Relationships between Verbal Abuse from Nurse Colleagues and Demographic Characteristics, Work Attributes and Work Environment of Early Career Registered Nurses

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Greetings from…

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Background

- A culture of safety and quality depends on teamwork, communication and collaborative work environment where no intimidating or disruptive behaviors should be tolerated.
- The most frequently reported disruptive behavior is verbal abuse

Background

- Verbal abuse is part of a spectrum of behaviors which range from unintentional incivility to bullying, harassment, and horizontal violence.
- Some similar constructs, which are often used interchangeably, include:
  - workplace aggression
  - disruptive behaviors
  - Incivility
  - Bullying
  - Harassment
  - Horizontal or lateral violence

Background

- Understanding who experiences verbal abuse and how it affects their work and personal behaviors is important because of the documented link between workplace abuse and patient care quality and safety.

Background

- Joint Commission Sentinel Event:
  - “Intimidating and disruptive behaviors can contribute to medical errors, adverse patient outcomes, poor patient satisfaction, increased cost of health care, and turnover among clinicians seeking more professional environments.”
  - Turnover among nurses, in addition to increasing organizational costs, also creates problems for patient safety.
Purpose

- To examine the relationships between verbal abuse by nurse colleagues, as reported by early career RNs, and the RNs' personal characteristics, work attitudes, and work setting attributes using constructs shown in previous research to be related to satisfaction, organizational commitment, or turnover.

Methods

- Data are from the fourth wave of a national panel survey of early career RNs begun in 2006 (Kovner & Brewer)
  - Response rate for Wave 4 was 74%
  - Data were collected using an emailed and mailed survey.
  - The final analytic sample included 1328 RNs.

Verbal Abuse Measure

- The Verbal Abuse Scale (VAS) (Manderino & Banton, 1994)
  - Defines 11 different forms of verbal abuse
  - We used a shortened version (Pejic, 2005)
    - Addressed only verbal abuse from nurse colleagues
    - Excluded supervisors

- Scale indicated five levels of frequency of verbal abuse in the last three months
  - Never
  - 1 to 5 times
  - 6 to 10 times
  - 11 to 20 times
  - More than 20 times

Verbal Abuse Measure

- The original VAS was reviewed by a panel of 10 nurses for content validity, clarity, and completeness
  - Internal consistency of Cronbach alpha ranging from .67 to .95.
  - In this study Cronbach alpha = .86.
Verbal Abuse Measure

- Because very few RNs responded to the high frequency levels, we collapsed the five levels into three:
  1. Never
  2. One to five times in the last three months
  3. More than five times in the last three months.

1 = No abuse; 2 = Moderate; 3 = High level of abuse

Verbal Abuse Measure

- An average verbal abuse score for each respondent was computed by adding the score for each item and dividing by the number of items answered.
- Verbal abuse scores ranged from one to three with a higher score reflecting more verbal abuse.

Other Scales Used

- Work Attitudes
  - Intent to stay
  - Organizational commitment
  - Job satisfaction
  - Search behavior
  - Job variety
  - Autonomy
  - Supervisory support
  - Mentor support
  - Workgroup cohesion
  - Distributive justice
- Promotional opportunities
- Procedural justice
- Collegial RN-MD relations
- Work family conflict
- Negative affectivity
- Work motivations
- Quantitative workload
- Organizational constraints
- Local and non-local job opportunity
- Community fit
- Community sacrifice.

Data Analysis

- Descriptive statistics (i.e., means, percentages) were used to describe the sample.
- Multiple pair wise comparisons were conducted among the three levels of verbal abuse using Fisher’s Exact tests and Bonferroni corrections for multiple comparisons.

Sample Characteristics

- Most early career RN respondents were:
  - White (84.9%)
  - Female (91%)
  - Average age of 38.2 years (SD = 9.1 years)
  - Working in a hospital setting at the time of the survey (68.3%).
  - RNs in this study were similar to U.S. nurses (NSSRN, 2008).

Results - Verbal Abuse

- About 49% experienced verbal abuse from nurse colleagues at least once during the past three months.
- Only 5% experienced high levels of verbal abuse (more than 5 times) during that time period.
- The most frequently reported types of verbal abuse were:
  - Being spoken to in a condescending manner
  - Being ignored, having conversation controlled or refusing to comment.
Demographic & Work Attributes

- RNs reporting higher levels of verbal abuse from nurse colleagues were more likely to:
  - Be unmarried
  - Work in a hospital setting
  - Work in a non-Magnet® hospital
  - Work day shift
  - Report fewer nurses working than scheduled on their unit for some, most, or every one of their shifts
  - Plan to leave their position in the next 12 months.
  - Plan to have a job that requires an RN license in the next year

Work Attitudes

- Nurses who reported higher levels of verbal abuse from nurse colleagues also reported lower:
  - Job satisfaction
  - Organizational commitment
  - Autonomy
  - Intent to stay
  - Perceived unfavorable work environments including
    - Workgroup cohesion
    - Lower supervisory and mentor support
    - Higher quantitative workload
    - Organizational constraints.

Conclusions

- Data from this study provided support for the notion that early career registered nurses are potentially vulnerable to the effects of verbal abuse from nurse colleagues.
- More verbal abuse from nurse colleagues is seen in environments with unfavorable working conditions, and nurses working in such environments tend to have less favorable work attitudes.

Conclusions

- However, one cannot assume causality.
- It is unclear if poor working conditions create an environment in which verbal abuse is tolerated or if verbal abuse creates an unfavorable work environment.
- There is a need for the development and testing of evidence-based interventions to deal with these issues.

Recommendations

- Two potential approaches are:
  1. Strategies to decrease and eliminate verbal abuse
  2. Strategies that help nurses deal with the abuse.

- Effective strategies, such as therapeutic communication, assertiveness training, or conflict management may provide nurses with the tools to enhance their ability to deal with encounters that are perceived as abusive.

Recommendations

- Many nurses may not be aware that their behaviors toward colleagues are perceived as abusive or recognize the consequences.
- Sometimes these behaviors are so ingrained and accepted as part of the culture that a unit becomes dysfunctional and the problems perpetuate.
Recommendations

- Hospital wide programs about the effects of verbal abuse and other disruptive behaviors should be mandatory for all employees to help them recognize that these behaviors not only have an effect on the individual but also affect the work environment and ultimately patient care.

- In addition, policies reflecting no tolerance for verbal abuse and other disruptive behaviors need to be developed and enforced.

Thank You!

Time for a Few Questions and Answers?