



Preface

We all know it exists. Most of us have experienced it. And, some of us practice it. Conflict, sabotage, backstabbing, backbiting, gossip, and other undermining behaviors are alive and well in the workplace. That's the problem. Exposing these toxic behaviors and outlining how we can stop them is the purpose of this book.

For many years, I have been asking women and men to tell me about their experiences with sabotage at work. My primary interests are in learning more about women's experiences and how women stop destructive patterns. What I have found as I crisscross the country, speaking to approximately 30,000 healthcare professionals a year, is that women (and men) working in a variety of professions consistently report that they have been undermined more by other women than by men. They also report a substantial

increase in the amount of conflict and sabotage as well as shortage of personnel in many areas.

Why might this be so? I believe that sabotaging is a learned behavior, in itself a misplaced attempt at workplace survival, not a genetic trick of nature. I also believe that with education, awareness, and commitment, sabotage cannot only change, it can be eliminated. Once sabotage ends and real support systems begin, women and men benefit emotionally, physically, and financially. Their co-workers do likewise. Conflict? It exists, is normal to some degree, and can be defused and resolved.

The increased levels of conflict and sabotage reported by the study used for this book is a key contributory factor to personnel shortage and retention experienced in nursing and dentistry.

In this work, I turn once again to women and men working in health care, one of the most female-dominated work settings globally. The health care industry provided over 10 million jobs post 2000 in North America alone. Over 70 percent of those positions—7,000,000 jobs—will be held by women. Over 2.5 million nursing positions will be available, with 93 to 97 percent filled by women. In dentistry, staff and hygienists will fill an estimated 500,000 jobs. What might a look inside the health care industry tell us about surviving and thriving in any work setting? Read on.

The Origins of This Work

In the winter of 1992, I had just completed the second presentation of a two-part program at the Glens Falls Hospital, in Glens Falls, New York. After the evening program,

several organizers and participants and I met at a restaurant in neighboring Sarasota Springs. The house specialty was pizza. It was delicious, but the conversation that followed was even better.

My dinner companions held various positions within their hospital. They were clinical specialists, staff nurses, and nurse executives. While sharing food and stories that evening, Kathleen Kennedy, vice president for nursing care at the time, encouraged me to undertake the study that was the basis of my first book, *The Briles Report on Women in Healthcare*.

The health field would provide quite a laboratory, we reasoned, when so many employees—especially those at the bottom rungs of the career ladders—are female. Here inside our hospitals, clinics, doctors' and dentists' offices, and the like—how did women (and men) really work together? Would they support each other because they saw themselves as caretakers with a vital, indeed, a life-and-death-public trust? Would the service aspect of working in health care make a difference? The question—would levels of conflict that I had found in other work settings be repeated in health care? Would women workers in health care undermine each other more than my earlier work in the generic workplace had found?

Several of the women sitting around the table eating pizza and talking about their work experiences that night in 1992 said they thought that backstabbing and undermining behavior had increased over the past few years. Terms like *abuse* and *assault* were used openly and freely. Neither of those words had surfaced in my previous interviews or surveys of the general workplace. I made a note to ask other women about this, too.

That note was the seed for my first book on the health

care field, and as I left my colleagues in New York that night, I was determined to begin a new nationwide study of working women, one focused on health care professionals. Over the next year, I continued to talk and listen to women in health care. I conducted interviews, a survey, and numerous workshops. The results of that study were the subject of the first book that exclusively focused on conflict, sabotage and workplace behavior, *The Briles Report on Women in Healthcare* (Jossey Bass, 1994).

Almost a decade later, it made sense to readdress the topic and take a pulse as to where the health care workplace was today. Over 1600 women and men participated in the new study for *Zapping Conflict in the Health Care Workplace*. To offer a quick overview, let me say that I found sabotage and conflict had increased, and that there were basically two reasons for the increase in behavioral sabotage: first, women were more aware of what sabotaging and undermining behavior was and were willing to identify it; and, second, women are the least likely to have seniority or authority in their workplaces, and so any reorganizing or changes within the organization will be likely to affect them first. The word, bullying, was often cited.

The reasons for the reported levels of increased conflict varied—depending if you were staff or a manager. Managers viewed the primary reason for the increase in both as “change”. Staff disagreed—they felt that the primary reason was that management didn’t communicate clearly or effectively, that goals and objectives were indistinct. Staff also felt strongly that the significant reductions in training budgets were contributory factors; management didn’t think it was a big deal.

The second part of the book offers tools and strategies to help stop conflict and sabotage and enable women (and men) to work together in a healthy environment.

It's Not the Shortage of Nurses . . . Stupid!

In 2002, the *Nurse-Physician Relationships: Impact on Nurse Satisfaction and Retention* was released by VHA, Inc., a Texas-based health alliance that represents 26 percent of the nation's community hospitals. The study included 1200 health care professionals—nurses, physicians and executives at various VHA facilities. Not only did respondents report that they had observed disruptive behavior by physicians toward nurses (92 percent), 30 percent of the nurses within the survey knew of at least one nurse resigning her position because of the behavior.

The VHA study found that disruptive physician behavior and the underlying institutions responses were key factors to a nurse's morale and her decision as to whether to stay in her position or not.

Since the early nineties, I've known from my previous studies and from the thousands of health care professionals interviewed and trained, that a large percentage of nurses had left employment because of sabotaging behavior and workplaces riddled with conflict. At every presentation and speech I made, nurses approached me and shared that they had left a previous workplace because of abusive behaviors. They had quit their jobs because they couldn't stand the level of undermining behavior from co-workers and managers.

Although this book was at the printers when the study was released, I felt it was important to do a follow-up survey of my own relating to terminating employment and the cause. The presses were stopped to process a new survey and reference it below (a costly venture for any publisher).

Over a two-week period in August of 2002, 1338 health care professionals replied to the survey generated from my website. The largest sector came from nursing (62 percent), followed by managers/administrators (28 percent), health care

educators (4 percent) and dentistry (6 percent). The questions and responses were—

- Have you ever resigned from an organization or transferred to another department because of abusive behavior?—**45 percent said yes.**
- Was the behavior bullying, sabotage, harassment, other, or all of the above? **The greatest number said all of the above (48 percent).**
- Was the behavior generated from managers/administrators, co-workers or both? **Forty-seven percent said it was from managers/administrators; 17 percent from co-workers and 31 percent from both (5 percent didn't answer).**
- Would you consider working for the organization again if the abusive parties were terminated? **Fifty-two percent said yes, and 48 percent said no.**
- Of the 48 percent who said no, a variety of reasons were given. **The majority (41 percent) reported that the problem was too invasive in the organization; 24 percent felt the problem was poor leadership, and management couldn't manage; 22 percent said that it wasn't worth it; and the remainder was split between the erosion of their confidence, tarnishing their reputation and the damage of their credibility.**

These responses are incredibly telling. First, the reported nursing shortage is not a shortage because of lack of personnel—**too many nurses choose not to work in nursing.** Second, if the leadership of an organization would acknowledge that there is conflict, sabotage and bullying within their organization, they could work at resolving it. And third, if they choose not to address it, deal with it and put an end

to it, their organizations will continue to lose good people. The cost—millions of dollars a year in replacement and training costs.



ZAP Tip

The key factor to the nurse shortage is NOT that there aren't enough nurses. The key factor is that there is too much bullying, sabotage, undermining and conflict in their workplaces. Until management, and nurses themselves, confront the abusive behavior and create a no tolerance zone, the shortage will only continue to increase. It's not the lack of nurses; it's the accepted and tolerated rotten behavior of co-workers, managers, and administrators. The health care toxic workplace must be changed.

ZAP it . . . Now.

Audience

This book is written for several audiences, including men. Employees and managers in all fields will recognize themselves and their co-workers. Women who work in nursing, medicine, dentistry, health care administration, medical insurance, health centers, hospitals, dentistry, and pharmaceuticals companies may laugh, cry, or get angry at the familiarity of the stories recorded in this work.

Women and men who read this work will want to

change their workplaces—for themselves and for others. They will be able to recognize conflict creating, sabotaging and other unacceptable behaviors in others (and sometimes in themselves) and identify appropriate ways to change destructive interactions. It is my hope that the readers of this work will truly believe that their voices do count and that together they can transform their toxic workplaces into thriving communities.