
This report was of a 1999 survey of over 6,000 resident physicians that included three items about “serious conflict with another staff member,” “significant medical error during current year of training,” and any resulting “adverse patient outcome.” An association was found between conflict with another professional and resulting medical error with adverse patient outcome.


This article describes a quality improvement project using a series of workshops as an intervention designed to reduce nurse-to-nurse lateral violence and create a more respectful workplace. The workshops focused on enhancing awareness of lateral violence and improving assertive communication. The authors reported a decrease in lateral violence and a reduction in turnover and vacancy rates.


This book explores relational aggression among nurses and its effect on the workplace. Suggestions for victims of bullying as well as for managers who must deal with the behavior are given. The book contains Appendixes with several tools and other resource material.


This was a report of a study to pilot test a group-writing intervention to decrease negative workplace behaviors. Participants suggested that this technique, if used by staff educators, provides a forum where nurses can support one another and give voice to the concerns they have.


Workplace bullying in a Norwegian hospital was assessed using the Negative Acts Questionnaire (NAQ), the Minnesota Satisfaction Questionnaire (MSQ) and the Organizational Commitment Questionnaire (OCQ). Priority administrative intervention was identified through psychometric triage of the NAQ and was based on “a) the degree to which NAQ items predict decreased satisfaction and decreased commitment, b) the prevalence rates of particular negative acts, and c) efficiency of intervention.” The researchers used psychometric triage to recommend four priorities for intervention for problems identified as “necessary information withheld,” “pressure to give up entitlements,” “tasks below level of competence,” and “unmanageable workload.”

The authors present organizational, individual, and team mitigation strategies based on results of their research study of toxic and uncivil behaviors. Their bottom line conclusion was that it is up to leadership to take action.


These authors concluded that widespread disrespect creates a dysfunctional culture that presents a ‘substantial barrier’ to progress in patient safety. They identified “six categories for classifying disrespectful behavior in health care settings: humiliating, demeaning treatment of nurses, residents, and students; passive-aggressive behavior; passive disrespect; dismissive treatment of patients; and systemic disrespect.”


The authors proposed that a culture of respect is a first step for any health care institution that strives to become “safe, high-reliability organization.” They suggested that the institution must develop methods for responding to disrespectful behaviors and initiating cultural changes that will prevent further occurrences of the behaviors.


In this very recently published book written by a surgeon, the author describes how colleagues protect physicians who should not be practicing medicine. The author hopes to generate a change in the hospital culture, and he believes the patients are the ones that can bring about the change. He gives tips on how patients can do this.


The researchers surveyed hospital workers before and after a civility intervention (eight intervention units verses nine comparison units) to test whether incivility at work exacerbates the relationship between stressors and strain for hospital workers. It was found that “pre-intervention, individuals reporting more incivility in their unit showed a stronger stressor-strain relationship” and that “the negative relationship between work overload and mental health was mitigated among intervention group staff six months after the introduction of a colleague-based civility programme.”


The author discusses the negative impact of disruptive behaviors on work relationships, communication, task responsibility and team collaboration. He provides a strategic approach to eliminating disruptive behaviors and improving the process and outcomes of patient care in obstetrics services.


This study was designed to examine nurse managers’ perception of negative workplace behavior. Six themes emerged from the data analysis which the author described as: “that’s just how she is,” “they just take it,” “a lot of things going on,” “old baggage,” “three sides to a story,” and “a management
perspective." The author concluded that many nurse managers require assistance in learning how to address inappropriate behaviors in an ethical manner that ensures fair treatment of all employees.


A qualitative descriptive design was used to examine newly licensed nurses’ experience with bullying behavior. The authors described four major themes related to types of bullying behaviors which were “structural bullying,” “nurses ‘eating their young’,” “being out of the clique,” and “leaving the job.” The authors concluded that workplace bullying must be explored in depth so that effective strategies can be identified to eliminate it.


The concurrent validity of the 22-item Negative Acts Questionnaire-Revised (NAQ-R) was tested on 511 registered nurses. The researchers concluded that workplace bullying is best viewed as a one-dimensional construct. They found that a subset of four NAQ-R items was both valid and reliable in measuring bullying in their sample. They reported that this four-item questionnaire effectively measures perceived bullying in nursing populations.


More than 2000 health care providers (nurses, pharmacists and others) in a 2003-2004 survey conducted by the Institute for Safe Medication Practices (ISMP) verified that intimidating behaviors occur frequently in health care and are not limited to a few difficult physicians or to physicians alone. Strong verbal abuse was reported by 48% of the participants, and 40% said they kept quiet about an improper medication order rather than address it with an intimidating colleague.


A systematic review was used to identify best practices for preventing and managing workplace bullying among staff nurses. A three-hour program was then developed and used to give nurses the opportunity to learn cognitive rehearsal techniques as a means of responding to common bullying behaviors. This educational program was identified as the best method found to control and stop the negative behaviors.


Semi structured interviews (n=23) were conducted to broaden the researcher’s understanding of how nurse managers respond to intraprofessional and interprofessional workplace aggression. Interventions identified by nurse managers included coaching, mediating, and disciplining. The researcher concluded that effective intervention was not solely the responsibility of managers but also of the aggressive individual, peers, human resources personnel, and unions.


Of the 1521 respondents in this study, 42% reported they were the target of unprofessional behavior on a daily, weekly or monthly basis; 68% considered leaving their current job; and 41% transferred or left a previous job as a result of unprofessional behavior. The Studer Group website above provides information from the joint Vanderbilt and Studer team including a “Model to Guide Graduated Interventions: Disruptive Behavior Pyramid.”

A new instrument titled *Disruptive Clinician Behavior Survey for Hospital Settings* was used to survey 5710 clinicians (nurses and physicians) in the Johns Hopkins Health System. Nurses experienced significantly more disruptive behaviors and triggers than physicians, but both reported that their peer’s behavior affected them most negatively. The Johns Hopkins Model for Disruptive Clinician Behavior identified triggers, disruptive behaviors, responses and impacts. The authors report that they have renamed the survey instrument using neutral words and it is now titled *Survey of Unprofessional Behaviors: Triggers, Responses, Impacts*.

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