

ADDRESSING INCIVILITY: A BARRIER TO NURSING PRACTICE AND CARE

MARYLAND ACTION COALITION RETREAT &
LEADERSHIP SUMMIT
THE CULTURE OF HEALTH

MAY 22, 2017

JENNETTE S. LOGAN, DNP, RN
MORGAN STATE UNIVERSITY
BALTIMORE, MARYLAND



DISCLOSURES

**The speaker has no financial disclosures
or conflicts of interest.**

PRESENTATION OBJECTIVES

By the end of this presentation, the participant will be able to:

- Define and describe incivility in nursing and the impact on practice and care.
- Differentiate between incivility and bullying
- Identify the 10 most common types of incivility in nursing .
- Describe evidenced based strategies to address incivility in practice and care.

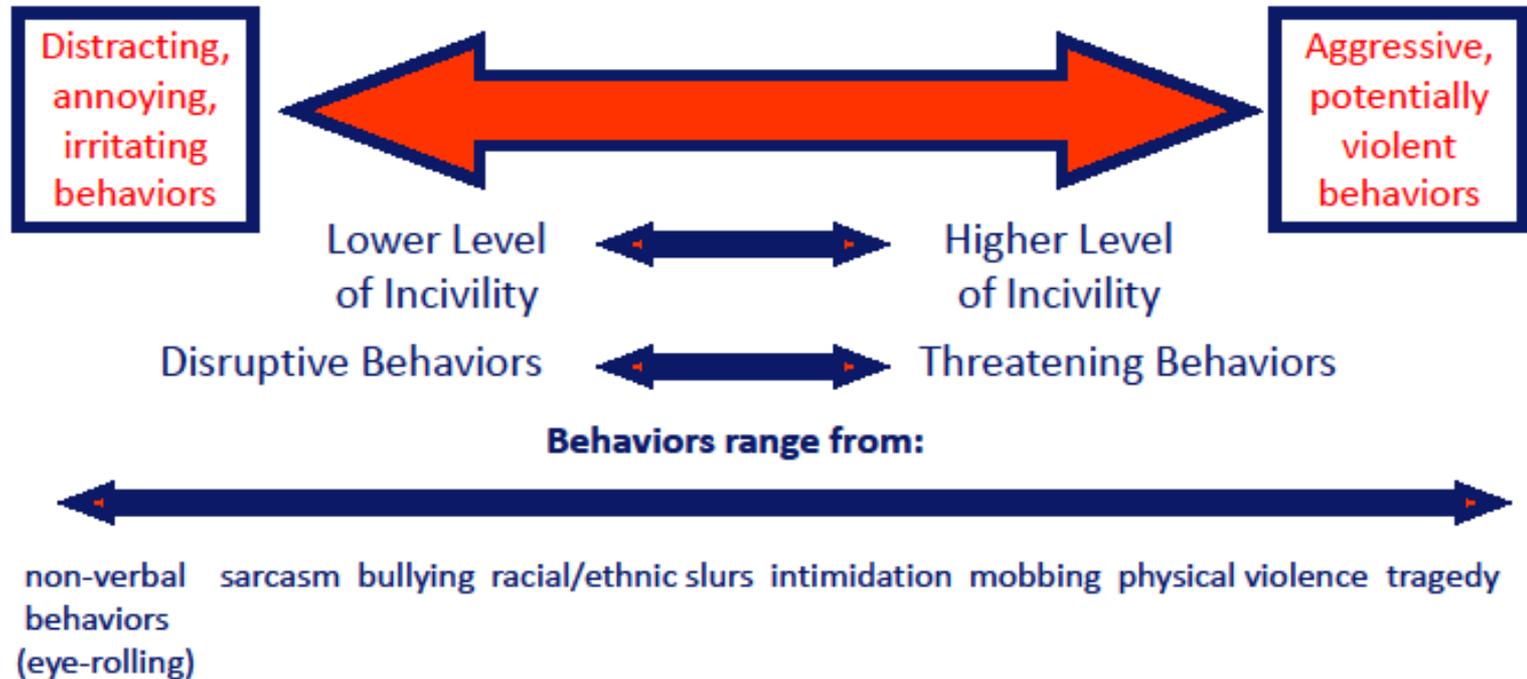
INTRODUCTION

Incivility in nursing is a global issue. It is defined as “rude, intimidating, dismissive actions or verbal exchanges” which causes physiological and psychological problems for all involved.

(Clark 2013)

- Lateral - horizontal
- Ascending
- Descending

Continuum of Incivility



Clark © 2009, revised 2013, 2015

Latest Source: Clark, C.M., Barbosa-Leiker, C., & Gill, L., Nguyen, D.T. (2015). Revision and Psychometric testing of the Incivility in Nursing Education (INE) Survey: Introducing the INE-R, *Journal of Nursing Education*, 54(6), 306-315.

IMPACT OF INCIVILITY ON PRACTICE AND CARE

- Negatively impacts patient satisfaction and outcomes
- Contributes to medication errors
- Declared a sentinel event in 2008 by Joint Commission

Clark, (2011, 2013), Forni (2003) The Joint Commission (2005)

IMPACT OF INCIVILITY CONTINUED

- **Creates barriers to learning**
- **Destroys relationships**
- **Hinders collaboration and collegiality**
- **Decreases productivity (Lewis & Malecha 2011)**

INCIVILITY=LOST PRODUCTIVITY = LOST DOLLARS

\$11,500.00/year/Nurse

Lewis & Malecha (2011)



BACKGROUND AND PROBLEM

- **85-96% of nursing students experience incivility – leaving programs**
 - **88% of nurses report experiencing incivility- leaving bedside and classroom**
 - **The most common response to incivility (34%) is to do nothing**
 - **Nurse administrators, educators, clinicians and students must have the necessary skills to develop collegiate relationships and to maintain a culture of civility.**
- Cooper et al. (2009), Robertson (2011)
 - Lewis & Malecha, (2014)
 - Robertson, Jason (2010)

BACK GROUND AND PROBLEM CONTINUED

Joint Commission stated that :

Health care organizations must address the problem of behaviors that threaten the performance of the health care team.; They must assure quality and promote a culture of safety.

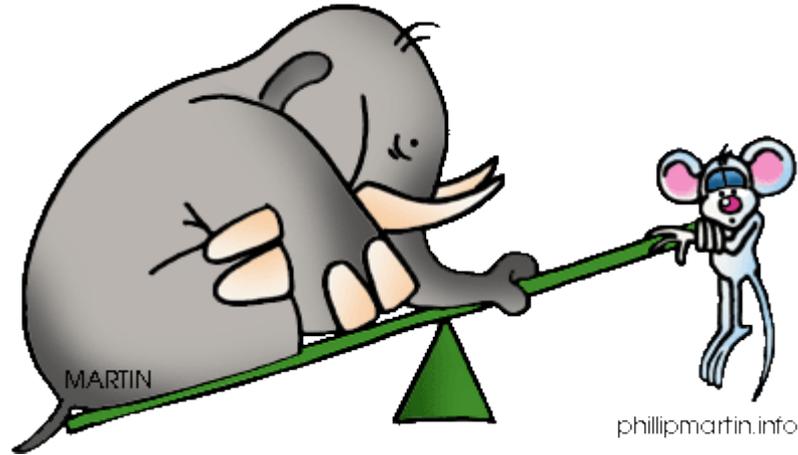
American Nursing Association asks that::

RNs and employers jointly create and nurture a healthy, safe, and respectful work environment.

Clark , Ahten & Macy (2013) suggested that incivility may occur from the beginning of a nursing student's education, and extend beyond the classroom, into the student clinical setting and to the first nursing position.

DESCRIPTION/PREVALENCE STUDIES VS. EVIDENCED BASED STRATEGIES ..??? GAP???

Robertson (2012) concluded that there are many evidenced based studies that identify the problem and its prevalence, however, evidenced based strategies to address incivility are “conspicuously lacking”

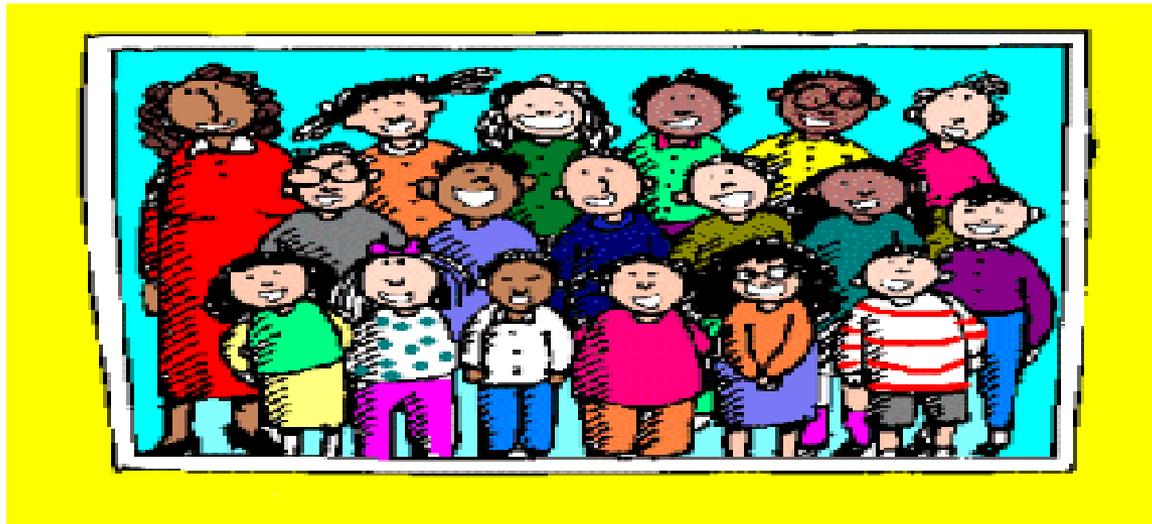


Description and Prevalence Studies

Strategies to Address Incivility

QUALITATIVE STUDY

Using Cognitive Rehearsal to address Incivility: Student Perceptions



STATEMENT OF STUDY PURPOSE AND RESEARCH QUESTION

The purpose was: to survey student's perceptions following an educational intervention which introduced evidenced based strategies to address nurse-to-nurse incivility.

The research question is: : (PICO)

In senior nursing students (P) how does a workshop using cognitive rehearsal in a role play (I) affect perceptions of how to deal with incivility (O)?

BANDURA'S SOCIAL LEARNING THEORY (1971)

Description

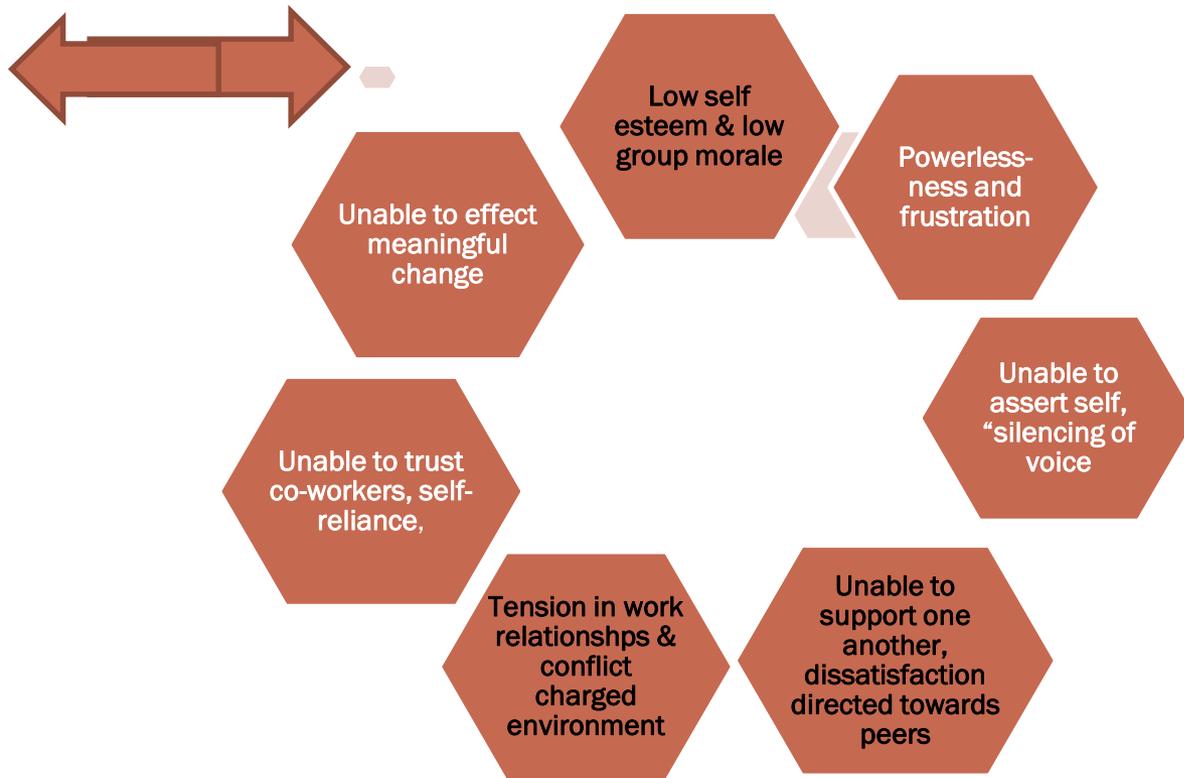
Observational Learning

```
graph TD; A[Observational Learning] --- B[ ]; B --- C[Imitation]; C --- D[ ]; D --- E[Modeling]; E --- F[ ]
```

Imitation

Modeling

STANLEY/MARTIN APPLIED MODEL OF OPPRESSED GROUP BEHAVIORS (2008)



METHODOLOGY

- This study used a qualitative descriptive method to gather perceptions of senior BSN nursing students following a workshop using cognitive rehearsal to address incivility.
- A descriptive qualitative design was appropriate for this study as the purpose is to obtain the students' lived experiences of the educational intervention (Lincoln and Guba,1985)

Lived
Experience



PROJECT SAMPLE PROCESS

Participants were gathered through a purposive sample of 15-20 senior nursing students from a Northeastern University School of Nursing

Inclusion Criteria:

- BSN students
- Senior year
- Enrolled in Mental Health Class

Exclusion Criteria:

- No exclusion criteria

HUMAN SUBJECTS INFORMATION

Received Exempt IRB status

Information sheet/informed consent

Confidentiality/anonymity

Voluntary participation/ may withdraw anytime



DATA COLLECTION

DATA COLLECTION was achieved through written surveys using open ended questions following the workshop.

DEMOGRAPHIC INFORMATION

- ✓ Gender
- ✓ Academic year
- ✓ Experienced Incivility in the nursing program: yes or no

SURVEY QUESTIONS:

- What is your definition of nurse to nurse incivility?
- What were your feelings of observing a nurse being treated uncivilly in the role play?
- What were your personal feelings of being treated uncivilly in the role play?
- Describe your experience of using cognitive rehearsal(CR) to respond to being treated uncivilly?
- Describe your ability to use CR to address uncivil behavior in the future?
- What more do you want to know about how to address nurse-to-nurse incivility?

INTERVENTION/PROTOCOL

Educational workshop with a role play using cognitive rehearsal based on Griffin (2004)

- 1. Description and definitions of nurse-to-nurse incivility**
 - Definition, prevalence, behaviors and impact
 - Role play with actors to demonstrate nurse-to-nurse incivility
- 2. Description and explanation of cognitive rehearsal**
 - how to use it to address uncivil behavior,
 - distribution of cue cards,
 - Watch the actors address uncivil behaviors using cognitive rehearsal
- 3. Student role play using cognitive rehearsal**
 - Role play with actors to demonstrate use of cue cards
 - Play the role of the victim and switch roles play the role of the bully
- 4. Survey addressing seven questions for perception of the workshop**

COGNITIVE REHEARSAL CUE CARD (GRIFFIN, 2004)

Uncivil Actions	Responses
Nonverbal innuendo (raising eyebrows/face making)	I sense or I see from your facial expression that there may be something you wanted to say to me. It's okay to speak directly to me
Verbal affront (covert or overt, snide remarks, lack of openness, abrupt responses)	The individuals I learn the most from are clearer in their directions and feedback. Is there some way we can structure this type of situation?
Undermining activities (turning away, not available)	When something happens that is different or contrary to what I thought or understood, it leaves me with questions. Help me understand how this situation may have happened?
Withholding information (practice or patient)	It is my understanding that there was more information available regarding this situation and I believe if I had known that, it would affect how I learn.
Sabotage(deliberately setting up a negative situation)	There is more to this situation than meets the eye. Could you and I meet in private and explore what happened?
Infighting (bickering with peers)	This is not the time or the place. Please stop. (walk away or move to a neutral spot
Scapegoating(attributing all that goes wrong to one individual	Rarely is one individual, one incident or one situation the cause for all that goes wrong. Scapegoating rarely solves the problems.
Backstabbing(complaining to other about an individual and not speaking directly to that individual)	I don't feel right talking about him/her/situation when I wasn't there, or don't know the facts. Have you spoken to him/her.
Failure to respect privacy	It bothers me to talk about that without his/her permission
Broken Confidences	Wasn't that said in confidence? That sounds like information that should remain confidential He/she asked me to keep that confidential.

PROJECT FINDINGS SUMMARIZED

FINAL SAMPLE AND DEMOGRAPHICS

- 9 mental health senior nursing students
- Gender- 8 females, (89%) 1 male (11%)
- Ages range 22 - 30
- 8 out of 9 (89%) participants reported experiencing uncivil behavior while in the nursing program or clinical setting

DATA ANALYSIS

Assembled a data analysis team

Reviewed the data multiple times

Line-by-line coding (Creswell, 1998)

Used Word files to organize the data

Themes through constant comparative analysis

FOUR MAJOR CATEGORIES

- What is Incivility?
- Observing Incivility
- Experiencing Incivility
- Using Cognitive Rehearsal

CATEGORY 1: WHAT IS INCIVILITY?

Theme #1: Negative Behavior

“ A nurse threatening another nurse in a rude belittling way
“ When a nurse is rude and disrespectful to another nurse”
“ A nurse bullying other nurses’
“ Negative actions or body language,” “verbal or nonverbal”
“ Form of stalking or physical assault”
“ ...can affect patient care”

Theme #2: Directed at New Nurses

“ ...bullying fellow nurses because they are new to the career or unit”
“...negative language or behavior towards a new nurse or nurse in general”

CATEGORY 2: OBSERVING INCIVILITY

Theme #1: Feeling Sympathetic	“ I actually felt sorry for the victim” “ I felt bad for the nurse; her peers ganging up on her probably affected every aspect of her day including patient care and her psychological well being”
Theme #2: Wanting to intervene	“I feel like it is a helpless situation and I want to intervene”
Theme #3: This is realistic	“Watching the role play made me realize this happens more often than I would like to admit.” “ I could actually see the roleplay unfolding at a hospital”

CATEGORY # 3 EXPERIENCING INCIVILITY

Theme # 1: Vulnerability

“I felt disrespected and looked down upon. “

“I felt bad and disgusted.”

“I was not sure how to react to find the best solution.”

Theme #2: Anger

“ I wish had great power or authority to strike back”

“ There are times when I can't control my behavior and I respond to incivility with more incivility”

CATEGORY 4: USING COGNITIVE REHEARSAL

Theme #1: A Way to Respond	“Cognitive rehearsal aided me to form an automatic response that was professional and helped me to [give] a leading statement and or question to elicit a helpful response.”
Theme # 2:CR was helpful	“ I feel more confident about using CR to address uncivil behavior. This will make the working environment a happier place to be and patient focused.”
Theme #3: Further Needs	“What would be the next course of action if the behavior does not stop and [incivility] continues?”

SUMMARY/DISCUSSION

- Students described incivility as negative verbal and nonverbal behaviors.; supported in the literature by Clark (2013) and Dellasega (2009)
- Students' description of the professional consequences of uncivil behavior were astute.
- Participants identified new nurses as the focus of incivility which was supported by Griffin (2004) and other researchers.
- The incidences in the role-play were described as “realistic” by the study participants.
- Role play was described by participants as helpful in identifying behaviors and attitudes that were uncivil.
- Using CR in the role-play was viewed by participants as an effective and appropriate way to address incivility.

LIMITATIONS AND IMPLICATIONS

Limitations

- This study had a small sample size limited to senior students in one class at a single school of nursing.

Implications

- The workshop is a valuable part of an overall approach to creating a civil environment that supports student learning and success after graduation. Civil environments provide opportunities for collaboration and productivity.

RECOMMENDATIONS

- Begin the discussion about incivility in the work place and in academia
- Clear comprehensive policies based on best practices need to be crafted and disseminated.
- Educators, administrators, clinicians and nursing students should strive to create and sustain civil, healthy work environments
- Further research on a larger scale with BSN and Associate degree students, nurse educators, clinicians and administrators.

REFERENCES

- Clark, C., Ahten, S. & Macy, R. (2013). Using problem-based learning scenarios to prepare nursing students to address incivility. *Clinical simulation in nursing* 9,75-83.
- Clark, C., Ahten, S. & Macy, R. (2014). Nursing graduates' ability to address incivility: kirkpatrick's level-3 evaluation. *Clinical simulation in nursing*, 10, 425-431.
- Clark, C. & Kenaley, B. (2011) Faculty empowerment of students to foster civility in nursing education: a merging of two conceptual models. *Nursing outlook*. 59, 158-165.

REFERENCES CONTINUED

Cooper, J., Walker, J., Winters, K., Williams, R., Askew, R. & Robinson, J. (2009). Nursing students' perceptions of bullying behaviours by classmates. *Issues in educational research*, 19(3). Retrieved from:

<http://www.lier.org.au/lier19/cooper.html>.

Griffin, M. (2004). Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. *The Journal of continuing education in nursing*, 35, 257-263.

Griffin, M. & Clark, C. (2014). Revisiting cognitive rehearsal as an intervention against incivility and lateral violence in nursing: 10 years later. *The journal of continuing education in nursing*, 45 (12), 535-542.

REFERENCES CONTINUED

- Lewis, P. S. & Malecha, A. (2011). The impact of workplace incivility on the work environment, manager skill, and productivity. *Journal of nursing administration*, 41, 41-47.
- Lincoln, YS. & Guba, EG. (1985). [Naturalistic Inquiry](#). Newbury Park, CA: Sage Publications.
- Robertson, J. (2012). Can't we all just get along? *Nursing Education Perspectives*, 31, 2.
- Stokowski, L. (2011). The Downward Spiral: Incivility in Nursing, *Medscape Nurses WebMD*
LLC retrieved at http://www.medscape.com/viewarticle/739328_2

THANK YOU FOR YOUR ATTENTION QUESTIONS?

