WORKPLACE VIOLENCE AND BULLYING
ETHICS OF CARING IN CO-WORKER RELATIONSHIPS

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Objectives

- Identify the behaviors that indicate lateral violence/bullying
- Discuss the consequences of unaddressed lateral violence, for the patient, nurse and organization
- Describe resources and strategies for effectively addressing lateral violence/bullying
Understand and deal with bullying and its perpetrators

Counter the culture of bullying the work environment

Increase professional awareness and knowledge and develop the skills needed to create safe workplaces

Code of Ethics for Nurses, 2015

The 9 Provisions of the Code guide nurses in everyday practice, and in dealing with such issues as bullying:

- The Code addresses the responsibilities and duties of the nurse to practice with caring, compassion, collaboration, commitment, and consideration of the patient, families, communities and each other.
**Knowing it when you see it**

**Workplace Bullying**

“Repeated mistreatment: sabotage by others that prevented work from getting done, verbal abuse, threatening conduct, intimidation and humiliation.”

*Source: The Workplace Bullying Institute*

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**The Language**

<table>
<thead>
<tr>
<th>Common Terms</th>
<th>Other Terms</th>
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<tbody>
<tr>
<td>Bullying</td>
<td>Incivility</td>
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<tr>
<td>Lateral Violence</td>
<td>Disruptive Behavior</td>
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<tr>
<td>Horizontal Violence</td>
<td>Workplace Violence</td>
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<td>Verbal Abuse</td>
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<td>Harassment</td>
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2011 Survey: A survey of more than 4,600 nurses assessing nurses’ concerns and experiences pertaining to health and safety in the workplace. Physical and verbal abuse at work were addressed in the survey questions.

A recent ANA survey of 3,765 RNs found

• Nearly one-quarter of respondents had been physically assaulted while at work by a patient or a patient’s family member
• Up to half had been bullied in some manner by a
  • Peer (50 %)
  • Person in a higher level of authority (42 %)

Nursingworld.org (2015)

Scope of the Problem:

Estimates of the prevalence of WPB behaviors range

• 27.3% to 31% for twice-weekly incidents for nurses
• 21.3% for daily incidents for novice nurses

In a 2009 study by Vessey et al, more than 70 % of the nurses in their sample reported being bullied at work, with more than 50 % considering resigning their jobs.

• 23% on med surg units
• 12 % in emergency departments
• 9 % in perioperative areas
• 7% in obstetrics.

The individuals most often identified as the bullies were:

  24% senior nurses, 17% charge nurses and 14% nurse managers
Legislation and Policies about stopping bullying

The Joint Commission Leadership Standard (L.D. 03.01.01) since 2009

All 50 states have stop bullying policies…
- in Education, Juvenile Justice and Public Health Systems

Federal Partnership in Bullying Prevention:
- DHHS, SOE, DOJ, EOC
- VA - No Fear Policies (2009)

“How very little can be done under the spirit of fear.”
- Florence Nightingale
More than 30 nursing specialty organizations affiliated with ANA provided input for the position statement.

Research shows incivility, bullying or violence affects every nursing specialty, occurs in virtually every practice and academic setting, and extends into all educational and organizational levels of the nursing profession.

Calls on RNs and employers to share responsibility

- Create a culture of respect and to
- Implement evidence-based strategies.

ANA Position Statement on Violence

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RNs and employers to share responsibility

- Create a culture of respect
- Implement evidence-based strategies
ANA Position Statement on Violence (cont.)

Recommendations in addition to setting a “zero tolerance” policy:

- Establish a shared and sustained commitment by nurses and their employers to a safe and trustworthy environment that promotes respect and dignity;
- Encourage employees to report incidents of violence, and never blame employees for violence perpetrated by non-employees;
- Encourage RNs to participate in educational programs, learn organizational policies and procedures, and use “situational awareness” to anticipate the potential for violence; and
- Develop a comprehensive violence prevention program aligned with federal health and safety guidelines with RNs’ input.

ANA Position Statement on Violence (cont.)

Recommendations to prevent bullying

**RNs:**

- Commit to “promoting healthy interpersonal relationships”
- Become “cognizant of their own interactions, including actions taken and not taken.”

**Employers:**

- Provide a mechanism for RNs to seek support when feeling threatened
- Inform employees about available strategies for conflict resolution and respectful communication; and
- Offer education sessions on incivility and bullying, including prevention strategies.
Workplace Bullying - Defined

Repeated behavior that offends, humiliates, sabotages, intimidates, or negatively affects someone's work when there is an imbalance of power.

A repetitive form of harassment and considered workplace violence (ANA, 2012)

Occurs when one or more individuals perceive themselves to be the target of repeated and systematic negative acts on at least a weekly basis over a period of 6 months or longer.

Examples of Bullying

- Withholding information
- Intimidating others by threats of disciplinary procedures
- Being yelled at, physically threatened or humiliated in front of others
- Being sabotaged, or assigned undesirable work
- Being belittled, thoughts/feelings ignored
Examples of Bullying (cont.)

- Using shift/weekend charge positions to direct/control staff assignments/breaks
- Withholding knowledge of policies and procedures to get co-workers in trouble
- Refusing to mentor and guide new staff
- Giving public reminders of incomplete/missed documentation or work

Common forms of Lateral Violence in Nursing

- Fault finding
- Bickering
- Backstabbing
- Gossiping
- Nonverbal innuendo
- Harsh criticism
- Passive aggressive behavior
- Unfair treatment
Types of Lateral Violence

Nonverbal cues (overt or covert)
- Eye rolling
- Raised eye brows
- Head shaking

Verbal remarks
- Rude demeaning comments
- Abrupt responses to honest questions

Overt actions
- Hoarding limited patient care items
- Criticism in front of others inc patient

Types of Lateral Violence (cont.)

Covert
- Unfair assignments
- Avoiding helping others by purposely hiding out on the unit so student can’t find nurse

Social isolation
- Purposefully excluding someone from work group
- Gossip

Misuse of power
- Charge nurse gives her friends easier assignment
- Float nurse is given toughest assignments
## Types of Lateral Violence (cont.)

### Scapegoating
- Telling the patient the night shift caused the problem
- “The social worker should have done that”

### Sabotage
- Purposely withholding information to on call nurse about a brewing patient crisis
- Attitude of “Figure it out for yourself- that’s what I had to do when I was new”

### Rudeness
- Abrupt response to student nurse
- Repeatedly talking to friend while another person is presenting her patient at team meeting

## Types of Lateral Violence (cont.)

### Passive aggressive
- Complaining to some team members about a colleague rather than talking to person
- “Writing up” coworkers rather than talk to the directly
- Leaving unsigned notes on lockers or in mail boxes about complaints about one’s work

### Group infighting
- One discipline clique that excludes others and promotes gossip
- Day shift versus night shift

### Lack of respect
- Sharing news of failing certification exam despite asked not to
- Using social media to tell others about co-workers error
## Workplace Incivility

Deviant behavior in the workplace with ambiguous intent to harm, has an effect on the work environment

Form of psychological harassment and emotional aggression that violates the ideal workplace norm of mutual respect.

**Low level deviant behavior includes:**

- using other's people's supplies without permission
- leaving copier jammed
- excluding team members from social activities

Once intent to harm is clear, it moves to workplace violence (verbal or physical)

## Disruptive Behavior

Personal conduct, whether verbal or physical, that negatively affects or that potentially may negatively affect patient care.

**Examples:**

- disrespectful language
- demeaning behavior
- outburst of anger
- criticizing others in front of coworkers, patients and families

Danger is breakdown in communication and collaboration
3 Factors that Bullying Needs

- Secrecy
- Shame
- Silent Witness

From Target to Victim Mentality

- Doesn’t speak up (this reinforces the cycle)
- Fears retaliation
- Humiliated (Displaced frustration to others (e.g., new grad to student to ?))
- Internalizes (May lead to health problems, PTSD)
- Suspects deserves the treatment (Can lead to reduced problem solving, feeling helpless, use of passive coping strategies such as avoidance and resignation)
No Place for Bystanders:  
Co-workers response may excuse the behavior…

“She’s having a bad day”

“He’s always like that on Mondays”

“She can be tough but she cares about her patients”

A form of codependency (enabling)

“Our lives begin to end the day we become silent about things that matter.”

~ Martin Luther King, Jr.
Why Does this Occur?

Oppression occurs when a powerful dominant group controls and exploits a less powerful group. Power Imbalance is prerequisite to bullying.

Nursing: Cherished characteristics of caring, sensitivity. Lack of autonomy, lack of control over their work leads to low self-esteem. So overpowering others with aggressiveness can be the result.

If person views self as powerless and alienated, tend to avoid confrontation and take out frustration on others lateral or below them.

Becomes ingrained in a culture as an initiation rite of passage. ("Nurses who eat their young")

Why Does this Occur? (cont.)

Organizational culture is a major factor

- In some organizations there is a large bureaucratic hierarchy with nurses (often the largest employee group) having little say

- Hierarchical structure, period of restructuring or downsizing, employees feel less empowered may be a predictor

- Weak management -- where manager is mired in meetings and bureaucratic responsibilities. Manager may not have skills (or energy) to address these problems.
Impact of Bullying

Low Morale

↓ job satisfaction

Breakdown of work relationships and teams

Impact

Organizational Costs of Bullying

- High employee turnover
- Increased sick leave, lost productivity
- Low morale = low customer satisfaction
- Increased errors impact patient safety
Impact on Safety

4539 healthcare workers surveyed
(https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7767028/)

- 67% perceived a relationship between disruptive behaviors and adverse events
- 71% link between disruptive behavior and medication error
- 27% perceived a link to patient mortality

Strategies for Nurses Being Bullied

The bullied nurse/employee has a role in stopping the bullying:

- Interrupt the violence
- Learn how to confront the perpetrator
- Support and counseling needed -- if not provided, seek it, seek to establish it
**Nurse’s/Employee’s Role in General**

- Get educated about nurse bullying
- Name the problem when you see it
- Know the process to deal with the issue
- Be self aware
- Become knowledgeable in conflict management
- Be a role model

**Employer’s Role**

- Responsibility to provide a safe, healthy workplace
- Create a culture of respect
- Promote a “just culture”

Provide:
- Education
- Policy in place? Need one? Educate
- Support for staff
### Nurse Leader/Executive’s Role

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<tr>
<th>Communicate behavioral expectations</th>
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<tr>
<td>• Role model</td>
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<td>• Prevent bullying behavior</td>
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<td>• Correct bullying behavior</td>
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<th>Foster open communication</th>
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<th>Evaluate the culture of the organization</th>
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<th>Promote teamwork and team building</th>
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<th>Manage the change of culture</th>
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<th>Nurse Leader’s/Executive’s Role (cont.)</th>
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<tr>
<th>Analyze the work unit culture</th>
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<th>Encourage reporting</th>
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<th>Raise the issue at staff meetings</th>
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<th>Support the time for training</th>
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<th>Allow and encourage discussion by staff</th>
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<th>Support nurses who are bullied</th>
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<th>Address the person who is bullying</th>
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When incident occurs (ANA, 2012)

Investigation of complaint

If verified, designated representative should meet separately with victim and perpetrator with emphasis on impact on patient safety.

Corrective actions such as coaching, mentoring, employee assistance, anger management with eventual disciplinary action if ineffective -- done confidentially.

Develop Skill Set

Giving and receiving feedback
Managing conflict
Building trust
Clarify roles
Hold each other accountable
Skill Set (cont.)

Engage staff in decision-making

Role model positive interactions

Practice cognitive rehearsal

Support peers

- **Speak up** when someone is being bullied – this carries a strong message without bullying back

Sample responses to bullying

**Verbal abuse**

- “I do not appreciate being yelled at … does not help me or others … let’s talk in a more private place.”

**Nonverbal abuse**

- “I sense there is something you want to say to me. Do you wish to discuss it?”

**Overhearing someone talking about you**

- “If there is something we need to talk about, please talk with me directly.”

**If you witness bullying backstabbing**

- “I do not know the facts, and don’t feel comfortable discussing this.”

**Lack of respect**

- “I don’t like to talk about others, and certainly not without their permission.”
### Responses

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<tr>
<td>Examine your part – be self aware</td>
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<td>Practice the Golden Rule/Platinum Rule</td>
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<td>Use time-outs, huddles to promote better communication and de-escalate situations</td>
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<td>Promote team cohesiveness by getting groups to work together on mutual project</td>
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<tr>
<td>Address fear of retaliation</td>
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<tr>
<td>De-escalation techniques - deep breaths, walk away before losing your temper</td>
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<td>Recognize that good relationships with coworkers is a key to job satisfaction and retention</td>
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<td>Identify staff to gain conflict management skills (e.g., Crucial Conversations)</td>
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### Responses (cont.)

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<td>Walk away from gossip or better yet point out you’re not comfortable talking about coworkers</td>
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<td>Work on a script with a trusted friend on how to respond when bullying happens</td>
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<tr>
<td>Drop the mask of perfection and let a coworker know the real you (imperfect, insecure)</td>
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<tr>
<td>Find a trusted mentor to explore what is happening in work environment</td>
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<td>Cultivate compassion and forgiveness of coworkers rather than hold grudges</td>
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<tr>
<td>Managers -- examine if they are inadvertently part of the problem</td>
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Case Discussion

- Identify some of the bullying / lateral violence behaviors in this scenario?
- Who is/are the bullies? …the bystanders/witnesses? …the victim/target?
- If you were Lilly, how do you think you would be feeling? How might you handle the situation?
- If you were Julie, what else might you have done to help the situation?
- If you were the nurse manager, what could you have done to make things better and to improve the unit culture? How should you support Lilly? How would you deal with the other RNs?