



A Unit Method of Changing Culture

Deborah L Threats*

Department of Nursing, Veteran Hospital, Washington, DC, USA

***Corresponding Author:** Deborah L Threats, Department of Nursing, Veteran Hospital, Washington, DC, USA.

Received: April 23, 2021

Published: June 24, 2021

© All rights are reserved by **Deborah L Threats.**

Abstract

Disruptive behavior has and will continue to be an issue in nursing until it is addressed. We must increase a heightened awareness and educate nursing staff about this behavior. Disruptive behavior has plagued the nursing arena for years. The issue has become so important that it is now included in the curriculum for nursing students. They are learning about a healthy work place environment. Nursing has published several articles on disruptive behavior but it remains a pervasive issue within the work environment.

The unit that I currently work on has tackled the issue with surveys and frank conversations about the matter. The issue persists because nurses have fear of retaliation and feel as if they lack support from management, or nothing will be done by management. We must address this inappropriate behavior in order to decrease and completely eradicate it. Our unit took on the challenge to minimize disruptive behavior by adding the sacred word (a word stated aloud as a clue to the offending individual, thus increasing self awareness), sacred person (a confidant to ventilate frustrations and share ideas), and when all else failed, mediation will take place to allow staff to face the offender (providing staff members a safe place to discuss and remedy the discourse).

The unit's disruptive behavior has diminished and management has conducted fewer counseling sessions on this behavior.

We have developed a guideline for the unit to assure a continuation of the progress with hopes of decreasing and eventually eliminating disruptive behavior.

Keywords: Disruptive Behavior; Mediation

Disruptive behavior has been written about and lectures have addressed the topic. This behavior also has influenced great nurses to lose confidence in themselves and thus we have lost valuable members from our profession. This article will be different in that it will demonstrate what a nurse endures when disruptive behavior is prevalent on the unit. To see it through the eyes of the nurse gives a different perspective on the issue [2-11]. Disruptive behavior will be personified using the name Sally Sue. A day with Sally Sue goes like this.

The day for the nurse who has to confront Sally Sue starts with just waking up and knowing that the day is going to be great. The day starts with good thoughts, thinking about how to make it better for your patient. It is filled up hope and joy. The ride into work

is just great the music is going, there is a song in your heart, sipping on your coffee and thinking how good the day will be. Then the thought of who will you be working today, and who you will be working with that will help you, will there be a person whom you can trust. Then a sigh, and the smile turns into a stern face, you wonder if you can drink all of your coffee because you will needing all the coffee you can stand today, you begin to pray that you don't have to work with Sally Sue, you are going though all the do's and don't to survive the day, and at last you wonder if it is too late to call in sick.

The day no longer only consists of how do I take care of the patient, but how to take care of the patient and survive with Sally Sue. Will you have any allies on the unit, who can I vent to, who will help

me with my patients', will this be an easy assignment or will I get the most difficult patient on the floor, and will I be set me up for lots of admission. Should I just cry now and get it over with, am I sure I just can't call in today or just shoot me now. While working I have to worry about everything; did I do a good job, am I doing a good job, can I be a good nurse, I thought I was, but now I am not sure. I know Sally Sue is going to do something to me; I just want to take care of my patients. The feelings of anxiety, depression and hopelessness are real; they are real reasons why nurses quit, change jobs and give up what they love and were born to do, all because of Sally Sue. This is how the patient can suffer and occurrence can happen. This behavior because the nurse is unsure will make more errors the patient will not have confident in the nurse to do their job. This cycle will continue with Sally Sue behaviors being present.

The Nurse that has to endure this hardship is not alone, but is made to feel alone. The silence is deafening! The staff are aware, but no one will speak up for fear of retaliation. Retaliation in the sense that you're the one made out to be the bad guy (girl), you're the one that is being laughed at, or even when your opinion is given one would rather choose the wrong opinion over what is right. So, what happens; Sally Sue wins again! The staff is aware and at times the administration is not willing to listen to both sides or will just believe Sally Sue. Ultimately this is what keeps the issue going in the environment, the silence, having fear of retaliation fear, and administration failing to respond to the problem.

The unit that I am on decided to do something different in that we wanted to solve the problem at a unit level and be able to communicate effectively to the person regarding the behavior. The first step was to understand disruptive behavior. This entailed education on the topic and doing pre and post surveys. The education brought about discussion on the topic. Having frank discussions brought the need to do more on the topic. So how does one begin to address the behavior on a unit and then continue to have a cohesive working unit. The solution to this dilemma was looking at the person and yourself.

The nurses on the unit took a survey to assess how assertive they were. The survey stated that the nurses were on a scale of 1 - 5 were 4 - 5 for assertiveness (4 - 5 means more assertive). The nurses could control their own behavior but not others. This was done with education on assertive behavior, what it is and what it is not. The surveys stated that nurses on the unit were assertive in

their behavior, however; it did not alleviate the concerns. Therefore, other solutions had to be made. The sacred word came up and the sacred person. The sacred word was used when you thought the behavior was being used on the unit. This could be a staff member or yourself. The word that was chosen for the unit was marshmallow. The staff choose this word because it was not offensive to anyone. It was the unit sacred code (no one else knew about this). Therefore, if anyone also heard it they were unaware of what the unit was doing. The sacred person was that person who one could go to in confident and express their feels without feelings of retaliation. The person just listen and only offer advise if asked to give the advise. This person was chosen by the staff member. The sacred person was that sounding board, the person you could hash out your thought with, and see if they were rational, this person could help you to understand and confront the person in an effective manner. This person could help you formulate your thoughts, therefore having the person who has no voice developed a voice and increase their own assertive skills.

The status quo is that one who felt that they was a victim of Sally Sue would go to the management team. This was not working for us because we felt that the management was unresponsive to the plight, one would be made to feel as though they were the problem and not Sally Sue. The solution for us was to use mediation technique. The staff members could pick the mediator of their choice. This is a meeting with both parties, and the mediator should guide the conversation in that both parties come up the solution. This is handling the complaint at the unit level. This process helps one to develop strategies on solving difficult situation. Mediation brings you face to face with your problem and accuser [12]. This can help with strengthening a person with how to have that difficult conversation and continue to work in a cohesive environment. This helps the person remain professional during a work environment. Having a difficult conversation with someone, you feel that is offensive, can also help you understand and see another point of view.

Sally Sue is difficult and will always be around. However disruptive behavior can be taken care and decrease with a of changed in the right environment. We must all strive for the best in us and others. The survey that was done on our unit resulted in the sacred word decreased to 2 - 5 per day, the sacred person usage was average one per week, and there was only three mediations during the 6 month trail [13-29].

	May	June	July	August	September	October
Used sacred word	55	46	14	19	12	13
Sacred person vented	15	20	9	27	20	15
Mediation	1	1	0	0	0	1

Conflict of Interest

There is no conflict of interest with author.

Acknowledgments

Anne M. Burke RN, BSN, BA; The entire OR Holding Staff for their support during this three year process.

Bibliography

1. Mc Cabe C and Timmins F. "Teaching assertiveness to undergraduate nursing students". *Nurse Education in Practice* 3.1 (2003): 30-42.
2. How to Be Assertive Lambert, Lynda (2014).
3. Albrecht Karl. Self-Assessment Quiz Are You "Toxic" or "Nourishing?" (2010).
4. Zeller Kathleen A. "Assertive vs. Aggressive". *Advance Health-care Net Work* 9.26: 1-6.
5. Mediation in the Workplace- A Proactive Approach to Preventing Litigation and Promoting a Healthier Work Environment. *Employment Practice Solution* (2011): 1-3.
6. Mayo Clinic Staff: Being assertive: Reduce stress, communicate better. Mayo Clinic Guide to Stress-Free Living 1-3.
7. Toxic Nursing': How to cope with cliques, campaigns, and high-school drama (2014).
8. Stopping the pain: The role of nurse leaders in providing organizational resources to reduce disruptive behavior - American Nurse Today (2013).
9. The Joint Commission (2008).
10. Disruptive and Unprofessional Behavior (2015).
11. Workplace Conflict Resolution Tips and Strategies (2014).
12. What Is Mediation And How Does It Work? - FindLaw (2015).
13. Lathrop R. Snakes at the nursing station. *American Nurse Today* (2007).
14. Cory TL. Toxic Relationships (2016).
15. Caprino K. "6 Toxic Behaviors That Sabotage Your Success: How to Recognize Them in Yourself and Change Them (2014).
16. Begler AJD. "How Mediation Can Resolve Workplace Disputes (2001).
17. Bruce J. "Disruptive Behavior: An Overview and Recommendations for the Office-based Provider (2010).
18. Leadership and Entrepreneurship, Regent University School of Global Health". *International Journal of Leadership Studies* 7.1 (2012): 29-47.
19. Longo J. "Combating Disruptive Behaviors: Strategies to Promote a Healthy Work Environment". *OJIN: The Online Journal of Issues in Nursing* 15.1 (2010): 2.
20. Medstar Code of Conduct.
21. Medstar SPIRIT VALUES.
22. Babalola Olubukola, et al. "Ethical dilemmas in journal publications". *Clinics in Dermatology* 30 (2012): 231-236.
23. Bank Lindsay, et al. "Are they ready? Organizational readiness for change among clinical teaching teams". *Advances in Medical Education and Practice* 8 (2017): 807-815.
24. Cullen Laura and Adams Susan L. "Planning for Implementation of Evidence-Base Practice". *The Journal of Nursing Administration* 42.4 (2012): 222-230.
25. Medstar Georgetown University Hospital. Procedure for Policy Approval 1 (2017).

26. Kemper Roger D. "Ethical issues in biomedical publications". *American Society for Reproductive Medicine* 77.5 (2010): 883-888.
27. Milner Kerry A. "10 STEPS From EBP project to publication". *Nursing* (2014): 53-56.
28. Overholt-Fineout Ellen., *et al.* "Evaluating and Disseminating the Impact of an Evidence-Based Intervention: Show and Tell". *American Journal of Nursing* 111.7 (2011).
29. Street Jackie M., *et al.* "Credit where credit is due? (2010).

Volume 2 Issue 7 July 2021

© All rights are reserved by Deborah L Threats.