“Replace our culture of silence with one of safety”

Nurses choose their profession to deliver compassionate and effective patient care but they may quickly discover that nurses can be dreadful to each other. Evidence suggests that 60% of all new nurses in the US quit their first job within the first year due to workplace behaviour issues and 48% of graduating nurses are concerned they will become the target of workplace bullying when they start their first job. Nearly three-quarters of nurses said they experienced or witnessed bullying behaviour at work.

No matter which country they are in, nurses pay the price for bullying with their physical, psychological and spiritual health. Many are unable to work and experience post-traumatic stress disorder as a result. Ultimately, patients pay the price for bullying with their outcomes: studies show that when bullying exists, patients suffer the consequences.

It is vital that nurse leaders take action if bullying is suspected. The good news is there are strategies and actionable steps organisations can take to eliminate bullying behaviour. Organisations need to conduct assessments to look for behaviours that employees believe undermine a culture of safety; these should be anonymous and include all employees. Careful analysis of the data can then highlight specific behaviours, patterns and departments and/or employees that may be contributing to an unhealthy workplace.

Once leaders understand the problem, they need to provide ongoing training and education on workplace bullying for all of their employees.

Leaders need to create opportunities for ongoing communication through staff meetings and anonymous surveys so staff members feel comfortable talking about bullying behaviours. When employees have a vehicle for discussing concerns, leaders create a built-in surveillance system for behaviours that may affect patient safety.

Every organisation needs to create policies that address how complaints of bullying behaviour are handled, how threats of retaliation are managed and should establish codes of conduct that include expectations for professional behaviour. Nurses have always known how bullying affects patients’ lives but have kept silent.

In 2015, the American Nurses Association developed a position statement about incivility, bullying and workplace violence. Its aim was to establish shared roles and responsibilities of nurses and employers to create work environments that are free from bullying and workplace violence. Members of Patients First in the UK, like Annie Norman, a nurse whose career was interrupted due to bullying, are also taking a stand on workplace bullying. They are protecting whistleblowers who speak up on behalf of patients who may be harmed by unsafe environments.

No one can afford to sit back and say, “Well, that’s just the way it is in nursing.” Passionate nurses must work to create environments where bullying behaviour of any kind is no longer tolerated so organisations can transform from a culture of silence to a culture of safety. NT

Non-bedside work is integral to quality care

When something goes wrong in healthcare, nursing is often in the firing line. Nurses are criticised for “wasting their time” on paperwork rather than caring for patients. In fact, paperwork is a crucial part of the care nurses provide – without it, how does anyone know that a patient’s condition has changed, what discharge plans are in place, or that informed consent has been given for a procedure?

Others’ understanding of the nursing role hasn’t evolved with its expanding scope of practice, so a nurse away from the bedside is often seen as a nurse ignoring patients. Our article on page 17 reports on a study of what hospital nurses really do; it identifies that 70% of work is “organising work.” Far from wasting time, this keeps the entire system running.

Nursing needs to articulate its role so it is clear that compassionate care is not provided exclusively at the bedside.

Ann Shuttleworth is practice and learning editor of Nursing Times.

www.nursingtimes.net / Vol 111 No 46 / Nursing Times 11.11.15 11