Sacred Heart Medical Center
Bullying & Incivility Survey

Created and presented by:
Sacred Heart Medical Center
Oregon Nurses Association
Cultural Transformation Committee

2021
Survey Scope

- **Responses**

  - 2019: 262 RN’s ~ 20%
  - 2020: 313 RN’s ~ 23%
  - 2021: 310 RN’s ~ 21%

- All surveys were open for approx 3 weeks with 3 reminders
DID YOU FEEL BULLIED, INTIMIDATED OR UNDERMINED BY A NON-MANAGEMENT CO-WORKER (STAFF NURSE, CN, RNCM, ETC.)?

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<td>2019</td>
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<td>2021</td>
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Did you feel bullied, intimidated, or undermined by a non-management co-worker (staff nurse, CN, RNCM, etc.)?

- 2019 House supervisors and access reps bully charge nurses and facilitators into accepting patients that are not appropriate for the unit. They also bully us into accepting patients at unsafe shift change times when patients cannot get the care they need…

- 2020 As a new grad, I was bullied by preceptors. As a new nurse, I was verbally intimidated by my fellow nurses. I have been repeatedly pulled aside by my charge nurse to "have a chat" where I felt intimidated… I have voiced my concerns with management and was told: "there are bad apples everywhere".

- 2021 If you are in with the charge RN or facilitators; you get the better assignments. The "hazing" period is long. Micro aggressions are plentiful.
DID YOU FEEL BULLIED, INTIMIDATED OR UNDERMINED BY SOMEONE IN A LEADERSHIP ROLE (HOUSE SUPERVISOR, NURSE MANAGER, ASSISTANT NURSE MANAGER, DIRECTOR, ETC.)?

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Did you feel bullied, intimidated, or undermined by someone in a leadership role (House Supervisor, Nurse Manager, Assistant Nurse Manager, Director, etc)?

- 2019 I’ve been bullied out of jobs and departments before in PeaceHealth. HR did nothing. Except say that the managers have the power to do what they want to.

- 2020 There seems to be no mechanism for reporting someone in a leadership position who routinely and repeatedly makes unfair decisions, without fear of retaliation. I feel personally picked on and intentionally skipped over and am afraid to submit a complaint … as I feel it will get worse. There seems to be no consequences….

- 2021 The current culture feels worse than before COVID. The entire environment is stressful. The director level has been aggressive and condescending. I have been verbally bullied and harassed by multiple levels of management including …. The constant actions of intimidation, retaliation, some of the leadership has left nurses and other caregivers question themselves, their worth, etc. In the ICU when every bed is full, and another patient is waiting the admins at time ask us to review all the patients in bed .. constantly to determine the least sick one that could be transferred. This is done in conjunction with the ICU intensivist. This is a form of rationing of care.
Did you feel bullied, intimidated, or undermined by someone in a leadership role (House Supervisor, Nurse Manager, Assistant Nurse Manager, Director, etc)?

- 2019 Threatening disciplinary action seems to be the new normal...Everyone on my unit is constantly fearing their job security recently and does not feel valued or supported whatsoever.

- 2020 Doctors are hugely responsible for creating a toxic, hostile work environment regarding the way they communicate with nurses. Doctors and surgeons are some of the biggest contributors to bullying and incivility .... Many of them are extremely condescending and rude and disrespectful when communicating with nurses regarding patients care. It seems that all that happens when they get written up for something ... is a slap on the wrist. But we end up getting more work.

- 2020 There is one boss bully at UD who is affecting the answers of most UD employees. I received NO help when taking action against said bully. There needs to be a fast track to firing those who are bullies.

- 2021 Multiple times, in the ICU, we were told by management that we were not allowed to close beds that were not staffed. We were to admit to all nursing staff, resource nurses included. Did not matter the acuity of the unit. I was told “every open bed is seen as lost revenue” by the manager.
DO YOU FEEL SHMC SUPPORTED YOU WITH RESOURCES TO DO YOUR JOB EFFECTIVELY (CNAS, EQUIPMENT, SUPPORT STAFF, IV THERAPY, ETC)?

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<td>2020</td>
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Q4

Did you feel the medical center has supported you with resources to do your job effectively (CNA’s, Equipment, support staff, IV therapy, etc)?

- 2019 “We do not have the staff (CNA’s, break RN’s) nor the basic resources, like safe IV pumps, to safely and adequately perform our duties.”

- 2020 PeaceHealth doesn't support nurses who need 8 hour shifts. Many of us have children but they don’t seem to care enough to offer reasonable shifts for us. (44)

- 2021 … the lack of ANY action to retain staff, (RN’s and CNAs), often left us severely short on the floor.

- 2021 BHU is not equipped to accommodate patients with medical issues
DO YOU DOCUMENT EVERY MISSED MEAL AND/OR BREAK IN KRONOS AND/OR EXCEPTION LOG?

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IF NO, ARE YOU NOT DOCUMENTING MISSED BREAKS FOR FEAR OF RETALIATION?

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<td>18%</td>
<td>21%</td>
<td>26%</td>
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<td>Yes</td>
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<td>N/A</td>
<td>38%</td>
<td>39%</td>
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If NO, are you not documenting missed breaks for fear of retaliation?

- 2019 Staff has been told they won't be allowed to progress up the clinical ladder if they are constantly missing their meals and breaks. .....we end up lying ...so that we and the charge nurses don't get in trouble.....we are not given any choice but to lie so that we can (avoid discipline) and advance our career.

- 2020 I don’t fear “retaliation, I just dread the conversation of why I didn’t get lunch/break and how “I” might remedy that. Just makes you feel as tho you were responsible- not the circumstances or the situation you were in.

- 2021 I was told we could lose the break nurse if we document.

- 2021 yes, I do but only because of great encouragement from my coworkers and in order to continue to prove the need for meal/break nurse positions be entirely staffed.
HAVE YOU CONTINUED YOUR REQUIRED DOCUMENTATION AFTER CLOCKING OUT? (IF YES, ANSWER QUESTION #7. IF NO, SKIP TO #8)

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<tr>
<td>2020</td>
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<td>72%</td>
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<td>2021</td>
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Have you continued your required documentation after clocking out? If YES, answer next question. If NO, skip to #9

- 2019 We are expected to give 100% perfect care, all the while we are dangerously understaffed and are not being set up for pt safety and then being belittled because of our overtime.

- 2020 I’ve only been here a little over two months. I’ve been overtime a few times and am already feeling shamed by my manager about it.

- 2021 Only very seldom does this happen.
HAVE YOU FINISHED YOUR WORK OFF THE CLOCK FOR FEAR OF BEING DISCIPLINED?

- **No**
  - 54% in 2019
  - 59% in 2020
  - 73% in 2021

- **Yes**
  - 31% in 2019
  - 24% in 2020
  - 15% in 2021

- **N/A**
  - 15% in 2019
  - 17% in 2020
  - 12% in 2021
Have you finished your work off the clock for fear of being disciplined?

- 2019 I have noticed nurses finishing their charting after clocking out because they don’t want to be disciplined for clocking out late. Sometimes nurses rush through report or are pressured by the other shift, because they are afraid to clock out late.

- 2020 I just had my evaluation today and the only feedback given to my manager from my charge nurse to relay to me was that I was slow at charting and needed to speed up. Yesterday I clocked out on time and then finished charting so I wouldn't be spoken to by my CN/manager.

- 2021 Yes, bc there is not enough time to chart, review the numerous policy & other emails during the shift & don’t want to be disciplined for not knowing & following practice & policy guidelines. I Chart on the clock and read most of my emails on days off.
HAVE YOU EVER FELT RETALIATED AGAINST FOR FILING AN SRDF OR FOR VOICING SAFETY CONCERNS?

2019
- No: 58%
- Yes: 27%
- N/A: 15%

2020
- No: 58%
- Yes: 28%
- N/A: 14%

2021
- No: 64%
- Yes: 18%
- N/A: 18%
Have you ever felt retaliated against for filing an SRDF or for voicing safety concerns?

- 2019 No responses by nurse manager for the SRDFs I’ve filed in the last couple months.

- 2020 In October an ‘RN’ was going to write one, but she got called into the manager's office and was told the reasons why she shouldn't. A CNA tried to write an SRDF... and every CNA named on the report were called into the manager's office;

- 2021 Not really, I find that management has excuses for short staffing and the SRDF was useless so I never filed one again. I almost felt scolded for filing one.

- 2021 Not retaliated against....but after filing an SRDF I received a very lengthy email from the manager telling me why I was wrong.... have felt that management's standard response to concerns or safety issues is dismissive, especially for NOC.
Do you feel SHMC nursing leadership respects your professional judgement? (1 = not at all respected; 10 = very respected)

- 2019: Score 5.09, Max 6.00
- 2020: Score 5.96, Max 6.00
- 2021: Score 5.81, Max 6.00
On a scale of 1 being not at all – 10 being very respected, do you feel SHMC nursing leadership respects your professional judgement?

- 2019 Staff RN and CN judgment is totally disregarded with measures of acuity, even with valid safety concerns. And it seems we are given our max amount of patients, regardless of how we judge acuity and our general workload.

- 2020 I used to love my work. My level of mistrust in (my units leadership) have led me to leave my unit and PeaceHealth. The focus of my unit is entirely profit driven instead of patient safety and successful rehabilitation outcomes... There is an underlying understanding that admissions must be taken even if adequate staffing cannot be provided ..... my professional judgment was repeatedly dismissed.

- 2021 The leadership has shown nothing but disrespect and indifference to the professional judgement of the staff at SHMC. Over and over staff has brought up the dangers to our patients and continual/building moral injury to staff due to short staffing. (They make no) attempt to support their remaining staff in a meaningful way.

- 2021 Management is all about the #'s and $$. “Transparency” and work life balance are just empty words. It’s all about the number of patients...not about staff burn out or safety.

- 2021 I have found if I voice concerns I am accused of having a bad attitude....
Do you feel supported by SHMC? (1 = not at all supported; 10 = very supported)

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On a scale of 1-10, 1 being not at all, 10 being very supported do you feel supported by SHMC?

- 2019 Everyone on my unit is constantly fearing their job security recently and does not feel valued or supported whatsoever.

- 2020 Managers are unfairly and arbitrarily implementing... corrective action for systemic issues and very minor infractions. ...There are more and more instances of 'investigatory meetings' into complaints by family members and patients, ...while we are forced to watch hours on videos on de-escalation.

- 2020 Inadequate support staff is what I run into the most as a floor nurse that affects my job satisfaction and the quality of patient care.

- 2021 I do not feel appreciated, respected or supported much by SHMC during this past year especially. I feel like the amount they are paying travelers and not doing anything extra for regular staff who have struck with them through this turmoil is not only disrespectful but also a bullying tactic. It's not a culture of respect and civility. This incivility just continues to run throughout- including between staff. The stress and Un-appreciative culture stresses staff out and they take it out on one another.
How would you rate the culture at SHMC?
(1= Healthy; 10 = Toxic)

2019: Score 5.93, Max
2020: Score 5.17, Max
2021: Score 4.91, Max
On a scale of 1-10, 1 being very healthy and 10 being very toxic, how would you rate the culture at SHMC?

- 2019 I think a big problem is promoting bullies to management positions...Having toxic people at the top promotes a toxic environment.

- 2019 I’ve never worked in a hospital that is as toxic as this place is... and I come to work often thinking that this might be my last day.

- 2020 I’ve noticed over the past year an increase in discussion about workplace culture and I think it’s good. I wish .... that I could see more of this and I feel like only certain committees have access to what’s going on....the main thing that comes up when I hear about culture is transparency and PeaceHealth has been really bad at this.

- 2021 Culture is toxic. I’ve worked at PeaceHealth over 20 years. When the nuns were around, HR and other departments were still physically a part of SHMC (it was like a family) but when everything went to Vancouver the culture ...changed. In the “old” days I felt appreciated, important as a person not just a number.... SHMC had positive energy, not the vibe it has now of coldness.
How often do you feel your license is at risk? (1=never; 10 = always/daily)

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Q13
How often do you feel your license is at risk?

- 2021 I feel my license is at risk due to lack of staff. We have very sick patients on the neuro unit and it’s impossible for one person to be in 4-5 rooms at once.

- 2021 The only time I’ve ever felt my license at risk is when management told nursing staff at huddle it was negligence if falls happen without bed alarms in place…. a trusted coworker told me they were threatening to report me to the board. Now all of my patients get a bed alarm whether appropriate or not. And the anxiety of work increased significantly after this. My trust in management is essentially gone and I don’t feel supported by them. I’m scared to receive emails from them and I feel worried if an honest mistake ever happened.

- 2021 I often feel like my license is at risk (see above answer). The hospital still expects 100% perfect care, every patient, every time but is failing to acknowledge any responsibility on their part for any “imperfect” care that is occurring. I fully believe that the hospital would throw their staff under the bus in a hot second for any sentinel events rather than take ANY responsibility for their part in the occurrence.
How often are you experiencing “moral injury”? (1 = never; 10 = always)

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<td>2019</td>
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How often are you experiencing burnout? (1 = never; 10 = always)

2019: 6.51
2020: 6.40
2021: 6.86

Score Max
2020 50% of new grad nurses leave the hospital setting after 2 years, and now I can see why. I only lasted 6 months. In the short 6 months, I dealt with moral injury, bullying, feeling targeted, and feeling burnt out. I have never worked so hard and tried so hard in a job, only to feel like it was never enough.

2020 Staff moral over the past two years has plummeted, especially for the nurses that have worked on the unit for a number of years. Float pool nurses and oriented nurses dread being assigned to the unit. The new culture of profit over patients has swiftly led to the undoing of the once stellar reputation of [my unit].

2021 The immense stress and fear of patient harm occurring under my care due to these circumstances has largely eroded my sense of worth as a nurse and confidence in my overall ability to provide any acceptable quality of care. If that isn’t moral injury, I don’t know what is.
...how often are you experiencing burnout / “moral injury”?

- 2020 I feel very strongly that new management is not aware or abreast of the Nursing contract and send out emails that are VERY retaliatory & when confronted the emails are retracted. This type of management behavior affects unit moral.

- 2021 Burn out and moral injury are experienced nearly every shift. My burn out grows exponentially every time I have to take the heavier and more complicated team because the only other people on the floor are new grads and/or travelers who are earning 5x more than I am. The burn out continues as I am expected to handle my heavy team but am also assisting the new grads/travelers with skills, helping them find supplies/policies/procedures/phone numbers, troubleshooting their charting issues, and answering their endless questions to the point that it feels like I’m precepting an entire floor.

- 2021 I believe that SHMC does a very good job of attempting to create a supportive environment and healing culture. Unfortunately, because of the current pandemic, the culture has broken down in places. Staffing and retention is one big area, as is sufficient compensation for continuing to man the front lines, even though we are exhausted and burned out.
Do you feel ready to help SHMC implement a system-wide quality standards system intended to improve nurse satisfaction and patient outcomes?

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Help us implement a quality standards system?

- First I’ve heard of this. Sounds like more rhetoric.
- My fear is it will involve yet more documentation.
- I want to help.
- Yes absolutely, but with all the new nurses, this will take more time to implement. Improving nurse satisfaction means listening to us more and keeping us around. Retaining nurses and keeping nurses happy very much improves patient safety.
- I am helping now and will continue to help until I leave.
- I don’t want to be involved when I feel like anything we try to implement will be undermined by the hospital.
- I appreciate all the hard work everyone involved with cultural change has done from leadership, to ONA reps, to related committees, and to floor nurses. I believe it's absolutely imperative right now that open and honest communication with cultural change continues especially with the waning pandemic and "normal" life returning.