How to stop rude colleagues ruining your day

And what to do if you realise your communication style has turned toxic

By Lynne Pearce

Good communication between colleagues is fundamental to high quality care and underpins safe nursing practice – yet all too often communication can prove ineffectual or even damaging.

‘I’ve been shocked during my nursing career by how some NHS staff treat each other,’ says Helene Donnelly, who is ambassador for cultural change and freedom to speak up guardian at Midlands Partnership NHS Foundation Trust.

‘I’m concerned by a lack of civility. I witness staff speaking to their colleagues in a derogatory, dismissive and unpleasant way. It makes me feel sad as a nurse that we’re seeing this more.’

Some negative behaviours are a direct result of the continual pressures staff face on a daily basis, she believes, including rising workloads and chronic short-staffing.

‘We’re all only human,’ says Ms Donnelly. ‘It’s safer to snap at a colleague than a patient or their relative. If it’s an isolated one-off and you can have a conversation about it afterwards, with the person reflecting, apologising and changing their behaviour, then we’re all fine with that. Everyone can have a bad day. But when it becomes a persistent pattern, it can’t be allowed to continue.’

Left unchecked, hostile attitudes can lead to staff leaving their job or even the profession altogether.

‘When I speak to staff who’ve left, overwhelmingly they say it’s not just the ever-increasing pressure and intensity of workload,’ says Ms Donnelly.

‘People can cope if they feel valued, respected and supported by their colleagues. But if you’ve had a bad shift and then you’re spoken to in an unpleasant manner, that’s not sustainable. You can’t put up with that every day, as it starts to erode your ability to continue.’

Support under pressure

Nurses need to be much more aware of the adverse effects of persistent poor behaviour, says Ms Donnelly, who was a whistle-
The importance of delivering a good handover

blower and witness at the Mid Staffordshire public inquiry into reports of poor care, abuse and neglect at the trust.

‘The pressure is on, but the way to get through it is to support each other and hold each other up,’ she says. ‘If we don’t do that, we can’t look after patients and we will see nurses going off sick or leaving the profession.’

Leadership is vital to tackling the issue, she argues, with staff encouraged to raise concerns early, so interventions can happen before a crisis point is reached.

‘We need a supportive approach, rather than punitive, that asks the question: how can we create a more positive culture for everyone?’ says Ms Donnelly. ‘We talk about having creative conversations a lot, but few actually do it.’

Dissecting conversations

At the King’s Fund, they are trying to change this with a programme called Leading Breakthrough Conversations, which helps participants understand the hidden structure of any conversation.

‘Communication is everything,’ says Tricia Boyle, the independent think tank’s senior consultant in leadership and organisational development. ‘If you think of an organisation as a network of relationships, rather than a hierarchy or bunch of processes, it’s the people who make everything work.’

The course, for healthcare leaders and clinicians, looks at how individuals contribute to the structure of a conversation—helpfully or otherwise—enabling them to help themselves and others reach productive outcomes.

Communication styles

The programme uses US systems psychologist David Kantor’s Four-Player Model of communication, which describes those taking part in a conversation as movers, followers, opposers or bystanders.

‘I help people notice which styles they prefer,’ says Ms Boyle. ‘For example, if you’re a person who hangs back and waits for others to put their ideas in first, you’re a follower, but perhaps you could consider speaking up more? Or are you an over-regular opposer, always pointing out what's wrong with an idea?

‘Nurses can have a reputation for following and not saying enough either about their own ideas, or opposing things that won’t work. When things are going well, we can just follow. But when they’re not, that’s when you need more open conversations, because you need to come up with new ways to take things forward.’

Ideally, people need to be able to move effortlessly between all four styles, with the overall aim of achieving productive dialogue.

‘This creates something that neither of us would have thought of on our own,’ says Ms Boyle, who believes this approach to communication can be learned, once people become more aware of how they tend to contribute.

‘You can teach people to have a dialogic approach as a way of being. If you get into the habit of listening and speaking well, things get easier,’ she adds.

Role of reflection

Reflection is a vital tool for improving your own skills, says Roberta Fida, senior lecturer in work psychology at Norwich Business School, part of the University of East Anglia. After
someone has been rude, she suggests returning to the situation and trying to describe the event, then considering your thoughts when it happened. ‘They can be quick and you may not even be aware of them,’ she says. For instance, if someone does not acknowledge you when you pass each other in the corridor, you may simply think they are occupied or rushing to an emergency; at the other end of the scale, you may conclude they have ignored you, or even been rude. ‘What we thought has an influence on the way we feel about the situation and then our future thoughts and behaviour,’ says Dr Fida. But by becoming more aware, you can think about alternative thoughts and behaviours, she suggests. She is developing a tool to help participants consider a particular scenario, with the story developing according to their responses. ‘At the end, they will receive feedback to help them be more aware of the role of thoughts on emotional and behavioural processes,’ says Dr Fida.

**Impact of aggression at work**

Working with colleagues, Dr Fida has conducted several studies exploring the effect of workplace aggression for nurses. These highlight the detrimental effects on nurses’ health and well-being, and in turn, the quality of patient care. One research project examined nurses’ perceived confidence in dealing with difficulties with colleagues at work, and how this confidence might help them deal with the negative effects on them of any incivility. Results showed that the more nurses believed they could cope, the less they perceived rude and discourteous comments and actions, reducing burnout.

Developing nurses’ self-efficacy – their belief in themselves and their ability to function in their professional role – is important, she argues, and this includes offering role models and verbal encouragement. ‘Providing nurses with opportunities to build their coping strategies for managing job demands and difficult interpersonal interactions would be helpful,’ says Dr Fida.

‘Training should be designed to help nurses feel more confident in dealing with stressful situations and work demands, with safe spaces to practise their skills.’

Want to improve your communication skills?

> Understand more about your style of communicating, beginning with whether you’re naturally an advocate or or enquirer, advises Tricia Boyle, King’s Fund senior consultant in leadership and organisational development

> Be aware of how workplace pressures affect employees as well as patients, says Helene Donnelly of Midlands Partnership NHS Foundation Trust. ‘We talk a lot about the impact on patients and safe care, but we need to look at how staff can meet demands, while supporting each other to maintain their own well-being,’ she says

> Remember that being direct is not the same as rudeness. ‘When there are emergencies, those in control expect others to follow, so communication may feel abrupt,’ says Ms Boyle. ‘But it’s the immediacy of the challenge and the pressure they’re under’

> Consider non-verbal signals too, says Ms Donnelly. ‘I’ve had staff tell me how colleagues have rolled their eyes, pulled a face or been physically intimidating. We need to be mindful of our behaviour’

> If someone has been rude to you, reflect on what happened, suggests Dr Fida.

> ‘Reflective practice is always a good way to improve skills’

> ‘It’s often not so much what we say, but how we say it,’ says Ms Donnelly. ‘Think about whether something could be misinterpreted, including in emails’

> If you’re a manager, understand the impact you have on others. ‘When you’re in a position of authority and power, what you role-model to everyone else is important,’ says Ms Boyle. ‘People also need to know they can disagree with you and tell you when they’re upset’

> Don’t be dismissive of colleagues’ feelings, says Ms Donnelly. ‘We don’t do it to our patients, so why those we work with?’ she asks. ‘These are not the values and behaviours we should be exhibiting as representatives of the nursing profession’

> Even when someone has been rude to you, show them compassion and think about why they may have behaved in that way. ‘Take a moment to not react and then ask if they’re okay,’ says Ms Donnelly. ‘It can often diffuse the situation. You can then try to get to a point where you can support each other’

**King’s Fund’s Leading Breakthrough Conversations**
thinyurl.com/leading-breakthru-conversation

**Kantor Institute**
kantorinstitute.com/approach

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