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Positive work environments of early-career registered nurses and the correlation with physician verbal abuse

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ABSTRACT

Background: Verbal abuse in the workplace is experienced by registered nurses (RNs) worldwide; physicians are one of the main sources of verbal abuse.
Purpose: To examine the relationship between levels of physician verbal abuse of early-career RNs and demographics, work attributes, and perceived work environment.
Method: Fourth wave of a mailed national panel survey of early career RNs begun in 2006.
Discussion: RNs' perception of verbal abuse by physicians was significantly associated with poor workgroup cohesion, lower supervisory and mentor support, greater quantitative workload, organizational constraints, and nurse–colleague verbal abuse, as well as RNs' lower job satisfaction, organizational commitment, and intent to stay.
Conclusion: RNs working in unfavorable work environments experience more physician abuse and have less favorable work attitudes. Causality is unclear: do poor working conditions create an environment in which physicians are more likely to be abusive, or does verbal abuse by physicians create an unfavorable work environment?

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Verbal abuse in the workplace is experienced by registered nurses (RNs) worldwide (Chapman, Styles, Perry, & Combs, 2010; Kovner et al., 2007; Norris, 2004; Oweis & Mousa Diabat, 2005; Oztunc, 2006; Sofield & Salmond, 2003). RNs report physicians to be one of the main sources of verbal abuse (Sofield & Salmond, 2003). In a national survey of 1,000 staff nurses and 1,000 nurse managers, Cox (1991) found that 82% of staff nurses and 77% of nurse managers reported experiencing verbal abuse, with physicians as the most common source of abuse: nurses reported on average five verbal abuse events per month from physicians. Rosenstein (2002) reported 96% of the 720 nurses involved in their study witnessed or experienced disruptive behavior by physicians. Meadows (2010) found that verbal abuse (i.e., use of degrading comments and insults, yelling, cursing, and inappropriate joking) by U.S. physicians toward RNs was reported with the highest frequency.

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The conceptual framework for this study is derived from the research on organizational turnover. Turnover is preceded by intent to stay (or leave) which is predicted by job satisfaction and organizational commitment. This broad framework forms the basis for our longitudinal study of early career RNs (Kovner et al., 2007). This turnover research has been reviewed recently in Gilmartin (2012) and Lu, Barriball, Zhang, and While (2012). According to this model, a poor overall work environment (e.g., low autonomy and variety, a high workload, etc.), including greater instances of verbal abuse, is expected to result in low satisfaction, which in turn negatively impacts organizational commitment and ultimately turnover. The experience of any form of workplace aggression had a significant negative effect on job satisfaction among RNs (Andrews, Stewart, Morgan, & D'arcy, 2012). For example, Laschinger (2012) found that coworker incivility has a significant negative effect on job satisfaction among newly graduated nurses. Although verbal abuse specifically was not studied, Kovner, Brewer, and Greene (2009) found that collegial RN–MD relations were a significant factor in determining satisfaction. Researchers have not determined whether verbal abuse only acts through turnover's precursors such as satisfaction, thus creating a poor work environment, or if in fact the poor work environment causes verbal abuse.

Our review will first consider how verbal abuse varies by RN characteristics and work setting attributes. Kwok et al. (2006) found that RNs' experience of verbal abuse was more frequent in wards with only male patients and in certain types of departments and wards, such as emergency departments and community nursing services. Some researchers found a greater incidence of verbal abuse in acute care settings of a self-selected but national sample (Vessey, DeMarco, Gaffney, & Budin, 2009) or intensive care units (Oztunc, 2006). Entirely contradicting that finding, Landy (2005) reported, in a small sample of hospital RNs, no association between verbal abuse and type of clinical setting. Sofield & Salmond (2003) reported in a multihospital sample no association between an RN's gender, position, unit/specialty, shift, or highest educational level and verbal abuse.

Research in the general population in Great Britain showed the degree of exposure to bullying and harassment was inversely related to satisfaction and organizational commitment, and positively related to considering leaving, workload, stress from relationships with colleagues, and autocratic leadership (Einarsen, Hoel, & Notelaers, 2009). In a qualitative study of survey comments by early career RNs in a previous wave of this longitudinal survey (Pellico, Djukic, Kovner, & Brewer, 2010), verbal abuse was one of the major factors causing job dissatisfaction among them. Similarly, collegial RN–MD relations have been shown to have a significant positive relation with work attitudes (i.e., satisfaction, commitment); among early-career RNs (Kovner, Brewer, & Greene, 2009) and older RNs (Rosenstein, 2002) that in turn directly impact intention to leave and turnover (Blau, 2007; Brewer, Kovner, Greene, Tukov-Shuser, & Djukic, 2012; Griffeth, Hom, & Gaertner, 2000; Wright & Bonett, 2007).

One-third of more than 1,600 U.S. physician executives said they observed problems with physician behavior weekly (14%) or monthly (18%) that involved disrespect (82.6%), yelling (41.1%), or insults (36.6%; Weber, 2004). The majority of respondents (56.5%) agreed the behavior most often involved "a nurse or nurses, physician assistants, etc." or "conflicts between physicians and staff members" (36.1%). Verbal abuse contributes to RN turnover and intentions to leave. Rosenstein (2002) found that nearly 31% of all study respondents (i.e., physicians, nurses, hospital executives) claimed that they have witnessed an RN leaving the hospital workplace as a result of a physician's disruptive behavior. Norris (2004) found that 27% of RNs involved in the study considered leaving the nursing profession because of the verbal abuse they had experienced. There also is a significant positive association between the amount of verbal abuse experienced by RNs and their intent to leave the organization where they work (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Demerouti, Bakker, Nachreiner, & Schaufeli, 2000; Sofield & Salmond, 2003). However, none of these studies focused on early-career RNs, nor did they determine the mechanism of the effect. Does verbal abuse cause an intention to leave and turnover through low job satisfaction, or does the poor work environment cause more verbal abuse?

Verbal abuse not only affects RN turnover and their intentions to leave their employer or the profession (Norris, 2004; Rosenstein, 2002), but it may also have an impact on patients' clinical outcomes and quality of care (Braun, Christle, Walker, & Tiwanak, 1991; Joint Commission, 2008; Quine, 2001; Rosenstein, 2009). Despite the wealth of literature addressed here, most literature on physicians' verbal abuse of RNs is limited by a lack of methodological rigor, use of convenience and small samples, and survey tools that often lack clear definitions of verbal abuse and descriptions of verbally abusive behaviors. There also is a marked gap in the literature regarding physician verbal abuse experienced by early-career RNs and how this abuse is related to their perceived work environment and work behavior. Thus, the purpose of this study was to examine the relationship between physician verbal abuse of early-career RNs and the RNs' demographic characteristics, work attributes, and perceived work environment.

Methods

Study Design

For this analysis, we used data from the fourth wave of an ongoing national panel study to track career