.¹⁰⁻¹³ What makes the phenomenon of workplace bullying separate and distinct from other disruptive behaviors, such as incivility or workplace violence, is that these behaviors are not random acts. They are intentional, occurring over a prolonged period of time, and targeted at an individual who is unable to defend himself. Although bullying may seem harmless to an untrained eye, a deliberate, ongoing pattern of negative behaviors can have a cumulative effect, leading to serious harm to the intended victim in the long run.¹⁰

THE BULLY VICTIM Research from 2006 suggests bullying behaviors, particularly related to the transition of new graduate nurses, may be a manifestation of the traditional subordinate role of nursing within the medical model of healthcare,² as suggested by the frequently used expression about "nurses eating their young." A 2007 study suggested that the contrary also might be likely—that victims could be vulnerable despite being above-average, talented, and/or energetic.¹⁴ The latter perspective may suggest a lack of self-esteem on the part of the bully, rather than the victim, and the perceived need to maintain status quo within the department or unit.

CONSEQUENCES OF WORKPLACE BULLYING A 2005 article in the *Journal of Business Ethics* was titled "Sticks and stones may break your bones, but words can break your spirit."¹⁵ This reworked version of an old rhyme rings true when one examines the consequences of bullying in the work environment of nurses, that the consequences of bullying go well beyond the breaking of one's spirit, affecting the psychological and physical health and well-being of both the victims and the observers. Workplace bullying has been identified as a predictor for increased sickness absenteeism,¹⁶ cardiovascular disease, and depression.¹⁷ If targeted toward a victim over prolonged periods of time, it even may predict post-traumatic stress syndrome.¹⁸ Stress and physical symptoms, such as insomnia or digestive disturbances, often remain long after the bullying has stopped, which can result in nurses leaving or being forced out of their jobs.¹²

For healthcare organizations, workplace bullying can trigger enormous expenses in time and money in response to absenteeism, high staff turnover, and lower productivity. This can translate into decreased employee morale, organizational apathy, lost employee productivity, and ebbing employee loyalty, and even may lead to an increase in employee grievances and Equal Employment Opportunity Commission cases. Although not specific to nursing, nationwide costs of productivity loss related to the consequences of bullying in the general population is estimated at \$5 billion to \$6 billion annually.¹⁹ Yet, despite the deleterious effects for both individuals and organizations at large, these behaviors can continue unabated or ignored.

VIGILANT NURSING LEADERSHIP It is suggested that the perceived lack of response to bullying by nurse managers and nurses alike is related to a normalization of these behaviors in the workplace, and can lead to the formation of social networks and alliances that serve to perpetuate the behaviors and transcend the culture of the unit, department, or facility. This organizational tolerance can equate to a misuse of legitimate authority by nursing leaders,¹⁰ and can perpetuate a bullying culture because the behaviors are learned and can become contagious.¹²

One can only surmise that the seemingly ignored incivility or bullying in the workplace environment is related to the lack of availability of the manager. Saddled with myriad responsibilities, managers frequently spend time on administrative issues, limiting their availability and presence on their units. Yet the literature indicates that effective nursing management, visibility, and presence are positively associated with RN satisfaction.²⁰ Specifically, actions that staff nurses perceive as caring behaviors by nurse leadership were found to positively influence the nurse manager/staff nurse relationship, and to have a positive effect on nurse attitudes, nurse satisfaction, and productivity.²¹ In like manner, nurse manager regard, delineated by presence, visibility, and support, was found to influence nurse satisfaction in the operating room²² and in an intensive care setting.²³ What would it take for these behaviors denoting manager regard for staff to occur more consistently?

Nurse leaders need to be aware of the insidious nature of bullying. They must commit to eradicating bullying in the workplace environment. Moreover, managers must be purposeful and transformational in modeling behaviors that demonstrate a regard for others. The manager's role is to create environments of learning and healing in visible ways. Keeping in mind the stark realities—studies showing that workplace bullying is alive and well in the work environment, that it affects both the psychological and physical health of nurses, and that it jeopardizes the resources needed for a safe environment for patients—we must be vigilant about both what is being said and what is *not* being said, and foster a culture of regard.²⁴

Three elements are necessary to create a culture of regard in nursing: the offering of esteem and recognition of the significance of nursing; the empowerment of nursing practice; and facilitation of goal attainment.²⁵ Building upon this concept, what is needed is the addition of time (our most precious commodity), being available and present for coaching and collaborating, and treating each other with esteem by valuing the unique contribution of each and every employee. Moreover, treating individuals with regard would be an integral part of the organization's strategic plan, its vision, mission, and values. Embedding this expectation within position descriptions, policies, procedures, and competency assessment processes also will contribute to this goal and enhance the likelihood that these changes will occur. Importantly, there needs to be zero tolerance for incivility and bullying behaviors. Indeed, successful nurse leaders need to be clear that "establishing the right

environment (for nurses) isn't part of the job. It is the job."²⁶

What would it look like if people consistently treated each other with regard? Perhaps inpatient units would have no nursing vacancies. Staff satisfaction would soar. Patients might seek inpatient services just to take a rest. Conversely, negative outcomes related to bullying would be nonexistent. Unplanned absenteeism would be at an all-time low, as would staff replacement initiatives and associated recruitment fees. Orientation costs also would decrease significantly. Above all, exemplary communication among staff within the clinical setting would translate into better clinical outcomes for patients!

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