Responding When Incivility Arises in the Workplace

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Disclosure

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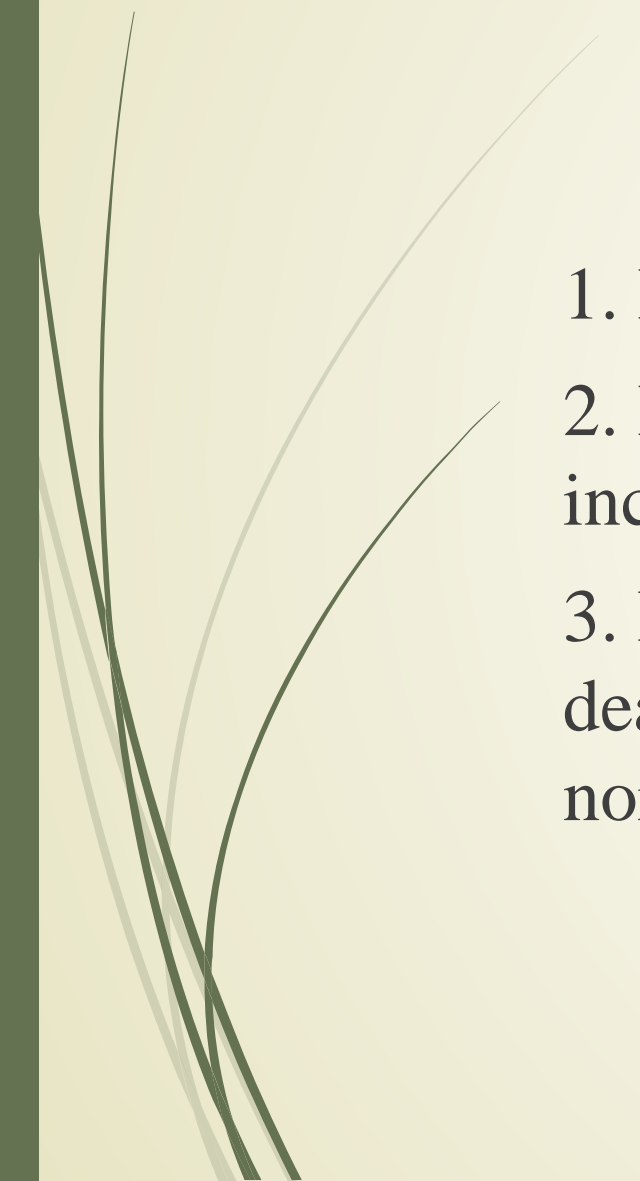
Goal

To more confidently engage, among a network of supportive colleagues, in crucial conversations whenever incivility or workplace bullying occur.

Learner Outcomes

1. Differentiate incivility and workplace bullying.

2. Describe strategies for crucial conversations when incivility occurs.

3. Formulate a plan that engages key persons to effectively deal with workplace bullies whose behaviors have been normalized.

Sentinel Event Alert

The Joint Commission

➡ Intimidating and disruptive behaviors linked to medical errors, preventable adverse outcomes, poor patient satisfaction, other negative outcomes.

➡ 40% of respondents had previously assumed a questionable medication was correct (based on prescriber's reputation) or asked another person to speak to prescriber in their place to avoid confrontation.
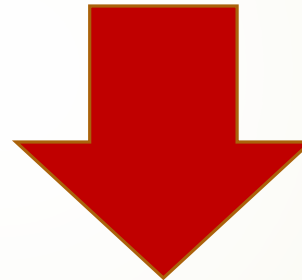
The Joint Commission. (2008). Behaviors that undermine a culture of safety. *Sentinel Event Alert*, 40, 1-5.

Malone, B.R. (2016) Intimidating behavior among healthcare workers is still jeopardizing medication safety. *Nephrology Nursing Journal, 43*(2), 157-159.

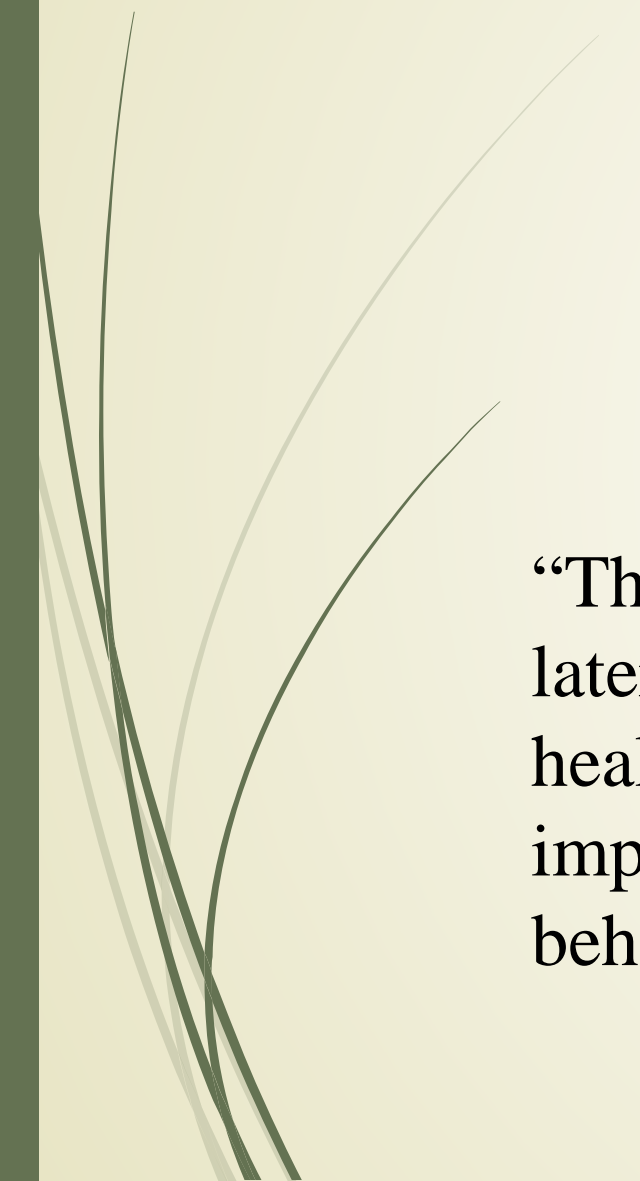# Joint Commission Language Change in 2012

"Disruptive behaviors"

"Behaviors that undermine a culture of safety"

Joint Commission. (2012) *Hospital accreditation standards*. Oakbrook Terrace, IL.

Center for American Nurses Position Statement 2008

"There is no place in a professional practice environment for lateral violence and bullying among nurses or between healthcare professionals. All healthcare organizations should implement a zero tolerance policy related to disruptive behaviors."

Workplace Bullying or, as JCAHO describes, Disruptive Behavior

- Disrespect (shouting, swearing, name-calling, accosting during meetings)

- Poor teamwork (cliques, gossip, spreading rumors)

- Micromanagement (bullying, threatening abuse of authority)

- Lack of support (refusal to answer questions, reluctance to help, refusal to share course/program information, refusal to meet)
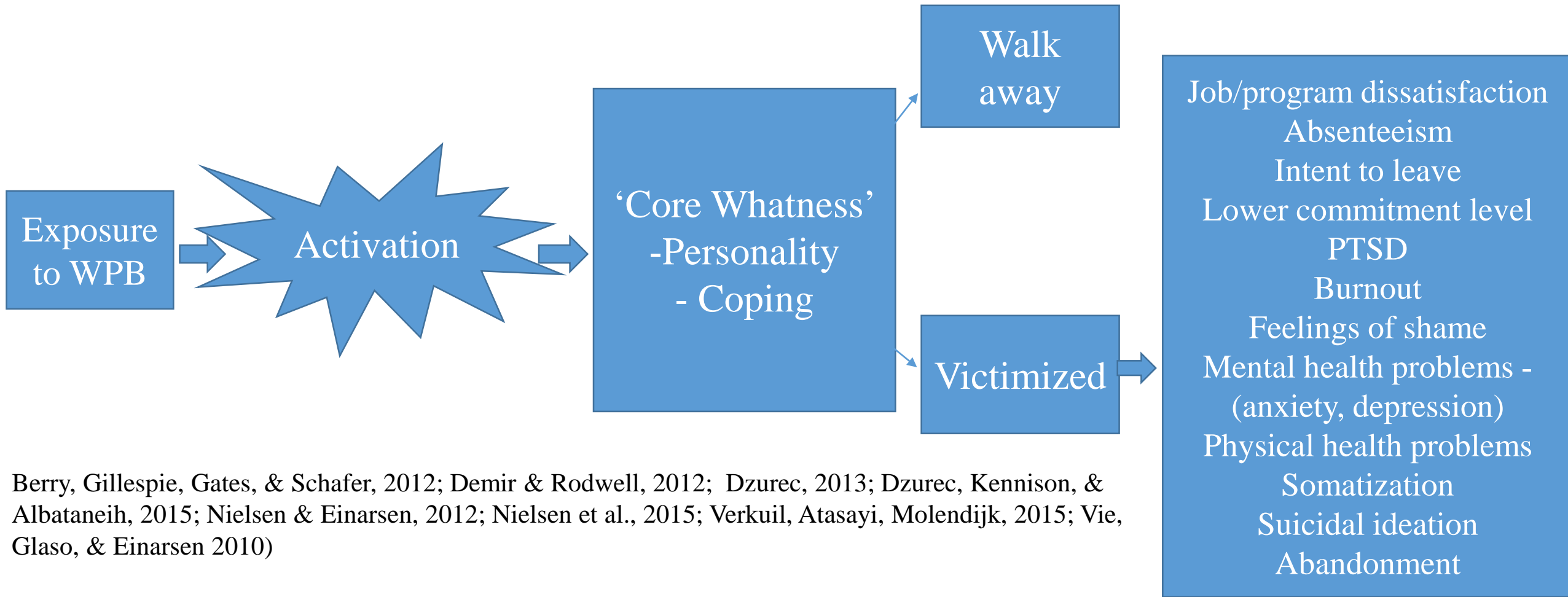
Which is it, workplace bullying or just that I'm too sensitive?

- A single incident of disruptive behavior is not considered workplace bullying.

- However, why should it not be ignored?

WPB Victimization

Exposure to WPB → Activation → 'Core Whatness' -Personality - Coping → Walk away / Victimized →

Job/program dissatisfaction
Absenteeism
Intent to leave
Lower commitment level
PTSD
Burnout
Feelings of shame
Mental health problems - (anxiety, depression)
Physical health problems
Somatization
Suicidal ideation
Abandonment

Berry, Gillespie, Gates, & Schafer, 2012; Demir & Rodwell, 2012; Dzurec, 2013; Dzurec, Kennison, & Albataneih, 2015; Nielsen & Einarsen, 2012; Nielsen et al., 2015; Verkuil, Atasayi, Molendijk, 2015; Vie, Glaso, & Einarsen 2010)

Advice from Dr. Jane Barnsteiner

"As absurd as it may seem…

- we really do need to educate people about what are acceptable codes of conduct" Dr. Jane Barnsteiner

- Not everyone's emotional intelligence level is high

- Nurses go through crucial conversations training – how to reduce emotionality

- Teamsteps – teach conflict resolution skills; AHRQ

Professional Comportment Policy

How to raise the issue - describe behavior factually ("When you said…"), describe how the behavior made you feel ("I felt…"), and state that the behavior needs to stop or not be repeated ("Please, don't do that again.")

Johns Hopkins Medicine. Code of Professional Conduct for Faculty. Retrieved October 11, 2016 at http://www.hopkinsmedicine.org/som/faculty/policies/facultypolicies/code_of_professional_conduct.html

Crucial Conversations, or Lack Thereof, related to Disruptive Behaviors

➡ High stakes

➡ High emotions

➡ Differing opinions

The Complete Summary of Crucial Conversations. (2009). Retrieved October 12, 2016 at http://www.elimfellowship.org/audio/book-summaries/Crucial_Conversations.online.pdf

Crucial Conversations Retrieved October 12, 2016 at https://www.vitalsmarts.com/crucialconversations/

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OK. I get it. I need to have a crucial conversation. Help me start it.

Use CPR to decide what to say.

- C - Content
- P -   Pattern
- R - Relationship

Maxwell, D. (July 9, 2013). Dealing with toxic gossip at work. Crucial Accountability Q & A. Retrieved October 12, 2016 at https://www.crucialskills.com/

Willis, S. (October 12, 2016). Are you being passive-aggressive? Retrieved October 12, 2016 at Newsletter@crucialskills.com, *14*(41).

Examples depending on *context*

Practice setting?

Meeting on campus?

One-on-one with student, peer, supervisor?

What if…

- the timing is bad for a crucial conversation?

- the offender refuses to meet?

Behavior is Repeated

- Offensive behavior is repeated or an individual does not feel comfortable speaking directly with the person who has engaged in the behavior.

- If no satisfactory resolution is reached after these discussions, or if the matter is very serious and warrants formal review and action, following are the procedures that will be used:

- Violations of Professional Conduct Policy

http://www.hopkinsmedicine.org/som/faculty/policies/facultypolicies/professional_misconduct.html

Yikes!!! What do I do when the bully's behavior has been normalized… for *years*??

That's just the way he/she is.

Scenario 1: Rankism among Faculty

I am a nurse faculty member who recently accepted a promotion that entails administrative responsibilities for a pre-licensure BSN program. One of the nurse faculty members, a male tenured professor, has worked here for 12 years, is well-like by students and has had unremarkable annual evaluations. Unfortunately, his behavior among faculty colleagues has been unacceptable. One day he left the out-patient clinic when he was supposed to be supervising students, then called the state board and reported that students were at the facility unsupervised. As hard as it is to believe he actually urinates on the toilet seat in the faculty bathroom. I came to learn that my predecessor let him have his way over the years, so now that I am calling him out on his behavior, he is retaliating. I am worried that because he is tenured with satisfactory evaluations, there is little I can do to resolve this issue. He is creating havoc among the other faculty and undermining our teamwork.

Scenario 2: In the Heat of the Moment

The problem we ran into in the hospital is that we do not always have the luxury of spending time on dialogue when a crucial issue arises due to circumstances that require immediate intervention. These often are situational and necessary to prevent less than optimal patient outcomes.

How do we relay this to the people we are communicating with? It is always our goal to keep the trust of our staff members, but often things become clouded with their emotional response to a situation that had to be addressed immediately.

Hoffman, E., (2007). Crucial conversations Q & A "No Time for Dialogue"

Scenario 3: Resenting Preferential Treatment

In our hospital, we have a person who made a grave mistake during surgery. As the manager's friend, she was not disciplined or reprimanded, but anyone else would have been fired on the spot. The rest of the staff noticed the special treatment given to this individual and were extremely resentful. How do I, as one of those staff members, interact with the offending person without letting my resentment show?

Maxfield, D. (2011). Crucial conversations Q & A "Dealing with Resentment at Work"

Scenario 4: Bystander

As a faculty member I teach senior nursing students about civility as well as workplace bullying in their leadership course. After a discussion and group work on the topic a student approached me concerned about the 'bullying' he saw on the hospital unit. What he described was two staff nurses dissing a third staff nurse, essentially 'throwing her under the bus.' As a student he was not comfortable responding so remained a silent bystander. The situation is especially awkward because we come and go on the unit and are not part of the staff culture. How might I advise the student?

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Anticipatory/Empowering Measures

- Create database of information (Babenko-Mould & Laschinger, 2014; Wiens, 2012)

- Connect to empowering structures in the work environment (Laschinger et al., 2010; Rush, Adamack, Gordon, & Janke, 2014; Wiens, 2012)

- Develop coping and self-care management knowledge and skills (Clark, 2013).

- Use civility cue questions to prompt evaluation & problem-solving Kennison, Dzurec, Cary, & Dzurec, 2015)

Anticipatory/Empowering Measures

- Formal transition program improved access to support and transition for bullied new graduate nurses (Rush, Adamack, Gordon, & Janke, 2014)

- Strengthen leadership skills, especially related to emotional intelligence (Hutchinson & Hurley, 2013)

- Cognitive reappraisal and humor as coping strategies for victims (Wilkins, 2014)

- Engage in advocacy behaviors for students/colleagues (BabenkoMould et al., 2012)

Civility in the Workplace: Getting Closer

"All nurses have the responsibility to engage in a process of making things right when faced with workplace bullying" (Gaffney, DeMarco, Hofmeyer, Vessey, & Budin, 2012, p. 8)

Three strategies synthesized from our program of study:

1. Develop relevant policies/guides to implement best practices
2. Initiate crucial conversations that address disruptive behaviors
3. Hone individual skills

(Gaffney, DeMarco, Hofmeyer, Vessey, & Budin, 2012; Keller, Budin, & Allie, 2016)

be the
change
you wish
to see in
the
world...
-gandhi

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Hoffman, E., (2007) crucial conversations Q & A "No Time for Dialogue"

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