The Intimidation Factor:
Workplace intimidation and its effects on wellness, morale, and patient care

Nurse Buddy Program Team 3

Disclosure
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Learning Objectives
At the end of this presentation the participant will be able to:
- Recognize the principles of workplace intimidation
- Improve understanding on the topic of workplace intimidation via qualitative research methods and data
- Gain insight on wellness needs in healthcare from colleagues and other adult learners
- Generate a positive cultural shift and drive change in the clinical learning environment through interprofessional collaboration
- Review innovative solutions to emerging challenges/barriers with workplace intimidation
- Increase understanding that wellness is a culture change and must start with the current and next generation of physicians.

Outline
- Project aim
- Introduction to the Pediatric Residency Nurse Buddy Program
- Literature review
  - Study population and data collection
    - Written surveys
    - Interviews
- Results
- Implications and future goals

Project Aim Statement
Through surveys and interviews, determine the impact of workplace bullying and intimidation on employee wellness and patient care.
Pediatric Nurse Buddy Program

- Pediatric nurses and interns are grouped to promote a collaborative clinical work environment and develop focused Quality Improvement (QI) projects
- First developed in Spring 2014 at UTHSCSA
- Based after a one day program at UT Dell
- For the 2016-2017 academic year:
  - 4 teams
  - 14 interns
  - 4 nurses
  - Meetings during intern orientation and at various points throughout the year

Collaboration Improves Work Environment and Nurse-Resident Relationship

- Establish and foster nurse-resident relationships
- Understand each other’s roles and workflow processes
- Ease transition for interns from student to resident
- Develop nurse-resident driven QI projects
- Understand the need for an interdisciplinary and multi-professional approach to improvement and patient care

Buddy Program Design

Common Perception of Workplace Bullying

- https://youtu.be/rRBq-6lVxzU

Intimidation is Experienced in Health Care Settings at All Levels

- 98% of survey respondents witnessed or experienced bullying between doctors and nurses
- Intimidation comes from superiors, peers, and patients
  - 27% senior physicians
  - 26% peers
  - 19% nurses and midwives
- Various forms of intimidation
  - Person-related bullying
  - Work-related bullying
  - Physical intimidation

Various Forms of Intimidation

Person-related bullying
- Spreading of gossip/rumors
- Being ignored or excluded
- Insults or offensive remarks about personality or private life
- Hints/signals that you should quit
- Repeated reminders of mistakes
- Being ignored or facing hostile reaction when you approach
- Persistent harsh criticism
- Practical jokes
- Excessive teasing and sarcasm
- Excessive monitoring or work

Work-related bullying
- Being ordered to do work below your level of competence
- Having opinions ignored
- Unreasonable deadlines
- Unmanageable workload
- Replacing key areas of responsibility with trivial or unpleasant tasks

Physical intimidation
- Finger-pointing
- Invasion of personal space
- Shoving
- Blocking
- Threats of physical abuse or actual abuse
Intimidation Negatively Impacts Wellness and Patient Care

• 7% of healthcare workers reported that they were involved in medication errors that were in part due to fear of the prescriber
• Institute for Safe Medical Practices (ISMP) Survey
• 49% reported they altered their clarification protocol based on intimidation of behaviors
• 40% allayed concerns, assumed provider must be correct
• Errors occurred due to fear of communication or altered communication
• Linked to 38% of missed instances of patient care
• Negative impact on team dynamics
• Decrease in confidence
• Interferes with learning
• Increase work stress
• Decrease communication among the team members

Share Your Thoughts

What do you consider bullying or intimidation in the workplace?

Please join the poll: www.menti.com and enter code 828026

Design of this Study

• Surveyed and Interviewed various health care workers and non-health care workers with different levels of experience
  - Senior attending
  - Senior nurse
  - Admin nurse
  - PGY3
  - PGY 2
  - 2 outside professionals
  - Junior attending
  - Junior nurse
  - Fellow
• Only one survey and interview from each position required
• Surveys made available on paper and online
• Completely anonymous
• Interviews allowed for additional follow up questions
• One on one and were anonymous for data collection

Survey Respondents

All Survey Respondents Experienced Bullying

Superiors are the Most Common Source of Intimidation
Instances Witnessed or Experienced in the Workplace

Surgeons yelling at physicians regarding a patient

I witnessed my director talking about a new nurse behind her back. She said the new nurse “incompetent, a slow listener, and slow in general”

Surgical consults

Patient’s parent was verbally abusive to a resident

Principal used derogatory words and finger pointing in front of other coworkers

Tell Us Your Story

Let’s create our own word cloud with our experiences

Join the poll at www.menti.com and enter code 82 80 26

Some Hesitation to Report Errors

• 40% avoided reporting errors due to fear of intimidation and consequences
  • Scolding or belittling
  • Reporting superiors
  • Bad nursing assignments
  • No reporting system available to employees

• 60% were unaware of occurrences
  • Transparency in the medical profession

Intimidation Compromises Knowledge and Values

• Experiencing discomfort correcting superiors or asking questions
  • Fears of scolding and/or demeaning lectures
  • “Dumb and embarrassed”
  • “Fear of making a mistake and being scolded and thought of as incompetent”
  • Being perceived as condescending
  • “Know it all”
  • Going against your moral compass and simply following orders
  • “Contradicts your natural response”
  • “Keep the peace”
  • Limiting potential due to fear of asking questions
  • “Contributes to future negative behavior”

Absence Rate Unaffected in Healthcare

• Fear of consequences due to absences
  • Poor nursing assignments
  • Judgement from peers
  • Increased workload for the rest of the team
  • Job enjoyment/satisfaction
  • Patient interactions
  • Mental health days more common among non-healthcare respondents
  • Easier to find substitutes
Intimidation Creates a Toxic Work Environment

I never doubted myself due to fear of intimidation or bullying. I felt there was a lot of bullying going on when I first started as a nurse, but I was not intimidated by it. I was ready for the bullying, since I already knew that nurses eat their young.

I'm always worried in the back of my mind that someone I interact with is thinking negative thoughts about me or the work that I do.

Openly criticizing a resident’s management in front of patients.

Intimidation Negatively Impacts Wellness

- Increased stress, anxiety, and depression
- Increased incidence of burn-out
- “Destroys marriages”
- Decreased socialization
- Lack of enjoyment from work

Intimidation Causes Doubt

There's been several occasions at my current job where I have doubted my abilities at the bedside due to what I felt was hostility and intimidation from my boss. The tone of the environment. If it’s a “hostile” work environment, you get scolded for reporting things, for doing what you think is the right thing, but it draws attention that is unwanted. Those sorts of things. It's not always appreciated, and sometimes you get scolded. Sometimes you get scolded publicly. And sometimes it carries over to your actual work at the bedside with the patients. And that can be intimidating when it’s your boss that’s doing it.

Perspective Required for Perseverance

It's a macro-environment vs micro-environment difference. I.e. my immediate workplace colleagues and supervisor are not at all intimidating, and in fact are very supportive. I realize that some of the self-doubt I experienced is due to my own need for confidence-building, and may become a growth opportunity. I also feel that there are people in leadership with whom I could confide if I needed to address any real concerns.

I hung on for a while, believing that I could be successful if I stayed long enough. And that I could “block out” the workplace culture that was so evident. But one day I decided that life was too short to work and spend most of my waking hours in an unhealthy workplace. So, even though I needed the job financially, I quit. Never looked back and have not regretted it for a second.

Discomfort Reporting Bullying

I didn’t feel like I could because I feel like the people who I would report it to are best friends with the people doing it. So I felt like that was a waste of time. And then I’d probably get bullied again for reporting it. But also, someone did mention, like I didn’t know you could do this, but they said that you can write an ERAF on bullying. So I feel like I would definitely be willing to do that now and comfortable to do that.

Reporting it to your superiors so they are aware a problem exists. Many places have anonymous hotlines that you can utilize as well.

What Would You Change?

What would help you report workplace bullying and intimidation?

Find this poll: [www.menti.com](http://www.menti.com) and enter code 82 80 26
Limitations to this Study
- Limited number of survey and interview participants
- Difficulty approaching superiors and peers for surveys and interviews
- Intimidated interviewers
- Coordinating between hectic schedules
- Selection bias
- Selecting participants based on known prior bullying experiences

Improving Employee Wellness and Patient Safety by Addressing Intimidation
- Improve employee wellness
- Integrate wellness into orientation
- Provide wellness fairs annually
- Promote counseling services
- Prevent medical errors
- Incorporate nurses on rounds
- Encourage all concerns
- Promote closed-loop communication
- Develop an anonymous reporting system
- Report intimidation without penalization from peers or superiors
- Provide valuable feedback to team members

Why it Matters
- Improve patient safety
- Encourage questions
- Value open communication
- Create a respectful and gratifying work environment
- Improve work relationships
- Decrease the depression, burn-out, and anxiety
- Promote mental health services
- Decrease the rate of physician suicide

Intimidation Negatively Impacts Employee Wellness and Patient Care
- Intimidation affects every level of healthcare as well as workers in non-healthcare fields
- Superiors are the most common source of intimidation
- Employees experience increased stress, fatigue, and relationship difficulties at home
- Nurses and doctors avoid voicing concerns due to intimidation
- UHS needs a safe, anonymous, and accessible reporting system for intimidation

We will always care for San Antonio. We will always educate healers. We will always search for answers.