

Incivility and bullying

Let's all work together to solve this workplace hazard.



FOR DECADES, many nurses did not speak openly about incivility and bullying in healthcare. If we did, we limited its scope and didn't call out the different types of bullying relationships. Or we fell back on the familiar refrain: It's just part of working in a high-stress, fast-paced environment. Or even worse, we saw it as a problem with no concrete solution.

Times have changed, though. Plenty of research on bullying and incivility and its negative physical and emotional consequences on actual and potential targets has been conducted. Most nurses view this conduct as a workplace hazard that has no place in healthcare, and stakeholders like The Joint Commission have gone on the record as well. In more recent actions, the commission published a Quick Safety issue brief (bit.ly/2KncVuM) describing the impact of workplace bullying and incivility on healthcare team members and patients. And in one of 11 safety culture tenets (bit.ly/2Imb4nc), it called on chief executive officers and other leaders to "adopt and model appropriate behaviors and champion efforts to eradicate intimidating behaviors."

The American Nurses Association (ANA), with the collective wisdom of our expert members, has been working hard to advocate for quality, compassionate, professional environments wherever nurses work—from the bedside to academia. And we've developed webinars, tip cards, and other resources and multifaceted strategies to move healthcare in the right direction (bit.ly/2IexjLN). Those efforts also include our work to address factors (such as poor staffing and inadequate or nonexistent culture training) that contribute to unsafe and non-nurturing workplaces. Yet, it pains me to say, the problem persists.

I've been thinking about this even more lately because of two nurses I've been in touch with: One experienced RN reported a physician's ongoing bad behavior toward nurses, and the other relatively new RN shared that she had contemplated suicide after being repeatedly bullied by peers.

When ANA gathered data on workplace bullying and aggressive behaviors between February 2017 and May 2018 via our HealthyNurse® Survey, 29% of 9,117 nurses

and student nurses reported experiencing verbal or nonverbal aggression from a peer during the past year, and 22% from a person in a higher level of authority. Others exploring workplace bullying suggest the incidence of nurses experiencing it at some point in their career is much higher, and it can involve coworkers, administrators, physicians, and others. In our survey, however, 64% of respondents said they felt comfortable reporting instances of bullying. Reporting is key to ensuring that necessary culture changes are made.

We know that changing a behavior, let alone an entire workplace culture, is difficult. But it can be done. During an educational session at our recent ANA-ANCC conferences, nurse presenters described successfully changing their department's culture by having the expectation that everyone be respectful and kind—and holding them accountable for bad behavior. The manager was also committed to making sure everyone was supported and appreciated, and she focused on role modeling thoughtful behavior.

ANA's 2015 position statement on incivility and bullying reinforces the need to create cultures of respect and provides recommended interventions for RNs and employers. We know that ending incivility and bullying requires everyone—including top leadership—working together through shared governance committees and other formal and informal groups. We must implement effective strategies and systems, from reporting incidents and following up to ensure bad behaviors don't continue, to recognizing the stress we and our colleagues are under and working to alleviate it.

Our profession is full of good people, so our work environment shouldn't be about survival of the fittest but rather one of respect, kindness, and compassion. We're in a caring profession. Let's extend that caring to all our brothers and sisters who are on the front lines with us—for the good of our patients, our colleagues, and ourselves.



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