



Predictors of nurses' experience of verbal abuse by nurse colleagues

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ABSTRACT

Background: Between 45% and 94% of registered nurses (RNs) experience verbal abuse, which is associated with physical and psychological harm. Although several studies examined predictors of RNs' verbal abuse, none examined predictors of RNs' experiences of verbal abuse by RN colleagues.

Purpose: To examine individual, workplace, dispositional, contextual, and interpersonal predictors of RNs' reported experiences of verbal abuse from RN colleagues.

Methods: In this secondary analysis, a cross-sectional design with multiple linear regression analysis was used to examine the effect of 23 predictors on verbal abuse by RN colleagues in a sample of 1,208 early career RNs.

Finding: Selected variables in the empirical intragroup conflict model explained 23.8% of variance in RNs' experiences of verbal abuse by RN colleagues.

Conclusion: A number of previously unstudied factors were identified that organizational leaders can monitor and develop or modify policies to prevent early career RNs' experiences of verbal abuse by RN colleagues.

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Introduction

Respectful communication, mutually shared goals, and positive collegial relationships among members of the health care team, patients, and their families are essential for the delivery of high-quality patient-centered care (Gaffney, DeMarco, Hofmeyer, Vessey, & Budin, 2012). According to Einarsen (2000), as environments in hospitals have become increasingly complex and stressful,

collegial relationships may become challenged and further deteriorate into disruptive behavior. Verbal abuse has been studied as an exemplar of disruptive behavior in the nursing profession for several decades (e.g., Budin, Brewer, Chao, & Kovner, 2013; Cox, 1987; Farrell, 1999; Haan et al., 2017; Rowe & Sherlock, 2005; Vessey, DeMarco, & DiFazio, 2011).

Characteristics of verbal abuse include accusing, blaming, yelling, insulting, humiliating, swearing, threatening, condescending, defaming, discounting, and

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ignoring and withholding information (Edward, Ousey, Warelow, & Lui, 2014; Farrell, Bobrowski, & Bobrowski, 2006; Haan et al., 2017; Manderino & Berkey, 1997; Pejic, 2005; Rowe & Sherlock, 2005; Small, Porterfield, & Gordon, 2015). These characteristics of verbal abuse have also been included in the following constructs: workplace bullying (Salin, 2003; Simons, 2008), intragroup conflict (Almost, 2006; Cox, 2004), workplace aggression (Farrell et al., 2006; Haan et al., 2017; Rodwell, Demir, & Flower, 2013), disruptive behavior (Small et al., 2015), horizontal violence (Walrafen, Brewer, & Mulvenon, 2012), and incivility (Laschinger, Leiter, Day, & Girlin, 2009).

Reports of verbal abuse have been identified in the literature in the United States and internationally. In several U.S. studies, reports from registered nurses (RNs) experiencing verbal abuse ranged from 45% to 74% (Budin et al., 2013; Cook, Green, & Topp, 2001; The Joint Commission, 2016; Rowe & Sherlock, 2005; Small et al., 2015). International studies from Canada, Tasmania (Australia), Turkey, and the United Kingdom have yielded similar results with experiences of verbal abuse reported by RNs ranging from 45% to 94% (Farrell et al., 2006; Ferns & Meerabeau, 2008; Oztunc, 2006; Pejic, 2005).

It is widely recognized that acts of verbal abuse are unfair and unjust (Hansen et al., 2006; Morken, Johansen, & Alasker, 2015). Repeated verbal abuse perpetrated against another individual results in an unhealthy and stressful working environment, which can possibly jeopardize the health status of an individual (Edward et al., 2014; Hansen et al., 2006; Jafree, 2017; Partridge & Affleck, 2017; The Joint Commission, 2008, 2016). Verbal abuse has been linked to serious psychological effects, including anxiety, depression, humiliation, stress, loss of confidence and self-esteem, and feelings of powerlessness (Cook et al., 2001; Oztunc, 2006; Pejic, 2005; Rodwell & Demir, 2012; The Joint Commission, 2008, 2016; Yildirim, 2009). Other physical responses to verbal abuse included reports of headaches, sleep disturbances, increased blood pressure, gastrointestinal disturbance, and other illness (Pejic, 2005; Vessey et al., 2011).

In addition to the physical and psychological consequences associated with verbal abuse, several studies supported that organizational consequences may occur, such as loss of staff productivity, absenteeism, and turnover (Cox, 1987; Laschinger et al., 2009; The Joint Commission, 2016). For example, the researchers of the study by Cox (1991) of RN respondents reported that 88% felt verbal abuse contributed to turnover and 71% resulted in lost productivity. Vessey, DeMarco, Gaffney, and Budin (2009) found that 50% of the RNs who self-identified as being bullied had the desire to resign and 23% had an increase in absenteeism. The cost of replacing a nurse may be as high as \$88,000 due to lost productivity, absenteeism, and recruitment (Li & Jones, 2012), and it is estimated that the overall cost to a hospital is in the millions (Punke, 2016).

Members of professional and regulatory bodies have noted the negative impact that verbal abuse and other disruptive behaviors have on the individual and organization. In 2008, The Joint Commission established a new Leadership Standard (LD.03.01.01), effective 2009, requiring leaders to develop a code of conduct that defines behaviors that are acceptable as well as those behaviors that are disruptive and inappropriate and institute a process for managing disruptive and inappropriate behaviors. The American Nurses Association (ANA, 2015) updated its position statement on incivility, bullying, and workplace violence to state "all registered nurses and employers must collaborate to create a culture of respect free of incivility, bullying, and workplace violence" (p. 1). In addition, the American Association of Critical Care Nurses (2016) established standards to establish and sustain a healthy work environment, including skilled communication. The standard suggests that intimidating behavior leads to negative personal and organizational consequences including nurses leaving the profession. In 2016, The Joint Commission (2016) issued a paper *Bullying Has No Place in Health Care* and recommended that institutions consider enacting those policies outlined in their 2008 document *Behaviors That Undermine a Culture of Safety Behaviors*.

Although verbal abuse among RNs has been identified as a common occurrence with serious individual and workplace consequences (Cox, 1987; Edward et al., 2014; Haan et al., 2017; Pejic, 2005; Rowe & Sherlock, 2005; The Joint Commission, 2008, 2016), less is known about the factors that may contribute to RNs' experiences of verbal abuse, especially verbal abuse by RN colleagues. The purpose of this secondary analysis study was to examine the effect of individual, workplace, dispositional, contextual, and interpersonal predictors on RNs' reported experiences of verbal abuse from RN colleagues using wave IV data (Budin et al., 2013) of the panel study by Kovner et al. (2007), the parent study. In particular, this study intended to answer: (a) What factors predict verbal abuse from nurse colleagues? and (b) What are differential effects of various predictors on verbal abuse by nurse colleagues?

The significance of this secondary analysis study is that it uses a created intragroup conflict model to guide the selection of variables from existing wave IV (Budin et al., 2013) data of the parent study (Kovner et al., 2007) to determine if any were predictors of RNs' experiences of verbal abuse from RN colleagues. The parent study sample was a nationally representative sample of early career RNs, those in practice for up to 6.5 years. The researchers of wave IV of the parent study (Budin et al., 2013) identified bivariate correlations between RNs' experiences of verbal abuse and several variables. This secondary analysis study used multiple regression analysis to identify differential effect of various predictors on RNs' experiences of verbal abuse by RN colleagues. This approach provides better information about which predictors are most impactful for RNs' experiences of verbal abuse by RN colleagues, which is critical for

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