



# Effective Nursing Leadership: Transforming Toxic Work Environments



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## Abstract

Toxic work environments are disheartening! Toxic co-workers create stress to everyone around them and, beyond that, generate infectious work environments. However, toxic cultures cannot profoundly root unless there is a fertile environment. It is only when leaders tolerate toxic behavior, problems become predominant and damaging. It is amazing what nursing leaders can do to transform the negative energy and mend the dramatic flare! Acknowledging that there is a situation and having the audacity to address it, are crucial to limiting this malignancy from growing and spreading.

**Keywords:** Nursing; Leadership; Staff; Effective; Behavior; Toxic; Environment; Workplace; Stress; Incivility

## Nursing Work Environment

Nursing work environments are stress generating by nature. Globally, nurses, at work, are confronted with diverse functions and demanding, frequently distressing, work environments. The long working hours, work load, staff shortage, lack of task autonomy, demanding urgent patient needs, the obligation to swiftly act on emerging, and most of the time, urgent situations and the reduced advancement opportunities, are the major determinants of physical and emotional exhaustion in nurses [1,2]. As a consequence, nurses are subject to comprehensive stress, which hikes from the collective physical, psychological, and social aspects of their role [3].

## Toxic Work Environment in Nursing

Sadly, in healthcare, due to the enormous amount of stress on the job, the likelihood of the work environment either being or becoming toxic, is very high. Workplace Incivility (WPI), a significant problem in healthcare facilities, disturbs nurses enduring this harmful behaviour, as it fertilizes an infectious work environment and disrupts performance, hence, impacting the quality of patient care. A survey done in 2016 [4], found that 66% of nurses have experienced or at least witnessed bullying by other healthcare professionals. Being one of the corner stones of occupational stress in nursing, a toxic work environment is an ingredient to loss of motivation, restricted productivity, increased clinical errors [5],

occupational accidents, burnout and turnover [6] which, in isolation or collectively, adversely affect patient care [7,8].

## Nursing Leadership

Leadership roles are typically demanding, and nursing leadership, is amongst the most challenging ones. How so? Nursing leadership is different in its own way. It involves dealing with clinical staff who are almost constantly under pressure, as a consequence to the conditions that require swift, sound and safe decisions- in urgent, if not, emergency situations. In addition to ensuring systems are followed, best practice is applied, priorities are rightly established, patients receive prompt optimal care and healthcare professionals are safe and supported, leaders in nursing are anticipated to mould and sustain a safe environment for the entire hospital staff. Orchestrating all these essentials, puts ample pressure on nursing leaders and makes their role intricate, yet valuable. Studies indicate that nursing leadership is one of the important predictors of nurse outcome factors such as quality of care and services, clinical errors and job satisfaction/ turnover [9].

## Nursing Leadership Role in Transforming Toxic Work Environments

Nurses are subject to enormous levels of stress due to the constant fast change they endure and the vulnerable clients they

serve. This perpetual pressure drives the nursing team to be tense and edgy, hence delicate. Proportionately, the smallest of stressors may seem abundant, let alone a toxic work environment [6]. Therefore, it is vital and crucial that nursing leaders endorse healthier work environments through root causing, limiting and effectively managing the source (s) of contamination. Transforming a toxic work environment starts with identifying the source and treating the cause... not the symptoms. Since nursing leaders are rightly keen to retain the brilliant nurses they spent time, effort and money on recruiting and, at the same time, are accountable to ensuring a safe practice, they are urged to deliver a reasonably peaceful and protected work environment- to the nursing staff, not to mention, the whole entire clinical team.

To effectively deliver, nurse leaders are required to acknowledge and act on factors that intrude and impede. Accepting the reality that there is an issue, is the first step to resolving it. Determining to act on it, is the path to achievement. However, to multiply the chances of success- in dealing with workplace incivility and toxicity- it is recommended to follow a structured strategy. A planned, well-constructed approach has the advantage of safeguarding a focused attention to both the process and resolution opportunities. There are few approaches that could be implemented. Nevertheless, irrespective of the preferred tactic, it is vital that the strategy chosen is unsophisticated, clear and systematic that embraces a fundamental uninterrupted sequence. Here's a recommended framework that highlights the focal phases Figure 1.

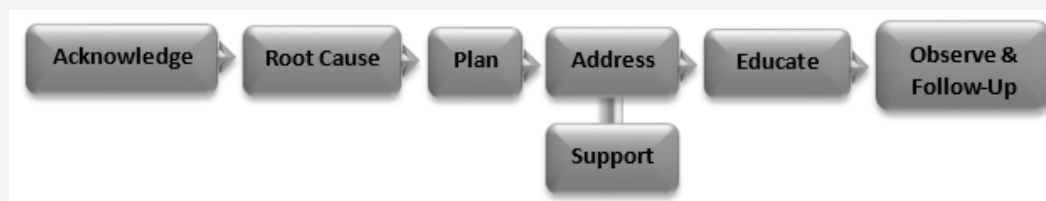


Figure 1: Here's a recommended framework that highlights the focal phases.

### Acknowledgement

Acknowledging a situation is key to resolving it, for you cannot fix a problem you deny. The need to handle a sensitive and, maybe tricky situation, on top of your full bucket, is stressful and time intensive. Workplace toxicity, like any disease, when detected early and managed proficiently will fail to take strong roots, spread and contaminate. Timely and apt intervention, by virtue of the fact, will limit, and highly likely eradicate, undesirable bearings.

### Root cause

For achievability, it is essential to remember that the goal is to determine and treat the nub, not the symptoms- as it can be harmful to treat the symptom alone! Regardless of the source, to avoid any further issues, it is key to identify the bud and enclose it, so you are able to successfully contain the situation. It is imperative to keep in mind that toxic staff, when and if identified, could be either mindful of their inapt behavior and its consequences or unaware that they are. In both scenarios, it is their right to know and your responsibility to tell them! It is also very possible that these staff could be the top of your crop, but that should not stop you from addressing their hurtful and limiting behavior. For, if you don't, you are technically empowering adversity- rather than vigorous team performance-, limiting the opportunity (ies) for other nurses to progress and accomplish and, beyond that, jeopardizing the quality of care.

### Plan

Addressing such a tricky situation requires good planning. Planning is a powerful tool! Planning prepares you to contem-

plate and drill all scenarios and, consequently, be better prepared to face the expected, as well as, the unexpected dispositions you are about to encounter. If you need help while planning, ask for it!

Should you feel you need pieces of advice or even support, don't be reluctant to ask for it; seeking advice and securing support fortify your plan and equip you better for what you are about to chance upon and need to delicately handle.

### Address

As toxicity at work infests really fast, acting swiftly is fundamental. At this stage, it is highly likely that you have identified the whistle-blower (s) and it is time to address and respond. The initial most impactful action you are advised to take is to arrange a meeting with the identified source(s) to understand and discuss the cause and motive, in preparation to finding a mutual resolution. It is central to let them know the facts and factors that lead to highlighting them as the conductor (s), and, be mindful that, it is similarly crucial to give them the chance to contemplate and clarify. After hearing them out, it is time for them to realize how their behavior affects their own performance and productivity, and how it influences their coworkers, the work dynamics and, ultimately, the patients [10,11].

For this reason, it is inevitable to be precise and support your discussion with facts, the information and facts you have gathered during the planning phase (the importance of the planning phase, cannot be stressed enough). Stating precise factual information is very powerful to endorsing the seriousness of the act and its repercussions.

Now, based on the progress of the session and the level of cooperation, it would be evident if the individual has the desire to transform or exit is the only viable option. This is the time to establish which way you both are heading! Transformation and compliance or a smooth exit! Should transformation be their choice, then re-establishing and enforcing clear behavioral expectations, in addition to discussing implications of further unhealthy activities, should be given abundant weight. Hence, re-affirming behavioral expectations is a cardinal step, prior to co-planning the upgrade to a credible vigorous professional bearing. Coaching, while establishing transformational goals, would be the next sensitive task. Transformational goals are delicate, as they need to be realistic, simple yet rehabilitative. Setting intricate and elusive goals increases the probability of breach and failure.

### Educate

Education is a winning formula. Drawing upon all learning windows is smart. Both informal learning and organized educational sessions are valuable and influential; they pave the way to “change”! One of the effective learning methods is simulation training. A powerful learning forum that could be custom utilized to

- a) Increase staff awareness of uncivil occurrences and the impact on productivity,
- b) Ways to overpower incivil acts, and
- c) Avail the opportunity to practice ways to respond to toxic behaviour- in a safe environment.

However, regardless of the learning methods employed, it is imperative that educational sessions cover the aspects of workplace toxicity- its impact, ways to respond and report - and behavior modelling [12].

### Observe and follow-up

As much as it is desirable and gratifying to anticipate that the intervention carried out generated the desired outcomes, the “happy ending” cannot be presumed! Adopting measures to observe the work dynamics and ensure compliance is a must... yet, that, in itself, is not sufficient. The need to regularly follow up and intervene accordingly, cannot be overemphasized! Regular and continuous follow up is an important action that you would take to ensure adherence to healthy mannerisms, or, hopefully not, early detection of the re-birth of any hazardous deeds.

### Conclusion

The nature of nursing work and the amount of stress the role carries, make nursing staff vulnerable and, hence, a great target for workplace toxicity. Whether being the conductor or the sufferer, nursing staff are worryingly impacted by ill work undercurrents. The over-all morale, efficiency, safety and the patients themselves bear the consequences of toxic work environment (s). This adds more challenge to the nursing leadership role! Given the

fact that the strongest and healthiest work cultures can convert and become toxic in quite a short period of time, imposes the necessity to stop justifying, excusing and ignoring toxic staff no matter what their role is or how technically savvy they are. In the light of this, proficiency, vigilance and sturdiness in nursing leadership- required to identify, acknowledge and swiftly address infectious behaviour (s)- are key to maintaining safe work environment for the nursing team, as well as the patients.

It is the nursing leader’s responsibility to ensure a sustainable nurturing, supportive, and healthy work environment. To be successful in doing this, leaders in nursing are urged to acknowledge and limit any detected infirm and infectious behavior.

### References

1. Sveinsdóttir H, Biering P, Ramel A (2006) Occupational stress, job satisfaction, and working environment among Icelandic nurses: a cross-sectional questionnaire survey. *Int J Nurs Stud* 43(7): 875-889.
2. Janssen PM, deJonge J, Bakker AB (1999) Specific determinants of intrinsic work motivation: a study among nurses. *J Adv Nurs* 29(6): 1360-1369.
3. Farquharson B, Bell C, Johnston D, Jones M, Schofield P, et al. (2013) Nursing stress and patient care: real-time investigation of the effect of nursing tasks and demands on psychological stress, physiological stress, and job performance: study protocol. *J Adv Nurs* 69(10): 2327-2335.
4. Keller R, Budin WD, Allie T (2016) A task force to address bullying: How nurses at one hospital implemented an antibullying program. *American Journal of Nursing* 116(2): 52-58.
5. Wright W, Khatri N (2015) Bullying among nursing staff: Relationship with psychological/behavioral responses of nurses and medical errors. *Health Care Manage Rev* 40(2): 139-147.
6. Dellasega C, Volpe R (2013) Toxic nursing: Managing bullying, bad attitudes and total turmoil. In: *Sigma Theta Tau International, Indianapolis, India.*
7. Johnston DW, Jones MC, Charles K, McCann SK, McKee L, et al. (2013) Stress in nurses: Stress-related affect and its determinants examined over the nursing day. *Ann Behav Med* 45(3): 348-356.
8. Park YM, Kim SY (2013) Impacts of job stress and cognitive failure on patient safety incidents among hospital nurses. *Saf Health Work* 4(4): 210-215.
9. Bogaert VP, Timmermans O, Weeks SM, Heusden VD, Wouters K, et al. (2014) Nursing unit teams matter: Impact of unit-level nurse practice environment, nurse work characteristics, and burnout on nurse reported job outcomes, and quality of care, and patient adverse events- A cross-sectional survey. *Int J Nurs Stud* 51(8): 1123-1134.
10. Wilson BL, Phelps C (2013) Horizontal hostility: A threat to patient safety. *JONAS Healthc Law Ethics Regul* 15(1): 51-57.
11. Warrner J, Sommers K, Zappa M, Thornlow DK (2016) Decreasing workplace incivility. *Nursing Management* 47(1): 22-30.
12. Nikstaitis T, Simko LC (2014) Incivility among intensive care nurses: the effects of an educational intervention. *Dimens Crit Care Nurs* 33(5): 293-301.



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