Performance potential

The cure for workplace bullying

By John Olmstead, MBA, RN, CNOR, FACHE

Workplace bullying and general negativity are common topics. We all know the statistics. A literature summary can be boiled down to this bumper sticker: Bullying and negativity are a direct threat to patient safety. Unaddressed negative behavior becomes embraced, following the famous Quint Studer quote, “What you permit, you promote.”

But we can’t assume that simply identifying bullying and negativism results in the cessation of these behaviors. Issuing additional policies, creating posters, and covering talking points about workplace negativity doesn’t guarantee that the behaviors will stop. Employee handbooks contain numerous statements about treating patients and coworkers with respect at all times, and most corrective action policies reiterate this expectation. One more policy stating this point won’t necessarily improve the quality of your workplace.

If the problem isn’t a lack of policy, what is it? The problem is a lack of enforcement. A leader can sometimes have trouble linking the actual behavior to the policy point that covers courteous and respectful interaction with coworkers. Behavior other than direct insults/abuse can be difficult to summarize, decreasing the leader’s ability to uphold a culture of positive cooperation and collaboration in high-quality patient care.

The following procedure has been used to eradicate negative behavior and lead staff members into a positive and respectful culture. The results are absolutely reproducible. Managers need only collaborate in advance with senior leadership and human resources representatives to coordinate the use of the procedure.

Step 1: Set expectations
Managers must be able to verbalize behavioral expectations. The key to success is being able to communicate the specific behaviors that are unacceptable. (See Table 1.) In order to address negative behavior via a corrective action policy, you must adeptly describe the behavior and link it to the exact policy that was violated. Some negative behavior is difficult to describe, such as passive-aggressive maneuvers. However, the following verbal and nonverbal actions cover the vast majority of exhibited bad behaviors.

Verbal behaviors
- Persistent complaining: essentially pointless rehashing of issues for which there are either no workable solutions or answers that the employee seems to find unsatisfactory. Example: continuing to ask the manager why anyone has to work on holidays in a 24/7 care department.
- Ugly speech: a “catch-all” category for discourse unbecoming a professional. Examples include employees spreading unseemly gossip about other employees’ personal lives or bad-mouthing other departments or management in the break room. Ugly speech serves to degrade the entire department by removing concentration from high-quality patient care while spreading anger and dissent among listeners.
- Arguing: a more aggressive form of complaining, which over time serves no purpose but to anger all individuals involved. Side note: the difference between “arguing” and “identifying points for improvement” is that arguments tend to be focused on the person, whereas improvement points are usually focused on the process. Argument example: “Why did the other RN get to go to lunch first?” Improvement example: “Can a more predictable lunch schedule be enacted so we can plan our patient care schedule better?”
- Personal abuse: remarks meant to demean someone’s person.
- Nonpersonified abuse: every bit as negative as personal abuse, this much more common form is identified by angry remarks directed at the general workplace. Examples: “I hate this place!” and “Everyone here is incompetent!”
- Negative sarcasm at the expense of coworkers, leadership, or the general workplace area: often overlooked due to its comedic nature, over time this...
attention-seeking behavior serves to detract listeners from focusing on positive and collaborative patient care.

**Nonverbal behaviors**
- Actions demanding repeated instructions from a supervisor to complete a task: a pattern of this behavior is an emotional drag on the entire department and must be addressed.
- Purposefully not participating in actions that require teamwork: a common response to a complaint about poor teamwork is for the offender to cease any interaction with coworkers. Ironically, this cessation of interaction serves to further decrease patient safety.
- Injecting tension into the workplace: sometimes termed “passive aggressive,” this behavior actually isn’t at all passive. There are two categories: direct (malicious behavior exhibited when another team member doesn’t “fall in line” with the offender’s expectations) and indirect (aggressive behavior directed at the surrounding workplace in response to another team member’s actions). Example of direct aggression: offensive glares and actions in response to another team member’s questions. Example of indirect aggression: slamming doors, throwing clipboards, or mimicking aggressive actions, such as punching a wall without actually hitting the wall, to physically demonstrate internal fury. The journey toward a culture of respect starts with setting staff members’ understanding of both how they should treat others and how they should expect to be treated. Using Table 1 as a guide, every employee should be educated that regardless of his or her personal feelings toward coworkers, while at work, a positive and collaborative demeanor is expected at all times.

**Step 2: Enforce expectations**
If you receive a complaint about a behavior that violates expectations, reiterate the expectations during the rollout of corrective action with the employee. Remember to reference the actual facility policy violated in any written corrective action. You’ll quickly discover that all negative behavior can’t be treated with one simple solution. Normally, when the term bullying is used, one imagines a scene where the abuser is personally berating and directly attacking the victim. Zero tolerance policies lend themselves very well to these situations. However, open-and-shut cases such as these are more the outlier than the norm. A more common example is a charge RN overhearing a clinical nurse complain during report about receiving a patient from another unit stating, “You know how messy her charting is.” Technically, this comment can be called ugly speech—the clinical nurse is speaking negatively about another department. To apply a zero tolerance punishment to this incident would be on the harsh side of management, but if negative comments are a frequent habit of the employee, the manager will want to directly address the behavior.

So how can you apply this procedure without causing undue stress on the department? The competing demands of patient care will undoubtedly lead well-intentioned staff members into frustration toward their fellow coworkers. Occasionally, even the best tempered staff member will violate the expectation of positive behavior. How sternly should the expectations be

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**Table 1: Negative behavior identification checklist**

**Verbal**
- Persistent complaining
- Ugly speech:
  - Gossip
  - Trash talk
  - Stirring the pot (patterns of comments designed to inflame negativity and anger between coworkers)
- Arguing (for example, arguing with the charge RN about an assignment or arguing with other departments about their actions)
- Verbal personal abuse meant to demean a coworker/other as a human (“You’re stupid!” “You’re a jerk!”)
- Verbal nonpersonified abuse (“I hate this place!” “How come everything here is so screwed up?”)
- Negative sarcasm at the expense of coworkers, leadership, or the workplace in general

**Nonverbal**
- Actions demanding repeated instructions from a supervisor to complete a task
- Purposefully not participating in actions that require teamwork:
  - Not helping others
  - Not communicating as normally expected
  - Work slowdown (normal productivity isn’t exhibited)
- Injecting tension into the workplace:
  - Direct: malicious behavior directed toward others who act in a manner contrary to the employee’s expectations
  - Indirect: exhibiting aggression through behavior and actions that give coworkers pause in interacting with the employee, including all forms of utterances and actions directed to display frustration toward a person or the general work environment:
    - Aggressive handling of workplace items (slamming folders on a desk or slamming a door)
    - Performing visible actions that mimic a physical action (punching at a wall but halting the punch 2 inches from the actual wall)
    - Verbalizing an angry sign of frustration (“Hrumph!”)
supported? Surely, in a high-pressure environment where everyone is working fervently toward high-quality patient care, an accidental slip into negativity shouldn’t result in corrective action intervention, should it?

An effective rule of thumb is to address patterns of behavior, not anecdotal mishaps. This rule of thumb can be summarized as follows:

• One violation equals a bad day. This is a rare occurrence, considered an aberration and not the normal behavior expected from the employee.
• Two violations equal a very bad day. This is still rare and not normal behavior for the employee.
• Three violations equal a pattern. For this employee, the behavior isn’t abnormal and usually a deeper investigation finds that the employee exhibits bullying and negativism with regularity.

This way to positivity
This process can also be a strong training tool for charge RNs and supervisors, serving as a clear guide for the behavioral expectations they should expect from staff members. After expectations become known and embraced, staff members can more readily participate in teamwork activities, free from worrying about internal retaliations and stress. The positive and professionally friendly environment will blossom, which translates directly into high-quality patient care outcomes. NM

REFERENCES

John Olmstead is the director of Emergency and Surgical Services at The Community Hospital in Munster, Ind.

The author has disclosed that he has no financial relationships related to this article.

DOI-10.1097/01.NUMA.0000436371.52763.9a

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