



# Workplace Civility

Vanderbilt University USAC

March 25, 2014

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# 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...

# 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

# Nurse Wellness

## Vanderbilt Nursing

nurse wellness home

head to toe

express yourself

work-life balance

over your lifetime

workplace violence

nurse wellness commodores

- Reporting Workplace Violence
- Resources
- Education

## 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 work place. ([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

**Green Dots Wellcast: Violence Prevention and Bystander Training**

Margie Gale, RN, Nurse Wellness Specialist, discusses the 4 most frequent types of workplace violence and defines Bystander Training for nurses at Vanderbilt.

[Listen here](#)

## **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](http://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?



Organize your time effectively

Take your break

Exercise 30 minutes daily



Eat 5 Fruits & Vegetables daily

Get 7-8 hours of sleep



# Coping Stressages

Embrace an Optimistic Outlook

Live tobacco free



Give and Receive Affection

Take Quiet Time

Find balance in your life



# Stress Resilience

Optimal Human Functioning

Psychological Hardiness

Positive Psychology

Excellence

Happiness



“Vibrant fitness of the mind”

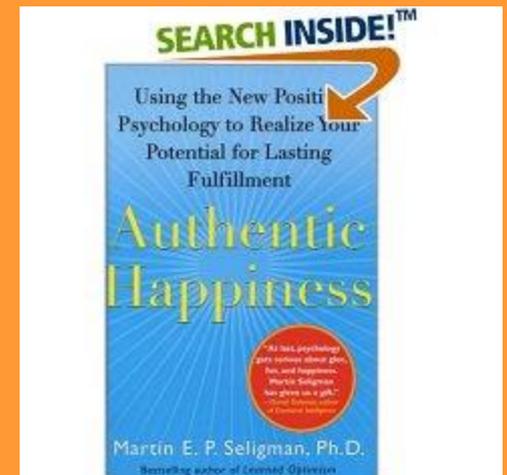
# Authentic Happiness



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

Action: count your blessings...daily

[www.authentic happiness.com](http://www.authentic happiness.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

# 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.**



[www.tnaonline.org](http://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 from Duffy, 1995; Farrell, 1997; McCall, 1996; McKenna, Smith, Poole & Coverdale, 2003

# Cueing cards

Can printout as cards and laminate on key ring

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.*

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

# Cueing cards

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

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

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

# 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.*

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

# 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

# Cueing cards

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.*

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

- Build relationships
- Appeal staffing issues
- Maintain professionalism

## Coping Style

Stress Resilience  
Personal Stress Load

- Activate self care
- Take breaks/hobbies
- Stress immunize

## Communication Ability

Assertive vs. Aggressive or Passive  
Level of Skillfulness

- Assertiveness training
- Practice, practice, practice

# Communication Through Problem Solving, Listening & Assertive Feedback

A Skill-set Model

[www.gordontraining.com](http://www.gordontraining.com)



# My Relationship With Others

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

# 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

Description of  
Other's  
Appearance

Description of  
Other's Behavior

Description of  
Other's Feelings

# Classroom Exercise: Developing an I - Message

Non-Blameful  
Description of  
Other's Behavior

My Feelings or  
Emotions

Tangible Effects  
on Me  
Now or in Future

# 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/Organiz Effectiveness Team, 322-8320,  
<http://hr.vanderbilt.edu/training/index.htm>
- Equal Opportunity, Affirmative Action and Disability Services, 322-4705  
<http://www.vanderbilt.edu/ead/>. Offers interactive programs that address: Equal Opp/Affirmative Action, Sexual Harassment, Diversity, Cross-cultural Communication, and Employing Persons with Disabilities.

# ...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/>
- Work Life Connections/EAP, 936-1327  
<http://www.vanderbilt.edu/HRS/wellness/wlc.html>
- 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)

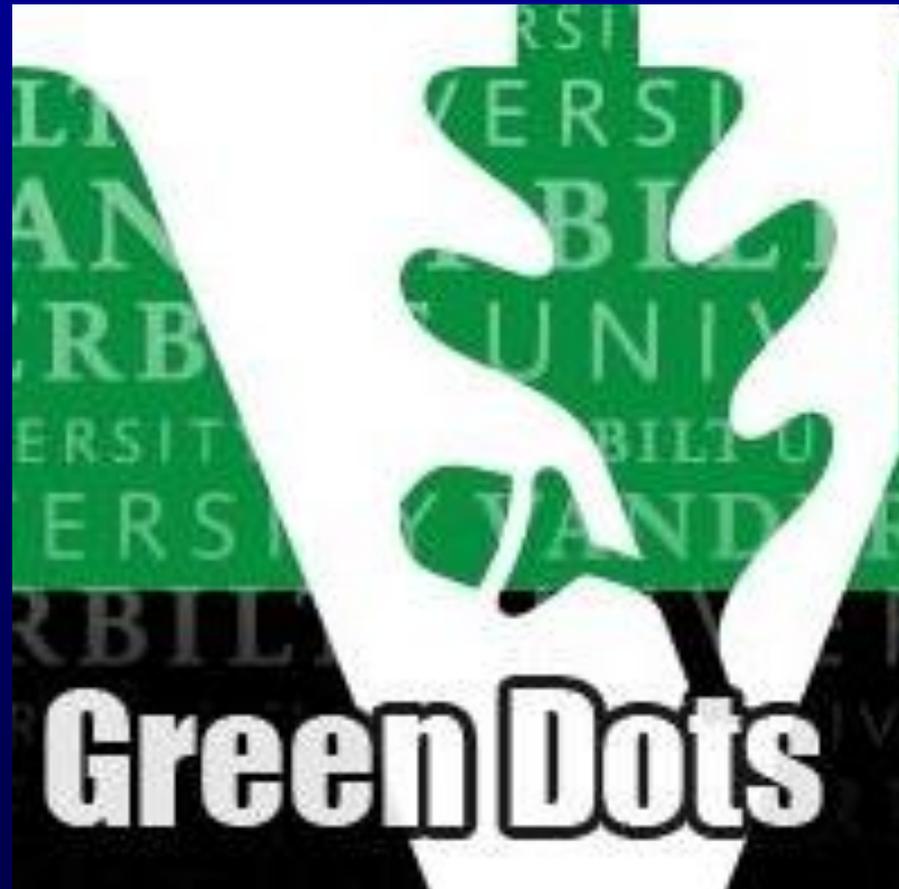
# How my group works

- 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



**ENDING**

**VIOLENCE...**

**ONE GREEN DOT AT A TIME**

Part Four

Prevention Strategies for  
Bystander Action

# words of wisdom



*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





Your  
Community





Your  
Community



# GOOD NEWS #1

We outnumber them!

# GOOD NEWS #2

We know what to do  
and how to do it.



# BYSTANDER

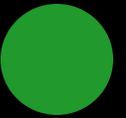
Individuals who notice a behavior or situation that could lead to something bad, and are faced with the choice to help, do nothing, or contribute to the negative behaviors.

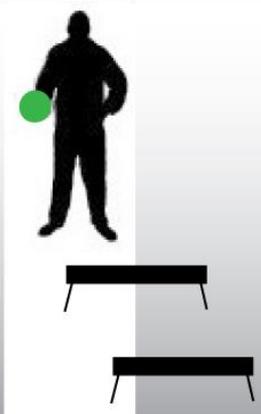
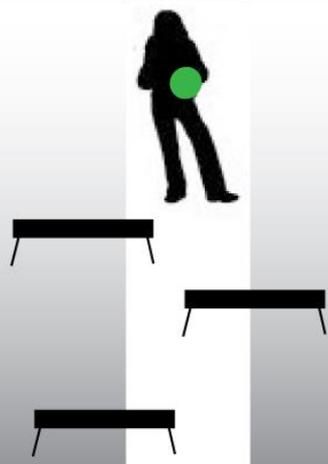
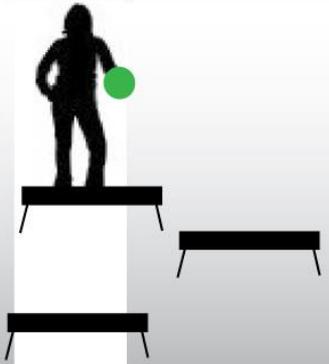
## PASSIVE BYSTANDER

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.



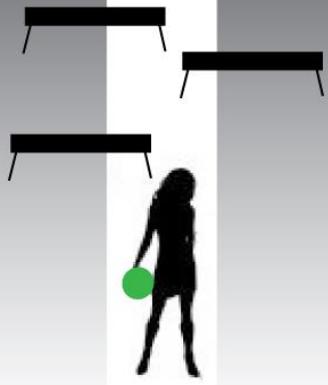


**GREEN  
DOT**

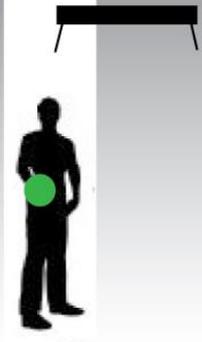
**RECOGNIZE**



Your  
Community



**SELF  
DEFINING  
MOMENT**





Listen as a bystander



Connected to recipient  
or person exhibiting the  
concerning behavior or both



# BYSTANDER CHALLENGE

<b>Bullying Behaviors within a Relationship</b>	<b>Normal Behaviors within a Relationship</b>
Hard Needling A Co-Worker	Hard Needling A Co-Worker
Inquiring About Co-Worker Absenteeism	Inquiring About Co-Worker Absenteeism
Double Checking Patient Reports	Double Checking Patient Reports
Not inviting to breaks & lunch	Not inviting to breaks & lunch
Sharing information about a co-worker	Sharing Information about a co-worker

# MOVING FROM THINKING TO DOING

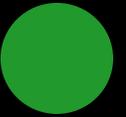


## words of wisdom



“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



# CHANGING THE CULTURE

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."

# 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.

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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](http://www.vanderbilt.edu/HRS/wellness/eap.htm)