

## Discourse

# Reflections on the “Caring Disconnect” in Nursing

**Maher M. El-Masri**

Caring has for years defined nursing, to the point where “nursing” and “caring” now have become almost synonymous. It is almost impossible to come across a source defining the scope of nursing practice that does not list caring as the top nursing behaviour and/or responsibility.

Most nurses indeed do exemplary work caring for individual patients, families, and communities. History shows that during difficult times (e.g., ebola and SARS outbreaks) when others appear to become self-protective, nurses selflessly and courageously put the needs of their clients ahead of their own in an amazing display of caring.

It is important to acknowledge, however, that caring in nursing is not limited to clients. Nurses need to ask themselves whether, by their words and deeds, they also convey respect and regard for their colleagues up and down the hierarchical ladder. To act otherwise not only undermines caring as one of the tenets of nursing, but also ignores the growing body of research supporting the deleterious impact of bad behaviour on the health and well-being of colleagues in the workplace. If caring is, as argued by Watson (2012), a moral imperative of the profession, then it is important that nurses live up to that expectation at all times.

While the majority of nurses do a remarkable job of caring for their clients, it is my position that they do not do nearly as well caring for one another. Lack of collegial caring in nursing is not always limited to apathy and indifference. It sometimes takes the more troubling form of bullying and incivility. This disconnect between caring as a coveted value of the profession and the paucity of caring behaviours towards one another is damaging to nurses and the profession. The purpose of this Discourse is to challenge the state of caring in nursing and address the uncomfortable reality of the frequently ignored lack of collegiality and professionalism in nurse-to-nurse relations. This is a controversial topic that many would rather avoid. I, however, believe that so long as we fail to challenge the status quo in terms of collegiality and professionalism in nursing, our efforts to promote the professional standing of nursing will be hindered.

The concept of caring from the perspective of client care is well defined and thoroughly documented in the nursing literature (Smith, 2013; Watson, 2012). Watson has developed a widely accepted theory of human caring in nursing in which she defines caring in the context of core principles that include the practice of loving kindness and equanimity (Watson, 2012). Smith defines caring as the cognitive and culturally learned actions, behaviours, techniques, processes, or patterns that enable (or help) an individual, family, or community to improve or maintain a healthy condition or lifeway. There is no doubt that nurses are compassionate care providers whose work embodies the essence of caring. Nurses put their hearts and souls into serving and advocating for their clients. They never hesitate to do what is best for their clients, regardless of how challenging that might be. It is not at all surprising to see a nurse genuinely and sincerely comforting a client or a client's family member during critical times. It is also not surprising to see nurses wholeheartedly advocating for their clients across all levels of the health-care system. However, there is little evidence indicating that nurses display the same level of caring regarding their nursing colleagues.

I am not suggesting that nurses ought to be touchy-feely professionals who expect tender support from their fellow nurses. Neither am I implying that nurses are a bunch of angry villains who wake up every morning plotting to make the lives of one another miserable. I do believe, however, based on 28 years of personal nursing experience in four countries and on a plethora of reports in the nursing literature, that behaviours such as incivility (Clark, 2013; Laschinger, Wong, Regan, Young-Ritchie, & Bushell, 2013; Luparell, 2011) and bullying (Cleary, Hunt, & Horsfall, 2010; Hutchinson, Vickers, Jackson, & Wilkes, 2006; Murray, 2009) are serious issues that plague the profession. Thompson (2012) explains that bullying in nursing is very pervasive and that it is detrimental to the profession. Examples of uncivil and bullying behaviours in nursing include taunting, eye rolling, gossiping, plotting, passive-aggressiveness, and abuse of power. The impact of such behaviours is harmful to the personal and professional well-being of nurses and to nursing as a profession. For instance, burnout is a real concern that is extensively reported in the nursing literature (Ilhan, Durukan, Taner, Maral, & Bumin, 2008; Kanste, Kyngas, & Nikkila, 2007; Poghosyan, Clarke, Finlayson, & Aiken, 2010; Shirey, 2006), with evidence suggesting a strong association between workplace incivility and burnout in both clinical practice and academia (Laschinger et al., 2013; Luparell, 2011; Oyeleye, Hanson, O'Connor, & Dunn, 2013; Smith, 2013).

It is troubling to know that bullying and lack of collegial caring in nursing are equally prevalent in the practice and academic sectors. In practice settings, lack of caring is often manifested in the form of

impatience towards and criticism of the new nurse or the nursing student who may need a few extra minutes to perform a procedure or comfort a patient. It can also take the form of intimidation and belittling of colleagues who may lack self-confidence or who do things differently. Lack of caring and incivility in academia may take the form of taunting, eye rolling over differences of opinion, belittling or marginalization of junior faculty, failure to celebrate the successes of colleagues, and the creation of “power wings” that intoxicate and fragment the academic environment. The end result of such behaviours is often a paralyzing sense of distress that compromises the group’s coherence and professional productivity.

As much as we might wish to dismiss the notion of incivility, bullying, and lack of collegiality in nursing, we cannot ignore the fact that it is an issue and must be addressed. We should ask not *whether* we have a problem in nurse-to-nurse professional relations but *why* bullying is so pervasive in nursing and what we can do to end it. These are two legitimate questions that every nurse needs to individually and collectively address in order to eliminate such destructive behaviour or at least minimize its impact on the individual nurse and the profession.

There is no concrete evidence as to the root causes of uncivilized and bullying behaviours among nurses. However, several authors (Dellasega, 2011; Thompson, 2012) have provided possible explanations for these behaviours. Regardless of the root causes, it is important that we acknowledge the seriousness of the problem and agree that it is in nursing’s best interest to put an end to it. We should also acknowledge that bullying and uncivil behaviour not only reflect badly on the individual nurse but also taint the entire profession. Bullying and incivility drain the collective energy of nurses and distract them from focusing on their professional goals.

Nurses are the largest segment of the health-care sector. We probably outnumber physicians and all other health-care providers combined. However, our influence in the health-care system and in society is not even close to that of physicians or other health professionals. In my judgement, this irony is partly attributable to our current culture of fragmentation and professional apathy, which may be the outer manifestation of the rather sinister problem of uncivilized behaviour and bullying among nurses. Nurses cannot expect others to respect them when they continue to show disrespect towards each other. I believe that eliminating the caring dichotomy in nursing and displaying true collegiality and professional respect are key to changing our self-limiting status quo. Nurses stand to lose nothing by mirroring their client care to their colleagues. In fact, they stand to make tremendous gains by developing a culture of collegial compassion, respect, and support.

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Given the rich diversity of nurses, one cannot expect them to always agree on everything. Nurses can and must, however, learn to respect professional disagreement and difference of opinion. After all, diversity and the free exchange of ideas enrich nursing and create opportunities for dialogue and the quest for excellence. We must not, however, allow professional disagreement and difference of opinion to escalate into personal conflict and adversarial relations. Nurses must not lose sight of their core values as they engage in their quest for excellence. It is my belief that we stand to individually and collectively gain when we compliment, support, and mentor one another instead of competing with one another. Let us take the time to celebrate our successes and promote a positive, collegial culture so that we can lead by example and reach new personal and professional heights. Let us remember that individual successes and achievements add to the collective advancement of nursing, which benefits us all.

The existence of a “caring disconnect” in nursing is especially troubling given that nurses have historically been subject to prejudgement and inaccurate portrayals in the media and in society. One would expect nurses to unite and lead by example to dispel any unworthy notions about them. But the historical ill-founded negative judgement of nurses, along with the fact that nursing is an inherently demanding and stressful profession, can entrap nurses and lead them to adopt poor coping strategies that amount to uncivilized and bullying behaviours. It is for these reasons that nurses need to display the utmost collegial support and unity in order to overcome their collective challenges and maximize the impact of their professional contributions.

In fact, nurses have made significant strides over the past three decades in establishing their role as respected health professionals. Nurses are now key players in the health-care system in terms of their leadership role and their contributions to practice, research, and policy-making. Yet nurses have a long way to go before they reach the full potential of nursing and assume the role of professional and community leaders. Such potential will continue to elude us unless we effectively address nurse-to-nurse relations and work together to create a more collegial and supportive workplace culture.

Caring is a combination of human affect and behaviour that nurses convey to their clients. Therefore, it is my belief that the solution to the problem extends beyond formal lectures, workshops, and expert panels, important as these may be. A grassroots approach is called for. Individual nurses need to engage in self-reflection about their relationships and interactions with other nurses. They need to make a conscious effort to not only abstain from engaging in bullying or uncivilized behaviours, but also commit to building a culture of collegial care and support. They

need to become agents of change by ensuring that all of their communications with and behaviours towards their nursing colleagues are rooted in the principles of professionalism and mutual respect.

Nursing education programs and nurse leaders have a responsibility to lead by example and to develop a culture of caring for all. Nursing education programs need to put an emphasis on professionalism and collegiality throughout the curriculum. Nursing students should be mentored by example, so that they witness and experience respect, civility, and professionalism in all aspects of their nursing program. As role models for nurses and nursing students, nurse leaders and nurse educators have a special responsibility to display the utmost collegial respect and professionalism. They need to refrain from engaging in egocentric and punitive behaviours and nurture a supportive culture with zero tolerance for uncivilized and bullying behaviours.

The current state of the nurse-to-nurse relationship is detrimental to the advancement of nursing. We must commit to building a positive collegial culture rooted in the core nursing principles of caring, collaboration, respect, and professionalism. Bullying and incivility have no place in nursing. Such behaviours must be identified and rejected. Nursing faces significant challenges with regard to its role in the health-care system and in society. Nurses are best able to address these challenges as a united and supportive cohort instead of weak fragments. Let us keep in mind that it is when we respect our own that we have the respect of others. We owe it to ourselves and to our profession to be role models for professionalism, respect, and collegiality. It is only when we do so that nursing as a leading profession will truly be realized.

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