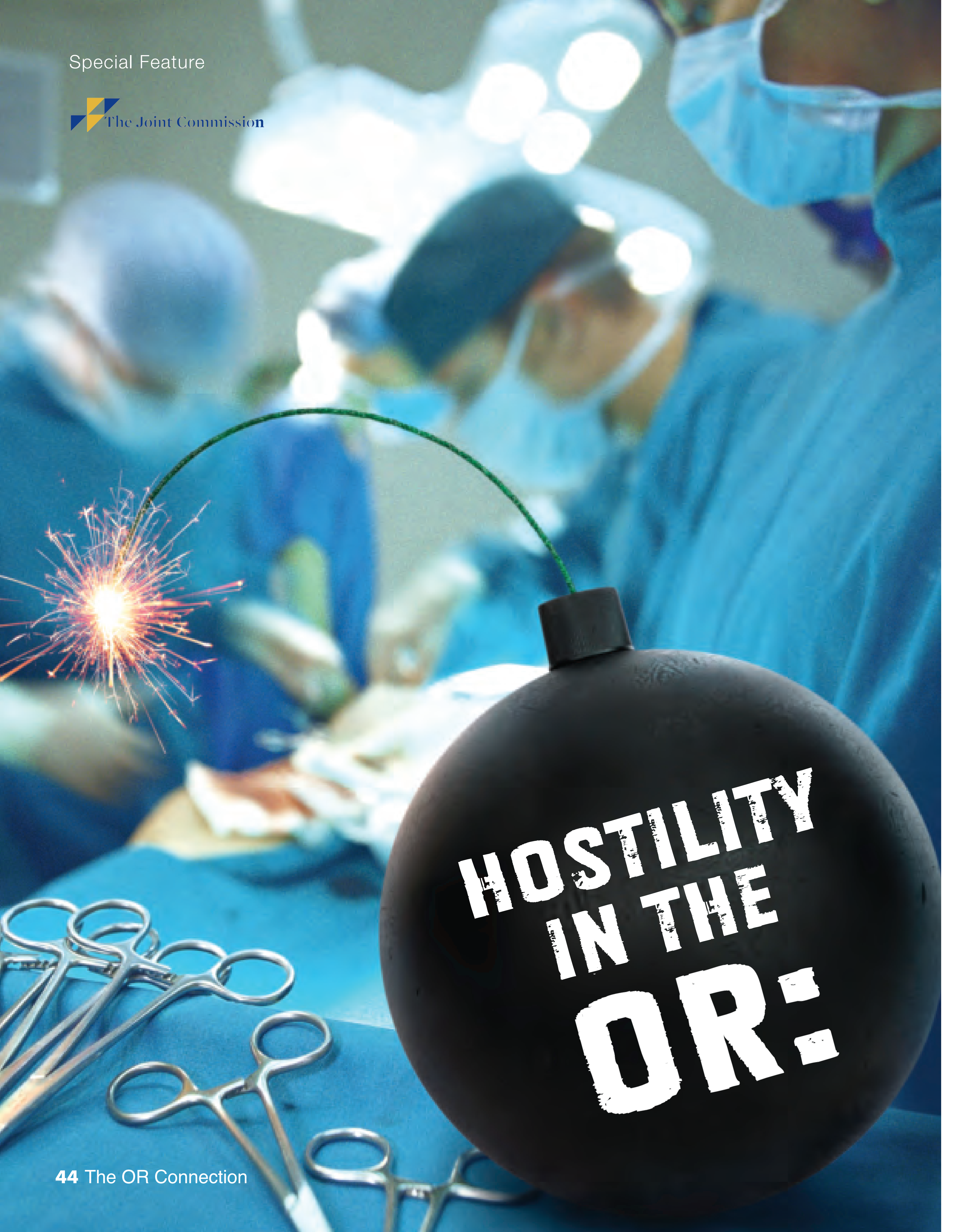
Special Feature

The Joint Commission



THE JOINT COMMISSION SAYS HEALTHCARE FACILITIES, labs and other related organizations must establish a code of conduct that defines and sets out a process for handling unacceptable behavior by health care workers, such as rude language, temper tantrums and bullying. The Commission said such behavior can impact patient care by causing breakdowns in provider communication and teamwork.[2]

ITS EFFECT ON TEAMWORK

By Kathleen Bartholomew, RN, RC, MN

A nurse hides a surgeon's favorite instrument when a substitute fills in as the scrub. A circulator doesn't tell a new nurse who is scrubbed that she knows the shunt the surgeon selected has fallen on the floor. A newly hired RN who was previously a scrub tech is shunned by both camps. Is this just life in the OR? Is it part of a nurse's right of passage? Or are these behaviors so ingrained in our healthcare culture that we don't acknowledge they exist at all?

A body of research suggests that the above behaviors are forms of horizontal hostility prevalent in the nursing profession. Studies show that 68 to 76 percent of nurses and physicians have witnessed disruptive behaviors between nurses. The result? These behaviors directly affect patient safety, retention, morale and teamwork.

Overt and covert behaviors impact patient safety by having a negative effect on clinical outcomes. In fact, 17 percent of respondents in one survey knew of an adverse event that occurred specifically as a result of disruptive behavior – and 78 percent thought the event could have been prevented.[1] For these reasons, the Joint Commission mandated that by January 1, 2009 hospitals have a plan in place to address all disruptive relationships.

In one incident, a nurse was so upset after overhearing her peers say, "She'll never be a good nurse, she just doesn't have what it takes" that she inadvertently programmed a PCA machine to deliver ten times the dose of narcotics. The patient was found with an oxygen saturation of 52 percent and rushed to the ICU. The nurse transferred from the department within six weeks.

Hostile behaviors drive nurses away. Nurses who were bullied are almost twice as likely to leave their current position within the next two years.[3] Martha Griffin found that 60 percent of new nurses leave their first position within the first six months because of some form of lateral violence.[4] In the greatest global nursing shortage in history, these statistics are alarming.

One way to understand nurse-to-nurse bullying is by applying Oppression Theory. Healthcare organizations tend to be hierarchies headed by physicians and administrators who use their power to control subordinates. It is well-known that when any oppressed group finds that it cannot direct its power upward, the group then acts out their helplessness and frustration on one another. These peer-to-peer aggressions, which decrease our self-esteem, are called lateral violence, horizontal hostility – or "nurses eating their young."[5]

Some of the most common forms are:
Overt: Name calling, bickering, fault-finding, criticism, intimidation, gossip, shouting, blaming, using put-downs, raised eyebrows, rolling of the eyes
Covert: Unfair assignments, sighing, whining, refusing to work with someone or refusing to help someone, withholding information, exclusion, isolation, sabotage, assigning work below level of competency

When the bully is your boss

"Bullying" is a term used when there is a power difference between the victim and the aggressor – which of course makes the behaviors even more difficult to address. A recent survey of emergency room nurses found that only 38 percent of bullying behaviors came from coworkers. But 50 percent of nurses identified their manager/director as the source of the bullying and 25 percent said that the bullying came from their charge nurses.[3] This revelation is particularly disheartening. If nursing leaders and managers continue to use their posi-

HOSTILITY IN THE OR:

tions to “overpower” subordinates, then we will never be able to create the team environment that has been proven to foster patient safety.

Nursing leaders and managers must realize the inherent worth and value in each individual and form a tribe rather than a hierarchy. In a tribe, no person has more power than the other and everyone (especially the leader) is focused on the vision: delivering safe, quality patient care – as if the patient was our own loved one.

IN AN OUTPATIENT SURGERY CENTER, an anesthesiologist accidentally drew up 10 ccs of epinephrine instead of toradol. The 18-year-old knee patient immediately coded and the team used their crash cart for the first time ever to clumsily bring him back. After a lawsuit, the center hired a consultant, and the OR staff went through a program of crew resource management and teamwork only to discover that while the physician was drawing up and administering the wrong medication, he was on his cell phone talking to his stockbroker. The consultant had strong words for the team: “If that was your brother, would you have said something then? Because if that is not the standard by which we provide care, then you have lost the integrity of your profession.”

There are no existing studies that trend horizontal hostility or bullying over the years. But if you ask nurses about it compared with 10 or 15 years ago, they will say it is more common. One theory is that hostility is related to stress, and stress in health care has increased dramatically over the last decade. We no longer have the time to socialize and bond like before due to 12-hour shifts. In our quickie mart, fast-track, speed-dating, speed dialing, express lane lives of the 21st century, people work more than 60 hours a week, struggle with single parenthood and simply carry a heavier load of stress.

In addition, healthcare budgets shrink every year. Even though there are more drugs, regulations, technology, treatments and interventions, we have less time. The focus is constantly on flow and input, productivity, efficiency and speed as we try to do more with less every year in our “Disease Care System.”

Nurses are the last line of defense between patients and the system, and when overworked, stretched thin or exhausted, they plod on in their work because of their dedication to the patient. But in health care, this virtue is our Achilles heel. Traveling around the country this year, I asked numerous staff nurses and managers the same question: “Can you say no?” To date, not a single person has answered “yes.” And if you can only say “yes” no matter what is asked of you, then you are oppressed. That’s the problem – but here are some solutions.

What can you do?

Educate yourself

Educate yourself about lateral violence and why it exists. Know that horizontal hostility and bullying are serious problems – unresolved conflicts on the unit are not harmless. They create a toxic atmosphere and undermine the essence of teamwork.

Never be a "silent witness"

You wouldn't want someone gossiping about you. So why stand by and listen as one coworker criticizes, blames or degrades a peer? The culture of hostility is like a petri dish because it needs three things to grow: secrecy, shame and a silent witness. And the easiest thing to remove is the silent witness. Never stand by and listen while peers gossip about a coworker. Professional people never criticize in public and they always stand up for an absent member.

Set behavioral standards

An expert nurse not only possesses excellent clinical skills, but excellent relationship skills as well. Standards for professional behavior, attitude and teamwork must be hard-wired into annual performance evaluations and based on core values. According to a conversation with K.M. Stanley, MS, PMHCNS-BC, (February 2009), core values at the Medical University of South Carolina have corresponding expected behaviors that are reviewed with every employee. Employees are then evaluated on their adherence to the standards and rewarded by merit pay. Even employees who do not sign the commitment are still held accountable to the standards.

Learn confrontation skills

Nurses need communication skills to be able to address conflict with peers, such as conflict management and assertiveness training. In addition, there is a direct relationship between conflict and burnout.[6] In order to decrease burnout, we are going to have to learn to talk to each other about the "hard stuff."

How can we confidently approach a peer and say, "Why didn't you tell me Dr. X always closed with catgut?" Unfortunately, withholding information is a common way experienced staff establishes the OR pecking order. One person's face gets red while another is smirking.

But these crucial conversations just aren't happening. And they won't until leaders decide to hold 100 percent of staff accountable, thereby upholding professional standards for behavior. The insecurity and self-doubt that occurs when we fail to speak our truth damages our self-esteem and perpetuates hostility. Assertive communication is the most powerful tool we have to end hostility.

Too often, managers are well aware of the disruptive employee, yet they fail to take action. Sadly, it's less than three percent of nurses and doctors who are disruptive, yet they continue to get away with the behaviors for years. Strong leadership is the bottom line. Managers are the culture carriers of the organization – what they pay attention to or ignore determines which behaviors are acceptable or not.

Leading cultural change takes time. After two and a half years of coaching and mentoring staff, I began to see the changes: a more positive attitude, less gossip and more compliments and increased autonomy as staff initiated problem solving. When staff can recognize lateral violence, see the damage it is causing and develop the skills to handle it, their individual and group self-esteem rises and a level of pride and professionalism takes hold.

Give new nurses a chance to bond

The greatest need of every new employee is the same: they want to be accepted. One way to foster a sense of belonging is to make sure that for the first month of their orientation, someone signs up to share a meal with the new employee every day. Then, the most significant contribution staff can make during the meal is to share a story from their first week as a new nurse. This simple act puts us on the same power level and creates a bond.

Offer two-way feedback

Preceptors give feedback to new nurses every day. Do you also encourage new nurses to give feedback to their preceptors? One preceptor was shocked when she heard her orientee say, "I'm sorry that I'm in your way and a burden." The preceptor didn't realize that the new nurse was picking up on her unarticulated feelings. Our thoughts are more transparent than we'd like to believe – after all, 93 percent of all communication is nonverbal.

Ask for feedback on yourself

Seldom in health care do we ask for others to evaluate or comment on our performance. The reason for this is deeply embedded in the healthcare culture where a "good" nurse or scrub tech doesn't make a mistake. And who doesn't want to be good? If we continue to hold this belief, then we will fail at creating a healthy work environment. In addition, research shows that we can identify bullying behaviors in others, but we don't see them in ourselves. Health care would change dramatically if every nurse approached their team periodically and asked:

- What do I do well?
- What would you like to see more of?
- Is there anything you think I could do that would improve patient outcomes?

This is not small stuff. In these challenging times, the greatest resource we have is each other. The camaraderie and ability to communicate on your unit are critical components of teamwork. Hostility and bullying are the gangrene of our teams. What is your contribution?

If we continue to operate as individuals, we will continue to fail at keeping our patients safe. And if we continue to tear each other down and not engage in crucial conversations, we will never be able to create the healthy work environment that every patient and every healthcare professional deserves.

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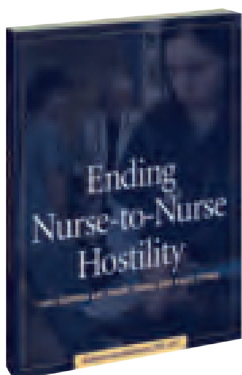
Kathleen Bartholomew, RN, RC, MN, has been a national speaker for the nursing profession for the past seven years. Her background in sociology laid the foundation for correctly identifying the norms particular to health care – specifically physician and nurse relationships. For her master's thesis, she authored *Speak Your Truth: Proven Strategies for Effective Nurse-Physician Communication*, which is the only book to date that addresses physician-nurse communication.



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