The Effect of Lateral Violence & Incivility on Quality and Safety

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Culture of Safety

• characterized by open and respectful communication among all members of the healthcare team in order to provide safe patient care. It is a culture that supports “organizational commitment to continually seeking to improve safety”

(Institute of Medicine, 2007, p. 15).
Terms Defined

Repeated and unwanted actions by an individual or group intending to intimidate, harass, degrade or offend…

Abuse or misuse of power…

Bullying *is* psychological violence
Defined

Civility = Authentic respect for others requiring time, presence, engagement, and an intention to seek common ground. Clark and Carnosso (2008)

Incivility = Disregard and insolence for others, causing an atmosphere of disrespect, conflict, and stress. Emry & Holmes (2005)

Lateral/Horizontal Violence = is behavior associated with oppressed groups and can occur in any arena where there are unequal power relations, and one group's self expression and autonomy is controlled by forces with greater prestige, power and status than themselves. Harcome (1999)
When can incivility occur?

• Before, During or After Work
• Breaks
• Lunch hour
• Work-related events outside of office, (i.e. happy hours, work conferences, dinners, holiday parties, picnics)
**Continuum of Incivility**

Distracting, annoying, irritating behaviors  

Low Risk  

Disruptive Behaviors  

Behaviors range from:  

- eye-rolling  
- sarcastic comments  
- taunting  
- racial/ethnic slurs  
- intimidation  
- physical violence  

High Risk  

Threatening Behaviors  

Bullying, aggressive, potentially violent behaviors

Clark © 2011

In 2004, The Institute for Safe Medication Practices published a survey on workplace intimidation. Almost half of the 2,095 respondents, which included nurses, pharmacists and other providers, recalled being verbally abused when contacting physicians to question or clarify medication prescriptions.
Joint Commission on Accreditation of Healthcare Organizations, 2002

- In a hostile environment, communication is hindered and this can affect quality of care and patient safety.

- Unresolved conflict and disruptive behavior can adversely affect safety and quality of care.
Examples

- Spreading malicious rumors, gossip, or innuendo that is not true
- Excluding or isolating someone socially
- Intimidating a person
- Undermining or deliberately impeding a person’s work
- Physically abusing or threatening abuse
Examples

- Removing areas of responsibilities without cause – “underwork”
- Constantly changing work guidelines
- Establishing impossible deadlines that will set up the individual to fail
- Withholding necessary information or purposefully giving the wrong information
Examples

- Making jokes that are obviously offensive by spoken word or email
- Intruding on a person’s privacy by pestering, spying, or stalking
- Assigning unreasonable duties or workload which are unfavorable to one person (creating unnecessary pressure)
Examples

- Yelling or using profanity
- Criticizing a person persistently/constantly
- Belittling a person’s opinions
- Blocking applications for training, leave, or promotion
- Tampering with a person’s personal belongings or work equipment
The ten most common forms of lateral violence in nursing

- “non-verbal innuendo,”
- “verbal affront,”
- “undermining activities,”
- “withholding information,”
- “sabotage,”
- “infighting,”
- “scapegoating,”
- “backstabbing,”
- “failure to respect privacy,”
- “broken confidences”

(Griffin, 2004)
Forms of Incivility

**Corporate**
This type occurs when the employer abuses employees knowing that people will be afraid to stand up to them for fear of losing their job.

**Client**
This type occurs when employees are being bullied by those they serve - for example, health care providers being bullied by patients or patients’ families.

**Secondary**
This type usually is unwittingly done and often occurs when bullying is the norm in the workplace and the general behavior of all employees decreases to the point when they start turning on others.

Source: [www.bullyonline.org](http://www.bullyonline.org) 2013
Forms of Bullying

Gang bullying is often predominant in cooperate bullying and bullies will work in a gang to accomplish what they want to achieve.

Vicarious bullying is where two parties are encouraged to engage in adversarial interaction or conflict. One party becomes the bully's instrument of harassment and is deceived and manipulated into bullying the other party.

Residual bullying is the bullying of all kinds that continues after the bully has left.
Why are people not civil?

• Some are opportunists and they take advantage of a case of someone in the wrong place at the wrong time and who turns out to be easily intimidated.

• Some are jealous of those whom he/she bullies and secretly wishes to be more like them. Some bully those who are popular so that they can get attention.

• Some are afraid of exposing their inadequacy and they tend to bully others who make them feel more inadequate by being excellent at their work.

• Some focus on those who are independent and don’t need to get strength from others.

• Some often get strength from their “followers” who find it funny to torment someone.
Stress in America—APA Report 2011
n= 1,226

Major Stressors: Money (75%), Work (70%), Economy (67%), Relationships (58%), Job Instability (49%)

75-90% of all physician office visits are for stress-related complaints
43% of all adults suffer adverse health effects from stress
39% stress for adults has increased over the past year

Stress is linked to the 6 leading causes of death—heart disease, cancer, lung disease, accidents, cirrhosis of the liver, and suicide.

Incivility is on the Rise…

• …According to a recent study by the national Institute for Occupational Health and Safety (NIOSH)

• 24.5% of companies surveyed indicate that incivility has taken place; 10.5% involving bullying by external customers

• 45% of targets report stress related health problems
  – Panic attacks
  – Clinical depression
  – Post traumatic stress

• 3% of targets file lawsuits
Workplace Statistics

- Incivility in the workplace varies from country to country:
  - In Norway 5% of the workforce admit to being bullied
  - In the UK & USA 20% of the workforce say they have encountered bullying in the workplace.
  - 1 in 30 workers are serial bullies.
  - The main reason for bullying in the workplace not being reported is fear of losing the job and further victimization.

SOURCE: www.bullyfreeworld.com 2013
Workplace Statistics

- 84% of workers at some time in their life encounter intimidating behavior.
- 73% of the workforce are unhappy and say the workplace is oppressive.
- 65% of the workforce won’t speak up out of fear.
- 43% felt a great deal of pressure especially when it came to meeting unrealistic targets.
- 40% of the workforce say they have encountered abusive language.
- 38% of the workforce have been on the receiving end of hurtful jokes or have been the victim of pranks.
- 23% have come across threatening behavior in the workplace.
- 15% have been on the receiving end of a physical assault.
- 66% of the bullies encountered within the workplace were managers or supervisors.

SOURCE: www.bullyfreeworld.com 2013
The Effect of Incivility R/T Quality & Safety

- Absenteeism
- Decreased productivity
- Manifestation of illness
- High turnover
- Increased accidents on the job
- Violence

Lateral violence and bullying has been extensively reported and documented among healthcare professionals, with serious negative outcomes for registered nurses, their patients and health care employers. These disruptive behaviors are toxic to the nursing profession and have a negative impact on retention of quality staff.
The Effects of Incivility…

- When people believe that they have experienced horizontal violence:
  - Some will cut back on work
  - Some will contemplate leaving the job
    - Only 10% do
  - Take it out on innocent family or pets
  - Others will steal from the job, sabotage work, damage equipment, damage personal property of the bully or
  - Contemplate a violent act and carry it out
Effects of Incivility

- Employee health,
- Absenteeism,
- Job satisfaction,
- Productivity,
- Commitment,
- Turnover
- Legal action
- Heavy financial burden for health care organizations, estimated at $23.8 billion annually in the United States to cover direct and indirect costs associated with uncivil and violent workplace behaviors
Lewis and Malecha (2011)

Estimates that the yearly cost of lost productivity due to workplace incivility is $11,581 per nurse.
Effects of workplace incivility and empowerment on newly-graduated nurses’ organizational commitment

• **Background** The early years of practice represent a significant confidence-building phase for newly-graduated nurses, yet many new nurses are exposed to disempowering experiences and incivility in the workplace.

• **Method** A predictive non-experimental design was used to examine the impact of structural empowerment, psychological empowerment and workplace incivility on the affective commitment of newly-graduated nurses (n = 117) working in acute care hospitals.

• **Results** Controlling for age, 23.1% of the variance in affective commitment was explained by structural empowerment, psychological empowerment and workplace incivility \( R^2 = 0.231, F_{5,107} = 6.43, P = 0.000 \). Access to opportunity was the most empowering factor, with access to support and formal power perceived as least empowering. Perceived co-worker incivility was greater than perceived supervisor incivility.

• **Implications for Nursing Management** Without specific strategies in place to combat incivility and disempowerment in the workplace, attempts to prevent further organizational attrition of new members may be futile.
The Impact of Workplace Incivility on the Work Environment, Manager Skill, and Productivity
Lewis, Patricia Smokler PhD, RN, NEA-BC, CNML; Malecha, Ann PhD, R
Journal of Nursing Administration: January 2011 - Volume 41 - Issue 1 - pp 41-47

• Objective: The objective of the study was to investigate the impact of workplace incivility (WPI) on staff nurses related to cost and productivity.

• Background: Healthful practice environments are one of the goals of the American Organization of Nurse Executives 2010 to 2012 Strategic Plan. Healthy work environments are linked to patient safety and quality.

• Methods: A postal survey was sent to 2,160 staff nurses (n = 659 completed) and included the Nursing Incivility Scale and Work Limitation Questionnaire.

• Results: Although almost 85% (n = 553) reported experiencing WPI in the past 12 months, nurses working in healthy work environments (defined as Magnet®, Pathway to Excellence, and/or Beacon Unit recognition) reported lower WPI scores compared with nurses working in the standard work environment (P < .001). Workplace incivility scores varied between types of unit. Nurses' perception of their manager's ability to handle WPI was negatively associated with WPI scores (P < .001). Lost productivity as a result of WPI was calculated at $11,581 per nurse per year.

• Conclusions: Not only does WPI exist at high rates, but also it is costly. Nursing leaders play a vital role ensuring a healthy work environment.
<table>
<thead>
<tr>
<th></th>
<th>Clark Workplace Civility Index</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Assume goodwill and think the best of others</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2.</td>
<td>Include and welcome new and current colleagues</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3.</td>
<td>Communicate respectfully and really listen</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4.</td>
<td>Avoid gossip and spreading rumors</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>5.</td>
<td>Keep confidences and respect others’ privacy</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6.</td>
<td>Encourage, support and mentor others</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7.</td>
<td>Avoid abusing my position or authority</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8.</td>
<td>Use respectful language (avoid gender, racial, and sexual biased terms)</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>9.</td>
<td>Attend meetings, arrive on time, participate, volunteer and do my share</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>10.</td>
<td>Avoid distracting others (misusing media, side conversations) during meetings</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>11.</td>
<td>Avoid taking credit for another’s or team’s contributions</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>12.</td>
<td>Acknowledge others and praise their work/contributions</td>
<td>Yes</td>
<td>No</td>
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<td>13.</td>
<td>Take personal responsibility and stand accountable for my actions</td>
<td>Yes</td>
<td>No</td>
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<td>14.</td>
<td>Speak directly to the person with whom I have an issue</td>
<td>Yes</td>
<td>No</td>
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<td>15.</td>
<td>Share pertinent and important information with others</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>16.</td>
<td>Uphold the vision, mission, and values of my organization</td>
<td>Yes</td>
<td>No</td>
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<td>17.</td>
<td>Seek and encourage constructive feedback from others</td>
<td>Yes</td>
<td>No</td>
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<td>18.</td>
<td>Demonstrate approachability, flexibility, and openness to other points of view</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>19.</td>
<td>Bring my “A” game and a strong work ethic to my workplace</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>20.</td>
<td>Apologize and mean it when the situation calls for it</td>
<td>Yes</td>
<td>No</td>
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Scoring the Clark Workplace Civility Index

Add up your “yes” responses and score your Civility Index

- 18-20 (90%) – Very Civil
- 16-17 (80%) – Moderately Civil
- 14-15 (70%) – Mildly Civil
- 12-13 (60%) – Barely Civil
- 10-11 (50%) – Uncivil
- Less than 10, Very Uncivil
Provision 6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action (ANA, 2001, p. 20).

Provision 7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development (ANA, 2001, p. 22).

Provision 8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs (ANA, 2001, p. 23).

Provision 9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping of social policy (ANA, 2001, p. 24).
Provision 1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social/economic status, personal attributes or the nature of health problems (ANA, 2001, p. 7).

Provision 3. The nurse promotes, advocates for, and strives to protect the health, safety and rights of the patient (ANA, 2001, p. 12).

Provision 6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action (ANA, 2001, p. 20).

Provision 8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs (ANA, 2001, p. 23).
AMA Principles of medical ethics

• I. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.

• II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.

• III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
AMA Principles of medical ethics

• IV. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.

• VII. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.

Adopted June 1957; revised June 1980; revised June 2001.
What is not workplace incivility?

- Reasonable action taken in a reasonable manner by an employer to transfer, demote, discipline, counsel, or dismiss an employee,

- A decision by an employer, based on reasonable grounds, not to award or provide a promotion, transfer, or benefit in connection with an employee’s employment,
What’s the Tone of Your Workplace?

- Does speaking-up mean taking a big risk?
  - Risk of Sounding Inarticulate
  - Risk of an Idea Getting Shot Down
  - Risk of Losing Face
  - Risk of Making Enemies
What Can We Do?

• Recognize that it’s about control
• Realize that it’s not your fault
• Keep a detailed diary and paper trail
• Leave the unit/division/organization
How to Avoid Horizontal Violence

• Name the problem - use the term 'horizontal violence' to refer to the situation.
• Address the behavior immediately with the perpetrator - most people have no idea they are doing it.
• Horizontal violence is usually a product of unconscious dysfunctional patterns.
• These are patterns that fit the 'victim, rescuer, persecutor' triangle model of unhealthy human behavior.
How to Deal with it…

• First, be kind to yourself – don’t personalize it b/c even though it may be directed at you, it’s probably not about you

• Acknowledge that there are various sources for « rude » behavior

• Respond with calmness; rather than behavior that escalates rudeness

(The Civility Solution: What to Do When People are Rude, St Martin’s Press, 2008)
How to Deal with it...

• Try to address the underlying cause of the behavior: I see you are very stressed. Maybe I could help if you tell me what’s bothering you?

• If the conversation remains irrational, then know when to quit

• Recognize whether behavior is a pattern or mishap; respond appropriately

• (The Civility Solution: What to Do When People are Rude, St Martin’s Press, 2008)
What to do...

Educate staff members on the topic and how to deal with it

- Have the staff sign an “anti-bullying” pledge
- Department Directors and Administrators need to be approachable
- Do activities that promote staff unity (ex: staff retreats or team building activities)
- Administrators should address it at the time of hire/orientation/annually or as needed.

Your Recommendations?
“Never be bullied into silence. Never allow yourself to be made a victim. Accept no one’s definition of your life, but define it yourself”

- Harvey S. Firestone

http://www.youtube.com/watch?v=nNAYJGFbVvc&feature=related
Resources


Feldman LJ. Classroom civility is another of our instructor responsibilities. *Coll Teach.* 2001;49(4):137–140.


Resources


http://www.aacn.nche.edu/Media/FactSheets/NursingShortage.htm

http://www.ismp.org/Newsletters/acuteCare/articles/20040311_2.asp