In the midst of a good workday, you walk past 2 colleagues conversing in the hallway and are quite sure that you overheard a disparaging remark about you, especially when their conversation halted while you passed by. You didn’t say anything to either, but returned to your patients, feeling a bit piqued. As your shift continues, do you forget about the remark? Or is it still circling in your subconscious, then reappearing in alternative self-defensive comebacks, retaliatory strategies, or even forms of revenge? Was that what you were ruminating about when you nearly overlooked your patient’s dressing change? Did you approach either of those colleagues to confirm or disconfirm your impression? No? Have you actively avoided contact with either of them since that perceived slight? Behold the toxic wake of rudeness—even misperceived.

Rude behavior and utterances are so pervasive today that it is sometimes difficult to find a serene environment for work or leisure devoid of the verbal and visual intrusions that bombard us. The increasing prevalence of rudeness within our work environment poses particular challenges when the substance of our work is supposed to be therapeutic. In an acute care, progressive care, or critical care setting, the aftermath of rudeness can be toxic to us as individual critical care nurses, to our relationships with peers and team members, to our unit and facility. Rudeness can flow into ever-expanding spheres like a toxic waste that contaminates all it reaches. Prior research on management dynamics identified the problem of rudeness within many organizations, including health care. Those findings were underscored more recently with a study revealing that rudeness impairs the diagnostic and procedural performance of neonatal intensive care unit physician-nurse teams, potentially leading to “profound, if not devastating effects on patient care.”

Definitions and Descriptions of Rudeness

The term rude refers to something that is “offensively impolite or ill-mannered,“3 something “discourteous,” especially when deliberate,4 lacking in “concern or respect for the rights and feelings of other people.”5 Rudeness is similarly defined as a “lack of manners or discourtesy.”6 An expert on this issue defines rudeness as “insensitive or disrespectful behavior . . . that displays a lack of regard for others.”

Rudeness may originate from different sources, be intended or inadvertent, real or imagined, and manifested in multiple ways. Relative to the recipient, rudeness may arise from a direct authority or hierarchical figure, peer, subordinate, or unrelated third-party.2,6 Some of the ways in which rudeness is manifested include displaying little interest in others’ opinions, withholding important information, talking down to or interrupting others, disparaging or belittling others, neglecting to say please or thank you, texting or emailing or...
taking calls during encounters, taking others for
granted, not listening, or using facial gestures or body
language that reflect condescension or disinterest.⁷

Why Rudeness Matters
Christine Porath, who has studied workplace rudeness
and incivility for nearly 20 years, recently summarized
research findings related to the aftermath of rudeness:
“How we treat one another at work matters. Insensitive
interactions have a way of whittling away at people’s
health, performance and souls.”⁷

Rudeness Extracts Personal Costs
As the opening scenario depicts, subjection to rude
behavior can launch a cascade of negative effects that rip-
ple wide, deep, and long. Some of the personal costs of
rudeness include frustration, anger, worry, interference in
processing information, and reduced work performance.¹,⁸

Rudeness Disrupts Cognitive Functioning
In a series of experiments, researchers⁶ demonstrated
that even a single, relatively mild form of rudeness dimin-
ished performance on cognitive tasks manifested by a
loss of task focus and reduced creativity in problem-
solving. Related experiments revealed that the source of
an act of rudeness did not alter its negative influence on
the recipient’s performance and that just imagining a
rude encounter produced the same trio of detrimental
effects as actually experiencing one.

When individuals feel disrespected, they may respond
by losing interest in what they are doing or by engaging
in mental calisthenics that wrestle with the rude encoun-
ter. Rather than just getting past the incident, victims
may expend considerable effort cogitating retaliatory
responses, second-guessing why it occurred, or endlessly
ruminating about it. Either actively disengaging from
their work or escalating into cognitive overdrive about
the incident may divert virtually all of the victim’s avail-
able attention away from their customary tasks at hand.⁹

Cognitive theories of attention,¹⁰ explain that indi-
viduals possess finite attention span resources for task
performance. When engaged in a task, individuals need
to allocate their limited attention to that task; if attention
strays, task performance can be negatively affected.¹¹
This integrated resource allocation model¹² helps to
explain how preoccupation with rudeness can interfere
with decision-making and procedure performance.

Another frame of reference for understanding the
effects of rudeness on cognition is to consider the bur-
den it places on working memory, the location where
information analysis, goal-setting, planning, and man-
agement reside.⁹ Although Porath’s work to date has not
clarified how rudeness affects various types of memory,
she observed that some type of disruption to working
memory occurs:

It is likely that after experiencing rude behavior,
people engage in thought processes to try to make
sense of the event. Whether they are considering
responses, trying to “explain away” the rude
behavior, or just ruminating about it, it is clear
that these processes take cognitive resources from
a task at hand.⁶(p1193)

In so doing, rudeness robs at least some portion of
our working memory that we need to think clearly and
critically in assessing and providing patient care.

Rudeness Impairs Creativity
Rude behavior is thought to impair creativity in a
comparable fashion. Creativity requires that we simul-
taneously concentrate on and juggle different ideas,
considering numerous possibilities before determining
how they might be meaningfully integrated. This pro-
cess demands substantial mental agility with retrieval
and comparison of stored information from long-term
memory to information recently stored in working
memory. Any interference in these manipulations can
stifle the process. Rudeness throws a wrench into this
process by robbing cognitive resources: focus is redi-
ected from the task at hand to the rudeness encoun-
tered, thereby reducing attention and overloading
working memory, resulting in reduced creativity.⁹

Unfortunately, the ill effects of rude behavior are not
confined to the individual recipient, but flow freely to
the surrounding work environment, thereby incurring
organizational costs.

Rudeness Extracts Heavy and Tangible
Organizational Tolls
The field of organizational behavior has long recog-
nized that rude workplace behaviors can precipitate a
torrent of detrimental effects by employees, including
retaliation,¹²-¹⁷ counterproductive behaviors,¹⁸ and with-
drawal of support for leaders.¹⁹
In a 2013 contribution to *Harvard Business Review*, Porath summarized findings from a poll of 800 managers and staff in 17 different industries (including healthcare), who identified the following as some of the ways in which they reacted to rudeness directed at them:

- 80% lost work time due to worrying about the incident.
- 78% felt diminished commitment to the organization.
- 66% admitted their work performance had declined.
- 63% lost work time attributable to avoiding the perpetrator.
- 48% intentionally reduced their work effort.
- 47% intentionally reduced their work time.
- 38% intentionally reduced their work quality.
- 25% took their frustration out on customers.
- 12% left their job as a result of the rude interaction.

Whether they recognize or verbally admit doing so, many staff who experience or perceive rude treatment at work find avenues to punish the instigator and organization.

**Rudeness Diminishes Helpfulness**

When people are treated in a rude manner, their inclinations to interact with and help others lessen. As an example, in one test condition where no rudeness was exhibited, 90% of participants attempted to help retrieve something intentionally dropped by the experimenter. After that researcher verbally insulted the participants’ peer group (but not them), only 35% offered that assistance. Even one-time incidents of rudeness curtail helpfulness. It does not matter whether the rudeness is perpetrated by an authority figure or by a stranger, its detrimental effects on helpfulness remain.

**Rudeness Tarnishes Innocent Bystanders**

When reduced helpfulness between coworkers combines with some employees actively avoiding contact with others, the social bonds that might normally afford cooperation, collaboration, and the unifying influence of team spirit may become increasingly difficult to achieve. These conditions may further deteriorate via the spill-over effect of rudeness, where its negative effects do not require direct, first-hand experience as the target of a rude encounter, but can be reproduced in innocent bystanders who merely witness rudeness directed at someone else. As a result, just observing disrespectful interactions between coworkers can precipitate work environments where one or only a few “bad apples” can spoil the entire work barrel.

**Rudeness Diminishes Diagnostic and Procedural Performance of Critical Care Providers**

With this background, it is disheartening but not surprising to learn that in a randomized control trial of 24 neonatal intensive care unit teams from 4 Israeli hospitals, rudeness was found to be associated with significantly impaired diagnostic and procedural performance in a simulation exercise on a preterm infant deteriorating with necrotising enterocolitis. After participants were informed that a foreign expert on team reflexivity would observe them, they were randomly assigned to 2 groups. The experimental group heard the expert make mildly rude comments about medical care in Israel before the simulation began and more pointed disparaging comments regarding poor performance of some staff after the simulation started. The control group heard only neutral comments from the expert. Three independent judges, blinded to the groups, used structured questionnaires to assess team performance, information sharing, and help-seeking based on observations of the videotaped simulations.

The primary results from this study were that teams exposed to rudeness had significantly lower diagnostic and procedural performance scores compared to the control teams (2.6 vs 3.2 \( P = .005 \) and 2.8 vs 3.3 \( P = .008 \)). Rudeness alone explained nearly 12% of the variance in both types of performance, 52% of the variance in diagnostic performance, and 43% in procedural performance. Diminished diagnostic performance was mediated by reduced information sharing among those subjected to rudeness, whereas diminished procedure performance was mediated by reduced help-seeking. The authors expressed 2 additional concerns: that the drop in performance observed in some participants who experienced rudeness represented potentially harmful levels of patient care and that the collaborative processes of information sharing and help-seeking that might have helped to compensate for performance deficiencies were also maligned by rudeness. Even for a simulation exercise, the judges witnessed diagnostic and procedural deficiencies attributable to rudeness that could precipitate patient harm.
Closing

So does rude behavior matter to individual critical care nurses and our interactions with coworkers, units, and patients? The evidence that rudeness matters may be obvious from your own experience and is accumulating in the literature, awaiting our recognition and definitive response. Thoughtful recommendations for how to respond are available, though the first step is always recognizing and getting our colleagues to pay attention to its influence. We sometimes need reminding about the value of interacting with one another in a courteous manner. Why? A simple “please” recognizes that we are requesting someone else to respond to our wants or needs, regardless of whether it is their job to do so. Not bothering to include “please” disregards that dynamic and converts a request into something that more closely resembles a demand. Yes, it is a small thing, but it matters—to all of us, our colleagues, teams, unit, and, most of all, our patients.

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References