Workplace Civility

Vanderbilt University USAC
March 25, 2014
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Vanderbilt University
Workplace Violence is not my job… Prevention Is!

March 25, 2014
Part One
Some facts courtesy of AACN

American Association of Colleges in Nursing http://www.aacn.nche.edu/

- 80-97% HCWs experience verbal abuse
- 16% nurse turnover r/t verbal abuse factors
- 49% say abuse affects their safe handling of decision-making
- 39% in survey felt verbal abuse + intimidation handled effectively
- Nurses are as frequently disruptive to nurses as physicians are to nurses
- Prevention strategies and zero tolerance policies can reduce occurrence of abusive incidents.
- 35-60% new Nurse grads leave first job
Credo

• We provide excellence in healthcare, research and education.
• *We treat others as we wish to be treated.*
• We continuously evaluate and improve our performance.
Definition of Non-Credo Behavior

Behavior that interferes with work or creates a hostile environment, e.g.:

- verbal abuse, sexual harassment, yelling, profanity, vulgarity, threatening words/actions;
- unwelcome physical contact; threats of harm; behavior reasonably interp as threatening;
- behavior that creates stressful environment and interferes with others’ effective functioning
- passive aggressive behaviors: e.g., sabotage and bad-mouthing colleagues or organization
- …pictures are worth 1,000 words…

Vanderbilt University and Medical Center Policy #HR-027
Non-Credo Behavior Creates

- fear
- confusion or uncertainty
- vengeance vs. those who oppose/oppress them
- hurt ego/pride
- grief (denial, anger, bargaining)
- apathy
- burnout
- unhealthy peer pressures

- ignorance (expectations, behav. standards, rules, protocols, chain of command, standards of care)
- distrust of leaders
- dropout: early retirement or relocation
- errors

- disruptive behavior begets disruptive behavior
Building the Civilized Workplace: It Starts with ME!

Part Two
### Workplace Violence

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as any physical assault, threatening behavior, or verbal abuse occurring in the workplace (NIOSH, 1996).

**Policy:** The purpose of VUMC’s Workplace Violence Policy is to set forth Vanderbilt's desire to create and maintain an environment free from disruptive, threatening, and violent behavior. Vanderbilt will not tolerate inappropriate or intimidating behavior within the workplace. *(Policy # HR-027)*

#### The Four Types of Workplace Violence:

- **Type I (Criminal Intent):** Results while a criminal activity is being committed and the perpetrator has no legitimate relationship to the workplace. Examples of Type I includes theft or property damage.
- **Type II (Customer/Client):** The perpetrator is a customer or client at the workplace and becomes violent while being served by the employee.
- **Type III (Employee/Fellow Employee):** There is a relationship between the perpetrator and the employee such as a co-worker or supervisor. The employee is attacked for being a co-worker or supervisor.
- **Type IV (Unknown):** There is no known relationship between the perpetrator and the employee. Examples of Type IV includes strangers, random acts of violence, etc.
Vanderbilt 2012 Nursing Survey of Violence in Healthcare Ranking: Factors Vanderbilt Staff felt were involved in the incidents:

1. Anger about a patient’s condition/situation – 19.3%
2. Anger about enforcement of hospital policies – 17.7%
3. Cognitive dysfunction – 14.5%
4. Substance abuse – 12.7%
5. Workplace stress – 10.9%
6. Anger related to health care system in general – 10.3%
7. Anger related to wait times – 9.6%
8. Other – 5.9%

Vanderbilt Staff reported in this survey they felt the incidents were committed against staff by the following:

- Patients – 27.7%
- Visitors – 12.4%
- Staff members - 12.6%
- Faculty members – 3.7%
- Other – 2.6%
Call to action for staff

• Be civil with every person in every situation every day
• Review @ least one resource on the PPB nursing website www.vanderbiltnursing.com
• Treat communication errors as seriously as you do medication errors
• Learn assertive skill-sets
• Hold self and each other accountable for unacceptable behavior
How Do I Do This?

• Take personal inventory – under what circumstances at work am I uncivil?
• How am I managing my stress response to others at work – sad, mad, bad, glad?
• Do I take @ least one break while @ work?
• Do I have a hobby?
• How do I handle my personal worries?
Coping Stressages

- Exercise 30 minutes daily
- Eat 5 Fruits & Vegetables daily
- Embrace an Optimistic Outlook
- Give and Receive Affection
- Find balance in your life
- Organize your time effectively
- Take your break
- Get 7-8 hours of sleep
- Live tobacco free
- Take Quiet Time

Work/Life Connections-EAP 936-1327
Stress Resilience

Optimal Human Functioning
Psychological Hardiness
Positive Psychology
Excellence
Happiness

“Vibrant fitness of the mind”
Authentic Happiness

The active desire and commitment to be happy, and the fully conscious decision to choose happiness over unhappiness.

Action: count your blessings…daily

www.authentichappiness.com
I Am Committed to Colleagues

- Treat colleagues with dignity, respect and compassion; value and respect differences
- Contribute to my work group in positive ways and continuously support the efforts of others
- View all colleagues as equally important team members, regardless of job, role or title
- Promote interdepartmental cooperation
- Recognize and encourage positive behaviors
- Provide private constructive feedback for inappropriate behaviors
Expected Behaviors of Those Who Call Themselves Professionals

• Don’t denigrate to superiors (e.g. speak negatively or have a pet name for)
• Do address coworkers by their first name, ask for help and advice when necessary.
• Look coworkers in the eye when having a conversation.
• Don’t be too overly inquisitive about each others’ lives.
Expected Behaviors of Those Who Call Themselves Professionals

- Accept one’s fair share of the workload.
- Respect the privacy of others.
- Be cooperative with regard to the shared physical working conditions (e.g. light, temperature, noise)
- Be willing to help when requested.
- Keep confidences.
- Work cooperatively despite feelings of dislike.
Expected Behaviors of Those Who Call Themselves Professionals

• Do repay debts, favors, and compliments, no matter how small.
• Don’t engage in conversation about a coworker with another coworker.
• Stand up for the “absent member” in a conversation when he/she is not present.
• Don’t criticize publicly.

Adapted from Argyle & Henderson, Chaska, 2001
When Staff Clash!

Part Three
Triad of Staff Conflict

Don’t topple the three legged stool!

Work Environment
Workload / Staffing Ratio
Team Ability

Coping Style
Stress Resilience
Personal Stress Load

Communication Ability
Assertive vs. Aggressive or Passive
Level of Skillfulness
Court Opinion:
“workplace bullying, like other general terms used to describe a person’s behavior, is an entirely appropriate consideration … workplace bullying should be considered a form of intentional infliction of emotional distress …”
Raess v. Doescher, No. 49502-0710-CV-424, Indiana Supreme Court, April 8, 2008

Plaintiff awarded $325,000.
www.tnaonline.org
Extensive resource for all kinds of workplace violence in healthcare
Proposed Legislation: “The Healthy Workplace Bill”

- Would prohibit bullying for all employees
- Bill would make it an unlawful employment practice to subject an employee to an “abusive work environment”
- The “abusive conduct of an employer or employee in the workplace, with malice, that a reasonable person would find hostile, offensive and unrelated to an employer’s legitimate business interests”
- Examples: verbal abuse, insults, verbal or physical conduct that is threatening, intimidating, or humiliating, or sabotage of a person’s work performance
Proposed Legislation: “The Healthy Workplace Bill” (con’d)

• Evidence of severe physical or psychological harm must be provided by a competent physician or expert witness
• Legislation has been proposed (but not passed) in at least 17 states, and lobbying for a law to protect federal employees commenced earlier this year
• Legal protections are already available in Sweden, UK, France, Italy, Canada, Australia, and most of Europe
• SHRM is opposed to legislation
Most Common Forms of Lateral Violence in Nursing Practice

Can printout this & next 11 slides as cards and laminate on key ring

- Non-verbal innuendo
- Verbal affront
- Undermining activities
- Withholding information
- Sabotage

- Infighting
- Scapegoating
- Backstabbing
- Failure to respect privacy
- Broken confidences

Adapted form Duffy, 1995; Farrell, 1997; McCall, 1996; McKenna, Smith, Poole & Coverdale, 2003
Non-verbal innuendo (raising eyebrows, face-making)

*I sense (I see from your facial expression) that there may be something you wanted to say to me. It’s okay to speak directly to me.*

Cueing cards

Verbal affront (covert or overt, snide remarks, lack of openness, abrupt responses)

The individuals I learn the most form are clearer in their directions and feedback. Is there some way we can structure this type of situation?

Cueing cards

Undermining activities (turning away, not available)

When something happens that is “different” or “contrary” to what I thought or understood it leaves me with questions. Help me understand how this situation may have happened.

Cueing cards

Withholding information (practice or patient)

*It is my understanding that there was (is) more information available regarding this situation and I believe if I had known that (more), it would (will) affect how I learn or need to know.*

Griffin, Martha. Teaching Cognitive Rehearsal, The Journal of CE in Nursing; November/December 2004; Vol 35, No 6, p 260
Cueing cards

Sabotage (deliberately setting up a negative situation)

*There is more to this situation than meets the eye. Could “you and I” (whatever, whoever) meet in private and explore what happened?*

Griffin, Martha. Teaching Cognitive Rehearsal, The Journal of CE in Nursing; November/December 2004; Vol 35, No 6, p 260
Cueing cards

Infighting (bickering with peers) Nothing is more unprofessional than a contentious discussion in non-private places. Always avoid.

This is not the time or the place. Please stop (physically walk away or move to a neutral spot.)

Griffin, Martha. Teaching Cognitive Rehearsal, The Journal of CE in Nursing; November/December 2004; Vol 35, No 6, p 260
Scapegoating (attributing all that goes wrong to one individual.) Rarely is one individual, one incident, or one situation the cause for all that goes wrong. Scapegoating is an easy route to travel, but rarely solves problems.

I don’t think that’s the right connection.

Griffin, Martha. Teaching Cognitive Rehearsal, The Journal of CE in Nursing; November/December 2004; Vol 35, No 6, p 260
Cueing cards

Backstabbing (complaining to others about an individual and not speaking directly to that individual)

• *I don’t feel right talking about him / her/ situation when I wasn’t there, or don’t know the facts. Have you spoken to him/her?*

Griffin, Martha. Teaching Cognitive Rehearsal, The Journal of CE in Nursing; November/December 2004; Vol 35, No 6, p 260
Failure to respect privacy

• *It bothers me to talk about that without his/her permission.*

• *I only overheard that. It shouldn’t be repeated.*

Griffin, Martha. Teaching Cognitive Rehearsal, The Journal of CE in Nursing; November/December 2004; Vol 35, No 6, p 260
Cueing cards

Broken confidences.

• **Wasn’t that said in confidence?**
• **That sounds like information that should remain confidential.**
• **He/she asked me to keep that confidential.**

Griffin, Martha. Teaching Cognitive Rehearsal, The Journal of CE in Nursing; November/December 2004; Vol 35, No 6, p 260
Scenario One

Early morning and staff are checking to see who is working today. Nurse Jill rolls her eyes @ Nurse Jack & points to the schedule saying “look who is leaving early again today.” (Schedule says Emma) Jack interrupts to “share” a situation that had happened the day before. Jack goes on to tell how one of the nurses had made a mistake faxing a coumadin order to the pharmacy for a patient scheduled for colonoscopy. Jack and two other staff discuss how unbelievable it is that someone could make such a mistake. Jack knew that “Emma” was the nurse who had made the mistake because he is the one who found the mistake. Emma walked up in time to hear the story and does not say anything but she can feel her face getting red and she feels like she might cry.
Scenario Two

Nurse Paula is seeing patients at one of the satellite arrhythmia clinics and is prepared for her first patient. Another team member Jean assigned to the same clinic comes in and says “Good morning.” Without answering Paula says “what do you want?” Jean offers to get needed forms and supplies when Paula says “don’t touch a thing, you don’t need to do that.” “Dr. Jones told me this patient’s last visit with you didn’t go well because you didn’t follow the clinical protocol like I do.” Paula continues, “Just do what I tell you to do until you prove yourself here.” Jean feels miserable all day and calls in sick the next day.
Scenario Three

Nurse June comes to Nurse May to clarify a note in the patient’s record before she determines the patient order to be sent to the pharmacy. May says she is “offended” June is questioning her assessment and tells her she feels she is being “monitored” and it is “none of her business.” June is becoming more frustrated as the interaction is stalling and both voices begin to increase in volume so others can now overhear.

During a momentary lull Nurse Ann comes by and begins a conversation with May about the new copy/fax machine. May seems to calm a bit and begins a dialog with Ann. June tells Ann that he is fine with May if she has other things to do. Ann leaves the room and June completes the patient order which goes well.

During lunch break June asks to talk with Ann. June states that she does not appreciate Ann stepping in and acting like she was not competent to handle his own patient and the conversation with May. June also states that Ann made him look like she didn’t know what she was doing in front of the other staff.
Triad of Staff Conflict: Solutions

Work Environment
- Workload / Staffing Ratio
- Team Ability

Coping Style
- Stress Resilience
- Personal Stress Load

Communication Ability
- Assertive vs. Aggressive or Passive
- Level of Skillfulness

Solutions:
- Build relationships
- Appeal staffing issues
- Maintain professionalism
- Activate self care
- Take breaks/hobbies
- Stress immunize
- Assertiveness training
- Practice, practice, practice
Communication Through Problem Solving, Listening & Assertive Feedback

A Skill-set Model

www.gordontraining.com
<table>
<thead>
<tr>
<th>When...</th>
<th>He /she owns the problem</th>
<th>..then my role is active listener her /him</th>
</tr>
</thead>
<tbody>
<tr>
<td>When...</td>
<td>_________________________</td>
<td></td>
</tr>
<tr>
<td>We are having no problems</td>
<td>_________________________</td>
<td>..then we can grow, learn and have creative fun together.</td>
</tr>
<tr>
<td>When...</td>
<td>_________________________</td>
<td></td>
</tr>
<tr>
<td>I own the problem</td>
<td>_________________________</td>
<td>..then my role is as confronter and I send him an I-message.</td>
</tr>
<tr>
<td>When...</td>
<td>_________________________</td>
<td></td>
</tr>
<tr>
<td>We both own the problem</td>
<td>_________________________</td>
<td>..then I work with him /her through the conflict resolution model.</td>
</tr>
<tr>
<td>When...</td>
<td>_________________________</td>
<td></td>
</tr>
<tr>
<td>We have a conflict of values</td>
<td>_________________________</td>
<td>..then I attempt to model my values; present them cogently; perhaps change them; and or pray.</td>
</tr>
</tbody>
</table>
Neutral Responses

- Silence (passive listening)
- Non-committal acknowledgment
  - “Oh,” “I see,” “Mm-hmm,” “How about that,” “Interesting,” “Really,” “No fooling;” “You did, huh”
- Door-openers – *invitation to say more:*
  - “Tell me more about it.” “I’d like to hear your thinking.” “Would you like to talk about it?” “Let’s discuss it.” “Sounds like you’ve got some ideas or feelings about this.”
- Feedback, reflecting, mirroring
  - Receiver restates, mirrors – no more, no less.
# Classroom Exercise:
## Active Listening

<table>
<thead>
<tr>
<th>Description of Other’s Appearance</th>
<th>Description of Other’s Behavior</th>
<th>Description of Other’s Feelings</th>
</tr>
</thead>
</table>
Classroom Exercise: Developing an I-message

<table>
<thead>
<tr>
<th>Non-Blameful Description of Other’s Behavior</th>
<th>My Feelings or Emotions</th>
<th>Tangible Effects on Me Now or in Future</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Being a valuable team member

Patient safety

*How we ensure patient trust…*

Quality of Clinical Care

*Why we are in nursing…*

Health Care Cost Containment

*How we can do what we do everyday …*

Volume of Physician Referrals

*How we specialize @ Vanderbilt …*

Employee Safety

*How we retain (keep) our talent…*

Employee Satisfaction

*How we grow our talent…*
Skills Practice in Triads
Valuable Vandy Resources

Selected Resources and Training Classes
Call or view the websites for more information.

• HR/Organizational Effectiveness Team, 322-8320, http://hr.vanderbilt.edu/training/index.htm

...More Resources

- Center for Pt & Professional Advocacy (CPPA) 343-4500, http://www.mc.vanderbilt.edu/CPPA
- VUPD Training Programs, 322-2558, http://police.vanderbilt.edu/
- Nurse Wellness Program, 936-1327 http://www.vanderbilt.edu/HRS/wellness/wlcnwp.html
Our goal at Vanderbilt is to . . .

“Be the Best….Keep the Best”
Dimensions of Group Behavior

- Group Norms / Rules
- Group Inclusion / Exclusion
- Group Feelings / Affect
Group Norms / Rules

• Regulation of power & authority

• Formal & informal leadership

• Rules and expectations
Group inclusion vs. exclusion

- Include everyone @ some time
- Flexibility to enhance creativity
- Boundaries to exclude for privacy
Group feelings & affect

• Anxiety level regulation & distribution

• Channeling negative emotions (anger)

• Optimizing positive emotions (fun)
How my group works

• Norms & rules

• Member inclusion

• Feeling regulation
How to Give and Receive feedback

- Timing
- Quantity
- Specificity
http://www.vanderbilt.edu/greendots/
Resource for a true prevention of personal violence program
Part Four
Prevention Strategies for Bystander Action
Washing one's hands of the conflict between the powerful and the powerless means to side with the powerful, not to be neutral.

-Paulo Freire
RECOGNIZING RED DOTS

Understanding Behaviors that:
1) are potential high risk
2) could be pre-cursors to high risk
RECOGNIZING RED DOTS

BULLYING

With holding information

Name calling, gossiping

Excluding from group
GOOD NEWS #1
We outnumber them!

GOOD NEWS #2
We know what to do and how to do it.
Bystander

Individuals who notice a behavior or situation that could lead to something bad, and are faced with the choice to help, do nothing, or contribute to the negative behaviors.

Passive Bystander

Those who choose to do nothing.

Green Dot Bystander

Individuals who DO SOMETHING to decrease the likelihood that something bad - like a red dot - will occur or get worse.
GREEN DOT

RECOGNIZE

SELF DEFINING MOMENT

Your Community
Listen as a bystander

Connected to recipient or person exhibiting the concerning behavior or both
<table>
<thead>
<tr>
<th>Bullying Behaviors within a Relationship</th>
<th>Normal Behaviors within a Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hard Needling A Co-Worker</td>
<td>Hard Needling A Co-Worker</td>
</tr>
<tr>
<td>Inquiring About Co-Worker Absenteeism</td>
<td>Inquiring About Co-Worker Absenteeism</td>
</tr>
<tr>
<td>Double Checking Patient Reports</td>
<td>Double Checking Patient Reports</td>
</tr>
<tr>
<td>Not inviting to breaks &amp; lunch</td>
<td>Not inviting to breaks &amp; lunch</td>
</tr>
<tr>
<td>Sharing information about a co-worker</td>
<td>Sharing Information about a co-worker</td>
</tr>
</tbody>
</table>
MOVING FROM THINKING TO DOING
“The important thing is this: To be able at any moment to sacrifice what we are for what we could become.”

- Charles DeBois
OBSTACLES TO ACTION

• “I’m an introvert”
• “I can’t stand conflict”
• “I’m shy”
• “I hate calling attention to myself”
• “It’s not my concern”
• “I don’t want to get involved”
Solutions

3 categories of green dots:

• Direct
• Distract
• Delegate
Just impact your peers
You already do it everyday!
Joyce found the job of her dreams in nursing. During orientation she didn’t “bond” with her mentor. She began to ask others for clinic/protocol information rather than her mentor but found that “word had gotten around” from charge nurse to the next that she “wasn’t up to speed.” Several times she heard staff talking about her in the break room. Then one day she asked for help with a complex patient order. The nurse she asked grumbled (in front of other staff) “Are you an idiot, can’t you see how busy I am?”
Joyce’s mentor who was just preparing to go with the other Nurse on break rolled her eyes, gave a disapproving look and immediately reported to the charge nurse that Joyce was having “yet again, another bad day.”
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WHAT'S YOUR GREEN DOT?
The Work/Life Connections-EAP Nurse Wellness Program

Mission:
To connect Nurses with resources when life is challenging.

Call 615.936.1327 (61327) for assistance
The Work Life Connections – EAP Nurse Wellness Program

• Responsive Services
  • Counseling
  • Recovery Support Impaired Nurses
  • Referral to Community Services
  • Critical Incident Stress Management

• Preventive Services
  • On site In-service programs (stress mgt, change, depression, grief, etc)
  • Stress-Plans for Nurses
Work/Life Connections-EAP and OHC

Medical Arts Building
1211 21st Avenue So.
Suite 018
Nashville TN 37232
615-936-1327
24 Hour Access

www.vanderbilt.edu/HRS/wellness/eap.htm