



# Create effective anti-bullying policies

Workplace bullying, incivility, and disruptive behaviors are related actions threatening the safety culture in healthcare organizations.<sup>1-3</sup> These behaviors also contribute to decreased team cohesion, burnout, retention issues, and absenteeism.<sup>4-7</sup> In 2008, The Joint Commission issued Sentinel Event Alert 40, *Behaviors that Undermine a Culture of Safety*, a document that requires accredited healthcare organizations to establish policies that address disruptive behaviors, such as workplace bullying and incivility.

Despite this directive, many healthcare managers and employees report that their organizations don't have the required policies, and that they aren't widely disseminated and are virtually ignored, and that they're often unclear and difficult to use in practice.<sup>8,9</sup> The goal of this article is to provide healthcare workers on how to craft usable and effective anti-bullying policies.

## Differentiating the disruptive

Workplace bullying, harassment, and general incivility can manifest similarly. Although all of these behaviors are undesirable workplace behaviors, managers recognize that they need to be managed differently.<sup>10</sup> It's important to understand the differences between workplace bullying, incivility, and harassment, all of which fall under the category of disruptive behaviors, and how to manage each.

*Workplace bullying* consists of frequent (daily, weekly, or monthly) and persistent (lasting for several months or years) harassing and intimidating behaviors. As a result, victims of bullying are more likely to suffer negative health effects such as frequent headaches, gastro-intestinal upset, severe anxiety, depression, and symptoms of posttraumatic stress disorder than their non-bullied peers.<sup>11</sup>

One of the reasons that workplace bullying behaviors persist over a long period of time is that the bully has more power (either positional, having more institutional knowledge, or more social support in the workplace) than the victim. This power differential creates a situation wherein victims of bullying are generally unable to end bullying by merely confronting the perpetrator.<sup>12</sup> Likewise, the power differential means that the perpetrator of bullying has no motivation to end the behavior (other than possible fear of disciplinary action). Therefore, conflict resolution and mediation, which require compromise from both parties, have been found to be ineffective strategies for ending ongoing bullying.<sup>13</sup>

*Incivility*, which can be confused with bullying, is characterized by low-intensity rude and discourteous behaviors.<sup>14</sup> Incivility, which is often unintentional, can generally be dealt with by bringing the behaviors to the attention of the perpetrator, by conflict resolution or by mediation.

*Harassment* may also look like workplace bullying. However, harassment is a legally defined term that covers unwelcome and offensive conduct that's based on the recipient's race, color, religion, gender, national origin, age (40 or older), disability, or genetic information. All organizations should have anti-harassment policies, however, legally speaking, they don't cover bullying or incivility that's not based on an employee's legally protected class (for example, behaviors that occur between women).<sup>15</sup> Therefore, it's important that organizations also have a document specifically addressing workplace bullying.

## Organizational roles and responsibilities

When drafting workplace bullying policies, it's important to include and list the roles and responsibilities of staff, managers, human resources, and employee health as they relate to workplace bullying.

When drafting staff roles and responsibilities, organizations need to be aware that one of the elements that differentiates workplace bullying from incivility or workplace conflict is that targets of bullying don't have the leverage needed to get the perpetrator to end the behaviors.<sup>16</sup> Therefore, language that requires targets of bullying to confront perpetrators is inadvisable. Instead, policies need to clearly delineate the actions that targets may take to enlist the help of others.

## Formal and informal responses

The final section of the policy should contain suggestions for formal and informal actions that managers can take if workplace bullying does occur.

Managers may be able to successfully resolve it through conflict resolution or mediation. If perpetrators continue to engage in bullying after informal processes have begun, formal disciplinary processes should be initiated.

Formal responses to bullying include disciplinary measures such as a performance plan and progressive guidance. Performance plans and progressive guidance should include clear expectations for immediate behavior change. This will prevent situations wherein perpetrators behave well for a while, then revert to their former behaviors as soon as they graduate from their performance plan.<sup>8</sup>

## Dignity for all

Anti-bullying policies are important documents that will help organizations function at their highest capacity to provide excellent patient care.



## REFERENCES

- Rosenstein AH, O'Daniel M. Disruptive behavior and clinical outcomes: perceptions of nurses and physicians. *Am J Nurs*. 2005;105(1):54-64.
- Laschinger HK. Impact of workplace mistreatment on patient safety risk and nurse-assessed patient outcomes. *J Nurs Adm*. 2014;44(5):284-290.
- Wright W, Khatri N. Bullying among nursing staff: Relationship with psychological/behavioral responses of nurses and medical errors. *Health Care Manage Rev*. 2015;40(2):139-147.
- Baillien E, Neyens I, De Witte H, De Cuyper N. A qualitative study on the development of workplace bullying: towards a three way model. *J Comm Applied Social Psych*. 2009;19(1):1-16.
- Laschinger HK, Grau AL, Finegan J, Wilk P. New graduate nurses' experiences of bullying and burnout in hospital settings. *J Adv Nurs*. 2010;66(12):2732-2742.
- Johnson SL, Rea RE. Workplace bullying: concerns for nurse leaders. *J Nurs Adm*. 2009;39(2):84-90.
- Alterman T, Luckhaupt SE, Dahlhamer JM, Ward BW, Calvert GM. Job insecurity, work-family imbalance, and hostile work environment: prevalence data from the 2010 national health interview survey. *Am J Ind Med*. 2013;56(6):660-669.
- Johnson SL. An exploration of discourses of workplace bullying of organizations, regulatory agencies and hospital nursing unit managers [Ph.D. dissertation]. University of Washington; 2013.
- Sellers KF, Millenbach L, Ward K, Scribani M. The degree of horizontal violence in RNs practicing in New York State. *J Nurs Adm*. 2012;42(10):483-487.
- Johnson SL, Boutain DM, Tsai JH, Beaton R, de Castro AB. An exploration of managers' discourses of workplace bullying. *Nurs Forum*. 2015; epub ahead of print.
- Nielsen MB, Einarsen S. Outcomes of exposure to workplace bullying: a meta-analytic review. *Work Stress*. 2012;26(4):309-332.

- Einarsen S, Hoel H, Zapf D, Cooper CL. *Bullying and Harassment in the Workplace: Developments in Theory, Research, and Practice*. 2nd ed. New York: CRC Press; 2011.
- McColloch B. Dealing with bullying behaviours in the workplace: what works—a practitioner's perspective. *J Int Ombudsman Assoc*. 2010;3(1):39-51.
- Pearson CM, Andersson LM, Porath CL. Workplace incivility. In: Fox S, Spector PE, eds. *Counterproductive Work Behavior Investigations of Actors and Targets*. Washington, DC: American Psychological Association; 2005:177-200.
- Yamada D. The phenomenon of "workplace bullying" and the need for status-blind hostile work environment protection. *Georgetown Law J*. 2000;88:475-536.
- Keashly L, Nowell BL. Conflict, conflict resolution, and bullying. In: S Einarsen, H Hoel, D Zapf, CL Cooper, eds. *Bullying and Harassment in the Workplace: Developments in Theory, Research, and Practice*. 2nd ed. New York: CRC Press; 2011:423-445.

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