Nurse Managers,
Patient Safety
and
Incivility

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President Obama

- 2011 White House Conference on Bullying
  - "to dispel the myth that bullying is just a harmless rite of passage or an inevitable part of growing up" (Obama, 2011, para. 1).

- "No person in any culture, likes to be bullied. No person likes living in fear because his or her ideas are different" (Obama, 2006, p. 316).

Intent

- From: Galbraith & Jones (2010)
  - Barash (2004) states that the interpretation of what is civil and what is uncivil is in the perception of the receiver, not the sender. In response to Barash's perspective, Twale and DeLuca (2008) remark,
    - That is what makes the behavior so insidious, because the meaning behind the interaction could be anything from complete sincerity to sarcasm to flagrant manipulation. It could also be harassment, incivility, passive aggression, or bullying as translated by the receiver. The intent of the sender is insignificant (p. 3).

New Graduate Nurse Experience

- Kramer's (1974) Theory of Reality Shock
  - Transition Theory

- *My Reality Shock!*

Background

- Workplace Bullying
  - Prevalence in nursing
    - 1999 to 2014
  - Secretive (Vessey, DeMarco & DiFazio, 2011)
  - Descriptor terms
    - Disruptive behavior, horizontal/lateral violence, nurses eating their own
      - (Johnson, 2009; Longo & Sherman, 2007; Martin, 2008)
    - Workplace incivility, intergroup conflict, mobbing, nurse-to nurse hostility
      - (Longo, 2011; Vessey, DeMarco & DiFazio, 2011)
    - Relational aggression (Dellasega, 2009)

Background

- Manifestation
  - Verbal abuse
  - Threats
  - Humiliation
  - Excessive criticism
  - Intimidation
  - Marginalization
  - Alienation
  - Withholding of information
  - Failing to support a colleague
  - Exploitation
  - Name calling
  - Divulging of confidences
  - Physical violence

Background

- Occurrence Examples
  - Ulrich, Lavandero, Hart, Woods, Leggett, & Taylor (2006)
    - 4034 Registered Nurses
    - Experienced at least 1 act of workplace aggression/violence
      - Verbal, emotional, physical abuse

Background

- Dumont, Meisinger, Whitacre & Corbin (2012)
  - 950 Registered Nurses (878 females; 50 males)
  - 82% (778 RNs) Weekly/daily incidences of workplace bullying
    - Nurse peers, supervisors, unlicensed assistive personnel, physicians, housekeeping, security and maintenance
  - No relationship to years in nursing & bullying frequency
  - Males experienced/witnessed bullying more
  - Nurses aged 40 to 50 years old
    - Highest frequency
  - Relationship to educational degree/certification
    - 14 respondents
    - PhD & other doctoral nurses scored highest
    - MSN nurses scored lowest

Problem

- Workplace Bullying in Health Care
  - Issues well documented
    - International Issue
    - Patients at risk
    - RN Retention
    - Organizational costs
      - Malpractice, absenteeism
      - Training - $10,000 - $70,000

- The Joint Commission (JC) 2009 Mandate (tJC, 2008)
  - Health care leaders to address workplace bullying
    - Impacts patient outcomes & patient safety

- Few rigorous studies regarding phenomenon

- No studies conducted on perception of phenomenon by nurse managers

Central Research Question

- What are the perspectives and lived experiences of nurse managers as they endeavor to address workplace bullying among RNs at their institution?

Sub-Research Questions

- How did the nurse manager define the term bullying?
- What did the nurse manager perceive to be the scope of the problem?
- What is the perceived impact of workplace bullying relevant to patient care delivery and interactions among RNs?
- What did the nurse managers do to address the issue?
- What interventions were effective in addressing the behavior, and what interventions were not effective?
- What did the nurse manager perceive comprises a healthy, caring work environment?

Interview Questions

- Colton and Colvert (2007) instrument design & construction
- Rubin & Rubin (2005) responsive interview model
  - What did the nurse managers perceive to be the scope of the problem?
  - What did the nurse managers do to address the problem?
  - Did the nurse managers have the resources and support to address the problem?
  - What interventions were effective, and what interventions were not effective?
  - What did the nurse managers perceive comprises a healthy, caring work environment?

Purpose of the Study
&
Approach

- Examine workplace bullying from perspectives of nurse managers

- Phenomenological Approach (Moustakas, 1994)
  - Set aside
    - » Assumptions, biases, judgment & personal beliefs
  - Epoché
    - » Critical reflection
    - » Free of personal judgment
    - » Free of personal experiences
    - » Perspectives of participants
    - » Hatch (2002) - Bracketing
    - » New meanings evolved
    - » Generated from the data

Participant Demographics

- Interviewed 6 nurse managers
  - 4 urban hospital settings
  - 1 suburban hospital setting
    - Midwestern & Northeastern regions
  - 100 to 700 patient beds
  - Nurse managers on variety of patient care units
  - RN license 13 to 40 years
  - Nurse manger over 4 to 8 years
  - Education degree
    - 2- Bachelor of Science in Nursing
    - 1- Bachelor of Science in Administration
    - 3- Master of Science in Nursing
    - 1- Also holds a Master's degree in Health Administration
  - Individuals responsible for operation/management of patient-care units

Concept of Caring

- *Caring* in Nursing Practice
  - Relevance to RN & Patient
    - Nightingale, Watson, Leininger
  - Transcends across roles of practitioner, researcher, administrator, teacher and developer
    - Patient well-being & RN personal fulfillment (Mathes, 2011)
  - Longo (2011) caring transferred from nurse to patient
  - Johnson (2009) RN victims of bullying – less compassionate
  - Mandated by American Nurses Association (ANA)
    - *Scope and Standards of Practice* (ANA, 2010a)
    - *Social Policy Statement: The Essence of the Profession*
      - (ANA, 2010b)
  - Caring behaviors improves quality & delivery of patient care, & improves RN social relationships

- Dellasega (2009) and Caring – "Why in a profession founded on caring and collaboration, is bullying a problem"?

Theoretical Framework

Ray's (1989, 2010) Theory of Bureaucratic Caring

- Humanistic caring v. bureaucracy
- Caring in healthcare environments
- Differ on various hospital units

Assumptions

- Nurse Managers
    - Aware of JC 2009 *Code of Behavior*
      (tJC, 2008)

    - Personal experience with workplace bullying
    - Implemented actions

Limitations

- Purposive Sampling
  - Intentional
  - Hatch (2002)
    - Justify participant selection
  - Patton (2002)
    - "purposeful, strategic sampling can yield crucial information about critical cases" (p. 563)
- Rural Nurse Managers not selected
  - Urban and suburban nurse managers have more resources

    (Baernhold, Mowinski-Jennings, Merwin & Thornlow, 2010)

  - Propose future study targeting rural nurse managers
- Small sample size (N=6)
  - Appropriate for a qualitative study (Creswell, 2007)
  - Sample size increased from 5 to 6
    - Saturation of data occurred
- One-investigator study
  - Member checking, peer debriefing, collaboration with external auditor(s)
    (Creswell, 2003; Maxwell, 2005; Miles & Huberman, 1994; Patton, 2002; Streubert & Carpenter, 2011)

Ethical Considerations

- Goal: Confidentiality & Participant Protection
  - IRB approval by Walden University & the University of Missouri-Kansas City (employer)
  - Participant consent form
  - Participants did not receive compensation
  - Researcher's & Walden University's contact information was provided
  - Prior to interview
    - Participants reminded of their right to refuse to answer a question posed, and/or right to withdraw from the study

Data Collection Process

- Chief Nursing Officers (CNOs)
  - Letter of Introduction
  - Letter of Cooperation
  - Participant Invitation
- Participants
  - Consent form
  - Scheduled individual interviews
  - Copy of interview questions
  - Skype setup information
  - Phone interviews

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Data Collection Process

- 6 Nurse Managers
  - 4 urban hospital settings
  - 1 suburban hospital setting

- Demographic Data
  - Years licensed as a RN
  - Years as a Nurse Manager
  - Highest degree earned

Data Collection Process

- Reviewed Consent Form

- Recorded Interview

- Transparency to Participants (Hatch, 2002; Patton, 2002)
  - Researcher's experience with workplace bullying

- Interviews
  - Rubin and Rubin (2005)
    - Introduced topic
    - Remained focus on topic
    - Open-ended questions
    - Employed clarifying questions, when needed
    - Concluded interview with informal conversation
  - Patton (2002)
    - Field notes
  - Transcribed immediately by researcher

Data Analysis Process

- Data Analyzed
  - Bracketing (Hatch, 2002)
  - Horizontalization (Moustakas, 1994) & a combination of priori & open coding
    - Relevant texts
    - Recurring language
    - Repeating ideas
    - Concepts, patterns & exemplars
  - Iterative review process
    - Manually color coded key words/statements multiple times
      (Saldaña, 2010)
    - Key words/statements → themes & correlation with research questions

Data Analysis Process

- Emerging Themes
  - Awareness
  - Scope of the Problem
  - Quality of Performance
  - Healthy, Caring Work Environment

Categories and Themes/Prevailing Trends

Category	Emerging Themes/Prevailing Trends
• Presentation of Bullying	Awareness
• Scope of Bullying	Awareness; Scope of the Problem
• Persons Committing Bullying	Awareness; Scope of the Problem
• Environment at Institution Environment	Quality of Performance; Healthy, Caring Work
• Patient Impact Environment	Quality of Performance; Healthy, Caring Work
• Nurse Impact Environment	Quality of Performance; Healthy, Caring Work
• Effective Interventions Environment	Quality of Performance; Healthy, Caring Work
• Ineffective Interventions Environment	Quality of Performance; Healthy, Caring Work
• Perceived Cause of Bullying	Awareness; Scope of the Problem
• Organizational Barriers Environment	Quality of Performance; Healthy Caring Work
• Healthy Caring Work Environment Work	Awareness; Quality of Performance; Healthy, Caring Environment

Evidence of Trustworthiness

- Transparency (Hatch, 2002; Patton, 2002)
- Phone debriefings with committee
- Personally transcribed interviews verbatim
- Member Checking (Hatch, 2002; Merriam, 2002)
  – Transcript summaries sent to participants
    - Received feedback from participants
- Triangulation, Peer Debriefing & Collaboration (Creswell, 2007; Maxwell, 2005; Miles & Huberman, 1994; Patton, 2002; Streubert & Carpenter, 2011)
    - Peer reviews & dissertation committee members
- Horizontalization, priori & open-coding processes
  – Peer reviewers & dissertation committee
    - HyperRESEARCH®

Results

- Awareness
  - Universally aware of term *Bullying*
    - Negative implications
      - Victim, workplace environment, patient care delivery
        » Uncivil nature: "peers sabotaging you and setting you up for something"; "intimidation"; "harassing"; "incivility"; "embarrassing you"
        » Threatening nature: "efforts to harm others in the workplace or other settings"; it can be verbal or physical"; "lateral violence, horizontal violence"; "one individual who imposes a view or a threat over another individual in the workplace setting"

Results

- Negative implications – cont'd
  - *Non-collaborative nature*
    - » "not being a team player or not helping"; "non-cooperative"; "non-collegial activities"; "withholding of information"
  - *Influence & control nature*
    - » "someone who is domineering"; "wants to be in control"; "seeks power"; "portrayal of extreme self-confidence, which causes others to perceive that the bully possesses more power and empowerment"; "a perception of having clout, power or the ability to make something happen"; "a connection with a certain group"

Results

- RN managers assert:
  - Need to address manifestations of workplace bullying
  - Behavior discussed more in the literature
  - Need to provide a culture of safety
  - More covert, silent in nature
  - Impacts socialization of RN staff & collaborative efforts
  - Comprises quality and delivery of safe patient care

Results

- Scope of the Problem
  - "Just about every area of nursing"
  - Mostly peer-to-peer
  - Also occurs superior to subordinate
  - From physician & nurse practitioner → RN
  - *Frequency*
    - "a number of times"; "minimal to a moderate degree"; "a lot more prevalent than people realize"; "I see people leave the unit, as well as the organization"; address incidences "head on"

Results

- Quality of Performance
  - "places patients' safety at risk"; "staff avoid seeking out peer assistance when needed; or they avoid posing questions to their peers"; "poor or inadequate care"; "tends to lead to a lack of communication and collaboration"; "strained relationships"; "negative social practice that limits the quality and even the amount of social interactions"; personal health effects on the RN
  - Victims felt that there would be repercussions if they reported an incident, and thus, would not report incidences out of fear
  - All RN Managers stated:
    - Workplace bullying → socialization of RNs → impact on the delivery of patient care & patient outcomes

Results

- Effective Interventions
  - RN Manager involvement
    - Proactive effective measures
      - Unit education
      - Establish mechanism of communication
      - Zero tolerance
        - » "I'm not going to tolerate this behavior"
      - Immediately address issues
        - » Staff must realize that they are going to face the consequences
      - Maturation & support of RN Manager
      - Develop a "trusting relationship"
      - Develop on a unit/organization reporting procedure
        - » Follow the chain-of-command
      - Establish mutual respect among professions
      - Develop & implement polices

Results

- Ineffective Interventions & Barriers
  - Mandated anti-bullying programs
  - When incident was reported, superior did not address issue
  - Superior was the bully or friends with the bully
  - No recording system
  - Staff would attempt to shift the blame to the RN Manager
  - Staff fear of "retaliation or what repercussion might be used"
  - "There aren't any resources in our organization to help a manager"

Results

- Healthy, Caring Work Environment
  - Mutual respect among staff
  - Staff care about each other
  - Collaboration & teamwork efforts
  - Personal & institutional attributes & behaviors
    - Improve interpersonal communication, collegiality efforts, collaboration & support for one another
  - RN Managers
    - Divided on whether gender had an impact
  - Zero tolerance policies
    - Workplace bullying is not to be tolerated

Results

- ## Healthy, Caring Work Environment – cont'd
  - A healthy, caring work environment is:
    - "where learning is facilitated, where senior nursing staff support the growth and development of junior nursing staff"; "preceptors support the new graduate nurses"; evidence of "teamwork and a teamwork mentality"; "where colleagues can speak openly with one another or offer suggestions"
  - Additional RN Manager comments:
    - Culture of collaboration
    - Respect for one another
    - Institution's core values are reinforced
    - Environment reflects support by nursing leadership
    - Staff demonstrate caring "about the expectations of the organization"

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Summary of the Findings

- Data reflects back on the central research question and sub-questions
  - Rich description of participants' perspectives, experiences & knowledge regarding the scope of the problem
  - Provided examples of effective & ineffective interventions
  - Illustrated what the participants perceived comprises a healthy, caring work environment

Significance of Study

- Workplace bullying defined from a newly-studied population
- Could lead to interventions
  - Disseminated to other nurse leaders
- Social Change
  - Bullying workplace environments → transformed into healthy, caring workplace environments
    - Enhance delivery of safe, quality patient care care
  - All RNs and organizations must assume:
    - Personal Responsibility
    - Collective Responsibility
    - Organizational Responsibility

Implications for Social Change

- Everyone must:
  - Acknowledge that workplace bullying exits
  - Educate on the physiological and psychological signs, manifestations and outcomes associated with workplace bullying (Broome & Williams-Evans, 2011; Longo & Sherman, 2007: Murray, 2009; Olender-Russo, 2009)
  - Identify antecedents that contribute to workplace bullying (Brunt, 2011)
  - Hold individuals accountable for their personal & professional behavior (Hippeli, 2009)

Implications for Social Change

- Everyone must – cont'd:
  - Organizations must play a role (Gibson, et al., 2006)
    - "Hospital administrators should promote an atmosphere of non-retaliation for those reporting bullying and horizontal violence" (Weaver, 2013, p. 141).
    - Systems must be in place (Wilson, Diedrich, Phelps, & Choi, 2011)
    - Zero tolerance policies must be enforced (American Nurses Association, 2012)
    - RN Managers must be empowered to address behavioral issues (Center for American Nurses, 2008)
  - Transformational leadership approach (Olender-Russo, 2009)

Implications for Social Change

- Everyone must – cont'd:
  - Create a supportive, nurturing environment for new graduate RNs (Berry, Gillespie, Gates, & Schafer, 2012; Cho, Lee, Mark, & Yun, 2012; Read & Laschinger, 2013; Weaver, 2013)

- RN Managers must:
  - Support their staff
  - Allow everyone's voice to be heard (Hippeli, 2009)

Ethical & Legal Implications

"Hospital administrators, human resource managers, and nurse managers must be educated first to ensure that they have a clear understanding of their own responsibilities with respect to a safe and healthy workplace. They must educate their staff to raise awareness of the ethical mandates that can prevent bullying behaviors and of the laws that may be violated when nurses engage in bullying behaviors."

Susan B. Matt, PhD, JD, MN, RN (2012)

Future Research

- Develop future quantitative methods capable of documenting the current scope of the phenomenon
- Examine the effectiveness of institutional zero tolerance policies
- Compare & contrast workplace bullying interventions against each other
- Education and intervention measures
    - Inter-professional & organizational collaboration
    - RN empowerment & role development
    - Mentorship at all levels
    - Academia's responsibility

Final Reflection

- Workplace bullying can be addressed through awareness, intra-interprofessional collaboration, support, and effective interventions when issues arise.

- Future research is needed on this topic, not only for nursing, but other professions as well.

- "Why in a profession founded on caring and collaboration, is bullying a problem?" (Dellasega, 2009, 52).

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