

IDENTIFYING METHODS NURSE MANAGERS CAN IMPLEMENT TO
FOSTER A SUPPORTIVE ENVIRONMENT FOR STAFF WHERE DISRUPTIVE
BEHAVIOR EXISTS

A Synthesis Project Presented

by

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ABSTRACT

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December 2007

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We can all imagine the ideal work environment, where you are respected, empowered, and provided with the resources to perform to the best of your ability everyday. Your skills would be acknowledged and the challenging work that is accomplished each day would be appreciated by peers, team members, and managers. However, in my work environment, an operating room, a phenomenon called “disruptive behavior” often interrupts the ability of achieving this desired state. Initially I was focused on this behavior being displayed by physicians but was awakened to the fact that they are not the only offenders and that many caregivers also behave in this manner. Obviously this behavior in a healthcare setting can have a negative impact on the patients who come to the institution seeking healing and compassion.

Realizing that this disturbing behavior will continue to exist, despite efforts within the operating room and the institution as a whole, this paper addresses what I can do in my role as a nurse manager. The first step was to undertake a literature review to understand ways I can support my staff that are subjected to and at times engage in the unproductive conduct. The literature review revealed tools that support employees in many situations, not exclusively in an operating room environment. The eleven tools I present in this paper are taken from many different areas such as business applications, healthcare articles, spiritual beliefs, and basic behavioral principles. They include: emotional intelligence, engagement, positive reinforcement, energizing, motivating employees, constructive conversations, Buddhist principles- The Human Factor, storytelling, “New Agreements” tenets, a respectful, civilized, work environment, and building respect and establishing trust. The tools may be used alone or may be grouped together for a greater impact. Some may be more effective when utilized on an individual while others would have a greater influence when applied in a group setting.

Employees who feel a sense of satisfaction, fulfillment and value are more likely to remain in their current position and be more efficient, productive and involved. My goal as a manager is to support staff and utilize the discussed tools for the purpose of empowering staff to expect that appropriate behavior is exhibited at all times and work towards creating a healthier workplace. The journey I have undertaken in CCT has provided me with new tools and has added another dimension to the way I approach and think through problems that continuously arise in my professional life. The various methods and phases that I have learned to utilize for problem-solving purposes has aided in my ability towards the pursuit of creating a more supportive and healthier workplace.

DEDICATION

Without the love and support of my family, this synthesis paper which is the end product of my time spent in the CCT program, would never have come to fruition. They have afforded me the time to devote to the completion of the program and never wavered on their encouragement and assistance, both emotionally and physically towards achieving my goal. My unconditional love to all of you and of course, many thanks!

My colleagues have been a pillar of strength in this achievement and many ideas and thoughts have been tested on them with their support being continuous and consistent. I thank you for always being available for me.

The nursing staff I work alongside everyday have provided me with a determination to do everything within my power to improve their work environment where they deliver excellent care to their patients.

TABLE OF CONTENTS

Chapter	Page
1. INTRODUCTION.....	1
My Role as a Manager.....	2
Past and Current Efforts.....	4
2. DEFINING DISRUPTIVE BEHAVIOR	7
3. EXPLORING THE ENVIRONMENT	10
A Complex Workplace	10
Behind Closed Doors.....	13
4. MOVING TOWARDS A BETTER WORKPLACE.....	17
Holding Individuals Accountable.....	17
Dealing with Disruptive Behavior.....	18
5. TOOLS FOR FOSTERING A SUPPORTIVE ENVIRONMENT.....	21
Emotional Intelligence.....	21
Engagement.....	22
Positive Reinforcement.....	23
Energize	25
Motivating Employees.....	26
Constructive Conversations	27
Buddhist Principles, The Human Factor.....	28
Storytelling.....	30
“New Agreements”.....	31
A Respectful, Civilized Work Environment.....	33
Building Respect and Establishing Trust.....	35
6. SUSTAINING THE SUPPORT PROCESS.....	37
7. CONCLUSION.....	39
8. PERSONAL GROWTH AND DEVELOPMENT	41
REFERENCES.....	42

CHAPTER 1

INTRODUCTION

*The purpose of our existence is to help other human beings.
If we cannot do that, the least we can do is not to hurt them.*

- The Dalai Lama

Think of the word “caregiver” and what words come to mind? Compassionate, caring, nurturing, healing; these behaviors are quick to surface. Disruptive, abusive, harassing, bullying; these terms do not transpire because they connote negative and destructive terminology. Disruptive behavior exists in the operating room (OR) and may be demonstrated by physicians, anesthesiologists and nursing staff. This behavior has an immensely negative impact on all members of the healthcare team and ultimately, can affect the patient. I have been on the receiving end of this behavior and also have witnessed many situations where this has occurred to others. The end result is never a productive one and as a nurse manager, it is my responsibility to hold nursing staff accountable when they are the offenders for this inappropriate and unacceptable display. Acknowledging the caustic effect of this behavior has led me to review the literature for measures and programs that have been utilized, not only healthcare but also the business world, to combat this practice. This synthesis presents the reality of the nurse manager’s ability and authority to eradicate this behavior in the work environment and what I can do to support the nursing staff in their goal to provide safe, compassionate care to their patients.

My Role as a Manager

As an assistant nurse manager in an operating room, my job includes the management of a nursing staff that numbers over 200 nurses and surgical technologists. This includes more specifically, ensuring that the policies and procedures of the operating room and the hospital are followed, that the patient and staff are provided a safe environment and have available the resources needed for each surgery to meet the patient's needs. The priority is always the patient who enters the institution for a surgical procedure whether it is of an emergent or minor, elective nature. I am responsible for the smooth flow of a 39-room operating suite along with three other assistant nurse manager colleagues. The nursing leadership structure within the OR suite includes the director, nurse manager, four assistant nurse managers, four nurses in charge and four nurse educators.

My responsibilities include building and supporting a patient-focused collaborative environment fostering excellence in clinical nursing practice. This expectation includes promoting a positive work environment which enhances staff satisfaction, recruitment and retention. It is my experiences in the role as manager that has led me on this journey and ultimately production of this synthesis paper. Initially in my research and writing I was focused on negative behavior demonstrated by physicians but as I became more aware of the issue and its impact on not only staff but the patients we care for everyday, I decided to expand beyond the physician population to include all members of the surgical team. It became more evident that nursing staff and other ancillary support people were in the habit of exhibiting this negative conduct not just the physicians. On a daily basis I am faced with situations where disruptive behavior is the

issue and the end result is conflict and chaos and the spotlight strays from the patient which should be the focal point of the team members' efforts.

It is recognized that for people to perform to their best ability that the environment must possess a positive climate, be supportive and be equipped with the necessary resources. Working in an operating room is an extremely fast-paced and complex job. Stress and expectation exist at very high levels in this setting. The role of the operating room nurse is primarily as patient advocate to ensure that the surgical experience of the patient is a safe one. There are many tasks and responsibilities that accompany the position of staff nurse and my responsibility includes making sure the policies and procedures that are related to nursing practice are followed. The ability to master multiple clinical skills is mandatory as is the capacity to function and perform in emergency and life threatening situations involving the patients. The skill levels of the nurses range from new graduates (novice) to very experienced employees (proficient). It is the role of the nurse manager to provide exposure to a myriad of experiences that will assist in professional growth, independence and confidence building. The nurse manager is also responsible for providing a safe environment, both physically and emotionally, that nurtures professional growth. I believe that providing verbal feedback to nursing staff, not only in situations where improvement is necessary but also when excellent care has been delivered to the patient or when actions and performances were outstanding, is absolutely critical for the purpose of acknowledging that the nurse is a valued and appreciated member of the care delivery team . My role is to provide support to the nursing staff who, then are expected to provide excellent care to their patients.

Past and Current Efforts

Multiple efforts over the years have been made towards team building and improving communication. The director of the operating room, a nurse, is very active in identifying methods to improve teamwork and the work environment within the OR. It was through an effort driven by her that *Crucial Conversations*, a book written by Kerry Patterson, Joseph Grenny, Ron McMillan and Al Switzler which includes tools for communicating in difficult situations, was introduced to our area. (Patterson, et al., 2002) Application of this program was discussed with their lead researcher, David Maxfield, who felt it could have a positive impact on the staff and surgeons in our operating room. A plan was designed to teach these skills to the nursing staff, anesthesiologists and surgeons in two specialty areas; thoracic and orthopedic. The classes were scheduled and unfortunately, many surgeons in both services did not attend. It was made clear that the program and goal of improved teams and communication were not valued by all who were slated to participate. The attendees did give positive feedback on the skills that were learned and practiced during the lessons. Unfortunately, the participants never fully utilized the learned tools because of lack of empowerment by their co-workers to employ them and value attributed to them.

When this program was planned and initiated, the administrative leadership of the hospital was very engaged. They were trying to identify a curriculum that could potentially be applied to any department within the institution's healthcare network.

The most current effort by the director to improve the workplace is through the writings and teachings of David Dibble (*The New Agreements in Healthcare*, 2006) who describes how systems and not people are usually the cause of errors. Many of the OR

Nursing Leadership Team has flown to California to attend 2-week training sessions with David Dibble and his talent has been enlisted to come to Boston and spend time within our environment for the purpose of providing feedback for improvement. This process is still in its early stages but many are hopeful that the training with Dibble will have a positive impact on the operating room. At this point in time, only the nursing department is involved with this program. I have heard positive feedback from colleagues who have completed two week training sessions with Mr. Dibble in California and remain hopeful that this may be a process to utilize within multiple disciplines to improve the work environment.

Another improvement mission is the result of a vision of a division chief within the surgery department. He had read Jim Collins' book, *Good to Great* (Collins, 2001), and felt that the concepts of having the right people involved working towards the same goal could be applied to his department to ultimately improve upon the care delivered to this specific patient population. This quest came to the notice of the head of the Patient Safety Office who asked to come and meet the steering committee overseeing this project. He felt that utilizing a training course in team building and communication skills would aid in moving from a good department to a great department. The first area to experience the training sessions was identified to be the operating room. We are currently preparing for the educational programs which are slated to commence the end of November, 2007. I have not been informed of the actual content to be covered during this process so am unable to elaborate further on the theory and tools that will be presented. This program again, will be scrutinized for application in any of the departments, for improvement purposes.

When improvement strategies are identified, the director of the operating room decides if it will be mandatory for the nursing staff to participate. She is unable to declare the same for other departments such as anesthesia and surgeons, but will invite them to partake in the training, explaining the perceived benefits on patient care. It is very obvious from past efforts that in order for a program to be successful that it must be equally valued by all members of the team. The different departments must realize and agree that all team members are of importance and an integral component in delivering excellent patient care.

On a larger scale, the nursing department has expectations, set forth by the Chief Nursing Officer, that are required in order to continue employment as a nurse within the hospital. The nurse managers have the authority and responsibility to hold staff accountable for their behavior and actions if they are deemed inappropriate. The Chief Medical Officer is a surgeon by training and is very involved in monitoring physician professional behavior. He has been an avid supporter for all of the improvement efforts put forth in the operating room. I have met with him regarding physician issues and he has always been attentive to the situation at hand and involved in holding the physician responsible. The physician group also has a team of doctors who conduct classes regarding appropriate behavior, respect and improving communication. All new physicians along with veteran doctors are mandated to attend the classes and follow the accepted guidelines put forth by this MD group. If a physician acts in an unacceptable manner, the chair of the group will meet with him or her to discuss expected behavior and consequences.

CHAPTER 2

DEFINING DISRUPTIVE BEHAVIOR

Disruptive behavior is defined as “any inappropriate behavior, confrontation, or conflict, ranging from verbal abuse to physical and sexual harassment.” (Watson, 2002) Various terms have been used in the literature when referring to this behavior such as “bullying”, “mobbing”, and “lateral violence” to cite a few. These terms will be interchangeable throughout this paper as they are all negative, non-productive displays and are destructive to the operating room team, workplace environment and ultimately interfere with patient care. These behaviors tend to create conflict and increase anxiety and stress among team members. A few examples will provide a more comprehensive understanding of this problem.

1. RN asks to speak to me and we enter an unoccupied OR where she voices her frustration and anger over the interactions she has had throughout the day with another RN. RN #1 tells me how RN #2 has repeatedly opened her door and demanded that #1 “get” her an item when the item is steps away from #2. I listened to RN #1 and suggested that she speak to RN #2 to express her feelings about the tone, wording and excessive number of RN #2’s requests. Our conversation goes on but ultimately RN #1 doesn’t want to approach RN #2 because it is difficult and she must work so closely with her that confrontation regarding the issue may result in uneasiness in the work environment. She is searching for my intervention which would make it easier for her and assist in helping her avoid confrontation.
2. RN relays to me an incident that had just occurred in her assigned room. During surgery, MD’s blackberry phone rang and RN didn’t answer it because her perception was that it was a personal phone and was not her responsibility to answer since it was not a pager. MD uses this device as a combination pager/phone/email access and expected her to respond to it despite not explaining this to her and failure to demonstrate use of device prior to scrubbing in on procedure. MD spoke to RN in a condescending manner and tone and RN became defensive. The result was that both MD and RN were angry at each other and would not discuss issue to resolve it but each stated how they did not respect the other.

3. MD is scrubbed on a difficult case with surgical fellows and the patient becomes unstable and events turn critical. Patient is stabilized but outcome is unsure at this time. MD yells at fellow that she has almost succeeded in killing his patient. All surgical team members are present in room and listen to MD making accusation to fellow. Nobody speaks up to MD regarding statement but team members are anxious and in fear of being next recipient of verbal attack. All team members feel the anxiety and tension levels rise and some state post-procedure that they were unable to focus on their tasks and responsibilities during this incident.

These three incidents are just a few of many that take place on a daily basis. The environment is extremely demanding, hectic and stressful. Research has demonstrated that disruptive behavior causes anxiety and stress and affects patient outcomes (Rosenstein & O'Daniel, January, 2005). In an operating room suite where stress is already at a heightened level this destructive behavior has the capability to significantly increase the intensity. Surgical procedures are never routine given that death is always presented to a patient as a risk preoperatively. The nursing staff has multiple responsibilities for any surgical procedure but the priority of the nurse is to act as a patient advocate and assist in providing a safe passage for the patient during his or her surgical journey. This responsibility is immense and the nurse strives to fulfill this task for every patient she delivers care to. This daunting mission is stressful enough without the added burden of dealing with inappropriate behavior that may be displayed by a team member. Imagine trying to perform to your best ability while chaos and conflict force you to focus on survival techniques to complete your case without being the recipient of your coworker or surgeon's verbal assaults.

Disruptive behavior is not a new concept but rather has existed in all workplace environments. The operating room layout presents a prime arena for this behavior as the

door is closed and the team is confined to a small area for many hours. All caregivers are dressed in scrub clothing, similar to pajamas, and identities are essentially eliminated where all that is visible is your eyes. When the inappropriate behavior takes place, it is not uncommon for it to go unaddressed by other team members due to a desire to avoid a high tension climate and the task of confrontation. It is a classic example of “bystander apathy.” Dr. Paul Fink, a professor of psychiatry at Temple University states "There are very few people who actually get involved these days," he said. "If it's a choice between helping someone or protecting themselves, people will protect themselves." (Shelly, 2007) OR staff will acknowledge that the witnessed display is inappropriate and wrong but the task of holding others accountable for their behavior is too risky for if they were to call attention to themselves he or she might be the next unwilling recipient of a verbal attack.

CHAPTER 3

EXPLORING THE ENVIRONMENT

A Complex Workplace

This unique setting is comprised of 39 rooms which is due to increase by 5 rooms in the spring of 2008. An average of 125 surgical cases is performed daily and the procedures are of both elective and emergent natures. This facility is a major teaching institution that patients from all over the world come to seeking its superior level of care. Many “firsts” have been performed here including transplants and innovative surgical procedures. Surgeons possess a mind set that they are the best at what they do. This mentality is believed necessary in order to excel in this medical specialty. The majority of the surgeons who practice in this hospital recognize that he or she is an excellent practitioner and are able to participate in a team-centered mode for delivery of patient care. Unfortunately, a minority group exists who believe that they are the only capable care giver for the patient and all other healthcare workers assume a less significant role. There has been research on the impact that collaboration and good communication has on patient outcomes and nurse retention and job satisfaction. (Rosenstein, 2002) (Lindeke & Sieckert, 2005) Lindeke and Sieckert acknowledge that each member of the healthcare team possesses information that other team members require in order to practice and provide care to the patient effectively. No one profession can function independent of the others and expect to deliver safe, quality patient care. Effective communication and collaboration are requisite for the effect of positive patient outcomes. Rosenstein stated that 24% of the respondents in his study reported that they knew nurses who left their

facility due to disruptive behavior in addition to changing assigned shifts, departments and schedules.

The role of the staff nurse is primarily as a patient advocate. Patients who undergo surgery are usually anesthetized and therefore incapable of speaking on their own behalf. The professional nurse in the clinical role of circulator ensures that the patient has a safe journey throughout his or her perioperative course. There are numerous policies and procedures that must be adhered to as dictated by operating room standards in addition to hospital standards. Occasionally, adherence to the policies can cause conflict between nursing staff and other members of the surgical team when these policies are not deemed to be significant or valued.

On a daily basis, all 39 of the operating rooms are assigned scheduled cases and frequently there are emergency surgeries that are placed in the rooms. Each procedure may include as few as 4 people and as many as 5 times that amount depending on the nature and complexity of the case. The surgical team is behind closed doors for the purpose of reducing the introduction of infection and for privacy. Shades are closed on windows to allow for further privacy or for protection for those outside of the room in the event that a surgical laser is being utilized. Routine procedures have the ability to rapidly decline and the patient then is in a life or death situation. The clinical skills of the staff must be solid regardless of the circumstances. Tempers, language and personalities can run from one end of the spectrum to the other in seconds and all providers are expected to perform their role despite the events surrounding them. Many of the nursing staff perceive emergent situations, such as a patient with a ruptured aorta who has just been delivered by Med Flight to the hospital and is bleeding internally, as a challenge. The

ability to remain calm and execute the responsibilities and tasks for the well being of the patient is tested during these highly intense times. If a caregiver reacts to the tense situation by displaying inappropriate behavior such as use of foul language, yelling at a particular member or throwing items, this might be dismissed by onlookers due to the nature of events and perceived high level of stress. When this manner of behavior is not typically displayed by the offender, the team may attribute it to the crisis and not interpret the exhibit as offensive but rather a response under duress versus a personal attack. This demonstration could be classified as disruptive behavior and the exhibitor may be expected to suffer the consequences if held accountable.

The system within the operating room can be described as a hierarchy. The surgeons are usually positioned at the top of the hierarchal pyramid with anesthesiologists either being on the same level or just below when defining who is in control. The nurses would rank far below, even beneath surgical fellows, residents, interns and at times even medical students. The surgical technologists would be placed in the pyramid beneath the registered nurse and the patient care attendants would come below this group of practitioners. The hierarchy would be determined according to education which does not necessarily coincide with the level of importance attributed to the role in the surgical experience of the patient or the level of skill and knowledge one possesses. The roles and responsibilities among the members are very different but serve to complement each other with the end result being a safe surgical procedure and delivery of excellent care to the patient. The concept of a hierarchy is evident in Suzanne Gordon's book *Nursing Against the Odds*. "Nurses were constantly denied- or denied themselves-opportunities to form productive, constructive professional partnerships with doctors. Unintentionally,

physicians sent subtle messages to nurses about who was important in the hospital” (Gordon, 2005).

Behind Closed Doors

Disruptive behavior includes racial or ethnic slurs, sexual harassment, abusive language or intimidation, profanity, threatening physical contact, derogatory comments or any form of behavior that may result in substandard patient care and interferes with the institution’s ability to function in a systematic manner to attain its mission. (Piper, 2003) This type of behavior is not new to the operating room environment. Stressful situations have the ability to reduce a powerful surgeon into a screaming child. These occurrences render the majority of the team members speechless and potential subjects for this nonproductive conduct. Normally when a situation arises, members who fall lower in the hierarchy, such as nurses and surgical technologists, tend to not speak up for fear of being a recipient of retribution. The end result of this cycle is that team members are reluctant to share their thoughts or pertinent information regarding care of the patient. Informing the surgeon or coworker that his or her behavior is unacceptable is improbable due to the fact that the nurse or surgical technologist is assigned to a specific room for the duration of their shift and the disruptive person may also be in the same room for multiple hours. The thought of having to endure this negative, degrading behavior for a period of time makes the notion of speaking up as appealing as sticking a needle in one’s eye. The end result of this scenario is that team members do not share information relevant to the patient’s care because of fear of calling attention to one’s self, frustration and lack of feeling valued by team. The repercussions caused by these situations cannot be

minimized. Team dynamics are kept at a dysfunctional level and self-worth, respect and confidence are not allowed to foster and assist in creating a true collaborative environment where all parties are respected and appreciated for their contribution in caring for the patient. A strong relationship was demonstrated between nurse- physician interactions and nurses' morale after conducting a survey of 1,200 nurses, physicians and hospital executives (Rosenstein, 2002). Improving nurse-physician partnership would result in improved patient care, encouraging all members to participate in deliberate knowledge sharing and establish combined responsibility for patient care (Lindeke; Sieckert, 2005). I have witnessed scenarios where team members (nurses and surgical technologists) have participated in knowledge sharing and reversely when staff has been reluctant to speak up with an important piece of information for fear of harassment by others. Fran Griffin, project director at the Institute of Healthcare Improvement states that training for nurses usually includes how to work in teams along with other caregivers, "whereas the surgeons are trained to rule the roost," and that the other providers have already begun to function as a team prior to the surgeon even entering the operating room. (Ratner, 2007)

The physical design of the operating room contributes the increased stress levels experienced by the staff. The majority of the room's occupants is located within the confines of the sterile field and is unable to leave when abuse occurs. The anesthesiologist and circulating nurse are not included in the sterile field and very often the nurse is requested to leave the room to retrieve necessary items or complete tasks. These trips out of the room must take place in a timely fashion and renders her just as vulnerable to attacks as those who are confined to the sterile field especially if she is

perceived to be too slow or returns without the requested item. Constant exposure to these unsolicited remarks results in thoughts of frustration, inadequacy, or disgust. The staff may be left with low self-esteem and confidence when performing their role in the workplace. (Buback, 2004)

Discourse between surgical team members has been recognized to involve distasteful content and jokes. Improper exchanges have frequently been overlooked and not addressed because they were identified to be measures employed to decrease stress and tension. At the present time these types of remarks have been deemed to be offensive in the health care environment and have attributed to creating an atmosphere of conflict and distrust. Surgeons who realize their skill and ability to bring in money to the institution often believe that their dysfunctional behavior is acceptable due to their high patient load and their economic contributions. Administrative leaders who are responsible for addressing this behavior often encounter resistance from the offending surgeons who state they were taught to conduct themselves in this manner by their mentors. Some hospital residency programs continue to teach and reinforce this behavior.

Nurse-against-nurse encounters are also commonplace in hospitals. Experienced nurses have been known to withhold information and sabotage situations for the purpose of looking more knowledgeable and valuable to the team. Dr. Martha Griffin, from the Brigham and Women's Hospital, relates lateral violence (nurse to nurse) to the conduct of exploited groups where the conflict is related to being eliminated from the power holding organization. (Ratner, 2007)

The reality of this problem disappearing overnight is nonexistent. In fact, it will take many years to reverse the notion that disruptive behavior is productive and

acceptable. While programs and practices are applied to make this problem absent, it is possible to take some constructive actions when it occurs and this is the focus of the remainder of my synthesis.

CHAPTER 4

MOVING TOWARDS A BETTER WORKPLACE

Holding Individuals Accountable

In my role as manager, I am responsible for holding the nursing staff accountable for their behavior and level of professionalism. If it is reckoned to be unsuitable or unprofessional, the offender is spoken to and depending on the severity of the incident, counseling and disciplinary action occurs. In the event that the offender is a physician, I will take the opportunity to acknowledge the episode, the unprofessional demeanor and the impact of the display. The purpose for this encounter is to bring the behavior into the open and support the nursing staff. Disruptive behavior, on the part of a surgeon or anesthesiologist, must be attended to by administrative leaders, such as the chief of the department, or if it is the chief who is the offender, the chief medical officer of the hospital must be involved. I do not have the power or authority, in my position, to initiate any process involving consequences or disciplinary action if the physician should revert back to the offensive display. I have to realize what I am able to do, as a nursing leader, for the purpose of improving the working environment and decrease the negative impact the patient and employees may incur. It is in this direction that I will proceed on my journey regarding what a nurse manager may do to support the nursing staff when disruptive behavior occurs. Ervin Staub, social psychologist, made a powerful statement in his book *The Roots of Evil* (2006, 20-22). It was regarding the power of bystanders who are not directly impacted by the action of others but can endorse values and norms of caring or the reverse, which is to accept the behavior as the norm and therefore reinforce

it. This concept may be transferred to the operating room. When a surgical team member displays disruptive behavior, the bystanders (others present in the room) have the ability to label the behavior as inappropriate and unacceptable thereby establishing the norm. It is my hope that by cultivating a work area where the nursing staff feel truly supported this bystander concept will aid in establishing what the appropriate norms are for behavior in the operating room.

Dealing with Disruptive Behavior

The issue of dealing with difficult workers is one that seems to be widespread in the workplace and not limited to one discipline. Alan Rosenstein identified that disruptive behavior is common and is most often displayed by surgeons (Boodman, 2006). The physical environment of the operating room, which is the “behind closed doors” concept, further contributes to the poor behavior being demonstrated and not witnessed by many. People with tendencies for bad behavior are well represented in the healthcare world because these institutions usually are not invested in communication and leadership skills for their physicians (Gaillour, 2003).

Vanderbilt University Medical Center has developed “The Program for Distressed Physicians”, a continuing medical education course for disruptive (distressed) physicians which is found on their website. The site acknowledges the negative manner of the behavior and that the recipients are usually nurses. The belief is that these physicians will benefit from an educational environment developed to address the behavior. The Shands Hospital at the University of Florida has a nursing department policy that distinctly defines disruptive behavior and dictates the course to be followed in the event it occurs in

the operating room. Many institutions have acknowledged the problem and mandated policies and procedures be developed to deal with the issue. Hospitals have realized the legal liabilities of not providing employees with a safe, abuse-free environment. Many institutions have identified methods with which to combat this issue. Strategies include developing policies and procedures, providing management support, providing educational in-service programs and training, establishing a no tolerance policy, communicating, and empowering staff members to effectively handle situations as they arise (Watson, 2002).

Lucian Leape, Harvard School of Public Health, addressed the issue in *Problem Doctors: Is There a System-Level Solution?* He wrote of three goals that would aid in the issue such as development of standards to assess physician performance, develop enhanced methods to measure behavior and competence and develop more resources for physicians with identified deficiencies (Leape; Fromson, 2006). Maryland Statewide Commission on the Crisis in Nursing delved into this topic and established that the impact and consequences of a disruptive setting assail more than the nurses' feelings and as stated previously have been proven to effect patient safety and outcomes. The Maryland Hospital Association in conjunction with the Workplace Committee created a design that encompasses seven challenges towards generating an environment of civility. The term civility was decided upon as opposed to respect because it was felt that civility was a right and respect had to be earned.

The challenges are:

1. *To increase the awareness of all members and all levels of the healthcare team and to stimulate a call to action.*

2. *To create an institutional framework that identifies expected behaviors at all levels of the organization.*
3. *To define a program and a process that operationalizes that framework.*
4. *To build trust in the new system to address and successfully resolve the issue.*
5. *To provide education on the institution's specific program and to provide opportunities for individual and team skills related to civility.*
6. *To maintain the momentum until an actual change in culture occurs.*
7. *To create external support for your institution's endeavors.*

(Lower, 2007)

In light of the existence of this behavior and methods that are being developed in both healthcare and the business world to attend to the issue, I have reflected on what I can do, as a nurse manager, where this behavior exists. The remainder of this synthesis will directly reveal and explore methods that are appropriate and achievable for a nurse leader to employ in the progression towards eradicating this negative, harmful behavior. The techniques will be explained and then be adapted for application to the nursing staff.

CHAPTER 5

TOOLS FOR FOSTERING A SUPPORTIVE ENVIRONMENT

Emotional Intelligence

Cognition and emotions are intertwined in mental life in the areas of complex decision making, emotional self-control, motivation, empathy, interpersonal functioning and self-awareness (Aronson-Thomas, 2004). Emotional intelligence is a set of abilities that separate outstanding performers and average performers. There are six significant skills involved that are critical which include: emotional self-awareness, accurate self-assessment, self-confidence, emotional self-control, empathy and influence. Self-awareness is needed to demonstrate self-management and to deal with disruptive behavior and it must be understood that values and beliefs in the medical field revolve around autonomy and independence. To increase self-awareness, feedback from peers and patients is important to gather objective criticism. Team success relies upon identification of emotionally intelligent standards that sustain the behaviors that embrace collaboration, efficiency and trust. Encouraging the nursing staff to discuss their feelings regarding their work environment and empowering them to make decisions related to their work will assist in identifying what is negative within the area and working towards an atmosphere where they feel their performance will improve.

Plan: The manager is responsible for inspiring a sense of responsibility for success of the team on the part of the staff. Since the disruptive behavior interferes with the creation of a team, focusing on the nursing staff as the team should be a priority. Coaching the staff to be aware that an important goal is developing each other and supporting one

another will be beneficial in establishing a safe and secure workplace. I am hopeful that the acceptance and praise the members receive from one another will help to diminish the negative impact of the bad behavior on the part of their coworkers.

Engagement

Commitment, initiative and an understanding of a company's goals are concepts that a workforce possesses when they are engaged. Engagement is visible when the majority of employees go beyond their job description, gives an added effort when it is truly needed and puts their energy into the tasks that are identified as the main concern. Aubrey and James Daniels, authors of *Measure of a Leader: An Actionable Formula for Legendary Leadership* believe the concept of engagement is crucial in motivating employees (Johnson, 2006).

Plan: Managers can review goals and expectations of the nursing department within their institution and encourage alignment of the staff's goals. Frequent discussions in a staff meeting forum and also individually will aid in review of hospital goals and initiate talk surrounding roles and responsibilities. Discussing issues with the staff to facilitate their involvement in identifying possible solutions and methods they are capable of undertaking for improvement of their workplace are ways that will engage them. Involving staff in councils and task forces that concern their practice and roles may also help to increase interest in their workplace. Encouraging the nursing staff to become more involved in their environment and assuming responsibility for the facility's needs such as staying a few minutes after the end of the shift to prepare an OR for a complex procedure the next morning so that the morning shift nurse can focus on her patient and

not the room setup. An engaged workgroup contribute more than what is defined in their job description, concentrates their additional efforts on what is important to the facility and the manager, and furnishes their extra effort at the time it is needed most.

A more specific plan of use that would be applicable to my workplace, in an operating room, would be an event that took place two years ago and was called “sell your service”. This was aimed at the new staff that had recently come to the OR and had completed their orientation and was ready to join a service. The staff was asked to display what, in their opinion, made their service great and enticing to new people. One group had a slide show depicting their group and showing some of the complex surgeries that were performed within this specialty. The show had the tune of “Take Me Out to the Ballgame” with words that told about the wonderful things the staff was involved with. Many hours were expended and this project was an accomplishment that the group was very proud of. This endeavor allowed the group to be recognized for their hard work in providing care for very sick patients and afforded them an opportunity to share their creation with potential employees. The slide show was eventually used for a recruiting event that was held outside of the hospital and was highly acclaimed by all who viewed it.

Positive Reinforcement

Employees are expected to come to work and perform the tasks and duties associated with their job description. When people go above and beyond these expectations or demonstrate a behavior that epitomizes him or her as a role model a method should be in place for ensuring this behavior persists. Positive reinforcement both

publicly and individually will assist in reinforcing positive behavior. Aubrey Daniels believes that behavior that isn't reinforced will die out (Johnson, 2006). Desired behaviors should be acknowledged by managers soon after they are exhibited to reinforce the positive behavior. Public praise, delegating new tasks or responsibilities, a written thank-you and the responsibility to mentor or precept another employee are methods of positive reinforcement. The next step, according to Daniels is to identify the members' preferred methods of reinforcement (Johnson, 2006). Chester Elton, author of *The 24-Carrot Manager* (2006), believes that recognition and rewards are important for the purpose of improving work performance and commitment. He feels it is extremely important to show appreciation every day towards employees. This appreciation may take the form of verbal "thank yous", perks and even a yearly award. Recognition should always take place after completion of a job well done (Bridgeford, 2006).

Plan: It is helpful to identify required behaviors and this may be accomplished in a meeting with staff for the purpose of coming to an agreement on the behaviors that are perceived as appropriate and productive. Communicating the required behaviors is essential to establish that all members are aware of the behaviors. Managers may ask both individually and in a group manner how the staff would like to receive positive reinforcement regarding their behavior and work. Taking this concept further would be incorporating the positive reinforcement into a weekly format such as a staff meeting and utilizing the power of peer pressure in a constructive manner where staff becomes more engaged in sharing success stories and being recognized publicly. Surveying the staff about the previously discussed behaviors will encourage them to think about what their actions can do towards attainment of these goals. The most important aspect is to help

staff relive the successes that are accomplished and discuss what led them to the success. This format will further reinforce the positive behavior and actions.

To more precisely elaborate on this tool, the staff has accomplished multiple milestones such as a new surgical technologist who had recently completed his orientation also studied and took the nationwide certification exam and passed. I told him how impressed I was with his efforts and asked for his permission to announce it at a staff meeting. He told me that he did not want to be the center of attention so instead I sent an email out to his specific group of coworkers announcing his certification. Realizing that it is extremely important to respect each individual's wishes and not assume that the method of praise and appreciation is appropriate for all. Another example was a nurse who demonstrated the behaviors of an expert during her first code experience. She assumed control of her peers and was able to appropriately delegate responsibilities while continuing to provide excellent care to her patient and never wavering under the pressure and emergent nature of the procedure. I approached her the next day and reviewed the sequence of events and expressed to her my perception of her strong abilities along with observers who had given me great feedback. Often I assign this nurse within this specialty and whenever this occurs I emphasize that I am impressed by her nursing practice skills and am confident that she will be able to handle whatever challenges she encounters.

Energize

The manager needs to have the ability to energize the workers by reviewing the goals of the organization and creating visions for the employees. Empower the staff by

delegating responsibility and extending the authority needed to achieve the goal. It is extremely important to support the staff or coach and mentor them in their professional growth. Bob Nelson, founder of Nelson Motivation Inc, recognizes the initiative that managers need to create supportive workplaces which may influence desired behaviors and end results (Nelson, 2006).

Plan: Review with the staff the vision of the nursing department that has been formatted by the Chief Nursing Officer. Discussion of the nursing department vision will reinforce the value of their role in delivering patient care. This discussion may also reignite thought regarding the initial reasons for entering the profession and therefore rekindle those passions and emotions. Allowing this process to occur in a staff meeting format and having individuals speak regarding a specific situation where they contributed, as an individual; to fulfilling the vision of the department may serve as a powerful motivator in energizing the group.

Motivating Employees

Jennifer Wilson, owner of ConvergenceCoaching LLC, identifies six motivators which consist of 1) acknowledgement and respect, 2) camaraderie and fun, 3) compensation, 4) flexibility and time off 5) increased responsibility and challenge and 6) personal and professional growth (Wilson, 2006). She explains that it is necessary to have each person divulge what motivates them as an individual in relation to the six motivators and place them in specific order from highest to lowest. Discussing the motivators in a group setting and on an individual basis, will allow the manager to better understand the emphasis placed upon each motivator. This exploration will provide better insight into

each member of the group and then enables the manager to be cognizant of using each individual's top motivator to create a more positive environment.

Plan: Discussing with staff what their personal motivators are will assist the manager in recognizing the employee's key inspiration and utilization of the one they see as the prime stimulator. To show respect to an employee who rates that particular behavior highest may provide him or her incentive to work harder or take on more responsibility. Likewise, allowing flexibility with one's schedule may inspire a staff member to stay past their shift's end or work an extra day.

Constructive Conversations

These particular conversations are able to improve low morale, turnover rate and low productivity along with stress and loss of compassion. Nurses are known for embracing the concept of compassion and when that is lost, the art of caring for others is severely affected. A manager who consistently delivers a constructive interaction will have an impact on the staff, and the outcome should be a more engaged, happier crew. This mode of exchange will also set an example for the staff and being the recipient of a constructive exchange they can experience the difference and be aware of utilizing a positive exchange on a peer. The accepted norm could progress towards the lack of acceptance of inferior modes of behavior if the benefits of constructive conversations were experienced by the staff. Julie Fuimano, a writer, motivational speaker and professional coach, stresses the importance of constructive conversations and the idea that they are significant, affirmative and favorable and upon completion leaves those involved feeling upbeat. She offers the idea that to partake in a dialogue involves

thinking about the purpose of it and making it a positive interaction (Fuimano, 2006).

Plan: Being mindful of interactions and exchanges with staff members and their ability to be positive or negative can be influenced by the manner in which the exchange is introduced. Staff should be more attentive to praising one another instead of relying on the surgeon's acclaim to deem a day's work a good one. The evolution of accepting only positive interactions where negative talk is not permitted will improve the atmosphere. All dialogue has a purpose and transpires among people who commend each other will serve to inspire the best in its people and ultimately foster trust between staff members.

Buddhist Principles, The Human Factor

Imagine a workplace where all employees are respectful and kindness is the norm not the exception. An environment where people have different roles but each person acknowledges and values the other workers' part in the work process sounds like nirvana. The Dalai Lama, in conversations with Howard C. Cutler M.D., in the book *The Art of Happiness at Work* (2003), spoke about achieving contentment in the workplace. He stated that the relationships that people have whether at home or work are necessary for our own benefit. Human beings are social animals and need other companions to survive. The Dalai Lama encourages a warm heart and human fondness that will promote a calmer and more peaceful mind which will build strength to improve an individual's level of function and judgment and decision-making capacities. He recommends for difficult, stressed environments to improve relationships among co-workers. Each person is responsible for controlling their emotions and should accept that responsibility and

practice tolerance. Understanding that a difficult co-worker's behavior has nothing to do with you, there may be a reason for the disruptive episode and not to take it on a personal level. He advises on the use of compassion, forgiveness, patience and tolerance on a spiritual plane when dealing with a difficult person. The Dalai Lama, similar to Manya Arond-Thomas, stresses the importance of self-understanding and recognizing one's strengths, personal qualities and being aware of who you are. This is the ability to honestly admit one's abilities and characteristics. To have an awareness of your own abilities allows you to be more open to other's criticism and suggestions. People who have a greater level of pride and feeling of self-importance are less able to participate in self-understanding and are less receptive to criticism. People who have a solid sense of who they are have been found to have a higher degree of employment and life contentment. The pivotal point taken from the conversations with the Dalai Lama is that everybody should be treated the same. He treats all with equal respect regardless of the person's role or title. This practice makes people that you interact with feel valued and essential.

Plan: Managers can help the staff revisit situations where they may feel that they were the target of a disruptive episode and assist in identifying that they were not the target, merely an innocent bystander. This will allow the staff to remove the emotion from these occurrences and to be firm on what is appropriate and acceptable behavior. This stand I realize will require much effort and coaching but being committed to empowering the staff to verbalize what is acceptable behavior in their workplace is the goal. Also encouraging staff to treat others as equals and while not favoring one person over another or deeming one more important than another. Respecting the role that each person has in

patient care will help each individual develop their sense of self- worth and value.

Conversations I have had with caregivers included recognition of a disruptive event where a physician acted inappropriately by yelling and cursing at others in the room. I discussed the situation and asked the nursing staff if they felt they had provided the best care they could have delivered to the patient. When they replied “yes” I responded by telling them that no matter how poorly a team member behaves, you must stay focused on your responsibilities. Do not take this outburst personally (even if directed at you) as this will aid in keeping your attention on the tasks and responsibilities at hand. State to the offender that the display is inappropriate and all are giving their best effort to care for the patient who is at the center of the surgical field. Everybody should be treated with equal respect and dignity and empowering team members to speak up and address their expectations about the behavior in their OR will aid in improving the environment.

Storytelling

The nursing profession has initiated a method of storytelling that was introduced to the hospital by Eloise Cathcart MSN, RN. This process was called nursing narratives and in essence is storytelling by the nurse and involving care that she delivered to a patient. It is adapted from Patricia Benner and her theory of novice and expert within the field of nursing (Benner, 1984). The narratives I have heard often are about the care the nurse gave and the impact it had on him or her in their profession. The stories involve death and dying, interactions with families and lessons learned from patients. The stories have always had an emotional impact on me because it reinforces individual reasons for

becoming a nurse. The sharing of the narratives is for the purpose of enabling the nurses to tell what they do in their job caring for their patients. Often the nurse is unable to put into words when asked what they do when they “care” for the patient. Annette Simmons is the author of *The Story Factor* (2001) which involves the art of storytelling. She applies the concept to the business world for the purpose of improving the workplace through motivating, persuading and gaining cooperation from those involved (Simmons, 2001).

Plan: The storytelling is similar to the narrative as it serves to motivate, persuade and to acknowledge what we do. This format has the ability of having a powerful impact on creating a supportive environment. Sharing the stories helps to build the camaraderie among team members by fostering trust and allowing peers to praise one another.

Encouraging staff to become actively involved in writing narratives may be a powerful step to building a collaborative environment. It helps to reinforce what is done in a day’s work and to illuminate what wonderful talents and skills they possess. Caring for people is an art as is storytelling.

“New Agreements”

David Dibble’s, *The New Agreements in Healthcare* (2006) has five concepts that he identifies as being necessary for initiating change in healthcare: 1) Find Your Path 2) Love, Grow and Serve Your People 3) Mind Your Mind in the Moment 4) Shift Your Systems 5) Practice a Little Every Day (Dibble, 2006).

Plan: Utilizing this format to revisit with staff why they entered the nursing profession would be the initial step. The questions asked would seek to answer are why each

individual initially became a nurse, why they sought to work in an operating room environment, why they desired to work at the OR in BWH, why they awake and come to work every morning as an RN in the OR at BWH. By answering or even thinking about these questions will aid in the finding their purpose.

Recognizing what makes you get up in the morning to come to work will hopefully reignite the initial flame and reengage the staff in their workplace. As a manager, I am responsible for “growing” my staff. Loving and serving are strong words that are not necessarily management terms. To incorporate these terms and verbs into what managers do for their staff will help to create the supportive environment where staff feel empowered and supported to be the best they can in their clinical practice. The purpose is to ensure that they feel that cared about and their well being is as important as the well being of their patient. This process eventually has the power to strengthen and change the team. The people who remain negative will be pushed to either join or leave the group and the OR. All members of the staff would be expected to partake in this theory along with the nurse manager who would initiate and reinforce the idea.

To further advance the change, Dibble states that it is necessary to be a systems thinker. The workplace involves multiple systems or processes that affect how staff performs their jobs. When supplies or equipment are not available and another department is responsible for stocking the item, the staff gets very assertive and aggressive in attacking that department. They look to the nurse manager to correct the other departments’ problems and never look at what part they may play in creating or rectifying the issue. The concept that Dibble is speaking of is to look at systems and people and not place blame on just one group. The problems that are present in the

workplace depend on transforming the systems and the people. Focusing on one will not result in improvement or change. David Dibble understands that these concepts are new and cannot be learned and put into practice immediately. He does encourage people to be mindful and try to utilize the ideas everyday. Frequent use will make these concepts familiar and comfortable. Most of all, practicing them will allow for the staff to witness the positive transformation that is possible and to feel the rewards that are associated with change.

A Respectful, Civilized Work Environment

It is the responsibility of leaders in the workplace to ensure that their employees are protected according to the laws that have been established since slavery. This is not where the leaders' responsibility ends. It is also their obligation to allow employees to become involved in their environment by promoting collaboration among team members and problem solving while also nurturing their creativity, and conflict resolution skills. Noa Davenport, Ruth Distler Schwartz and Gail Pursell Elliot are the authors of *Mobbing-Emotional Abuse in the American Workplace* (2002) and recommend following these concepts for the purpose of creating a civilized work environment. They feel that it is mandatory that the workplace mirror the values of society. The interpretation is that it is critical for people to be valued in both society and the workplace as important, contributing members and deserve the respect of others. Once people are aware of the issue of mobbing, they will cease from accepting this behavior as normal. People will hold others accountable for establishing a civil workplace where respect and dignity are expected and deserved by all.

Plan: Moving towards creating an environment that is described as nourishing and caring for its employees and where the threat of mobbing and abuse is minimized involves following steps identified by the Davenport, Schwartz and Elliot. The steps include:

1. A mission statement which includes the vision of the institution and the expectation of employee behaviors. Managers should frequently review the statement with employees to ensure alignment with the institution's vision and purpose.
2. Clear definition of roles and responsibilities. The manager should review with employees what their job description entails at least annually during a performance review and whenever a question or issue arises.
3. Policies for staff that are clear regarding expected behavior. Managers should confirm that policies are easily accessible and hold employees accountable for adhering to expectations.
4. Goals and objectives of the organization are also the employee's goals and they are responsible for their role in achieving the goals. Managers should provide education in regards to the staff's responsibility for attaining the goals which are in alignment with the department and institution's goals.
5. Communication is open and honest. Managers should provide clear, honest communication to the staff which is delivered in an appropriate timeline.

Applying these concepts within the OR would include frequent discussions, either in groups or individually, regarding the nursing department's vision so the employees are familiar and cognizant of the goals. When nursing staff seems unclear of their role the opportunity cannot be missed for me to discuss what the expectations are in accordance

with their job description. When these boundaries are unclear, it can lead to confusion and dissatisfaction.

Frequently issues arise when policies are not followed. I ensure that staff knows how to access the policies online and also I will present them with a printed copy of the policy and review it with them so that there is complete understanding and expectation of compliance. At times people get caught up in the drama and seem to lose sight of what their job is. I take the opportunity to remind and realign them with the goals of the institution and more importantly our role as a perioperative nurse and caring for our patients. Usually when these occasions present themselves, discussions surrounding what nurses do and more specifically, an OR nurse, communication always enters the discussion. This is one of the most important skills that a nurse must possess. Communication on my part as a manager is equally as important and this ability is always stressed as a key component along with methods that all of us can employ to improve our expertise with this skill.

Building Respect and Establishing Trust

A sense of community evolves from the employees having respect for each other's level of skill and expertise. In order for trust to exist, respect must be present. Trust is achieved through honesty, open communication and a desire to commit to the organization for the attainment of its goals. When trust is present, staff is able to differ in opinions and values in a positive manner instead of resulting in chaos and conflict.

Linda Gambie Henry and James Douglas Henry co-authored *Reclaiming Soul in Health Care* (1999). The purpose of this book was to identify and improve on the soul in

healthcare. The soul is identified as an institution's ability to connect with staff which is a result of the respect it holds for its employees and their active participation towards the success of the organization. The Henrys discuss respect and trust that are nurtured by the employees experiencing a feeling of belonging to a community.

Plan: Managers can assist in developing a sense of community among staff by promoting group efforts that will strengthen relationships. Methods such as surgical service-specific activities involving team building and camaraderie can be cultivated by team lunches and surgical service improvement exercises. Acknowledging different strengths that individuals hold and encouraging less experienced or novice staff to draw on that person's strength can assist in developing a sense of community with trust and respect. Gatherings that allow the staff to develop friendships and a sense of belonging to a group will foster the growth of trust and respect and afford a solid foundation for creating the soul in the organization.

CHAPTER 6

SUSTAINING THE SUPPORT PROCESS

Each tool deserves equal regard and may be implemented in individual and group interactions. Use in both forums may be very productive as some staff may not be as communicative in a group as they would be on a one to one basis and vice versa. Utilizing methods such as Engagement, Energizing, Emotional Intelligence, Constructive Conversations, Storytelling, Respectful, Civilized Work Environment and Building Respect and Establishing Trust would be most helpful and productive in group settings. These tools would be more engaging if there were multiple people present and discussions were to take place regarding their use. The manager would assume the role of facilitator initially until the group became familiar with this task and each member could rotate into the facilitator role. Having group meetings, but separate from staff meetings where pertinent work related issues are addressed, would be helpful to allow staff time together for enhancing a team feeling and openly discussing the specific topics embraced within each tool.

Positive Reinforcement, Motivating Employees, Buddhist Principles and New Agreements are methods that would be beneficial to use on an individual basis. These tools are more personal, involving an individual's preferences, ideas and perceptions and people may not feel comfortable having discussions regarding these specific principles in a group setting. Establishing with the person that the meeting is informal and that their opinion is important might help to make the person more relaxed and able to openly discuss what compels them to return to work day after day.

Once the tools are utilized and a familiarity is accomplished by both the manager and the staff, the tools may be used routinely and even without the manager being present. Staff may initiate discussions among themselves that serve to build a feeling of support and camaraderie that is beneficial in the work environment. Using some of the tools together or in groupings may aid in meshing the staff together and reinforcing their reasons for becoming an operating room nurse or surgical technologist.

CHAPTER 7

CONCLUSION

I have presented eleven methods that may be utilized together or in groupings for the purpose of fostering a supportive environment for the nursing staff at the institution where I am currently employed. The models that have been described have been applied in other settings, not just in the healthcare field. I feel very strongly that every one of these concepts may be a powerful tool in facilitating an environment where caregivers feel valued and fulfilled by their work in delivering the very best care possible to their patients. While the topic of disruptive behavior may never vanish completely, raising the level of awareness among team members that this is unacceptable conduct on any professional level regardless of the situation at hand will assist in decreasing and eradicating the display of abusive tendencies.

During my twenty five years in healthcare, I have seen this issue spread like a malignant disease and have been the recipient of this behavior many times. I have become comfortable holding others accountable for their actions and words but still find myself hesitating to address people when these incidents arise due to the confrontational and uncomfortable nature of these interfaces. The occurrences are usually emotionally charged and may require much control to keep the focus on the behavior and not on the relationships. Continuously I find myself coaching the staff on how to address these situations when they occur and I will continue be persistent in empowering every person I work with, at all levels of the hierarchal ladder, to insist on respectful, professional demeanor from people they interact with in their workplace. It is our responsibility to

care for the people, our patients, who entrust their lives to us every day and this care includes providing a safe environment where all caregivers are allowed to perform their role to the best of their ability. This care is best defined by the vision statement of the nursing department: Excellent care to patients and families with the very best staff in the safest environment.

My intention in this synthesis is to present and discuss tools I feel are appropriate and effective when disruptive behavior occurs. Presently I am not able to utilize the tools in my specific workplace for reasons I do not care to reveal at this particular period in time. My attempt to present useful methods for the purpose of fostering a supportive environment is not to convey an environment where dysfunction and conflict is the norm and patients should take heed before seeking care but rather to share that this non-productive form of behaving exists in all workplaces and is exhibited by the minority not the majority. Despite the high stress, anxiety and critical nature of the operating room environment, the people who call this their workplace are a unique group of caregivers who are skilled in what they do and return to work each day to do what they love...take care of others.

CHAPTER 8

PERSONAL GROWTH AND DEVELOPMENT

The CCT program has provided me with tools to utilize when I have identified a problem or issue in my work environment. The concepts learned and practiced have allowed me to discover approaches that may be undertaken to improve upon the state at hand. I have observed how my thought processes have expanded from immediate reaction and outcomes to a more intensified methodology of response and resolution to these issues. This specific issue of disruptive behavior is extremely troublesome to me in addition to the destructive consequences for the environment. I feel that with the foundation and development I have experienced while being in the CCT program has permitted me to analyze the issue, ask questions for increasing my understanding of the matter, discuss the issue with others and finally to explore multiple solutions while seeking and evaluating the best resolution for all involved.

The primary example to demonstrate the how I have benefited from this program, I feel, is embodied in the creation of this synthesis. The methods discussed have the potential to change and improve any workplace, not just an operating room suite in a hospital. Although I have not trialed all the methods discussed in this synthesis, I have utilized many of them in an informal manner and fully believe in their ability to assist in creating a supportive environment. I am grateful for having the opportunity to address this issue during my time as a student in the CCT curriculum because I feel that it has helped in formulating positive strides towards combating negative behavior.

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