

# Chapter 26

## Beyond the Pain

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### ABSTRACT

*Healthy workplaces promote inclusionary behaviors. When nurses experience exclusionary behaviors such as bullying and incivility, there may also be hidden issues with acceptance of diversity in the workplace environment. Educating nursing staff on the importance of variations in age, culture, gender, sex, race, ethnicity, and religion in the workplace can help facilitate communication among staff. For example, organizations can use educational forums to discuss how different cultures vary in the addressing of conflict within the workplace; some cultures may prefer to reach consensus rather than be confrontational. Chapter 5 discusses strategies that nurses and organizations can implement, such as Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS). TeamSTEPPS is a curriculum that can be used to improve teamwork skills, communication, and build team collaboration.*

### INTRODUCTION

The profession of nursing in itself can be challenging. Nurses provide care to people in different settings (i.e. home care, clinics, inpatient units, etc.) and stabilize patients with complex disease processes, while collaborating within a team of other health care professionals (Chen, Lin, Wang, & Hou, 2009). Nurses work within rapid-paced health care environments that can be stressful. Therefore, having to cope with the additional stress of incivility from a co-worker, can be overwhelming.

### Recognizing the Effects of Incivility

It is important for nurses to be aware of the signs and symptoms of uncivil behaviors within the workplace, so that they can be readily addressed. Repeated exposure, for example, to condescending language, criticism, and superficial listening, can cause the nurse to feel disempowered and disconnected. The latter impacting job satisfaction and productivity. The pain of working in an environment that does not value your contributions or you as a person, can lead to mental and physical illness.

DOI: 10.4018/978-1-7998-9161-1.ch026

## ***Beyond the Pain***

Social bullying is defined as an experiential and behavioral phenomenon. Nurses affected by social bullying experience intimidation, persistent criticism, insults, abuses of power used against them, and malicious behavior. Wieland and Beitz (2015) conducted a qualitative phenomenological study on nurses' resilience to social bullying occurring within academia. Seventeen nursing faculty that were self-identified as having experienced bullying in the workplace, were audiotaped as they shared their stories. There were three distinct chronologic periods that led to a theme in the interviews. These three chronologic periods were identified as being *during bullying, decisional phase, and after bullying* (Wieland & Beitz, 2015).

The 17 nursing faculty that participated in the Wieland and Beitz study recalled enduring cultures whereby bullying was accepted, as were cyberbullying, and power and control issues. The uncivil behavior was often perpetrated by senior faculty and administrators. The affected nursing faculty found that once they began to recognize patterns of bullying and no longer rationalized that the bullying was normal to the field of academia, that they became resilient. With this insight came the ability of each faculty participant, to better understand how their work environments functioned, and how to manage their own personal responses to the bullying experience.

According to Wieland and Beitz (2015), in discussing the commonalities of the 17 resilient faculty that experienced workplace bullying, "In becoming aware of bullying and sharing this awareness with colleagues, participants began to set personal boundaries to avoid abuse. They also observed colleagues' strategies and learned them. Participants reported using physical and mental strategies, talking with colleagues, and faculty and student teaching evaluations to buttress self-worth" (p. 291). Self-conscious decisions to no longer tolerate the mental abuse of the perpetrators, caused these faculty to successfully remain in their positions and flourish. Limitations of this study were that there were no minority faculty interviewed. Participants were 95% female and 85% white. Therefore bullying within the context of discrimination could not be evaluated.

## **Diversity and Positive Work Environments**

Schmidt, MacWilliams, and Neal-Boylan (2017) noted that exclusionary behaviors in the profession of nursing are an increasing concern. Nurses that experience bullying, workplace violence, and incivility are likely according to Schmidt, MacWilliam, and Neal-Boylan, experiencing exclusionary behaviors. Inclusivity embraces differences and are conducive to workplace environments that have a zero tolerance for nurse-to-nurse incivility and bullying.

Organizations that seek to educate nurses on the importance of diversity in the workplace such as with religion, race, culture, ethnicity, gender, and age, facilitate communication on differences. In the facilitating of conversations about diversity, organizations promote inclusion via the valuing of differences. For example, health care organizations can implement educational forums on topics such as nurses of different ages and generations engaging in conversations about different approaches to patient care and perceived work ethics. Hence, the opportunity to foster healthier work environments.

## **Building Healthy Healthcare Teams**

Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) is a curriculum that health care organizations can implement to improve teamwork skills and communication. The curriculum is evidenced-based and uses case studies (in varied health care settings, i.e. outpatient clinics, long-term care) and current health care research findings to help health care professionals respectfully interact and

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