Verbal Abuse in the Workplace: Has Civility Disappeared?
Watters, Carol L
Orthopaedic Nursing; Jan/Feb 2010; 29, 1; ProQuest Nursing & Allied Health Source
pg. 46

Verbal Abuse in the Workplace
Has Civility Disappeared?

Carol L. Watters

Scenario

A patient has just returned to her room after total knee surgery. The nurse is performing her initial assessment of the patient. The husband enters the room and demands that the patient be given pain medication immediately or he will call the physician and describe what "lousy" care his wife is receiving. The conversation is peppered with expletives and delivered with such a loud voice that the rest of the unit can hear the conversation. The nurse continues to assess the patient and when finished leaves the room to get a warm blanket for the patient. The husband follows the nurse out of the room, speaking to her in a very loud voice, demanding attention, and following her all the way to the closet where the nurse obtains the blanket.

Have you been the recipient of such an interaction? Did you feel as though you were being treated appropriately by the patient's family member? Did you acknowledge that you were being abused, verbally? What was your response to such behavior? Did you have any recourse with this husband's behavior? Would your organization support your attempts to confront this man?

Nurses often feel that such incidents are part of the work environment and the expectation is that nurses accept such behavior. Nurses often feel that empathy should be part of the rationale for accepting such behavior on the part of family members and reporting the incident is not helpful or worthwhile.

It seems as though our culture has become increasing replete with acts of verbal violence or assault, be it on a stage during an award ceremony or even by officials in high places. The acceptance by our culture of this lack of civility is often more pronounced in the work environment where reprisal for such behavior does not exist or is couched in the notion that high patient satisfaction is needed at all costs. The need for manners and common decency is always appropriate. However, workplace violence, be it physical or verbal, is highly prevalent against nurses. Those areas where it is the most common are the emergency department (ED), psychiatric, and geriatric arenas where many patients are confused. As orthopaedic nurses, we are regularly involved in two of these three areas, and on general surgical units where trauma patients or total joint replacement patients are given care. Working in any area of orthopaedic nursing may challenge the nurse if verbal violence occurs, which seems to be more often than in the past.

Since the 1990s, workplace violence has been seen as a public health issue. Groups such as the Occupational Safety and Health Administration and the National Institute for Occupational Safety and Health (NIOSH) have recommended policies, changes to the work setting to ensure safety, and programs to control violence. Despite these initiatives, violence is still present, with the verbal aspect seemingly increasing.

What does the literature inform us about this trend in our area of practice? Interestingly, there is little explicit discussion or research about the topic of verbal abuse. There is much about physical violence and interestingly more has been written about this area in countries other than the United States. Two of our own orthopaedic authors (Sofield & Salmond, see the following text) have written an excellent article about the effects of verbal abuse on the intention to leave an organization, but most of the writings about verbal abuse are dated and without specific recommendations to assist the practicing nurse. Okay nurse researcher, here is an area of research waiting to be taped! The focus of this *Journal Club* is some selected articles that have been written about abuse and most specifically about verbal abuse. I will start with some of the older references and move to the present. At the end, recommendations for the application to orthopaedic practice will be noted.

Definition of Verbal Abuse

Verbal abuse is usually subsumed under the category of "violence," which includes abuse ranging from innuendo to physical assault (Farrell, 1999, p. 532). The NIOSH defines workplace violence, including verbal abuse, as "...an act of aggression directed toward persons at work or on duty, ranging from offensive or threatening language to homicide" (2002, p. 2). Historically and still true in some instances today, verbal abuse toward nurses

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

comes from other nurses. The old adage of nurses "eating their young" is still operative is some settings. Physician abuse of nurses is also part of the violence nurses experienced in the work setting.

Farrell, G. A. (1999). Aggression in clinical settings: Nurses' views—A follow-up study. *Journal of Advanced Nursing, 29*(3), 532–541.

This is an interesting article from outside the United States. This citation reports the outcomes of a small study of Tasmanian nurses (n = 240) from a local university and a general hospital who were asked to respond to the question about their experiences with aggression in the work setting. The term *aggression* includes verbal abuse in this setting. The results indicated that doctors were number 1 in aggression toward nurses, but patient's relative's ranked number 2. Remember, this study was carried out more than 10 years ago, but even then, patient's relatives played a large role in aggression. When asked which types of aggression were the most distressing and the most difficult to deal with, it was the nurse-to-nurse aggression, with the patient's relatives a close second. Aggression was the most significant worry for nurses in the work setting when compared with other workplace worries.

How nurses problem solved the episode of aggression is interesting. The most frequent way was to talk with a colleague, friend, or spouse about the situation (p. 539). Few used professional resources such as the human resources department, their union, or managers. Many "excused" patient's relatives for their behavior, noting that the stress associated with a sick family member could be the reasons for aggression. In part, this same phenomenon was used to pardon physician behavior, relating to long hours on duty or job responsibilities. In today's environment, a lack of interpersonal and interdisciplinary behaviors is no longer viable when a team approach to patient care is the goal. *Note.* In the articles to come, the excuse for patients' relatives' behavior will persist as a rationale for abusive verbal behavior when interacting with nurses.

Sofield, L., & Salmond, S. (2003). A focus on verbal abuse and intent to leave the organization. *Orthopaedic Nursing, 22*(4), 274–283.

This excellent article written by two of our orthopaedic colleagues describes verbal abuse in nursing as a violence that leaves "no visible scars" (p. 274). This is such an accurate way to describe the phenomenon. Other authors in this *Journal Club* review have characterized the effects of verbal abuse the same way as Sofield and Salmond, noting that the nurse is often left feeling devalued, humiliated, and professionally attacked after the incident (p. 274). Even though this article was written more than 6 years ago, the topic is still current and applicable to orthopaedic nursing today. Retention is ever more an issue for nursing with its continued shortage. Their research purpose was to describe nurses' experience with verbal abuse and the intention of nurses to leave an organization if abuse was existent. The sources and statistics cited by these authors are dated but are amazingly similar to what is seen today. Their literature review acknowledged that nurses accept abuse as "part of the job," which is still a factor today. Mention is made that physicians play a key role in verbal abuse of nurses, but identification of patients and family as other sources is certainly accurate in the current environment. Quoting Linda Aiken, who has written and researched so much about quality care and nursing, they point out that the environment of nursing is often dissatisfying to patients, families, and nurses. As a result, a lack of civility occurs for all parties, with nurses leaving an organization, decreasing the retention level of nurse expertise in the organization.

A three-hospital healthcare system in the northeast was chosen to provide the sample in which a total of 465 surveys were returned for an overall response rate of 46.1%. When the sources of verbal abuse were identified, these results are similar to other studies, with physicians coming in first, then families, and third patients. Because this study was conducted a while ago, it would be interesting to note whether the position of the families and abuse has changed in the ranking because of the increased lack of civility in our culture. The qualitative comments from nurses as to how they handled response to abuse is very telling, where acceptance of the behavior is prominent and an attitude of "giving up" is common.

The section of discussion for this study supports the works of many others because it illustrates that verbal abuse is more prevalent than we probably want to believe and is accepted by many nurses as part of the culture. Even with groups such as the American Nurses Association, the NIOSH, American Nurses Credentialing Center Magnet criteria for an excellent nursing environment, and women's organizations taking a wider focus on violence in the workplace, the more subtle violence of verbal abuse continues to be an issue for both attention and research. As these authors point out, many nurses lack the skills to cope with verbal abuse. Education about verbal abuse needs to be conducted on a continual basis, as the prevalence of verbal abuse often falls below the radar because nurses are reluctant to confront the problem and lack both skills and support to manage the problem.

This article also lists excellent strategies for how individuals can respond to verbal abuse. Organizational strategies are also noted, which today should be an integral part of any organization's operating policies.

Rowe, M. M., & Sherlock, H. (2005). Stress and verbal abuse in nursing; Do burned out nurses eat their young? *Journal of Nursing Management, 13*(3), 242–248.

The purpose of this study was to identify the types and frequency of verbal abuse of nurses by other nurses. Have we not all experienced some type of verbal abuse, especially in the early years of our careers? In addition, the study examined the effects of verbal abuse to understand how the components of abuse affected performance in the workplace. These effects included patient errors such as medication errors, absenteeism, stress, and general job dissatisfaction. All of these can result in a higher turnover rate of nurses and a decrease in quality of care.

These authors, as has been true for others, describe abuse on two

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

dimensions, physically and psychologically damaging to the individual recipient. What is significant in this study was the fact that verbal aggression was noted to be most frequently reported as coming from colleagues (nurses 27%), but a very close second was from patients' families (25%). A verbal abuse scale was used that might be helpful in a replication of this study. Areas addressed were the type of aggression, the frequency of the aggression, the emotional reaction to the verbal abuse, and the effectiveness of coping mechanisms used to deal with the abuse.

The conclusions of the study revealed that verbal abuse is very expensive in a number of ways: to the individual, the hospital, and the quality of patient care. Because this was a nursing management journal, it is interesting to note that managers on orthopaedic units need to be continually vigilant to the types of patients on a unit and how nurses' behavior is affected by very stressful patients and families. Rotation of assignments, counseling by chaplains, or other allied professionals can assist with difficult situations that could mean long-term hospitalizations for the orthopaedic patient, especially the trauma patient.

Policies That Address Violence

Today, most organizations, large or small, have policies that address violence in the workplace, be it verbal or physical. These policies have arisen from a variety of attempts to protect and prevent harm to workers. Some of these policies are locally applied, whereas others are nationally regulated. Still others are initiated by organizations to comply with criteria such as the Magnet recognition program. Healthcare workers are at great risk for workplace violence, with nurses being the largest group affected by such violence.

Questions to ask include the following: Do nurses know about the protection they have with these policies? Do they utilize the resources to report abuse when they experience such behavior? If resources to report or assist with the control of abuse are not used, then why?

Findorff, M. J., McGovern, P. M., & Sinclair, S. (2005). Work-related violence policy: A process evaluation. *AAOHN Journal, 53*(8), 360–369.

The following is one example of how an organization sought to identify its employees' knowledge about their violence policy. A Midwest healthcare organization sent current and former employees (12 months past separation) a questionnaire to evaluate their knowledge of the violence-prevention policy implemented 2 years previously. They also evaluated employees' experience with physical and nonphysical violence. For this survey, violence was defined broadly as "words and actions that hurt people" (p. 361). Examples of violence were supplied to provide an understanding of the definition for the respondents. Total response rate for the survey was 51%, a very high reply rate. The outcomes of the study are interesting from the standpoint of most employees, stating that they had never experienced work-related physical violence (82%) but 7% reported that they had experienced work-related assault during the past year. Of the physical assaults, the worker identified the client (patient) as the source of the violence. This study does reveal that nonphysical violence was higher than anticipated with a rate of 25%, in which victims had as many as five or more episodes within a year. The discussion of their results indicates that the organization needed to pay more attention to nonphysical violence because the trend was moving in an upward direction.

Most important was the discovery that violence is seldom reported to the organization. Specifically, if the violence involved a colleague, the employee did not want to "rat" on a fellow employee or supervisor, as such reporting would increase the problematic level in the work environment. Again, the tendency to avoid or not confront the problem is apparent. In addition, this survey revealed that employees do not use the resources available to them, such as the human resources department or the employee assistance program (EAP).

This article gives some very good advice on evaluating an organization's violence policy (p. 367). During the course of the survey, the organization did revise its policy, a factor that might have affected the outcome of the study. However, this organization demonstrated a commitment to rectifying violence in its organization by having a senior-level person responsible for policy development and information dissemination in the organization. Employees were informed about how to handle violence in the organization and were made aware of assistance that was readily available. It would seem that with a nursing shortage and the goal of quality patient care, these types of implemented steps would be a positive stride in changing the cultural and providing a safer work environment for nurses.

Findorff, M. J., McGovern, P. M., Wall, M. M., & Gerberich, S. G. (2005). Reporting violence to a health care employer. *AAOHN Journal, 53*(9), 399–406.

Another article by the same authors and two additional writers discusses how violence in the workplace is reported; namely, that most reporting is low in rate and oral, thus lacking documented ability to pursue the episode or collect data about rates and types of violence. This lack of substantive reporting certainly has implications for policy development and employee education. Reluctance to report episodes does not help ones' self or fellow employees.

Lanza, M. L., Zeiss, R. A., & Rierdan, J. (2006). Non-physical violence: A risk factor for physical violence in health care settings. *AAOHN Journal, 54*(9), 397–402.

Violence of both physical and nonphysical types has been given attention as the problem in the workplace. However, the correlation between these two types of violence has not been evaluated. Their research suggests that nonphysical violence or verbal abuse is often the antecedent of physical violence. They conducted a survey in a Veterans Health Administration facility in New England and a Midwestern healthcare facility and found that workers who had experienced a nonphysical violence episode were 7.17 times more likely to experience a physical violence incident than those who had not experienced nonphysical violence. The reporting of physical violence was more likely if

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

the employee had experienced nonphysical violence.

Another interesting finding was that nonphysical or verbal abuse was considered normative in the environment. In other words, it was accepted as part of the culture. This study did not address family-to-nurse verbal abuse because their outcomes focused on patients and staff as perpetrators. If tolerance of verbal abuse occurs in an environment, these authors feel such tolerance contributes to a culture of disrespect that is conducive to the emergence of physical violence. If verbal abuse is considered to be normative, then verbal abuse of nurses by family members will also be considered normative. The point to remember is that both types of violence, nonphysical and physical, must be addressed, with neither type being acceptable for workers such as nurses or patients.

One limitation with the study was that it was conducted in a predominately male (95%) environment, but that does not preclude the fact that women are perpetrators of violence as well as being the recipients. Policies to address all aspects of nonphysical and physical abuse are appropriate in an organization.

Oztunc, G. (2005). Examination of incidents of workplace verbal abuse against nurses. *Journal of Nursing Quality Care, 21*(4), 360–365.

As indicated at the beginning, much of the literature on the topic of verbal abuse is found from outside the United States. This article comes from Turkey. However, some very salient points are made that seem to resonate with our problems in this country. The study looked at incidents of verbal abuse faced by nurses in the workplace. Data were collected from 290 nurses in the largest capacity hospital in Adana, Turkey.

This author found that factors that increased the risk of nurses facing violence and verbal abuse were emotionally charged interactions with patients and families, night shift work, work stress, lack of personnel, inadequate security, and a predominately female profession (p. 360). These are the same risk factors faced by nurses in the United States. The most common people who would be using verbal abuse were patients, family members, other healthcare workers, and visitors, similar to studies reported in this country.

A number of points seem to be similar to U.S. concerns. The type of setting (intensive care unit) was the highest for numbers of abuse; the most verbal abuse occurred by family members after a stressful incident, then by patients, and then by physicians. What nurses did after an abuse encounter was similar to what is seen in our country. Feelings of anger, dejection, and discomfort predominated. The productivity in the work setting decreased because of emotional exhaustion and even decreased the nurses' professional principles. One of the most interesting points made was that nurses had never been prepared to address verbal abuse in their educational experiences. This is often true for nurses in this country.

Spector, P. E., Coulter, M. L., Stockwell, H. G., & Matz, M. W. (2007, April–June) Perceived violence climate: A new construct and its relationship to workplace physical and verbal aggression, and their potential consequences. *Work & Stress, 21*(2), 117–130.

Just briefly, this study hypothesized that safety is an essential part of a work culture. If the culture is perceived as safe, then verbal and other types of violence will be low. They realize that more research is needed to establish a causative relationship between violence and a safe culture, but they suggest that a positive violence climate is very important in both reducing violence and protecting the safety of nurses. I think we would all agree with this assertion.

Here are a couple of more articles that might be interesting reads.

Johnson, C. L., DeMass Martin, S. L., & Markle-Elder, S. (2007). Stopping verbal abuse in the workplace. *American Journal of Nursing, 107*(4), 32–34.

This article was not presented for review here because the thrust is related to verbal abuse from physicians. However, a few good points are listed as to how to control a situation so that reaction to the event is professional.

Chapman, R., & Styles, I. (2006). An epidemic of abuse and violence: Nurse on the front line. *Accident and Emergency Nursing, 14*, 245–249.

This paper is written from the perspective of nursing in Western Australia. It illustrates concerns that are similar to those we face in this country. Some of the points are addressed in the following text.

These authors compare working in healthcare, especially an ED, to a "distillery of human fear and anxiety," resulting in increased errors, decreased morale and productivity, and increased workload for peers (p. 246). An important concern expressed by these writers is that it is difficult to quantify incidents of verbal abuse or violence because it takes time to complete the forms and no real benefit is derived from reporting the incidents. This notion corroborates the previous article that viewed verbal abuse and violence as normative in the environment. They also suggest that the idea is accepted that violence occurs only in the ED and not in the general hospital, a fact that is not true.

They offer that more research is needed to understand why verbal and physical aggression is directed toward nurses and the component factors that might affect its use by family members. A final plea is made to increase the reporting of nurse verbal abuse or violence because such reporting is the only way to understand the phenomenon. If abuse of both verbal and other types is continued, recruitment into the nursing professional will suffer because nurses will feel that not enough is being done to provide a safe work environment.

Gacki-Smith, J., Juarez, A. M., Boyett, L., Homeyer, C., Robinson, L., MacLean, S. L. (2009). Violence against nurses working in US emergency departments. *Journal of Nursing Administration, 39*(7/8), 340–349.

This recent article discusses violence in the ED setting, which is known as one of the most prevalent arenas in healthcare. The authors sent a survey to members of the Emergency Nurses Association (n = 3,465, 10.9% respondents) to collect their views on the problem of violence in the ED. Their findings seem to illustrate that the problem still exists

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

even with the advent of many policies and procedures for the safety of nurses in this department. It would seem as though the results have implications for other personnel of the hospital, especially orthopaedic nurses who continue to work with trauma patients after the initial event. Other areas of orthopaedic care apparently present some of the same risk factors for nurses that are related to verbal abuse and violence as the ED patients because patients are more demanding about every aspect of their care.

The interesting areas from this study are similar to other research that has been published previously. Let us look at their findings. Nonreporting of violence continues because nurses see the violence as part of the job. Reporting may lead to evidence of poor care by the nurse and will not ultimately benefit them in any way. Empathy continues to be another reason for not reporting occurrences.

Fifty percent of the respondents experienced physical violence (pushed/shoved, kicked), whereas 70% experienced verbal abuse such as yelled, cursed, intimidated, or sexual innuendos. Violence of both physical and nonphysical types was more prevalent on the night and weekend shifts.

These authors feel that innovative ways to solve the verbal and physical abuse in the ED must deal with the crowded environment of the ED (waiting, separating types of patients, especially the psychiatric patient). The need to change the accepted notion that the culture must "put up with" such behavior is paramount to changing the culture of normative violence.

One very applicable suggestion was the education of nurses to de-escalate potential problems situations. This suggestion is applicable across all patient care areas. As a former educator, I know that we teach students about safety for patients. We need to be more specific about the core element of safety for nurses and how to handle confrontation in a positive manner.

Take-Home Points

What are some takeaway points for us to remember and use in our daily orthopaedic practice? See the following list:

1. Nurses are the largest group exposed to violence in healthcare facilities.
2. Verbal abuse from patients, family members, or coworkers may be the antecedent to physical violence. Be aware of unusual behavior from clients or family members.
3. Accurate reporting of any episode of violence is essential to curb the proliferation of the incidents and interrupt the cycle of future incidents.
4. Be an advocate for your coworker if they do not want to report an incident. Violence is not part of the normative environment of healthcare.
5. Support the use of organizational policies related to violence. Use the available resources to solve problems (security, visiting hours, Code Pinks, Code Dr. Armstrong, human resources, EAP, chaplain services)
6. Know your policies and use them. Next time it may escalate. If policies are not in place, be a part of developing them.
7. Use your manager to discuss situations and know when reporting is appropriate.
8. Use the patient safety net reporting system or whatever system is applicable in your organization.
9. A culture that supports lack of responsibility and accountability will see a rise in verbal abuse.
10. Quality patient care/patient-focused care demands cooperation, not intimidation by the whole family.

Reference

Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. (2002). *Violence: Occupational hazards in hospitals*. Retrieved October 5, 2009, from http://www.cdc.gov/niosh/docs/2002-101

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.