

Workplace Aggression: Beginning a Dialogue

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The June 2005 *Clinical Journal of Oncology Nursing* editorial titled “Communication: Whose Problem Is It?” (Griffin-Sobel, 2005) was written to begin a dialogue about a phenomenon frequently experienced yet rarely discussed: workplace aggression, also known as disruptive behavior. Prompted by a groundbreaking study published in the *American Journal of Nursing* by Rosenstein and O’Daniel (2005), the editorial challenged oncology nurses to begin to fix problems of communication. After reflecting on both of the articles and considering my own experience as a nurse manager, clinician, and scholar, I decided to explore the topic as it relates to nurse-to-nurse workplace aggression. The following is a summary of interviews with nurse managers, nurse practitioners, and nurse scientists about root causes and effective strategies to manage these sometimes complicated situations. This article is meant to continue the dialogue about the very sensitive issue. Confidentiality has been maintained, and I welcome your comments.

Defining the Problem

All of the interview participants (N = 4) have been in nursing for many years (range = 13–30 years) and have a variety of expertise. Most participants identified a “primary” individual who was described as (a) a bully, (b) overbearing, (c) aggressive, (d) an “in your face” personality, (e) intimidating, or (f) bright and clinically competent but difficult to work with. An interesting finding was that the identifying characteristics were consistent throughout the interviews. Most participants referred to the conflict surrounding the difficult individuals as personality associated and indicated that the individuals were dominant members of the staff who repressed others in the workplace.

Unfortunately, all of the participants reported that the individuals had been disrupting their workplaces for many years and that the other staff members had ceased to speak up and participate in discussions for fear of becoming the

next target. Two participants mentioned that staff had become apathetic regarding the disruptive individuals and avoidance seemed to be the best strategy when dealing with them. Data from Rosenstein and O’Daniel (2005) support these observations: “Intimidation of RN led to lack of communication and patient intervention” (p. 61).

Strategies to Address the Problem

All of the participants acknowledged that the individuals causing disruptive behavior were clinically competent and that the institutional guidelines for coaching and counseling did not apply in their situations. Participants expressed an overall need for guide-

lines and tools (especially for managers) when disciplinary action was not appropriate. Half of the participants suggested that raising awareness of the issue was vital, and all suggested that being able to identify issues early was extremely important.

One participant suggested identifying the root cause of the behavior and working with human resources and employee assistance programs to support the staff when dealing with workplace aggression. Another participant noted that her institution had a code of ethics and behavior expressing the values of the institution, and managers used that document to confront poor behavior. The strategies also are supported by the data reported in Rosenstein and O’Daniel (2005).

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