

Workplace Bullying and Incivility: A Perspective Based in the Practice Act

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The Mission of the Board

- The Oregon Board of Nursing protects the public by regulating nursing education, licensure, and practice.
- Any action or inaction by nurses that impacts the safety of the patient and the public is the business of the Board.
- The Board has been given legislative authority to supervise the practice of nursing in Oregon.

What is the difference between assertiveness and incivility/bullying

- **Assertive behavior** means to advocate for yourself in a respectful, but determined way, acknowledging the feelings and rights of others.
- **Incivility** means rude or disruptive behavior that can result in physiological or psychological stress.
- **Bullying** is a more severe form of incivility and means a repeated, unwanted harmful actions over time intended to humiliate, offend, or cause distress to the recipient. Involves a misuse of power, either formal or informal that can be top-down (supervisor-employee), or down-up (employee to supervisor), or horizontal (employee to employee, nurse to nurse).
- ***Bullying is symptomatic of broken professional relationships within the work environment and its consequences extend far beyond the individuals involved. (Houck, 2017)***

When behavior becomes a concern for the Board

Bullying and incivility have been shown to have a negative effect on the safety of patients and on the trust patients have in nursing: (From 2 studies, 1 in the US and 1 in Australia)

- 51.8% of nurses felt their ability to concentrate was impaired.
- 55.6% of nurses reduced communication regarding patient condition to peers or other levels of care.
- 71% stated that they believed disruptive behavior is linked to medication errors.
- 18% cited specific cases where disruptive behavior lead to patient mortality.

Nursing practice or behavior that affects the safety of the patient falls within the jurisdiction of the Board.


Bullying


- Examples:
 - Ridicule of others.
 - Keeping a constant eye on another's work.
 - Questioning another's professional ability.
 - Spreading damaging rumors.
 - Explosive outbursts and threats.
 - "Petty tyranny" by managers towards staff.
 - The bully implies negative consequences for the recipient.
 - The recipient finds that the balance of power in favor of the bully makes it difficult to defend themselves.


If left unaddressed what can it become?

- Moral Disengagement: justifying unethical actions by altering one's moral perceptions of those actions, or an environment that enables people to engage in negative behavior, from small misdeeds to atrocities, without believing that they are causing harm or doing wrong. (Sucher & Moore, 2011)
- Organizational Moral Disengagement: An institution in which systems and processes are dysfunctional and/or cultural issues exist related to power differentials or disruptive behaviors. Advancing the organizational interest regardless of the ethics of the decisions.

Where does the problem begin?

Informal power bestowed upon an individual or group of individuals  those who feel they have no power.

Formal power assigned by the organization 
those who do not recognize the authority or feel the authority is not acting in their interest.

Unit or institutional culture preservation 
change in organizational direction.

Unit and Organizational Culture

- All nurses start off as generalists.
- Then nurses find a job, hopefully in an area they want to work in.
- Eventually the nurse adopt the identity of the specialty area more so than their identity as a “nurse”. (I am an ICU nurse, an OR nurse, a med/surg nurse, I am an educator, etc). They may get promoted, they may rise in the unit hierarchy.
- Professional identity is enmeshed with the identity of the unit or the organization.
- The shared behaviors, values, and assumptions become the norms and expectation of the group...the unwritten rules.
- When those rules are challenged by change it sets the stage for accusations of bullying behavior.

Bullying is not a one way street

- 2010 study showed that workplace competitiveness, job insecurity, and resistance to organizational change were all cited as reasons for staff bullying their managers. Usually passive-aggressive behavior that is harassing and subversive.
- 61% of all bullies in the workplace are bosses.
- To stop this behavior each individual must focus on their contribution to the current situation.
- Nurses at all levels will cite “patient safety” as justification to continue the behavior or direction.

Putting the patient in the middle when the patient is not the issue

Questions to ask:

- Do I give away informal power?
- Do I think I know what is best for my unit regardless of what others may think?
- Do I resent formal power?
- Do I feel my unit culture is to be preserved regardless of what else is happening to the organization?
- As a manager do I understand the culture's power and dynamics?
- As a manager, am I underestimating the power of unit culture to implement organizational directives?
- Is there actual patient harm occurring or am I not wanting to accept change in our unit's cultural norm?

Your legal obligation to stop bullying behavior...yours and theirs.

- OAR 851-045-0040(5) (f): When the licensee has determined that an order or recommendation is not clear, unsafe, contraindicated for the client or inconsistent with the overall plan for the client's care, the licensee has the responsibility to decline implementation and contact the health care professional making the order or recommendation.
- OAR 851-045-0060 (2) (d): Demonstrate honesty, integrity, and professionalism in the practice of registered nursing.
- OAR 851-045-0060 (2) (k): Ensure **unsafe** nursing practices are addressed immediately.
- OAR 851-045-0060 (2) (l): Ensure **unsafe** practice and practice conditions are reported to the appropriate regulatory agency.

Your legal obligation to stop bullying behavior...yours and theirs.

- OAR 851-045-0060 (8) (a): Identify factors that affect quality of nursing service, health services delivery, and client care, and develop quality improvement standards and processes.
- **Conduct Derogatory to the Practice of Nursing:**
- OAR 851-045-0070 (6) Conduct related to co-workers and health care team members:
 - (a) Engaging in violent, abusive, or threatening behavior towards a co-worker; or (b) engaging in violent, abusive, or threatening behavior that relates to the delivery of sage nursing services.

Your professional obligation to stop bullying behavior...yours and theirs.

- Denying that bullying exists in the workplace poses a threat to patients and to each other.
- Failure of nursing to change its culture to one characterized by respectful and equitable inter- and intraprofessional relationships poses a threat to patients and nursing.
- American Nurses Association and International Council of Nurses have published opinion papers regarding the professional obligation to not tolerate bullying behavior in healthcare.

Vanderbilt Case = Fear of Reporting