

Workplace Safety 2004: Quieting Intimidation Starts With Identifying It

By Kelly Phillips, staff writer



Experiencing intimidation or other negative behavior can add to a nurse's already high stress levels.

While intimidation may not be unique to the health care workplace, there are few other industries where the stakes can literally be life and death.

"[Negative] behaviors happen in all places," said Dr. John Kleinman, FACP, who researches the problem and potential solutions as vice president of clinical affairs for VHA Upper Midwest. "The repercussions and consequences of the behavior are greater in health care. It causes stress. It causes mistakes."

Deborah Anderson also works on promoting healthy, abuse-free work places as president of the consulting firm Respond 2 Inc. She has studied some 21,000 responses to surveys on abusive behaviors in the workplace.

"What we have found is that the issue of harmful behavior is just everywhere," said Anderson. "It doesn't matter whether you're in health care—it's across the board."

Still, health care may be better positioned to provide leadership on the issue, she said, because "their business is about 'How do you feel? How's your health?'"

Paul L. Green, RN, MS, a certified professional in health care quality, works with hospitals on clinical process improvement and patient safety improvement as a principal of Greenlight Healthcare Consulting. He has worked with both Kleinman and Anderson on health care workplace surveys.

"People are unable to communicate around the needs of patients

in a way that's nonthreatening and geared toward the needs of the patients," Green said.

He described "a lot of open hostility and passive-aggressive behavior" among caregivers. Other problems researchers have noted are yelling, throwing objects, threats and even physical violence.

It's enough to breed a fear of speaking up in those who have less power.

"It takes the attention away from the patient," Green said. "There is too much energy put into the dysfunction among clinicians."

Indeed, Green compared the situation to a dysfunctional family.

"There's a cycle of abusive behavior that happens among clinicians," Green said. "When there's fear, intimidation and outright abuse going on, people who are victims of that tend to become victimizers."

One of the first steps toward a better work environment is teaching people how to behave better, Green said.

In Their Own Words

Following are some of the comments nurses have made in surveys on workplace intimidation, provided by Deborah Anderson of the consulting firm Respond 2 Inc.

"A coworker rolling their eyes and sighing heavily during report—also saying 'Geez, get on with it' and 'what a great nurse' (sarcastically). This was during my orientation—I was then not very eager to report it myself because of much criticism from day shift staff."

"Doctor berating an RN in front of patient and visitors."

"Triangulation among staff. Patients yelling at staff, swearing at staff. Staff speaking sharply at other staff. Patients becoming physically threatening in their stance, movements, etc., without actually touching staff."

“Verbal abuse, shaming from physicians to nurses. Physicians have always been allowed to storm in, be angry, say what they want, be condescending to nurses. My only abuse at our hospital has always been from a physician, even if it’s subtle behavior, like no eye contact or ‘please,’ ‘thank you,’ etc. What I witness or hear from people I know...is about how a doctor went into a rage, or was angry about you calling them, or ‘put-downs’ if you can’t instantly find everything for them. I know they’re rushed, but so is everyone else. Corporate can say they care about these things, but in my 26 years of nursing, I’ve never seen any one business hold doctors accountable for how they behave.”

“Nursing units are a tough place to work, especially nowadays with very sick patients and a very fast pace,” he said. “There is hostility within those environments from multiple angles.”

While people tend to think of a doctor intimidating a nurse, lately each surveyor has been finding more “negative, disruptive behavior,” as Green put it, by nurses toward other nurses, clinical staff and doctors.

There are differences in the behavior, he said.

A doctor’s intimidation of a nurse “tends to be more overt, maybe more loud, sometimes even physically threatening,” Green said, describing it as “tantrum-like, [including] throwing charts.”

A nurse might take out frustration with a doctor in a more passive way such as not sharing information or not helping where needed, Green said. Still, he added, “quite honestly, there is yelling and throwing things too” among nurses.

The experts agreed the problem could often be traced back to training.

“Fifty to 100 percent of medical students report experiencing abuse during medical school,” Anderson said. “They carry that with them.”

Similarly, Green mentioned the oft-cited nursing bromide that “nurses eat their young.” Nurses who exhibit bad behavior

toward their peers may simply be passing along what they've experienced, he said.

"When you live in an environment day-to-day that accepts disruptive behavior, that becomes the social norm for how you treat each other," he said. "The way to get things done doesn't become cooperation, teamwork and negotiation. It becomes intimidate, yell louder and threaten."



June Fabre, RNC, is president of Smart Healthcare. She advises nurses to be positive when responding to a negative situation, so as not to escalate it.

June Fabre, RNC, MBA, a speaker, coach and president of Smart Healthcare who continues to practice as a clinical nurse in psychiatry, suggested nurses may attack their peers "because of the culture of powerlessness."

She addresses intimidating behaviors and how to quell it in her upcoming book, "Smart Nursing: How to Create a Positive Culture that Empowers and Retains Nurses."

"There is a lot of intimidation," Fabre said. "I have experienced it."

She counsels practical ways of dealing with intimidation.

"Harmful or abusive behavior really creates unhappy employees," Anderson said. "They either tend to be not engaged or act out in anger. They're more stressed."

That can lead to more absenteeism, higher turnover, grievances, worker's compensation claims and, of course, patient errors.

In a recent study by the Institute for Safe Medication Practices, 7 percent of the nurses and other respondents said they were involved in a medication error during the past year in which intimidation played a role.

The higher staff turnover can hurt the bottom line.

"A healthy work environment drives employee satisfaction and engagement, which drives patient care and better satisfaction," Anderson said. "It's really very simple. Nobody performs their best for somebody yelling, being angry or using fear or intimidation."

Organizations must be willing to commit time to fixing the problems, the experts agreed.

"Long-term problems like this don't change overnight," Fabre said.

As a nurse for 40 years, she said she has seen the "longstanding habit" of intimidation in health care. Organizations may be getting the message that things need to change now because of the nursing shortage, she said.

In her programs, Fabre combines business and clinical concerns to "show that's it's good business to treat nurses well."

A full-blown "culture change" is necessary to fix a workplace with behavior problems, Anderson said.

Anderson, Kleinman and Green advocated using surveys to make sure everyone understands what behavior is acceptable and what isn't in the organization. Then, rules must be made and enforced.

Green advocated using role-playing, coaching and mentoring to help prepare staffers to deal with a situation when it arises.

"What's often necessary is basic skill-building to de-escalate a situation and gear it toward achieving the outcome for the patient," Green said.

If the person who feels victimized can't address the behavior immediately, someone should be able to step in and talk to the bully, Green said.

"Most sane people will change their behavior when you point it

out to them,” Green said. “The least effective methodology is writing [the complaint] up and sending it someplace.”

Nurses themselves can make a “huge difference in hospitals” if they model healthy behavior themselves, Anderson said.

Fabre said nurses should pick their battles in instances where a problem won’t cause harm to a patient.

She also suggested using “the right kind of nonverbal communication,” paying attention to one’s words, but also stance, expression and tone of voice.

“The main point I’d like to make is you don’t get anywhere by being negative back,” Fabre said. “If you’re very negative [in your response], you only add to the problem instead of starting to chip away and solve the problem.”

Resources

Disrespect Among Health Care Workers Can be Hazardous to Patients’ Health

June Fabre

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