Bullying in the Workplace: A Leadership Perspective

CYNTHIA PLONIEN, DNP, RN, CENP

During the course of their careers, most nurse leaders will feel the pain of bullying and experience its consequences, either as participants or observers. Social intimidation and abuse are part of our culture. Now termed *disruptive behavior*, bullying has come to the forefront as conduct that is unacceptable in the workplace. Research provides evidence of the negative effects of bullying on many aspects of health care, including the emotional well-being of staff members, patient safety, and organizational finances. The purpose of this column is to increase awareness that intervention, action, and determination are required from nursing leaders to eliminate this toxic tradition. In addition to research that identifies the effects of disruptive behaviors, several professional and accrediting organizations have published statements against bullying to support clinicians in creating a healthier culture. Executives, managers, and other nursing leaders are in a position to make a difference in the lives of their team members by supporting and encouraging a healthy workplace environment.

The AORN Journal *is seeking contributors for the Perioperative Leadership column. Interested authors can contact Cynthia Plonien, column coordinator, by sending topic ideas to* journalcolumns@aorn.org.

THE PROBLEM OF BULLYING

Physicians are often the focus of attention when it comes to disruptive behavior, but all health care workers may be involved in aggression and incivility, including nurses and nursing supervisors. A descriptive study published in the *AORN Journal* in 2013 discusses the incidence of bullying among perioperative staff members. "Fifty-nine percent of the study participants reported witnessing coworker bullying weekly, and 34% reported at least two bullying acts weekly. Having one's opinion ignored is the most common bullying act, with 28% of respondents experiencing being ignored."[1(p479)] In a recent

http://dx.doi.org/10.1016/j.aorn.2015.11.014

survey conducted by the American Nurses Association involving 3,765 RNs, 50% of the respondents reported that they have been bullied in some way by a peer and 42% reported being bullied by someone with authority over them.[2]

Nurse leaders must examine and manage all behaviors, including bullying, that are known to be disruptive to healthy work environments.[3] Disruptive actions vary and may be overt or covert. Examples of overt actions include physicians who have thrown instruments in the OR or yelled at nurses, or supervisors who have publically belittled and embarrassed staff members who lack speed or technical expertise. Covert actions can be just as damaging; experienced nurses have been known to withhold support and leave novices to learn through trial and error. In addition, younger nurses have displayed arrogance and disrespect toward older nurses who lack technology skills.[4]

The causes of bullying behaviors are not fully understood, but many factors in an organization influence the opportunities and incidence. Historically, transactional management styles of reward and punishment have dominated leadership in medical practice, and hierarchical control has been the norm. Power and authority have been a long-standing rationale for accepting behaviors related to bullying. Physicians are revenue generators for health care organizations, and often the trade-off for a high financial performer is to allow rude and disrespectful behavior.[5] Unacceptable behavior has often flourished as a result of administrators' reluctance to act and employees' reluctance to report. Reasons for this reluctance include fear of retribution.[6]

THE EFFECTS OF BULLYING

The effects of disruptive behavior by physicians on nurse satisfaction are evident in turnover, retention, and morale.[7] However, aggression from colleagues is reported to be of greater concern to nurses than bullying behavior by physicians.[8] Studies have shown that disruptive behaviors lead to increased levels of stress and frustration, which result in impaired concentration, communication, and team collaboration.[9] These outcomes are considered significant in precipitating the likelihood of a medical error and compromising patient safety.[10]

Patient safety is dependent on communication and a collaborative work environment. A failure to communicate can result in acts of omission or commission that cause harm to patients. In a survey conducted by the Institute for Safe Medication Practices involving 2,095 health care providers from hospitals (ie, 1,565 nurses, 354 pharmacists, 176 others), 49% reported that past experiences with intimidation affected the way they handled clarification of orders. That is, negative past experiences lead to future efforts to avoid the possibility of confrontation.[11]

Not to be forgotten is the link to organizations' finances and profitability. Bullying in the workplace contributes to work dissatisfaction, absences, loss of productivity, and workplace injury.[12] The consequential cost of bullying for health care organizations annually is estimated to be $4 billion.[12]

STATEMENTS ON BULLYING

As the awareness of bullying outcomes becomes public and is brought to the forefront, professional organizations and accrediting agencies have taken the lead in creating change and offering recommendations to eliminate bullying and establish healthy work environments. *Disruptive* is a developing legal term and is included in various documents that set expectations of conduct, such as medical staff bylaws, employee manuals, state and federal regulations, and employment contracts.[13]

AORN has identified key aspects of a healthy work perioperative environment in a position statement.[14] A culture of collaborative practice is highlighted as a necessary element. The position statement states that "all members of the perioperative team are accountable for their own actions" and calls for a zero-tolerance policy for addressing abuse and disrespectful behavior.[14(p1)]

The American Medical Association (AMA) specifically requires each medical staff member to develop and adopt policies on bullying and to identify, evaluate, and intervene in situations in which a physician's behavior is considered disruptive.[15] The AMA defines two categories of behavior prompting action: inappropriate and disruptive.[13] Inappropriate behavior is described as conduct unwarranted that is demeaning or offensive. If the behavior persists, it is viewed as a form of harassment. Examples of inappropriate behavior include making belittling statements, calling people names, using profanity, failing to respond to patient care needs or staff requests, and refusing to return telephone calls.[13] Disruptive behavior is defined as any abusive conduct, verbal or nonverbal, that harms or intimidates others to the extent that quality of care and patient safety may be compromised. Examples include verbally intimating or challenging another person; making threats; pushing, grabbing, or striking another person; throwing things; and threatening violence or retribution.[13]

In its position statement on incivility, bullying, and workplace violence,[2] the American Nurses Association provides expectations of employers to create a culture of respect for