



Workplace Incivility Part II: Managing the Dilemma

A growing dilemma for healthcare institutions, staff incivility can ultimately affect patient care and treatment.

Defined as personally targeted behavior that results in an atmosphere of greater conflict, incivility is clearly inconsistent with quality and patient safety. It can undermine patient and employee confidence in management—and translates into real costs to the employer—an estimated \$4.2 billion annually.

Accountability for patient and staff safety and welfare requires a consistent and credible management approach. Ineffective management has increasingly been blamed for allowing inappropriate behavior. To raise awareness, the Joint Commission has proposed a mandated patient safety standard to address disruptive and inappropriate behavior.

Defining Harassment

Harassment litigation, especially involving sexual harassment, is one of the most common employment-related claims. The definition of “harassment” is expanding to include slurs and insults or insensitive comments by coworkers as well as sexual propositions by supervisors.

Regulatory guidelines and federal laws exist to prevent discrimination and harassment. The Equal Employment Opportunity Commission (EEOC) enforces Title VII of the

Civil Rights Act of 1964 and addresses matters related to discrimination based upon race, color, religion, sex, and national origin. The EEOC guidelines define two kinds of sexual harassment: “quid pro quo,” in which “submission to or rejection of [unwelcome sexual] conduct by an individual is used as the basis for employment decisions affecting such individual,” and “hostile environment,” in which unwelcome sexual or other conduct “unreasonably interferes with an individual’s job performance” or creates an “intimidating, hostile or offensive working environment.” The anti-discrimination statutes are not a general civility code. Thus, federal law does not prohibit simple teasing, offhand comments, or isolated incidents that are not extremely serious.

Hostile environment situations are complex and difficult to measure because of the subjective nature of the complaints. An environment is “hostile” when unwelcome, prohibited, verbal, nonverbal, or physical behavior is severe and pervasive enough to interfere unreasonably with an employee’s work or a student’s learning, or creates an intimidating, hostile, or offensive environment to a “reasonable person.”

The hostile environment standard focuses on the “poisoning” of an environment rather than on actions directed against a person. An employer, teacher, coworker, vendor, or fellow student can create a hostile environment. Individuals holding positions of authority are responsible for ensuring that employees or students do not create a hostile environment.

In considering hostile environment cases, the courts have determined “while isolated incidents of harassment generally do not violate federal law, a pattern of such incidents may be unlawful.” Further, an employer can be held liable for harassment if it is aware of a hostile environment and takes no action. It is imperative to report any perceived incident of harassment immediately to your clinical manager, facility risk manager, or human resources.

Nursing leadership has long recognized the problems associated with hostile environments, incivility, lateral violence, and physician disruptive behaviors. More

recently, nursing shortages, recruitment and retention, and patient satisfaction and safety concerns have highlighted the issue for hospital administrations. Yet, nurses and others considered to be in a supporting healthcare role continue to be treated less respectfully. The resulting alienation, anger, and powerlessness can be turned upon colleagues, often camouflaged as gossip, criticism, sarcasm, or chilly silence. Studies have shown this is of particular significance for students and new graduates. The first year of practice is an important confidence-building phase, and yet many new graduates are exposed to damaging environments. Negative behavior by physicians can involve gender and power perceptions and can lead to an atmosphere of disrespect, condescension, and verbal abuse. This environment can lead to escalating reciprocal actions and anger that may affect an individual’s behavior in and outside of the workplace. Domestic abuse, road rage, sudden acts of violence, divorce, and addiction are a few examples of mismanaged anger.

Addressing workplace disruption requires leadership commitment to preventive measures that incorporate education and awareness and mechanisms for reporting and dealing with offenders. Many hospitals have policies for egregious behaviors but ignore behavior patterns that may become dangerous. Further, policies for monitoring compliance include voluntary reporting systems, but lack strong procedures for protecting those who report. Employees perceive this as disinterest or tacit approval of the disruptive behaviors.

The U.S. Department of Labor Occupational Safety and Health Administration (OSHA) has developed guidelines for the prevention of workplace disruption and violence. These guidelines are advisory in nature, informational in content, and intended to help employers establish effective workplace violence prevention programs adapted to their specific worksites. The guidelines do not address issues related to patient care, however they do provide a framework for a zero-tolerance environment.

Workplace Accountability

Management must promote a culture of

cooperation that avoids disrespectful behaviors and eliminates elitist attitudes regarding work area, education, and experience. Successful strategies come from top leadership and require an ongoing commitment to cultural change. Managers must clearly communicate a zero-tolerance attitude toward inappropriate behavior and enforce related protocols and policies.

First and foremost, break the silence and acknowledge the problem exists. Managers must learn to recognize escalating behavior and its causes. They need to evaluate work culture and practices and establish processes that foster collaboration, rather than fault-finding and blame. It is important to educate and encourage employees to report inappropriate and disrespectful behavior promptly and support them when they do so. Build trust by asking for continuous feedback from staff and monitoring morale.

Anger and Aggression

Anger is a normal human emotion that varies in intensity and is accompanied by physiological and biological changes; heart rate and blood pressure increase due to levels of the hormones adrenaline and noradrenalin. Aggression is the natural response to anger. Methods of coping with anger include expression, internalization, or remaining calmly in control. When these techniques fail, someone or something may get hurt. Encouraging open communication and conflict resolution techniques can help managers reduce ambient aggression in the workplace. Management has the responsibility for dealing with angry individuals in the workplace, remedying workplace practices that can lead to anger and frustration, avoiding circumstances that may cause aggressive responses and most important, consistently enforcing appropriate disciplinary actions.

Individual accountability is also critical to changing the culture. Anger cannot be eliminated entirely (and sometimes it is justifiable), but you can change the way it affects you and your coworkers. Look to your own behavior and ensure you are part of the solution, not part of the problem. Speak up when you witness inappropriate interactions and avoid perpetuating the problem. Do the things that help you to be happy and healthy.

Taking good care of yourself—massage, counseling, peer support, good nutrition, adequate sleep, time out, meditation, and exercise—can help you cope with workplace adversity.

The goal of anger management is learning to control reactions to the issue or situation that triggers the anger. Choices for coping with anger range from relaxation techniques and cognitive restructuring, to using humor or exercise. Simply deciding to “give yourself a break” from the things that make you angry can help. If you or others feel your anger is out of control or threatening to yourself or others, experts recommend considering mental health counseling. Employee assistance programs can provide advice and options.

If you believe you are the target or victim of workplace anger and harassment, address the behavior immediately with the perpetrator. Use conflict management strategies: Say “I feel ... (whatever you are feeling) when you (whatever they are doing).” Be assertive and repeat your concerns. If the other person makes excuses or denies or dismisses the incident, listen and reinforce your concerns. Make your concerns and intent clear, but do not threaten. Avoid precipitating a more aggressive reaction. If you don't get any positive response or if the behavior continues: Speak to your supervisor; precisely describe the action(s); take comprehensive notes regarding the incidences; collect documents to support your allegation; obtain personal counseling support; and, assess potential litigation. If your health is adversely affected, you may be able to claim workmen's compensation.

In Conclusion

A culture of safety and respect is a way of life that everyone in your facility should encourage and practice. Organizations need a multi-faceted approach to dealing with disruptive behavior, including a universal code of conduct that forbids harassment, well-designed training and education programs, and policies that support enforcement and nonretaliation. Disruptive behavior must be investigated by those trained to discern the severity of the violation, the

presence of mitigating factors, and the existence of risk to patients. Moreover, the policies must ensure that all employees are treated fairly while being held accountable for performance.

No matter how damaging it may be to patients and healthcare workers, there are no easy, simple solutions to uncivil behavior. Transforming the workplace culture creates a unique and compelling goal for professional collaboration and individual accountability.

References

- Bower JL. (1997). *Seven Fatal Management Sins: Understanding and Avoiding Managerial Malpractice*. Lucie Press.
- Duffy E. Horizontal violence: a conundrum for nursing. *Collegian, Journal of the Royal College of Nursing Australia*. 1995. 2(2), 5-17.
- Hutton SA. Workplace incivility: state of the science. *The Journal of Nursing Administration*. 2006. 36, 22-28.
- Nurse Advocate 2000, “A Horizontal Violence Position Statement,” Accessed 16.8.00 at <http://www.nurseadvocate.org/hvstate.html>
- Queensland Nurses Union (QNU). “Workplace Bullying.” <http://www.qnu.org.au/bullying.htm>.
- Roberts SJ. Breaking the Cycle of Oppression: lessons for nurse practitioners. *Journal of the American Academy of Nurse Practitioners*, 1996. 8. 209 - 214.
- American Psychological Association Website. www.apa.org Accessed 1/17/07
- U. S. Department of Labor Occupational Safety and Health Administration: Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers. <http://www.osha.gov/Publications/OSHA3148/osha3148.html>. Accessed 01/26/07. www.workplace-violence-hq.org Accessed 1/17/07

*Respect for ourselves
guides our morals;
respect for others
guides our manners.*

Lawrence Sterne