OKLAHOMA NURSES ASSOCIATION

Position Statement -Incivility, Bullying and Workplace Violence

Workplace violence consists of physically and psychologically damaging actions that occur in the workplace or while on duty (National Institute for Occupational Safety and Health [NIOSH], 2002). The Bureau of Labor Statistics releases an annual report about injuries and illnesses resulting in time away from work in the United States. In the health care and social assistance sectors, 13% of days away from work were the result of violence in 2013, and this rate has increased in recent years (U.S. Department of Labor [DOL], Bureau of Labor Statistics, 2014). Examples of workplace violence include direct physical assaults (with or without weapons), written or verbal threats, physical or verbal harassment, and homicide (Occupational Safety and Health Administration OSHA, 2015).

1 in 4 nurses have reported experiencing incivility, bullying, and workplace violence. These acts include displays of uncivil or threatening acts to verbal and physical assault and everything in-between. Incivility can take the form of rude and discourteous actions, of gossiping and spreading rumors, and of refusing to assist a coworker. Bullying is repeated, unwanted harmful actions intended to humiliate, offend, and cause distress in the recipient, and, Workplace violence consists of physically and psychologically damaging actions that occur in the workplace or while on duty. Incivility, bullying, and workplace violence harm a person's intrinsic sense of self-worth and self-confidence, which may result in physical symptoms such as headaches, interrupted sleep, and intestinal problems.

All RNs and employers in all settings, including practice, academia, and research, must collaborate to create a culture of respect that is free of incivility, bullying, and workplace violence. The ANA's *Code of Ethics for Nurses with Interpretive Statements* states that nurses are required to "create an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect" (ANA, 2015a, p. 4). RNs and their employers should acknowledge the various forms of Incivility, bulling and workplace violence, as well as the extent to which each occurs in their work setting.

Decreased productivity can occur following incidents of incivility, bullying, or workplace violence. Employee retention can also become more difficult however the total financial cost of such actions is very difficult to calculate. Relationships marred by incivility and bullying can contribute to unhealthy work environments that ultimately have a negative impact on the quality and safety of care delivered (American Association of Critical-C are Nurses, 2005). The establishment of positive, respectful relationships is crucial to preventing incivility, bullying, and workplace violence.

THEREFORE it is the position that the Oklahoma Nurses Association will NOT tolerate violence of any kind from any source. Nurses must be afforded the same level of respect and dignity as others.

How do we get there? Consider the following as recommended actions:

1. Nurses must make a commitment to—and accept responsibility for—establishing and promoting healthy interpersonal relationships with one another and with all members of the health care team, and

2. Nurses, organizations and employers in all settings, including practice, long-term care, academia, and research, must collaborate to create a culture of respect that is free of incivility, bullying, and workplace violence.
    a. Evidence-based best practices must be implemented to prevent and mitigate incivility, bullying, and workplace violence; to promote the health, safety, and wellness of RNs; and to ensure optimal outcomes across the health care continuum;

b. Inclusion of training and education programs for nurses and other health care workers that enable them to recognize potential hazards and learn how to protect themselves, their co-workers, and their patients.

3. ONA advocates for the following:
    a. Increase penalties for those assaulting a nurse and other health care providers and workers, working ALL areas not just as first responders and/or the emergency department; and,
    b. Encourage employers to implement a workplace violence prevention program as part of their security program including training and education program for nurses and other health care workers that enable them to recognize potential hazards and learn how to protect themselves, their co-workers, and their patients.

BACKGROUND

Incivility, bullying, and workplace violence are part of a larger complex phenomenon, which includes a "constellation of harmful actions taken and those not taken" in the workplace (Saltzberg, 2011, p. 229). The phrase "actions taken and not taken" provides an overarching framework that includes using explicit displays of uncivil or threatening acts, as well as failing to take action when action is warranted or required to address incivility, bullying, or violence in the workplace.

Some harmful actions may be more overt, such as making demeaning comments or using intimidation to undermine a coworker. Other forms of incivility and bullying can be more covert, such as failing to intervene or withholding vital information when actions are clearly indicated and needed for work to be done in a safe manner. Actions taken and not taken occur along a continuum and range from the subtle and covert to the overt and from less to more harmful (Clark, 2013a; Einarsen, Hoel, Zapf, & Cooper, 2011; World Health Organization, 2015).

Unfortunately, the full range of actions related to this complex phenomenon has negatively impacted RNs globally and, in some cases, has been accepted and culturally condoned. For nearly a century, some form of incivility, bullying, or violence has touched far too many members of the nursing profession. They affect every nursing specialty, occur in virtually every practice and academic setting, and extend into every educational and organizational level of the profession (Hader, 2008; McKenna, Smith, Poole, & Cloverdale, 2003).

It is important to first acknowledge the existence of harmful actions taken and actions not taken in the workplace in order to eliminate them. Those who experience workplace incivility, bullying, or violence know firsthand their detrimental effects, especially when their experiences are not taken seriously by coworkers and supervisors. Those harmful effects have been described as additive in that they accumulate burden and can become synergistic. Moreover, their combined effects can go beyond what each can do alone. Bullying and other harmful actions can be "surrounded by a 'culture of silence,' fears of retaliation, and the perception that 'nothing' will change" (Vessey, DeMarco, & DiFazio, 2011, p. 142).

Any form of workplace violence puts the nursing profession and nursing's contract with society in jeopardy (Saltzberg, 2011). Those who witness workplace violence and do not acknowledge it, who choose to ignore it, or who fail to report it (Hutchinson, 2009) are in fact perpetuating it. Thus, organizations that fail to address it through formal systems are indirectly promoting it (The Joint Commission, 2008). Refusal to engage in addressing what has become, in some workplaces, accepted norms surrounding workplace violence is no longer an option because "not all norms or values ... are moral norms or values" (Colby et al., 1987). Taking action is a moral stance consistent with the ANA *Code of Ethics for Nurses with Interpretive Statements* (2015a). The entire nursing profession must actively drive a cultural change to end incivility, bullying, and violence in the workplace.

Incivility

RNs and their employers should acknowledge the various forms of workplace violence, as well as the extent to which each occurs in their work setting. By differentiating the various forms of harmful actions taken and of actions not taken, the nursing profession can focus its collective wisdom and experience on leading the campaign to create a culture of respect, safety, and effective interprofessional communication.

Incivility can take the form of rude and discourteous actions, of gossiping and spreading rumors, and of refusing to assist a coworker. All of those are an affront to the dignity of a coworker and violate professional standards of respect. Such actions may also include name-calling, using a condescending tone, and expressing public criticism (Andersson & Pearson, 1999; Read & Spence Laschinger, 2013). The negative impact of incivility can be significant and far- reaching and can affect not only the targets themselves, but also bystanders, peers, stakeholders, and organizations. If left unaddressed, it may progress in some cases to threatening situations or violence (Clark, 2013a).

Oftentimes incivility is not directed at any specific person or persons. However, it may perpetuate or become a precursor to bullying and workplace violence; therefore, it cannot be characterized as innocuous or inconsequential (Pearson, Andersson, & Porath, 2005). Studies have shown that incivility experienced through email or other online forums affects targets in much the same way as face-to-face incivility does (Clark, 2013b; Clark, Ahten, & Werth, 2012; Clark, Werth, & Ahten, 2012; Giumetti et al., 2013).

Bullying

Bullying is repeated, unwanted harmful actions intended to humiliate, offend, and cause distress in the recipient. Bullying actions include those that harm, undermine, and degrade. Actions may include, but are not limited to, hostile remarks, verbal attacks, threats, taunts, intimidation, and withholding of support (McNamara, 2012). Such actions occur with greater frequency and intensity than do actions described as uncivil. Bullying actions present serious safety and health concerns, and they can cause lasting physical and psychological difficulties for targets (Washington State Department of Labor and Industries, Safety and Health Assessment and Research for Prevention Program, 2011).

Bullying often involves an abuse or misuse of power, creates feelings of defenselessness and injustice in the target, and undermines an individual's inherent right to dignity. Bullying may be directed from the top down (employers against employees), from the bottom up (employees against employers), or horizontally (employees against employees). Top-down bullying from organizational leaders allows bullying to become an accepted and condoned workplace norm (Deans, 2004a; Royal College of Nursing, 2002; Vessey, DeMarco, & DiFazio, 2011). Hutchinson, Wilkes, Jackson, and Vickers (2010) used structural equation modeling to test a model of bullying. Their survey data from 370 nurses revealed specific organizational characteristics, including misuse of authority, certain policies and procedures, organizational tolerance, and informal alliances, as the critical antecedents to bullying and its frequency.

RNs and employers must also be cognizant of workplace mobbing as a collective form of bullying and as an expression of aggression aimed at ostracizing, marginalizing, or expelling an individual from a group (Bowling & Beehr, 2006; Galen & Underwood, 1997; Harper, 2013). As Griffin and Clark (2014) state, workplace mobbing occurs when "more than one person commits egregious acts to control, harm, and eliminate a targeted individual" (p. 536). Mobbing is linked to physical, psychological, social, and emotional damage, and it can have devastating economic consequences as the targeted individuals fight to keep their jobs and careers (DiRosa et al., 2009; Hutchinson, Vickers, Jackson, & Wilkes, 2006; Monteleone et al., 2009; Vessey, DeMarco, Gaffney, & Budin, 2009).

When investigating experiences of workplace mobbing and comparing those experiences with indicators on various scales, Balducci, Alfano, and Fraccaroli (2009) found positive and significant correlations between the frequency of exposure to mobbing and the appearance of various indicators, including posttraumatic stress. The authors found that the frequency of exposure to mobbing predicted suicidal ideation and behavior.

In 1990, Leymann described workplace mobbing as the adult form of bullying. It is characterized by employees "ganging up" on a target employee and subjecting that individual to psychological harassment that may result in severe psychological and occupational consequences. In some cases, targets of workplace mobbing maybe exceptional employees. For example, Westhues (2004) suggested that mobbing among faculty members in academic workplaces may be related to envy of excellence and to jealousy associated with the achievements of others. Mobbing may thus occur in such workplaces in an attempt to maintain group mediocrity and compliance with the status quo, so that the high performer is targeted to keep that person in line with prevailing workplace norms.

Workplace Violence

Workplace violence consists of physically and psychologically damaging actions that occur in the workplace or while on duty (National Institute for Occupational Safety and Health [NIOSH], 2002). The Bureau of Labor Statistics releases an annual report about injuries and illnesses resulting in time away from work in the United States. In the health care and social assistance sectors, 13% of days away from work were the result of violence in 2013, and this rate has increased in recent years (U.S. Department of Labor [DOL], Bureau of Labor Statistics, 2014). According to a recent ANA survey of 3,765 registered nurses and nursing students, 43% of respondents have been verbally and/or physically threatened by a patient or family member of a patient. Additionally, 24% of respondents have been physically assaulted by a patient or family member of a patient while at work (ANA & LCWA Research Group, 2014).

Workplace violence is referred to by some as endemic, which, from a public health perspective, means it is commonly found in certain settings (Lipscomb & London, 2015). Such settings include emergency departments, psychiatric hospitals, nursing homes, long-term care facilities, and others. Hodgson et al. (2004) describe how employees who float from one unit to another experience assault three times more often than do permanent employees. Wolf, Delao, and Perhats (2014) provide evidence of the prevailing attitude that workplace violence is a culturally accepted and expected part of one's occupation. Oftentimes patient safety is given priority over employee safety, when in fact both are integral to quality and safe care (Lipscomb & London, 2015).

Workplace violence can lead to emotional distress, temporary or permanent injury, or even death (Tarkan, 2008). Examples of workplace violence include direct physical assaults (with or without weapons), written or verbal threats, physical or verbal harassment, and homicide (Occupational Safety and Health Administration, 2015).

NIOSH classifies workplace violence into four basic types. Types II and III are the most common in the health care industry. (Types I and IV are not addressed in this position statement.)

- Type I involves "criminal intent." In this type of workplace violence, "individuals with criminal intent have no relationship to the business or its employees."
- Type II involves a customer, client, or patient. In this type, an "individual has a relationship with the business and becomes violent while receiving services."
- Type III violence involves a "worker-on-worker" relationship and includes "employees who attack or threaten another employee."
- Type IV violence involves personal relationships. It includes "individuals who have interpersonal relationships with the intended target but no relationship to the business" (Iowa Prevention Research Center, 2001; NIOSH, 2006, 2013).

Detrimental Effects On The Nursing Profession

An overview of relevant literature indicates that incivility, bullying, and workplace violence are concerns for the nursing profession, health care field, and beyond (Spector, Zhou, & Che, 2013). Kaplan, Mestel, and Feldman (2010) suggest that nurses ignore or tolerate incivility and bullying because of fear or lack of knowledge. However, incivility and bullying are also reasons nurses leave or plan to leave the profession (Johnson & Rea, 2009; Simons, 2008; Vessey, DeMarco, & DiFazio, 2010). Other negative effects include decreased job satisfaction, reduced organizational commitment, decreased personal health, and added direct and indirect costs to employers and RNs (Rodwell, Brunetto, Demir, Shacklock, & Farr-Wharton, 2014; Smith, Andrusyszyn, & Spence Laschinger, 2010).

Financial Ramifications

Decreased productivity can occur following incidents of incivility, bullying, or workplace violence. Employee retention can also become more difficult. Yet the total financial cost of such actions is very difficult to calculate (Berry, Gillespie, Gates, & Schafer, 2012; Chapman, Styles, Perry, & Combs, 2010; D'Ambra & Andrews, 2014; Edward, Ousey, Warelow, & Lui, 2014; Gates, Gillespie, & Succop, 2011; Hegney, Tuckett, Parker, & Eley, 2010; Spence Laschinger, 2014). According to one study, lost productivity related to workplace incivility was calculated at $11,581 per nurse annually (Lewis & Malecha, 2011). Another study of a U.S. hospital employing 5,000 nurses estimated the cost of workplace violence treatment at $94,156 annually: $78,924 for treatment and $15,232 for indemnity for the 2.1% of the hospital's nurses who reported injuries (Speroni, Fitch, Dawson, Dugan, & Atherton, 2014).

The costs of incivility increase when one takes into account the expenses associated with supervising the uncivil employee; managing the situation; consulting with attorneys; interviewing witnesses; and recruiting, hiring, and training new employees (Griffin & Clark, 2014; Lipscomb & London, 2015; Pearson & Porath, 2009, 2013).

RN Health, Patient Safety, And Career Consequences

Incivility, bullying, and workplace violence harm a person's intrinsic sense of self-worth and self-confidence, which may result in physical symptoms such as headaches, interrupted sleep, and intestinal problems. Those actions may also be associated with psychological conditions, including heightened levels of psychological stress, anxiety, irritability, and depressive symptoms (Clark, 2013a; Demir & Rodwell, 2012; Gates et al., 2011; Gillespie, Gates, & Berry, 2013; Magnavita, 2014; Nicholson & Griffin, 2014; Stecker & Stecker, 2014; Wing, Regan, & Spence Laschinger, 2015). Some report that this heightened stress may progress to posttraumatic stress disorder (Gillespie, Bresler, Gates, & Succop, 2013) or depression (Gullander et al., 2014).

Such effects may impair clinical judgment to the extent that nurse performance is affected. For example, the Institute for Safe Medication Practices (2009) examined the impact that intimidation of nurses had on medication errors. In the subsample, 7% of RNs stated that intimidation had led to a medication error. Other studies report an increase in errors related to patient safety (Sofield & Salmond, 2003) and to an increased incidence of patient falls, delayed medication administration, and medication errors (Roche, Diers, Duffield, & Catling-Paull, 2010).
If confidence and competence decrease as a result of incivility, bullying, and workplace violence, this result can adversely affect the quality of patient care and care outcomes (Deans, 2004b; Leivers, 2004).

Incivility, bullying, and workplace violence also occur in academic settings, thus affecting students, faculty members, and all people in the campus community. Numerous studies have documented the existence of harmful actions taken and not taken in academic settings, as well as their consequences (Clark, 2013b; Davis, 2014; Saltzberg, 2011). One such consequence that has major implications for (a) the future of the nursing profession, (b) the ability to honor nursing's contract with society, and (c) the ability to attract new nurses to the profession is, faculty's intent to leave academia at a time when the United States is facing unprecedented projected increases in demand for nurses (DOL, Bureau of Labor Statistics, 2012).

Documents describing a shortage of faculty refer to academic institutions' claims of financial and salary issues, a shortage of doctoral-level faculty, a shortage of faculty members who are willing and able to teach in clinical settings, an increase in faculty age and retirement, and an inadequate pool of qualified faculty (American Association of Colleges of Nursing, 2015).

Further study is needed on (a) how faculty, including those who are new or are perceived by faculty peers as highly accomplished, are treated within the halls of academe by administrators, peers, and students, and (b) how such treatment contributes to the loss of qualified faculty members and to the detrimental effects that this loss has on nurses' lives and careers (Clark, 2013b; Davis, 2014).

A Culture Of Respect

Relationships marred by incivility and bullying can contribute to unhealthy work environments that ultimately have a negative impact on the quality and safety of care delivered (American Association of Critical-Care Nurses, 2005). The establishment of positive, respectful relationships is crucial to preventing incivility, bullying, and workplace violence.

Several foundational documents support the need for civility and a culture of respect that must be continuously demonstrated by nurses in all areas of nursing education and practice. For example, "Essential VIII: Professionalism and Professional Values," described by the American Association of Colleges of Nursing (AACN, 2008), underscores the importance of nurses being accountable and responsible for their individual actions and of ensuring that civility underlies professionalism.

Similarly, Provision 1.5 of the ANA Code of Ethics (2015a) requires nurses to treat colleagues, students, and health care consumers with dignity and respect. It also states that any form of harassment, disrespect, or threatening action will not be tolerated. In addition, an Institute of Medicine report (2010) recommends empowering nurses to participate in collaborative efforts to improve work environments and health care systems.

Respectful relationships in which each person is recognized and valued need to be fostered in every workplace. Drawing on a study of registered nurses, Antoniazzi (2011) defines respect as "an open-minded willingness to accept, acknowledge, and value the uniqueness of an individual and her or his knowledge, experiences, and perceptions" (p. 752). Respect is promoted through communication, collaboration, support, and fairness, each of which is foundational for nurses to establish healthy relationships with others.

Responsibilities Of Registered Nurses And Employers

A safe work environment promotes physical and psychological well-being. If members of the health care team do not feel safe, the work environment is left vulnerable, and everyone's safety is compromised (National Patient Safety Foundation, 2013). When incivility, bullying, or workplace violence exists, serious problems in the workplace can occur. Rebuilding trust within the workplace community is critical. RNs and employers must come together to identify specific issues and to create a plan of action.

Effective interventions require an ongoing commitment on behalf of RNs and employers to create a safe and trustworthy environment. A shared and sustained commitment to promote dignity and respect is necessary to prevent incivility from escalating to bullying or violence. The goal is to promote and create a culture of health and safety that translates into a safe environment for nurses and other members of the health care team, health care consumers, families, and communities.

Employers also have a legal responsibility to provide a safe and healthy workplace. Under the Occupational Safety and Health Act's General Duty Clause, employers "shall furnish ... a place of employment ... free from recognized hazards that are causing or are likely to cause death or serious physical harm." Employers that do not take steps to prevent or abate a recognized workplace hazard can be cited under the General Duty Clause (DOL, 1970).

The ANA Position Statement on Incivility, Bulling, and Workplace Violence makes specific recommendations for RNs and employers that are related to preventing and mitigating incivility, bullying, and workplace violence: ***https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/incivility-bullying-and-workplace-violence/***

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