

Disruptive behavior in the workplace



**ASSIGN
BUSTER**

Companies are in business to make a profit and maintain market share.

Obviously, healthcare institutions have the same goal. Hospitals, a part of the healthcare industry, like other companies, no longer just operate on a small scale. They are forced to perform globally. Patients, a hospital's primary customers, are able to compare services of other hospitals, urgent care centers, and clinics across the globe. Hospitals to be successful have to use unique methods to get their goals aligned with those of their employees, seeing that they are the driving force of the organization.

There has to be a culture that supports employees' growth and also one which does not encourage disruptive behavior from their employees. If the reverse occurs and senior management does not support growth or ignores disruptive behavior then they are positioning themselves for failure. The purpose of this paper is to discuss about the relationship between employee groups, disruptive behaviors, such as horizontal violence, and a nursing unit's performance.

The paper also discusses common types of employee groups, disruptive behavior, specifically horizontal behavior, and their implications for a department's performance. It uses as its foundation a nursing unit's performance problem at a fictional hospital called General Hospital.

Department internal factors and their relationship to a business unit performance. Everyone has a passion for something, and for many, it is the desire to be successful. The pursuit of success can become very frustrating as individuals encounter the many challenges along their journey.

Success is an abstract concept and has a variety of interpretations. To some, success is: owning a mansion, driving a luxury car, owning real estate properties, earning a college degree, or simply being satisfied with their job. As an organizational development practitioner, I constantly come in contact with people who are working towards achieving their “ success. ” In order to get their fair share of the American dream many individuals work feverishly towards the achievement of their success (Ogbu, 1990). According to Daft (2007) organizations are in the business of being successful.

In order for organizations to be successful their needs to be an alignment of the company and their employees’ desires (goals). This belief can also be applied to hospital executives who are a part of the healthcare industry.

Background of the problem One of the major issues facing hospitals is that the healthcare industry is constantly changing in response to globalization, rapidly changing environments and customer needs, and supporting diversity (Daft, 2007). General Hospital (a fictional name) is being challenged to sustain an edge in the Obstetrics and Gynecology (OB GYN) market.

This is due to its changing external and internal environments. In its external environment, the hospital is now facing new entrants into this market. The privilege of being the only hospital in the south county with these services, and being able to boast a baby delivery rate of over 3, 000 babies per year has disappeared as several hospitals within a 15 mile radius now have OB GYN services. As a result of this the department has seen a reduction in patients and also lost significant market share. Additionally, internally the department is faced with serious problems.

In a recent meeting with Sue Ellen (a fictional name), a Clinical Educator at General Hospital, she informed of a departmental problem with which she was encountering. In her role as the educator for the OB GYN Department, she is responsible for monitoring the performance levels of each employee, coordinating and facilitating clinical in-services, and ensuring that the employees' education records are maintained according to Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards. Ms. Ewen has reported that her business unit is underperforming.

Her greatest concern is that it is becoming increasingly difficult to maintain or surpass the monthly goal of 250 deliveries. Most of the department employees have been at the hospital for over 10 years and have worked under several directors and managers. The current management team (Director, Clinical Manager, Assistant Nurse Manager, and Clinical Educator) is a relatively young (12 months tenure) group. The seasoned employees have formed a very strong clique and very rarely allow outsiders within their ranks.

In addition, they are very intimidating to other employees who are not apart of their group. As a result there is a lot of groupthink and very little teamwork. There is little sharing of information within the department outside of what is dispensed from the management staff. They are very resistant to change. Also, the department is severely understaffed, and there is no support for new employees who join the department. Very often new employees (preceptees) report that several seasoned employees are covertly or overtly unwilling to help them through challenging processes.

Also, they are telling them negative things about the department. All the above have negative impact on employee performance; and quite often assignments are not completed on time and there have been an increase in what is called sentinel events (near fatal mishaps). To compound the problem, in a recent federal JCAHO audit the department was cited in several areas that must be rectified within the next 90 days. Overall, employee morale is at an all time low. This educator is willing to try anything to resolve these issues.

Her aim is to have a strong and cohesive unit. She would love to have the unit employees become willing to operate as a functional team. The director of the department is aware of the problem and has given her support to Ms. Ewen in this matter. She has the authority to implement any program that will improve the performance deficiencies. However, any major changes will have to be approved by the Director, Chief Nursing Officer, and ultimately the President of the Hospital.

Companies in the United States of America operate in a free market system. This allows for intense competition to occur between rivaling companies. Quite often major corporations maintain their competitive edge by lobbying for the government to enact barriers to entry into their segment of the market. If companies are forbidden to enter into desired market segments, then the ideals of a free market system will be derailed (Kaserman, Mayo, Blank, Kahai, 1999).

Therefore, according to Boone (2008) in order to increase competition in markets it is necessary to remove those barriers to entry. With increased

competition from new entrants companies are forced to work harder at maintaining their competitive edge. General Hospital, faced with additional OB/GYN units in their geographic region, finds them at this juncture, and must work feverishly to minimize, if not eradicate, negative internal factors that could possibly lead to an unsuccessful department.

Employee groups It is not uncommon for an organization to have various groups and sub-groups within its structure; therefore, there is an increased need for companies to study and understand groups (Campion, Medsker, & Higgs, 1993). Frequently these groups are formed by the organization for professional (formal) and social (informal) reasons and some have a longer life span than others (Robbins, 2005). Examples of professional groups within an organization are: faculty and staff at a university, department managers, executive council, retention and recruitment committee, or a shared governance committee at a hospital.

These groups are typically formed either by virtue of the different job levels of the organization or to advance the company's goals and objectives (Robbins, 2005). Conversely, Robbins (2005) also stated that social interests groups are typically formed for reasons such as to: enhance working relationships, promote cultural awareness, or provide inclusion to many. Social interests groups within an organization are sometimes based on: ethnicity, the need for cultural awareness, sexual orientation, or nationality.

There are also groups within an organization which may not be organization related. These groups which are typically referred to as "friendship groups" (Robbins, 2005), come together because of individuals' common interests.

There are some who also term these groups as cliques. Such groups can be very powerful and should be carefully monitored by the company. Robbins (2005) postulated that groups normally go through a five stage cycle – forming (stage 1), storming (stage 2), norming (stage 3), performing (stage 4), and adjourning (stage 5).

It is believed that as a group progresses through the first four stages it becomes more effective (Robbins, 2005). Although group members' activities at each stage tend to solidify as they go through the stages, there are times that their very activities cause them to get stuck in a stage, i. e. , storming, which impedes the progress of the group (Robbins, 2005). Group cultures in an organization are very important to the successful growth of the company (Lowes, 1996).

He also stated that if an organization was unfamiliar with the dynamics of the various internal groups then they would be undermining their success (Lowes, 1996). Lowes (1996) further suggested that the size of the group impacts the behaviors of the group members, and as it grows its culture typically is altered. As the group size grows and its culture changes it can force groups to change its personality becoming more clannish and this could lead to members of the group resisting others from joining (Daft, 2007).

It can be therefore inferred that there is a great need for management to invest time into understanding group dynamics in order to realize its successful growth (Anonymous, 1978). Disruptive Behaviors Some group members can be intolerable; they pout when they do not get their way, act

as the playground bully, throw tantrums, quite often engage in verbal abuse and physical threats (Waggoner, 2005), refusing to performed specific tasks, reluctant to answer peers questions, or use condescending language (The Joint Commission, 2008).

Additional examples of negative work behavior that tends to lead to low productivity are what Waggoner (2005) characterized as “ Chicken Little” and “ victim. ” Chicken Little employees are those who are the “ nay-sayers” in the department who believe that nothing new will work; the victims are individuals who display the “ poor me” personalities (Waggoner, 2005). The Joint Commission, the accrediting body for all healthcare entities, has weighed in on the matter and issued an alert that stated that employee behavior that serves to oppress someone is termed as disruptive behavior.

These menacing and “ acting out” behaviors promote medical errors and a hostile and un-safe work environment (Trossman, 2008), contribute to low patient satisfaction scores, and cause qualified employees to ultimately leave the organization (The Joint Commission, 2008). Gerardi (2008) postulated that disruptive behaviors are a result of factors that are imbedded in the individual and also in the institution. It is not uncommon for employees who are extremely stressed due to their job or personal life, or experiencing grave fatigue to engage in disruptive behavior (Hickson, Pichert, Webb, & Gabbe, 2007). The American Association of Critical-Care Nurses (AACN) conducted a study in 2006 of approximately 4, 000 critical care nurses who had an average of 17. 5 years experience; 65% responded that they had either witnessed or experienced at least one incidence of disruptive behavior in the past 12 months (Trossman, 2008). They reported that these negative

behaviors originated from physicians, nursing management, patients, and other individuals (Trossman, 2008).

There are institutions which promote disruptive behavior by maintaining a culture which, requires their employees to produce at an overabundance (Gerardi, 2005), and supports a strict hierarchy where employees fear reporting such behavior due to reprisal (Stevens, 2002). Horizontal violence Hutchingson, Jackson, Wilkes, & Vicker (2008) stated in a recent article that Healthcare institutions should create and maintain an environment for their nurses that is safe; one in which their nurses do not experience any form of aggressive behavior, such as bullying, from their co-workers.

The idea of bullying- a type of disruptive behavior- in the workplace, recently termed horizontal violence, is not a new phenomenon in the hospital environment as for many years it has been called “ nurses eating their young” (Leiper, 2005). Scholars in recent years have dedicated many hours to determine the impact of horizontal violence on the continued success of nursing units (Leiper, 2005). Nurses have been victims of abusive or disruptive behaviors from patients, family, and physicians (Leiper, 2005), however, horizontal violence is primarily nurse to nurse (Hutchingson, et al, 2008).

In a study done in the United Kingdom, which showed that bullying among nurses is a universal issue, indicated that 38% of nurses surveyed that they had experienced bullying, and 42% had witnessed bullying been done to some one (Stevens, 2002). The common forms of horizontal violence are “ criticizing, sabotaging, undermining, infighting, blaming, scapegoating, and

bickering” (Leiper, 2005). Leiper (2005) also reported that she found that most nurses who have been a victim of this type of disruptive behavior have felt “angry, vulnerable, and frustrated. These feelings very often led to nurses experiencing low job satisfaction (Stevens, 2002). Additionally, Trossman (2002) stated that horizontal violence typically has a negative impact on healthcare organizations’ staffing and retention initiatives. Implications for a department’s performance Disruptive behavior in organizations tends to have a damaging effect on employees and the company’s continued success (Oostrom & Mierlo, 2008).

O’Connell, Young, Brooks, Hutchings, & Lofthouse (2000) reported that in a study of nurses they found that over 70% of the respondents were either frustrated or angry after experiencing some form of disruptive behavior. Job satisfaction is also closely related to work place conflict or violence as was shown in another study; individuals who had been emotionally abused on the job reported the lowest level of job satisfaction (Hesketh, Duncan, Estabrooks, Reimer, Giovannetti, Hyndman, & Acorn, 2003).

Trossman (2008) found that the low job satisfaction of many nurses led to a disengagement and disconnect with their job. Ignoring such negative behaviors tends to foster more bad behavior (Hickson, et al), as many nurses are likely to repeat the bad behavior they have experienced, which ultimately leads to a vicious cycle (Leiper, 2005). Oostrom & Mierlo (2008) reported that this vicious cycle results in employees’ experiencing posttraumatic stresses.

In addition to the affected emotions and job satisfaction of the employees, there is also a financial impact to this problem that results from increased absenteeism, resignations, and early retirement (Oostrom & Mierlo, 2008). Disruptive behavior also can lead to issues with patient safety to include patient errors, death, and also low public opinion (Hickson, et al). Staffing and the retention of nurses Maintaining the required level of staffing is necessary for any organization's well being. This is especially the case for hospitals.

Nurses are at the front line of every hospital's operations. The healthcare industry is suffering from a dire shortage of nurses that is exacerbated by instances of disruptive behaviors including horizontal violence (Rosenstein & O'Daniel, 2005). Research has shown that 12% of the nursing shortage can be attributed to disruptive behavior, in particular, verbal abuse (Trossman, 2008). According to Rosenstein & O'Daniel (2005) the shortage of nurses has caught the attention of healthcare administrators.

Less available staff usually results in nurses having to care for more patients than they normally would, which in turn could lead to a diminished quality of care (Oostrom & Mierlo, 2008). Miller (2008) states that typically the morbidity rate in hospitals is higher where there is a higher patient to nurses' ratio. Recommendations It is imperative for healthcare institution that desire to have successful operations to practice a " zero tolerance" of disruptive behaviors (Leiper, 2005).

Holmes (2006) stated that organizations' culture should be such that employees understand disruptive behavior will not be put up with and

sanctions will be enacted on perpetrators. Companies need to commit to creating and sustaining an environment in which their employees believe that there is a support system (Leiper, 2005). The following are provided as recommendations to combat this problem:

i) Develop and implement a code of conduct that would address the behaviors that promote a non-hostile work environment; include steps that an employee or the organization can take to address any grievances (Trossman, 2008).

i) Human Resource departments should include as a part of their new employee orientation, a segment on the organization's "zero tolerance" of disruptive behavior (Trossman, 2008). iii) Create a mentor program for nursing leadership that would help those individuals to better detect and address such matters (Trossman, 2008).

iv) Design and facilitate education programs throughout the organization that will provide techniques to managers and lay employees on how to deal with disruptive behaviors (Oostrom & Mierlo).)

Incorporate assertiveness training into education programs that would help employees view themselves in a more confident manner and communicate better with others (Oostrom & Mierlo). We see from the discussion that the composition and culture of groups most often reflect that of the parenting organization. This means that if the company promotes a harmonious culture then more than likely both formal and informal groups within the organization will follow suit (Leiper, 2005).

It is therefore incumbent upon all health care organizations that they ensure that work environments are free of any form of hostility (Trossman, 2008). Horizontal violence and other types of disruptive behaviors should not be viewed by employees as a normal occurrence and therefore acceptable (Leiper, 2005). The research has shown that an important factor for healthcare entities to consider in the fight against negative patient outcomes is to improve working relationships between nurses (Rosenstein, et al, 2005).

Executive and other leaders need to be able to “recognize and challenge” any negative behavior (Stevens, 2002). At General Hospital through policy and education it will be possible for staff and the nursing leadership to take an aggressive approach towards recognizing, avoiding, and responding to disruptive behaviors. Stevens (2002) reported that by 2010 the nursing shortage will be so dire that the amount of registered nurses in the United States will not be able to meet the demand for healthcare services.

If this hospital seriously intends to regain its competitive edge in the OBGYN market they should consider the recommendations given earlier.

Additionally, the senior leadership has to, work feverishly to create an environment where all employees feel welcome on the team, ensure a system that supports the free flow of information- both horizontally and vertically, reinforce a culture that accepts and not tolerate diverse people and opinions, and truly have an open door policy that encourages employees to report disruptive behaviors.