



## Communication: Whose Problem Is It?

Early in my career, I worked in an intensive care unit, and when something annoyed one of the surgeons, he would pick up a ventilator and throw it. A ventilator! What did the institution do about this surgeon? Absolutely nothing. I would bet that most nurses have similar stories of physicians

having temper tantrums in the workplace without any retribution whatsoever.

The lead article in this issue of the *Clinical Journal of Oncology Nursing* concerns communication between patients and health-care providers. No doubt, communication is one of the most important aspects of health care. However, we must not limit our energies to improving communication just with patients but rather with all of our colleagues of every discipline. As professionals, we know that effective communication is an essential component of quality health care. Studies have shown relationships between good communication within the healthcare team and patient outcomes. Much has been written about abusive behavior of physicians toward nurses. In reading those articles, I often have thought that we were scapegoating the physicians. In my 30-plus-year career, I have seen far more nurses display abusive and hostile communication styles than other healthcare providers. A recent article in the *American Journal of Nursing (AJN)* described results of a study on disruptive behaviors in healthcare environments (Rosenstein & O'Daniel, 2005). The study found that 86% of nurses surveyed (n = 675) had witnessed disruptive behavior by physicians, and 72% of nurses and 47% of physicians (n = 116) had witnessed disruptive behavior by nurses. The vast majority of respondents

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believed that those behaviors could negatively impact patient outcomes.

I would like to say that these results surprise me, but they do not. I have worked in environments where the emotional tones have ranged from terroristic to apathetic to chaotic, largely because of the communication styles of nurses in and out of leadership positions. Bullying, gossiping, rudeness, passive-aggressive and duplicitous behaviors, and backstabbing are just some of the communication patterns to which I refer. There is literature about this, under terms such as “horizontal violence.” I have witnessed these behaviors perpetrated on my undergraduate and graduate students, in business and academic environments, and in community and academic oncology settings.

The *AJN* study reported that nurses experience stress, frustration, loss of concentration, and impaired information exchange when hostile behaviors occur in the workplace. Again, no surprise. What should we do about this? Isn't it time that we ban these behaviors from the workplace? If someone wants to act like a bully at home, she or he can, but there is no reason we should have to endure this behavior at work.

So, the next time you hear Nurse Jack talk about how terrible Jill's nursing care is, remark to Jack that he must not have enough



work to do because he has time to gossip. If Doctor Bill throws a chart in frustration because there are no clean progress notes, call security. Obviously, an adult who throws things has serious problems with impulse control and is a threat to self and others. Security should be

involved. When Nurse Manager Betty talks to you with disrespect and incivility, stand up and walk out. Report the incident in writing to her superior, and request that the complaint be put in her personnel file. And when you hear that Bill told Bob a hurtful story about you, sit both of them down together and insist they find more productive uses of their time. If Director Sue calls you and speaks to you as if you were 10, what should you do? Ensure that all those who work with Director Sue, especially her superiors, are aware of her lack of interpersonal and communication skills. As more individuals report these types of behaviors, it will catch up with the Sues of the world and limit their career options.

Enough is enough. These behaviors interfere with patient care and nurse satisfaction. As nurses, we are the “go-to” people because we know how to fix things effectively. Let's fix this long-standing problem together.

### Reference

Rosenstein, A.H., & O'Daniel, M. (2005). Disruptive behavior and clinical outcomes: Perceptions of nurses and physicians. *American Journal of Nursing, 105*, 54–64.

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