OREGON NURSES ASSOCIATION
ACTION REPORT

Strategies to Address the Problem of Nurse Bullying in Oregon Hospitals and Health Care Facilities

Submitted by:
Cabinet on Human Rights and Ethics and
Cabinet on Nursing Practice and Research

Recommended Actions:
The Cabinets of Human Rights and Ethics and Nursing Practice and Research recommend that the ONA House of Delegates support a model to address the problem of nurse bullying in all Oregon hospitals and health care facilities and other community sites where nursing is practiced. For the purposes of this action report bullying is defined as: “A consistent, or repeated over time, intentional pattern of behavior designed to control, diminish, or devalue a peer (or group) which creates a risk to health and/or safety” (adapted from Farrell, 2005). This action report is guided by principles of collegial respect and cooperation outlined in American Nurses Association Guide to the Code of Ethics for Nurses: Interpretation and Application, 2008.

Background:
Bullying among nurses and other members of the health care team is a major threat to our health care workforce. For decades, a culture of “shame and blame” rather than safety has been pervasive in health care delivery systems. It is increasingly apparent that creating a culture of safety in nursing is essential to building the healthy, functional professional team necessary to deliver quality health care to the American public.

Nurses are the largest component of the health care workforce. We are entering an era of severe nursing shortages due to the combined pressures of an expanded nursing role, the anticipated retirement of a major proportion of the current nursing workforce, and an aging patient population. Future access to effective and affordable health care for Oregonians is dependent, in large part, on a sufficient supply of professionally prepared, skilled nurses. However, a substantial percentage of our relatively new nursing graduates are leaving the discipline within five years of graduation due to serious workplace challenges including increased workloads, insufficient staffing, and bullying.

The Joint Commission (TJC) has identified “disruptive behaviors” (which includes bullying) as major threats to patient safety and a contributing factor to increased rates of medical errors and adverse patient outcomes. Many experts on the problem of nurse bullying state that patterns of nurse bullying cannot be changed effectively without hospital administrators and managers leading the charge. As of January 2009, an appraisal of the policies and procedures for identifying and managing disruptive behaviors has been included in the TJC hospital accreditation process. As a result of these actions, most Oregon hospitals and health care facilities are required to have oversight systems in place, which reduce and/or eliminate all disruptive behaviors including nurse bullying.

Costs and consequences of the problem within hospitals and health care facilities:
- Nurse bullying creates a significant increase in the cost of delivering patient care.
- Nurse bullying results in increased hospital expenditures for recruitment and training costs.
- Nurse bullying frequently results in long-lasting adverse psychological, physical, emotional, and social repercussions on bullied nurses.
- Nurse bullying results in costly medical errors and deleterious patient outcomes.
Implementation:
1. ONA strongly recommends that health care organizations develop, implement and use an organizational policy to address the problem of nurse bullying wherever nurses are practicing.
2. The Professional Nursing Care Committees (PNCCs), established by ONA contract, will disseminate written materials related to bullying to staff within their hospital or facility.
3. The ONA Bargaining Units will develop contract language and grievance procedures that are consistent with these recommendations.
4. ONA Professional Services program area will:
   a. Disseminate exemplar workplace bullying policies and reporting guidelines;
   b. Provide written and electronic educational and training materials;
   c. Offer educational webinar programs and online educational offerings; and
   d. Develop articles for ONA e-news publications, newsletters, and the Oregon Nurse.

Implementation of these strategies involves everyone – ONA members, nurses in practice, nurses on Professional Nursing Care Committees, Bargaining Unit members and leaders, the ONA Board of Directors, Cabinets of ONA, and ONA program areas.

Financial impact:
The action report activities are currently covered by Professional Services staff and budget and in the budget allocations for the Cabinets of Human Rights and Ethics, and Nursing Practice and Research.

References: