

A kinder, gentler workplace, part 2: Impatience

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WHEN I WAS A NURSING STUDENT making rounds with a surgeon, he decided to remove a patient's stitches. I hurried to the treatment room for a sterile suture pack and laid it out for him on the tray table. The hemostat didn't work, so he threw it in my face, cutting me above the right eye.

That was 50 years ago, but in some ways, not much has changed. In a 2013 survey by the Institute for Safe Medication Practices, about 46% of nurses said they'd been shamed, humiliated, or made the object of malicious rumors within the previous year. The same year, a Robert Wood Johnson survey of newly licensed registered nurses found nearly half (49%) had experienced verbal abuse in the workplace.

According to The Joint Commission, abusive workplaces lead to more errors. This is particularly worrisome because most hospitals are filled with sick, dying, and occasionally desperate patients. Although tolerated for decades, such situations ultimately may be corrected because researchers have linked them to patient harm.

As a long-time nurse, I don't believe most nurses are too timid to stand up for themselves, any more than I believe most doctors are abusers. I think the abuse that occurs—not only by doctors but also managers and even other nurses—usually stems from anxiety and impatience rather than anger and contempt.

Impatience and the anxiety that commonly gives rise to it may stem from long hours, stressful work, limited time, and interactions with tense, frightened people. Earning your living by intervening in others' lives takes a certain audacity, but this trait can lead to intolerance of anything less than an excellent performance. Interestingly, psychologists tell us audacity and intolerance may be part of an impatience spectrum. Audacity is a willingness to take risks; intolerance is an unwillingness to endure obstruction or delay, no matter what the source. Not surprisingly, that source often is a coworker. Impatience commonly manifests as condescension and hostility. The latter, I believe, leads to what The Joint Commission calls disruptive behavior.

Physicians and nurses, heal thyselfes

Perhaps the most effective way to address verbal and behavioral abuse is to teach people how to deal with their own abusive tendencies. If you're feeling impatient, ask yourself why. What are your triggers? Do you

feel unable to meet the urgent demands you're facing? Are you afraid you'll fail? Are you displacing your anxiety onto the people who are helping you? Do you snarl at anyone in your way? If so, ask yourself more questions:

- Are you treating everything as an emergency?
- Is your impatience helpful? Can you let it go?
- What do you think justifies anger, impatience, and condescension?
- Is your ego involved? Are you exaggerating your own importance?

By the time you've started to practice nursing or medicine, the neural pathways underlying such behaviors as impatience are well-established—but not impossible to change. As you become more aware of impatience through self-observation and self-inquiry, you can gain more control over it by identifying your triggers and using that awareness to change your actions.

You may find it helpful to rebalance by focusing on what the other person is asking or doing—and by offering genuine help. Keep in mind that almost all of your coworkers mean well. No one wants to make an error. And every single one of them wants to help. So if they need help, help them. You'll both be the better for it.

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