When Staff Clash!
VPH Nursing Grand Rounds

March 20, 2012
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Triad of Staff Conflict

Work Environment
- Workload / Staffing Ratio
- Team Ability

Coping Style
- Stress Resilience
- Personal Stress Load

Communication Ability
- Assertive vs. Aggressive or Passive
- Level of Skillfulness
Walk the Web to Promote Professional Behavior

www.vanderbiltrnursing.com

click on “For Our Nurses” and go to “Nurse Wellness”
then click on the “Professional Behaviors” icon
Some facts courtesy of AACN

- 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
Raess v. Doescher

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.
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.
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.
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
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…
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
Call to action for nurses

• Be civil with every person in every situation every day
• Review @ least one resource on the PPB nursing website
• 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?
Most Common Forms of Lateral Violence in Nursing Practice

- 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
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

• 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

• 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
Cueing cards

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
Cueing cards

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.

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Triad of Staff Conflict: Solutions

Work Environment
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Coping Style
  - Stress Resilience
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Communication Ability
  - Assertive vs. Aggressive or Passive
  - Level of Skillfulness

- Build relationships
- Appeal staffing issues
- Maintain professionalism
- Activate self care
- Take breaks/hobbies
- Stress immunize
- Assertiveness training
- Practice, practice, practice
Being a valuable team member

Patient safety

*How we ensure patient trust…*

Quality of Clinical Care

*Why we are in health care…*

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…*
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/
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
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
Communication Through Problem Solving, Listening & Assertive Feedback

A Skill-set Model

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

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

• HR/Organiz 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](http://www.mc.vanderbilt.edu/CPPA)
- VUPD Training Programs, 322-2558, [http://police.vanderbilt.edu/](http://police.vanderbilt.edu/)
- Nurse Wellness Program, 936-1327 [http://www.vanderbilt.edu/HRS/wellness/wlcnwp.html](http://www.vanderbilt.edu/HRS/wellness/wlcnwp.html)
www.tnaonline.org
The Work/Life Connections-EAP Nurse Wellness Program

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

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24 Hour Access

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