



CO-WORKER ABUSE IS A THREAT TO PATIENT SAFETY

KEY WORDS: *disruptive behaviour, intimidation, communication breakdown*

Effective communication, teamwork and collaboration among healthcare professionals have significant, positive effects on healthcare delivery and patient health outcomes¹. One of the major factors well known to negatively impact staff relationships and team communication is abusive behaviour among interprofessional members of the healthcare team¹.

Abusive behaviour in the workplace is broadly defined as harm to another in professional relationships². When health professionals from different disciplines treat each other abusively, it is commonly referred to in the literature as **disruptive behaviour**³. Disruptive behaviour is a threat to patient safety as the behaviours 'disrupt' or interfere with team communication and team performance, critical to maintaining safe patient care and positive health outcomes⁴.

Disruptive behaviour takes on many forms. It can range from outbursts of aggressive behaviour (i.e., yelling, belittling and swearing) to subtle patterns so firmly embedded in the healthcare culture as to seem normal (i.e., impatience with questions, ignoring input from colleagues with less education or training)⁵. The most common form of disruptive behaviour includes a rude tone of voice and threatening body language that is perceived by recipients as intimidating¹. Disruptive behaviour causes both immediate and long-term negative effects on the individual, each with serious consequences to patient safety⁵. The behaviour raises stress and frustration levels of team members, affects concentration, decreases communication and impedes transfer of essential patient information among the healthcare team, all critical for safe patient care¹.

Immediate Aftermath of an Abusive Event. In the immediate aftermath of an abusive episode, the recipient experiences a mixture of intense feelings: fear, anger, shame, confusion, uncertainty, self-doubt, and emotional pain⁵. These feelings significantly affect a nurse's ability to think clearly, perform complex drug calculations, read doctor's orders and drug labels accurately, formulate nursing diagnoses, perform interventions and develop plans of care with the healthcare team.

Long-Term Effects In the long-term, disruptive behaviour leads to communication breakdown and lack of teamwork that create situations where errors occur⁶.

A typical human response to workplace abuse is to avoid the individual/s inflicting the hurtful behaviour⁵. Attention is diverted from collaborative patient care to self-protection⁵. Communication with intimidators is decreased and results in less sharing of essential patient information. As a consequence, there is less decision-relevant knowledge available to the healthcare team. Clinical decisions made by health professionals on incomplete or missing information can result in misdiagnoses and ordering of incorrect treatments that can cause patient harm^{5,7}.

Further, nurses who are bullied are isolated from their co-workers. Their ability to ask questions or seek clarification from nursing peers and other members of the healthcare team is significantly reduced. New nurses who require clinical and educational support may be unable to access the necessary guidance from seasoned nurses and other professionals if they cannot access the experience and wisdom held by their mentors.

Last, if nurses feel intimidated by members of the healthcare team, they may be afraid to speak up and protect patient safety. They may be reluctant to question orders, advocate for patients and alert team members when they detect potential or actual errors.

The research literature describes the extensive effects of communication breakdown and disruptive behaviour on patient safety:

- Root cause analysis of over two thousand sentinel events revealed that over 70% were caused by problems with communication among healthcare teams⁸ (sentinel events are medical mishaps resulting in severe patient injury, permanent disability or death).
- A study of over two thousand nurses, pharmacists and other care providers demonstrated that⁹:



- over 40% of study participants who had concerns about a medication order written by an intimidating physician either assumed it was correct, or asked another professional to talk to the prescribing physician rather than have to interact directly with the person;
 - almost half (49%) felt pressured to dispense or administer the medication even though they had serious and unresolved safety concerns about a prescribed order;
 - 7% reported they had been involved in a medication error in which intimidation by another professional clearly played a role.
- A large-scale study (4,350 participants) of nurses, physicians, administrative executives and other health professionals reported that¹⁰:
- 70% of respondents felt there was a direct link between disruptive behaviour and medical errors and poor quality care;
 - more than two thirds felt the behaviour was linked to adverse events;
 - more than 50% felt there was a linkage to compromised patient safety; and
 - more than 25% felt there was a linkage to patient mortality.

Clearly, intimidating and bullying other members of a healthcare team is unhealthy, unsafe and unacceptable practice behaviour. Nursing's role in preventing and eliminating co-worker abuse and promoting patient safety involves being mindful of one's own behaviour; role modeling respectful, professional behaviour; protecting colleagues who are being bullied; and addressing or reporting bullies. Through these actions, nurses promote patient safety and contribute to the creation of safe, healthy and respectful work environments.

PUBLISHED SUPPORTIVE DOCUMENTS

This FACT SHEET is linked to other supportive documents:

Practice Guideline: Addressing Co-Worker Abuse in the Workplace
FACT Sheet: Did You Know? Abuse is a Learner Behaviour in Nursing?

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Office of Accountability	Registrar or designate
Office of Administrative Responsibility	Professional Practice
Scope and Applicability	This FACT Sheet extends to all LPNs. The FACT Sheet impacts all practice settings where nurses work.
Publication Date	November 1, 2013
Approval Date	November 1, 2013
Revision Date	November, 2016
Approver	Executive Director
Sponsor	Executive Director

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