A Position Statement on Clinician Well-Being[a] in the Perianesthesia Setting

The American Society of PeriAnesthesia Nurses (ASPAN) has the responsibility for defining the specialty practice of perianesthesia nursing. An integral part of this responsibility is to promote a safe, appropriate workplace environment for the perianesthesia healthcare team.

Background

A healthy work environment is imperative for patient safety, employee engagement, and overall job satisfaction. Attributes of a healthy and dynamic work environment include respectful and cooperative relationships. A lack of acknowledgment as to the need to endorse clinician well-being may give rise to workplace challenges, such as burnout, stress, absenteeism, presenteeism,[b] turnover, medication errors, conflict, alcohol and drug abuse, physical and mental health disorders, and violence.[3,4,5] A workplace culture of connection, transparency, and improvement that balances job demands and job resources can be achieved through evidenced-based practices that focus on six elements:

- Organizational commitment
- Workforce assessment
- Leadership
- Policy
- Efficiency of the work environment
- Support[6]

Workplace challenges and negative behaviors may give rise to workplace incivility, to include lateral violence and bullying,[c] which remain prevalent in the healthcare setting.

Individuals at risk for being targeted include individuals who are, in no particular order[5,7]:

- Competent and self-assured
- Ethical and moral
- High performers in the workplace
- Highly educated
- Independent
- More technically skilled than the bully
- New graduates/novices
- New to the workplace
- Non-aggressive and non-confrontational
- Perceived as a threat by the bully
- Shy or meek
- Well liked

[a]Clinician well-being is defined as a comprehensive construct that describes the quality of life with relationship to an individual's health and work-related environmental, organizational, and psychosocial factors.[1]

[b]Presenteeism is the term used to describe an employee who chooses to go to work in spite of being ill.[2]

[c]"Workplace bullying is repeated, health-harming mistreatment by one or more employees of an employee: abusive conduct that takes the form of verbal abuse; or behaviors perceived as threatening, intimidating, or humiliating; work sabotage; or in some combination of the above."
www.workplacebullying.org

Workplace incivility is evidenced by unprofessional behaviors among healthcare professionals, especially the nursing workforce.[5,8] Observed behaviors include gossiping, sabotaging behaviors, backstabbing, sharing or withholding information, criticism, passive-aggressive behavior, presenteeism,[b] peer pressure, eye rolling, demeaning remarks, and rude or unprofessional behaviors that may lead to psychological or physiological distress.[2,5,7]

These unprofessional behaviors and contributing factors adversely impact the foundation of a safety culture along with effective communication and patient well-being. This is a particular concern in the healthcare setting because these actions disrupt relationships and create barriers to communication needed to effectively care for patients. Unprofessional behaviors have deleterious effects on members of the healthcare team and can compromise patient safety. The experience of incivility against one's welfare can perpetuate a fear of ongoing lateral violence, which can interfere with the willingness or ability to communicate effectively.[9] In response to concerns raised by findings associated with negative workplace behaviors, The Joint Commission has implemented standards which require accredited facilities to define and address all forms of unprofessional behavior.

Definitions[10]

- **Bullying** is defined as behaviors that are purposefully intended to cause the recipient offensive humiliation and harm.
- **Cyberbullying** involves sending or posting harmful or cruel messages or images and using the Internet or other digital devices such as cell phones.[11]
- **Harassment** is a conduct which is unwanted that affects dignity and well-being and creates a hostile or ineffective work environment. This conduct can be directed towards age, sex, race, color, language, sexual orientation, religion, political, physical abuse or contact, verbal or written abuse, offensive language or jokes, or other association of abuses.[12,13]
- **Horizontal/Lateral Violence/Horizontal Hostility** (demeaning and/or intimidating others) is individual or group behavior described as hostile and aggressive behavior towards another member or groups of members of the larger group.[14]
- **Intimidation** includes, but is not limited to, stalking, or engaging in actions intended to frighten and coerce.
- **Physical Attacks** are unwanted or hostile physical contact such as hitting, fighting, pushing, shoving, or throwing of objects.
- **Property Damage** is intentional damage to property.[15]
- **Sexual Harassment** is "unwelcome advances, requests for sexual favors and other verbal or physical conduct of a sexual nature, when submission to or rejection of this conduct explicitly or implicitly affects a person's employment or education, unreasonably interferes with a person's work or educational performance, or creates an intimidating, hostile or offensive working or learning environment."[16]
- **Threat** is the expression of intent to cause physical or mental harm.

- **Upstander** is an individual who challenges negative behaviors in the workplace.
- **Workplace Incivility** is an insidious form of workplace violence defined as "low intensity deviant behavior with ambiguous intent to harm the target."[17]
- **Workplace Violence** is an umbrella term which includes, but is not limited to, intimidation, threats, physical attacks, property damage, and sexual harassment.

According to a 2019 Occupational Safety and Healthcare Administration (OSHA) report, 75% of all workplace assaults happen to healthcare workers.[18]

Violent workplace events are classified into four primary types, which include the following[19]:

- Criminal intent such as stealing, trespassing, theft, assault
- Customer/client such as patient violence against a member of the healthcare team
- Worker on worker such as violence against co-workers
- Personal relationships such as a former life partner conducts violent behavior against an employee

Position

It is, therefore, the position of ASPAN that all members of the perianesthesia healthcare team must educate and mentor others, empowering them to manage perceived or actual workplace violence and create a culture of well-being. Leaders must develop guidelines within their own settings to incorporate this position statement into their daily practice in order to provide a safe work environment for all healthcare professionals.

Perianesthesia registered nurses are responsible for reporting any unprofessional behavior in the workplace to the appropriate leadership team. Early recognition and prevention are critical to creating a safe and therapeutic environment for patients and a safer workplace for the healthcare team.

The following principles and guidelines should be followed:

1. Perianesthesia nurses need to seek out continuing professional development and strategies to help manage workplace violence.[d]

2. The confidentiality and privacy of involved healthcare workers shall be maintained.

3. Perianesthesia nurses should work collaboratively with the leadership or administrative team to establish and implement policies on zero tolerance regarding abuse or violence in the workplace.

4. Education and training programs in lateral incivility prevention for perianesthesia nurses should be promoted.

5. Violence and/or incivility in the workplace should not be tolerated in any healthcare organization.

6. Executive leadership's involvement in the infrastructure of two-way communication, speak up, listen up culture (just

[d]*"Some suggested strategies include[20]:*

- *Support a formal workplace violence policy and prevention program*
- *Attend regular prevention training*
- *Foster a climate of trust and respect*
- *Engage methods to reduce negativity and stress in the workplace*
- *Establish procedures and avenues for employees to report threats, other violence, or if there's imminent danger*
- *Document any threats and subsequent responses*
- *Evaluate security systems regularly including alarms, ID keys, and passcodes*

culture) without fear (of retaliation, and consistency in the implementation of zero tolerance policy on workplace incivility is promoted.

7. Clear guidelines are in place to protect those reporting workplace incivility and/or harassment.

8. Mechanisms are in place to identify patients with concerns for domestic or personal violence.

9. Workplaces should have a defined code of conduct, which addresses workplace incivility, lateral violence, and bullying.[3]

Expected Outcomes

Perianesthesia registered nurses need to familiarize themselves with this position statement and inform and educate colleagues and other healthcare professionals.

Following the principles outlined in this position will result in:

1. Improved and open communications among healthcare workers.

2. Decisive actions against workplace incivility, and lateral violence.

3. Open door policies and easy access to nursing leadership.

4. A positive work environment of resonant and structural empowerment and autonomy.[5]

5. Improved professional development opportunities through in-services, seminars, or continuing professional development for the healthcare team on how to manage bullying.

6. Development of policies and procedures on workplace incivility and how to resolve conflict.

7. Development of standards for leadership teams to follow-up when complaints are made.

8. Availability of support systems for victims and bystanders of workplace associated violence (e.g., peer support, employee assistance).

Approval of Statement

This position statement was reviewed and recommended by the ASPAN Safety Committee in February 2009.

This position statement was recommended by a vote of the ASPAN Board of Directors on April 18, 2009, in Washington, DC, and approved by a vote of the ASPAN Representative Assembly on April 19, 2009, in Washington, DC.

This position statement was updated and revised at the October 2021 virtual meeting of the Standards and Guidelines Strategic Work Team in Cherry Hill, NJ.

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