

Be Nice!

If the research is to be believed, and I have no reason to suspect otherwise, most nurses have been the victims of some sort of verbal abuse by coworkers, primarily physicians. A smaller but still critical number has been on the receiving end of abuse that is more physical in nature—a thrown instrument or a chart tossed strongly in their direction. Over the years, abuse that is sexual in nature has received a lot of publicity, so most work areas now have strong policies to address that problem; however, the pervasiveness of rude, condescending, and brutally sarcastic verbal exchanges directed at nurses on a daily basis has generated less attention from institutions. For the most part, the individual nurse is left to deal with the problem in his or her own way. For many, this means working around an abusive person, staying out of his or her way, avoiding any interaction. Few feel comfortable addressing the problem directly, and it is often difficult to find any sort of private time or place to speak openly about the situation, particularly at the time it is happening. Responding in kind is never the best way to react because most times it will exacerbate rather than diffuse the situation.

I recall some years ago hearing that several nurses used a group approach to deal with physician verbal abuse. It involved putting out some sort of code signal whereupon all of the nursing staff would crowd around the offending physician and offer some sort of mob discussion about the inappropriateness of the behavior. I don't think that idea ever gained a foothold although it sounded quite appealing.

I am not sure I ever really understood what verbal abuse was all about. At what point in physicians' training did they learn that it was okay to belittle, scream at, or demean hospital staff members? Where did they come

up with the idea that throwing clamps or scalpels at an operating room nurse was a permissible reaction to whatever upset them at the time? There are many explanations I suppose—the aggressor feels powerless and frustrated or has feelings of inferiority or superiority—but no one, no matter what the

The Joint Commission soon will require hospitals to have a written and enforceable code of conduct for all employees to define acceptable and unacceptable behaviors and prescribe ways to address those unacceptable ones.

situation, deserves verbal or physical abuse, particularly when professionals are communicating with each other.

Now comes word that in January 2009 the Joint Commission will require hospitals to have a written and enforceable code of conduct for all employees. The code must define what sorts of behaviors are acceptable or not acceptable and prescribe ways to address unacceptable behaviors. Hospitals that do not develop such a policy will risk losing accreditation. The reason behind the Joint Commission's thinking is not to make the world a better place, but rather because rude and hostile behavior between employees leads to decreases in patient safety. Nurses who are afraid of poorly behaved physicians might hesitate to confront them about possible incorrect orders or avoid calling them to report a patient problem out of fear of being yelled at for bothering them. Bad behavior often results in bad patient outcomes, and the Joint Commission is

charged with ensuring quality and safety in our hospitals.

I guess part of me bristles at the notion of institutionalizing the "behavior police." Most of us are professional and rational adults who want nothing more than to be able to speak openly, honestly, and confidently with our coworkers about what is in the best interest of our mutual patients. But I have been around long enough to know that the world doesn't work that way all the time and when there is a breakdown it will be nice to know that we have some formal recourse. The change will not take place overnight. This problem has existed about as long as health care has existed, but the culture will not change unless we take some steps in the right direction.

Most of the time when verbal abuse is discussed, it is in the context of physician/nurse interactions, but it is important to remember that these problems occur on all levels—nurse to nurse, nurse to support staff, physician to allied health-care workers. Zero tolerance is what the Joint Commission is mandating, and nurses should play an active part in developing and drafting the policies and implementing them in such a fashion that everyone becomes as familiar with the institution's expectation of acceptable behavior as they are of any other important policy. If we wait to be asked to participate, the chance will pass us by. Contact your senior nursing officer and let him or her know that you have an interest in the process and would be willing to sit down with others to develop the policy. Be a real part of the solution to this insidious, pervasive, and chronic problem. Your patients will benefit and your workplace and work life will be the better for it.

Digital Object Identifier: 10.1188/08.ONF.739