Tell Me Your Story…

Healing Peer-to-Peer Hostility and Creating Healthy Relationships

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“Alas, culture is not what we say, what we think, what we mean, or even what we intend; it's what we do.”

Jon Burroughs, MD
Horizontal Hostility

A consistent (hidden) pattern of behavior designed to control, diminish, or devalue another peer (or group) that creates a risk to health and/or safety

(Quine 1999, Farrell 2005)
Shares 3 elements common to racial and sexual harassments laws:

1. Defined in terms of effect on recipient
2. Must be a negative effect on victim
3. The bullying behavior must be consistent

(Quine, 1999)
**Overt:**
name-calling, sarcasm, bickering, fault-finding, back-stabbing, criticism, intimidation, gossip, shouting, blaming, put-downs, raising eyebrows, etc.

**Covert:**
unfair assignments, eye-rolling, ignoring, making faces (behind someone’s back), refusal to help, sighing, whining, sarcasm, refusal to work with someone, sabotage, isolation, exclusion, fabrication, etc.
Continuum of Incivility

Low Risk > High Risk
Disruptive Behaviors > Threatening Behaviors

Eye-rolling - sarcasm - bullying - taunting - ethnic slurs – intimidation - violence – tragedy

Cindy Clark, PhD Incivility Matters
United States

Empirical studies

1. 82% witnessed in last yr.
2. 77% saw negative RN-RN behaviors
2. 28% in survey of US occupations
2. 31% Mass. Study
3. 27.3% bullied in last 6 mo.
4. 46% reported serious LV behaviors

Verbal abuse from physicians 90-97% ?
Individual Impact

- Psychological, physical, emotional and social
- Nurses who report highest degree of conflict also report the highest degree of burnout
- Decreased job satisfaction and morale,
- Increased intent to leave
- 3 out of 4 experience PTSD
IN CASE OF FIRE

EXIT BUILDING
BEFORE TWEETING ABOUT IT
Theoretical Framework

• Oppression Theory
  – Major characteristics of oppressed behavior stem from the ability of dominant groups to identify the “right” norms and values and from their power to enforce them.
Dominant Group

Oppressed Group
Whose doing the bullying?

- 50% identified managers/directors
- 25% identified charge nurses
- 29% physicians
- 38% coworkers

JONA Vol. 39(2)
Impact

- Recruitment/ Retention in a shortage
- Lack of staff due to increased sick days related to stress and burnout
- Creates a toxic work environment
- Failure to achieve solidarity
- Patient safety – can’t think clearly when upset
“Our lives begin to end the day we become silent about things that matter”

M. L. King
If I could GUARANTEE you that the conversation would turn out exactly as you had hoped, is there someone you need to speak with?

1. YES

1. NO
Why don’t you speak your truth?

- Fear of retaliation
- Fear of hurting the relationship/feelings
- Fear of gossip, scapegoating,
- No time
- Why bother? Nothing will change
- Fear of being isolated from the group

(Bartholomew, 09)
2012 Hospital Survey on Patient Safety Culture

• 37% will not report a potential error as it is happening
• Nearly half of 600,000 staffers said they believe their mistakes are held against them
• 54% said "it feels like the person is being written up, not the problem"

78% said it was difficult if impossible to confront a person or group directly (keeping silent) if they exhibited incompetent care.

“Self Silencing” (Dana Jack 1991)

“Value relationship so much that they will sacrifice interpersonal confrontation and assertiveness to keep the peace”
DESC Communication Model

- Describe - Lead with the facts
- Explain – Let them know the impact (pause, pause, pause)
- State – What you want. Be descriptive
- Consequences – Describe the impact (individual, social and work env)
What do you say after you hear that someone has been backstabbing you?
Professional Behaviors

- Accept one’s fair share of the workload
- Keep confidences
- Work cooperatively, despite feelings of dislike
- Always look co-workers in the eye
- Don’t engage in conversation about a coworker
- Stand up for an “absent member” in conversations
- Don’t criticize publicly
- Don’t be overly inquisitive about each other’s lives
- Do repay debts, favors, and compliments
Responding

to

Hostility

Non-verbal inuendos (e.g. making faces)

“I see from your facial expression that there may be something you wanted to say to me. It’s ok to speak to me directly”
Undermining (turning away or being unavailable)

“Can you help me understand how this situation could have happened?”

Withholding information (practice or patient)

“It is my understanding that there was more information available regarding the situation, and if I had known that, it would have effected what I did.”

M. Griffin
Response: Strategies and Tools

1. **Decrease** negativity, gossip and a culture of blame by maintaining a zero tolerance for any communication that is unhealthy.

2. **Increase** a climate of safety and healthy communication by role modeling and utilizing opportunities to teach interpersonal and confrontation skills.
To *thrive* horizontal hostility needs:

- secrecy
- shame
- silent witness *
What can you do?

1. Ask for Feedback - today
   - What do I do well?
   - What would you like to see more of?

2. Always speak your truth
   - Self silencing = powerlessness

3. Call it what it is…
   - Make the non-verbal, verbal

4. NEVER be a “silent witness”
   - “Nothing About Me Without Me”
Thank you!

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