Workplace Incivility: Promoting Zero Tolerance in Nursing

■ Riah L. Hoffman, PhD, RN; and Kristy Chunta, PhD, RN, ACNS, BC

ABSTRACT: **Incivility in the nursing workplace can be detrimental to the individual(s) involved, organizational climate, and patient safety. This article will discuss behaviors, perpetrators, and contributing factors toward workplace incivility. Recommendations for staff nurses, nurse managers, and administrators for the prevention and management of workplace incivility will also be provided. (J Radiol Nurs 2015;34:222-227.)**

KEYWORDS: **Workplace incivility; Nursing; Zero tolerance.**

Workplace Incivility (WI) has increased in frequency and severity in the health care environment and has been estimated to cost almost $24 billion annually in the United States (Laschinger, Wong, Regan, Young-Ritchie, & Bushell, 2013). The concept of WI has been defined as "low intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect" (Andersson & Pearson, 1999, p. 457). WI encompasses a variety of terms including abuse, bullying, conflict, incivility, lateral violence, and nurses eating their young (Khadjehturian, 2012; McNamara, 2012). Furthermore, WI has been associated with negative health and organizational outcomes including burnout, potential for turnover, and job dissatisfaction (Hutton & Gates, 2008; Laschinger et al., 2013). WI in the business setting has been connected with decreased work productivity such as increased absenteeism, decreased commitment to the organization, decreased productivity, and decreased communication (Hutton & Gates, 2008).

Riah L. Hoffman, PhD, RN, Assistant Professor, Department of Nursing and Allied Health Professions, Indiana University of Pennsylvania, Indiana, PA; Kristy Chunta, PhD, RN, ACNS, BC, Associate Professor, Department of Nursing and Allied Health Professions, Indiana University of Pennsylvania, Indiana, PA.

The authors have not received grant support or financial assistance.

This information has not been previously presented by the authors.

Corresponding author: Riah L. Hoffman, Assistant Professor, Indiana University of Pennsylvania, 210 Johnson Hall, 1010 Oakland Avenue, Indiana, PA 15705. E-mail: r.l.skavang@iup.edu

1546-0843/$36.00

http://dx.doi.org/10.1016/j.jradnu.2015.09.004

In the health care arena, WI hampers professional nursing practice, patient care, and the overall health of nurses (Khadjehturian, 2012, Laschinger & Grau, 2012) leading to anxiety, depression, somatic symptoms, fatigue, sickness, and decreased mental health and emotional well-being (Aquino & Thau, 2009). The effects of a hostile work environment in health care have been linked to increased absenteeism, decreased self-esteem, substance abuse, and suicidal or homicidal thoughts and can cause a variety of physical symptoms ranging from cardiac, gastrointestinal, and sleep disorders (McNamara, 2012). These effects can incur financial costs for the institution estimated at $30,000-$100,000 for each individual per year (Becher & Visovsky, 2012). WI can have a substantial impact on newly graduated nurses. The nursing profession has been associated with the phase "nurses eat their young" which is a type of initiation to determine whether a new nurse can survive in the profession (American Nurses Association (ANA), 2012). According to Becher and Visovsky (2012), newly graduated nurses have many questions and require professional development to reach their full potential; therefore, exposure to WI may hinder their success and/or retention in nursing. With the projected nursing shortage, it is essential to create a healthy workplace for retention of nursing staff. According to Johnson and Rea (2009), nurses subjected to bullying are twice as likely to report intent to leave their current position within 2 years.

According to the ANA (2012), the ultimate price of these behaviors in the workplace may be paid by the patients. Most disturbingly, WI has been associated with unsafe care of patients including medical errors, distractions,

compromises in patient safety, and impaired quality of care (Khadjehturian, 2012; McNamara, 2012; Ortega, Christensen, Hogh, Rugulies, & Burg, 2011; Tillman Harris, 2011). In a study conducted on health care workers, 67% perceived a link between disruptive behaviors and adverse events including medications errors and patient mortality, and 18% reported knowing of an adverse event related to disruptive behavior (Rosenstein & O'Daniel, 2008). Of that 18%, 75% of those respondents felt the adverse event could have been prevented, suggesting nurses need to advocate for environments that promote safety for patients (Rosenstein & O'Daniel, 2008).

In 2008, the Joint Commission prompted all organizations to adopt a zero-tolerance policy toward workplace bullying and encouraged the development of policies and codes of conduct (Joint Commission, 2008). Nurses have a responsibility to commit to this policy and help promote a civil environment. This can be done by recognizing personal behaviors that negate creating a culture of safety and responding to inappropriate behaviors (Clark & Ahten, 2012; McNamara, 2012). This article will discuss common perpetrators, behaviors, and contributing factors of WI. The article will also provide specific strategies for addressing WI including recommendations for staff, managers, and institutional administration.

PERPETRATORS OF WORKPLACE INCIVILITY

The health care environment has many key players that can become perpetrators of WI. WI can occur in a lateral form from nurse to nurse or under a hierarchical approach such as physician to nurse, administrator/nurse manager to nurse, nurse to student, and faculty member to student (McNamara, 2012). Typically, the WI becomes directed at a coworker with less power from someone in a position of power (McNamara, 2012). These key players often include staff nurses, nurse leaders, physicians, and other health care team members. In a study conducted by Stagg, Sheridan, Jones, and Speroni (2011), the major source of workplace bullying was from a peer (57%). Similarly, Berry, Gillespie, Gates and Schafer (2012) found that culprits of WI were staff nurses (44%) followed by nurses in leadership positions such as a director of nursing, manager, supervisor, charge nurse, nurse preceptor, and/or nurse educator (19%). The remainder of participants described WI from physicians, patients, families, and other staff and only 25% reported never being exposed to WI (Berry et al. 2012). Alarmingly, Stagg et al. (2011) noted that 28% of nurse respondents within their study reported being bullied by a member of leadership. When senior nurses role model workplace bullying to novice nurses in the workplace environment, these behaviors are perpetuated and become the social norm (Berry et al., 2012).

WORKPLACE INCIVILITY BEHAVIORS

WI behaviors can include a wide range of actions such as verbal abuse, nonverbal abuse, sexual harassment, passive-aggressive behaviors, and bullying (Clark & Ahten, 2012; McNamara, 2012; Table 1). Verbal abuse can include common indicators such as yelling or shouting or less obvious behaviors such as criticizing or spreading rumors about a coworker. Passive-aggressive behaviors can be more subtle actions that lead to purposive sabotage by refusing to communicate with or support a coworker. Bullying behaviors usually include all previous listed behaviors along with intimidation and psychological abuse that occurs in a repetitive format (ANA, 2012; Clark & Ahten, 2012; McNamara, 2012). Although these behaviors may occur frequently in a workplace setting, they should not be ignored or accepted as the norm (McNamara, 2012).

Table 1. Workplace incivility behaviors

Type of behavior	Signs
1. Verbal indicators	Yelling or shouting Publically criticizing/insulting coworker Spreading rumors/gossiping Backstabbing Being disrespectful, rude, or intimidating Swearing at a coworker
2. Nonverbal indicators	Eye rolling Staring/glaring Making faces Excluding someone from a conversation or work activities
3. Sexual harassment	Unwanted approaches Sexually based verbal comments Sexual language or inappropriate jokes/stories Advanced and unwanted physical contact
4. Passive aggressive behaviors	Refusing to communicate Failure to support a coworker Sabotage/purposively setting up a coworker to fail (i.e., withholding key information impacting job performance)
5. Bullying	All of the above behaviors Being accused of errors made by someone else Being assigned undesirable work Being assigned impossible deadlines Receiving unwarranted or invalid criticism Psychological abuse