

## Workplace Incivility - Part I: Anger, Harassment, and Horizontal Violence

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Recent media reports indicate that most Americans believe incivility and rudeness are serious problems in today's world, and many believe matters are growing worse. Increasingly recognized as a concern in all workplaces, incivility is at an epidemic level in medicine and nursing according to many healthcare researchers. Further, studies show disruptive healthcare environments have a serious impact on job satisfaction and harassment litigation, and more urgently, incivility may harm patients.

The spiral of incivility and disruptive behavior can escalate to violence. Workplaces that ignore or unconsciously perpetuate incivility contribute to both immediate and long-term consequences for individuals and the organizations.

Incivility often masquerades as "normal" interaction among colleagues: "innocent" remarks or actions with ambiguous intent. However, when recipients feel they are being treated disrespectfully or unfairly, they may want to push back, leading to deliberate comments and acts that are further perceived as harassment, coercion, or retaliation. As anger and resentment increase, individuals may become more aggressive, offensive, and violent. Management indifference and tolerance adds to a toxic atmosphere for all employees.

Incivility can happen in any workplace, and despite a philosophy of "do no harm," healthcare is no different. The scientific literature reflects a historical tolerance of inappropriate behavior in medical facilities and teaching environments that persists to this day. Although measures to correct the more disruptive or violent concerns are emerging, the problems related to working in a hostile environment remain an occupational phenomenon.

Workers expect a safe, nonhostile environment and blame their employer if it fails to address problems. A hostile environment affects individual performance and organizational productivity, and in healthcare, puts hospital administrators and boards of trustees in the position of being held accountable for the actions of all employees.

### Anger and Disruptive Behavior

Healthcare policymakers, the media, and consumer advocates are paying attention to disruptive clinician behavior. Recent studies have shown that a pattern of disruptive behavior significantly affects quality and safety in healthcare facilities. As noted in a recent *Quality Review in Anesthesia* article, such behavior among doctors and nurses harms patients and contributes to nurses leaving the profession. Although physician behavior has received the most attention recently, disruptive behavior can include any inappropriate or hostile behaviors,

confrontations, or conflicts among healthcare providers. Disruptive behavior may be verbal or nonverbal, and often involves the use of rude or angry language, facial expressions, threatening manners, or even physical abuse.

Statistics cited by the American Psychological Association indicate that one out of five Americans has an anger management problem. Further, some 2 million workers are victims of workplace violence each year. The financial cost to organizations is estimated to be \$4.2 billion. Although anger is a natural human emotion and is nature's way of empowering us to deal with a perceived threat, intense anger is physically harmful and mentally exhausting. In a toxic workplace where insidious minor incidents create animosity and disrespect, anger often spirals out of control, and coworkers and patients suffer the consequences.

Individuals working in a highly stressful and potentially volatile environment such as surgery and anesthesia are particularly vulnerable to hostility, anger, and aggression. Practitioners express anger in the workplace in a variety of ways, with subtlety and persistence, or with sudden explosive dramatic outbursts. Unfortunately, we have all learned to cope and "work around them," maintaining a "culture of silence" that allows the behavior to persist or escalate into physical abuse.

Anger reduces an individual's ability to think rationally. Angry people disrupt colleagues' work, sabotage goals, and decrease their motivation. Disruptive behavior on the part of any provider undermines an institution's reputation, its operations, the ability of other medical professionals to perform their jobs, and as evidence increasingly shows, interferes with patient care. Fortunately, awareness of the consequences for personnel and patients has led administrators to develop solutions to workplace aggression and anger, which will be discussed in part two of this article.

### Horizontal Violence

Personality clashes, backstabbing, colleague incivility, and internal politics occur in every organization, but horizontal violence, or lateral hostility, has always been part of the nursing profession. Often referred to as "nursing eating its young," horizontal violence is defined as harmful attitudes, actions, words, and other behaviors directed toward nurses by colleagues. Horizontal violence humiliates, denigrates, and injures the dignity of another, and it indicates a lack of mutual respect and denies fundamental individual rights. It is a self-serving, nonproductive response that perpetuates an escalating cycle of resentment and retaliation and can adversely affect patient safety.

Although commonly associated with nursing, the problem exists in any environment where one group is subjected to control (real or perceived) by another group. Experts define this as a social response

to being an oppressed group, perceived as powerless and unable to control part of their environment. Others consider it a result of western history and politics and the socialization and stereotyping of males and females. Regardless of its origin, horizontal violence is a systemic and cultural issue, a symptom of an emotionally, spiritually, and psychologically toxic environment that condones such behaviors.

Horizontal violence includes all acts of unkindness, discourtesy, sabotage, divisiveness, infighting, lack of cohesiveness, and unconstructive criticism. It may be overt or covert and is generally non-physical, but it can deteriorate into shoving, hitting, or throwing objects. Psychologically, emotionally, and spiritually damaging, horizontal violence can have devastating long-term effects on the recipients. The literature describing the impact of incivility among nurses is extensive, particularly regarding the experience of students and new graduate nurses. If not addressed, horizontal violence results in reduced self esteem and progressively serious stress-related symptoms such as sleep disorders, anxiety, hypertension, eating disorders, nervous conditions, apathy, disconnectedness, and withdrawal from the profession. Some experts argue it can help drive practitioners to self-medicate and contributes to substance abuse.

### Managerial Malpractice

The persistent threat to patient safety associated with incivility and its behaviors has led healthcare environments to re-examine tolerance for disruptive behavior among its employees. Further, the concept of managerial malpractice has been linked to failure to ensure appropriate quality practices that support improved patient outcomes.

Managerial malpractice is defined as any activity that makes it difficult for people to perform their jobs, develop themselves, coordinate with others, find fulfillment, create value, and get results for themselves and their organizations. It occurs when an organization fails to practice what it preaches about management principles or corporate values and involves actual or perceived abuse of power, knowledge, or relationships.

According to a recent survey focused on business ethics, more than 50 percent of employees reported they had observed misconduct at work, but did not report it because they feared retaliation from management or their coworkers. This kind of fear perpetuates the problem and fosters discouragement, loss in productivity, distrust, frustration, anger, depression. Uncorrected, misconduct may become managerial malpractice, creating a culture of cynicism and contempt that damages morale, destroys productivity, and ultimately affects patient care.

Disruptive workplace behavior can also result in costly lawsuits: Employees are now more likely to initiate and win legal actions related to toxic workplace situations. In September 2005 the 9th Circuit Court of Appeals ruled in favor of three women who sued their employer because their boss screamed, swore, and shook his fist at them. The court ruled that because the conduct of the boss affected women more adversely than men, the case constituted sexual discrimination. Montana recently introduced a bill (H.B. 213) that would make employers responsible for hostile work environments created by abusive conduct.

Increasingly, healthcare organizations are working toward a culture of safety, where every member of the healthcare team feels safe in voicing opinions and concerns. Incivility is not a new problem for healthcare providers, and the literature discusses the issue under many topics: nurses eating their young, the doctor-nurse game, passive-aggressive communication, and workplace disruption or violence. Although strategies are emerging to address this issue, it is imperative that each practitioner understands and accepts responsibility for their own behavior and stops tolerating behavior that is disrespectful to colleagues.■

**Truth is violated by falsehood, but outraged by silence.**  
*Anonymous*

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