Original Article

Disruptive behavior within the workplace

Charlene R. Small, DNP, FNP-C [a,*], Susan Porterfield, PhD, FNP-C [b,1], Glenna Gordon, BS, MS [c,2]

[a] Florida State University, College of Nursing, 129 Royal Oaks Court, Crawfordville, FL 32327, USA
[b] Florida State University, RM 445, 98 Varsity Way, Duxbury Hall, Tallahassee, FL 32306–4310, USA
[c] 98 Varsity Way, Duxbury Hall, Tallahassee, FL 32306–4310, USA

ARTICLE INFO

ABSTRACT

Introduction: The aim of this study was to determine the incidence of disruptive behavior among nurses in the healthcare workplace, the details that are associated with its occurrence, and the organizational procedures utilized when disruptive incidents occur.
Background: Healthcare workers have a higher risk of experiencing disruptive behavior among staff in the workplace compared to other industries, and nurses are more susceptible than other healthcare workers.
Method: A quantitative, descriptive, survey design asked nurses if they had experienced disruptive behavior within the past 12 months and how this was handled by their organization. Disruptive behavior included any type of verbal abuse, electronic or e-mail abuse, or physical abuse within the work environment.
Results: There were 2,821 participants that validated the occurrence of verbal, electronic, and physical disruptive behavior, and the majority rated their overall work environment to be at high risk of experiencing disruptive behavior at least once every 6 months.
Discussion: Twenty-four statistically significant relationships were found with strongest associations (<0.001) between: age and electronic abuse; position and verbal abuse; position and physical abuse; years of experience and electronic abuse; susceptibility of the organization to workplace violence and position as well as education; missing work due to disruptive behavior and position; and feeling comfortable reporting the abuse and position as well as education.
Conclusion: It is evident that disruptive behavior exists verbally, electronically, and physically, and that the overall work environment is felt to be at high risk of experiencing repeated disruptive behavior.

© 2014 Elsevier Inc. All rights reserved.

Healthcare workers have a higher risk of experiencing disruptive behavior among staff in the workplace than any other industry, and nurses are more susceptible than any other healthcare worker (Johnson, 2011). Disruptive behavior threatens an organization's ability to provide appropriate care, retain qualified health care providers, and maintain high standards of patient safety (Porterfield, 2010). Disruptive behavior and its potential effects on organizational culture, nurse retention and recruitment, and the safety and quality of patient care are a growing concern in healthcare organizations that needs to be addressed (Walrath, Dang, & Nyberg, 2010, 2012).

Evidence has suggested that for many nurses, their daily workplace is a harmful and hostile environment (Cleary, Hunt, & Horsfall, 2010; Rosenstein & Naylor, 2012). The current healthcare environment is driven by safety while striving to maintain day-to-day effectiveness, and this pressure is a risk factor for a hostile environment (Brooks & Phillips, 2014). Disruptive behavior in the workplace is shown to have significant negative effects on individuals, on patient care and safety, and

can undermine the organization itself. Failure to engage in acceptable interpersonal behaviors and adherence to professional responsibilities are antecedents for unhealthy workplaces. If circumstances persist, nurses are likely to demonstrate, tolerate, or reinforce disruptive behavior (Cleary et al., 2010; Rosenstein & Naylor, 2012).

The Joint Commission on Accreditation of Health Care Organizations issued the Sentinel Event Alert in 2008 in response to the detrimental effects of disruptive behavior among staff in the workplace. Five years later, it is unclear how nurses rate their overall work environment, the types of disruptive behaviors nurses are experiencing, and if they utilize their organization's procedure to report the disruptive behavior.

1. Purpose

The purpose of this research is to determine the incidence of disruptive behavior among nurses in the healthcare workplace, the details that are associated with its occurrence, and the organizational procedures utilized when disruptive incidents occur. The clinical question is: Do nurses rate their overall work environment free from disruptive behavior and feel confident in being able to address a breach in employee behavior with a therapeutic intervention and avoid reprisal? More specifically, the following aims of the research are to: (1) determine the instances of verbal, electronic, and physical abuse; (2) determine

the relationship with the abusers and characteristic associated with the abuse; (3) determine when abuse occurred if procedures were initiated (reporting, disciplinary action, etc.) and followed-up; and (4) identify the nurse's perception of susceptibility to violence in the workplace and how this impacts the ability to follow protocols.

2. Methodology

The study is a quantitative, descriptive design, which asked nurses if they had experienced disruptive behavior in the workplace and, if so, how disruptive behavior was handled by their organization. Data were collected August to December, 2013. Disruptive or unwanted behavior included any type of verbal, electronic (e-mail), or physical abuse within the work environment.

2.1. Subjects and setting

The population for this study was individuals who are licensed practical nurses (LPN), registered nurses (RN), and advanced practiced registered nurses (APRN) licensed in the state of Florida. Exclusion criteria were: individuals that had not practiced as a LPN, RN, or APRN within 12 months. E-mail addresses were obtained through the public domain e-mail addresses registered by the Florida Board of Nursing. A total of 255,376 online surveys were sent out, and a total of 3,067 participants responded (1.2% response rate). Out of the 3,067 responses, 246 did not have at least 75% of the survey completed which resulted in a final sample size of 2,821. The populations that received the e-mails were: 54,149 licensed practical nurses, 184,317 registered nurses, and 13,910 advanced practice registered nurses.

2.2. Instrument and data collection

The instrument used to explore abuse in the workplace was a 21-question Web-based survey for nurses in Florida. The survey was based on a compilation of questions specifically developed by the co-author for this study. The instrument was customized to address the three types of abuse: verbal, physical and electronic, and whether this impacted the safety of the work environment. The instrument was reviewed by two nursing scholars for content validity related to the clinical question and objectives. Although this was the first deployment of the instrument, the authors plan to use it in future research, with minimal modification as outlined in the limitation section. Due to the nature of the online survey the healthcare settings varied and included private offices, clinics, urgent care or surgery centers, hospitals, home–health, and rehabilitation facilities across the state of Florida.

After institutional review board (IRB) approval, the survey was made available via Qualtrics, an online survey tool. The initial contact with potential participants was through an informational e-mail explaining the study and its purpose, and contained an informed consent. Individuals who volunteered to participate were asked to go to the electronic survey tool link in the e-mail, which took them to the informed consent and questionnaire. The survey took approximately 8 to 10 minutes to complete and was available to the subjects for 4 months.

3. Analysis

Data from Qualtrics were transferred to Statistical Package for the Social Sciences (SPSS) software where the data analysis was conducted. Descriptive statistics and frequencies were used to describe all response variables (verbal, electronic, and physical abuse; and overall work environment ranking) and associated information. Questionnaires which were at least 75% complete were included for analysis. Response variables are reported by demographic in cross-tabulation tables. Chi-square tests for association were used to determine significant associations between response variables and demographics. Additionally, relationships between response variables and additional characteristics of abuse are examined via analysis of cross-tabulation tables.

4. Results

4.1. Description of sample

There were 2,821 participants who completed at least 75% of the survey. Of those who provided gender information, there were 2,512 females (90.1%) and 276 males (9.9%). The gender distribution of nurses in this study is representative of the national distribution of gender with 91.1 % female nurses and 8.9% male nurses (The Department of Professional Employees, 2011). Although the ages of the participants ranged from 20 to older than 60, the majority of nurses (89.9%) were 31 and older (Table 1). Seventy percent of the participants were registered nurses who attained an associate's (AA or AS) degree, a bachelor's (BSN) degree, or a master's (MSN) degree. The years of experience ranged from less than 5 years to more than 40 years. The majority of respondents had fewer than 20 years of experience (56.4%), and 11.1% of participants had more than 35 years of experience (Table 1).

Table 1
Demographics by victim of abuse.

	Total		Verbal abuse victim		Electronic abuse victim		Physical abuse victim	
	n	%**	n	%*	n	%*	n	%*
Gender	2788	–	2351	–	317	–	544	–
Male	276	9.9	230	83.3	32	11.9	477	20.0
Female	2512	90.1	2121	85.0	285	11.6	67	25.7
Age	2813	–	2376	–	319	–	549	–
20–25	80	2.8	61	77.2	5	6.4	13	16.9
26–30	205	7.3	162	79.0	14	6.9	48	23.8
31–35	234	8.3	201	85.9	14	6.1	34	15.4
36–40	270	9.6	240	89.6	29	10.9	52	20.2
41–45	350	12.4	295	84.5	39	11.4	73	21.8
46–50	402	14.3	339	85.2	49	12.7	82	21.6
51–55	497	17.7	436	88.1	73	14.9	95	20.0
56–60	469	16.7	396	85.3	72	15.8	90	20.6
61–65	233	8.3	194	84.0	19	8.3	52	23.7
Older than 65	73	2.6	52	72.2	5	7.4	10	15.4
Position	2795	–	2364	–	320	–	544	–
ARNP	360	12.9	262	73.2	46	13.2	37	10.9
RN	1982	70.9	1710	86.8	224	11.5	431	22.8
LPN	275	9.8	239	87.9	19	7.1	48	18.8
Other	178	6.4	153	86.4	31	18.3	28	17.1
Education	2796	–	2361	–	318	–	548	–
Diploma	269	9.6	236	88.7	19	7.2	48	19.1
AA/AS	862	30.8	739	86.0	78	9.3	188	23.0
BSN	819	29.3	695	85.4	99	12.4	177	22.7
MSN	508	18.2	416	82.2	72	14.5	79	16.3
DNP	46	1.6	32	69.6	4	8.9	2	4.5
Other	292	10.4	243	84.4	46	16.3	54	19.6
Experience (years)	2812	–	2376	–	320	–	549	–
1–5	479	17.0	386	80.8	28	5.9	98	21.0
6–10	392	13.9	340	87.0	35	9.2	84	22.5
11–15	337	12.0	286	85.4	37	11.2	63	19.5
16–20	380	13.5	328	87.2	42	11.4	75	21.1
21–25	292	10.4	245	84.2	44	15.7	61	22.2
26–30	312	11.1	266	85.8	46	15.0	49	16.5
31–35	307	10.9	270	88.5	49	16.3	64	22.4
36–40	208	7.4	174	84.1	29	14.2	35	18.3
More than 40	105	3.7	81	77.9	10	9.9	20	20.6

Note: Percentages in this table are out of the total for the category. For example, 230 out of 276 males (83.3%) reported being victims of verbal abuse.
 * Since percentages are out of the total for the demographic level, percentages will not sum to 100.
 ** Percentages are out of the total for the overall demographic. Percentages may not sum to 100 due to rounding error.