Creating Healthy Work Environments 2019

Promoting Civility: Working Towards a Healthy Environment

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Introduction

Workplace incivility is often referred to as bullying, lateral/horizontal violence, or harassment. It can be defined as repeated offensive, abusive, intimidating, or insulting behavior, abuse of power, or unfair sanctions that make recipients upset and feel humiliated, vulnerable, or threatened, creating stress and undermining their self-confidence (Vessey, DeMarco & DiFazio, 2010). Workplace incivility and prevalence is often unrecognized and underreported therefore determining the actual incidence and prevalence of workplace incivility is difficult. Studies examining workplace incivility assert that the percentage of nurses experiencing some form of incivility ranges from 27% to 85% (Becher & Visovsky 2012; Wilson, Diedrich, Phelps & Choi, 2011). Workplace incivility decreases job satisfaction and morale and increases absenteeism (Chipps & McRury, 2012). The financial consequences are well documented; almost 21% of nursing turnover can be related to bullying and 60% of new RNs who quit their first job in nursing within 6 months report that it is because of uncivil behaviors in the workplace (Johnson & Rea, 2009).

National governing bodies such as the Joint Commission (2008) and American Nurses Association (2015) have strongly encouraged healthcare organizations to address the presence of incivility in the workplace. Disregarding the prevalence of this phenomenon in the workplace culture will continue to drain financial resources, perpetuate a toxic work environment and may adversely affect the safety and quality of patient care. The purpose of the Institutional Review Board (IRB) approved study was to measure the prevalence of nursing-specific workplace incivility. An educational offering was given with the aim of increasing awareness of incivility and also provided cognitive training tactics designed to reduce the incidence of incivility. After the education, the prevalence of incivility was re-measured immediately and at six months to determine if a change occurred. The independent variable in this study was the educational intervention and the dependent variable was the prevalence of incivility in the nursing workplace. The research questions that guided the study were:

1. What is the prevalence of source-specific (coworkers [nurses], supervisor, physicians, patients/visitors, and the general environment) incivility within nursing at Harris Health System?
2. Is there a change in the prevalence of source-specific (coworkers [nurses], supervisor, physicians, patients/visitors, and the general environment) incivility at the conclusion of content specific education?
3. Is there a change in the prevalence of source-specific (coworkers [nurses], supervisor, physicians, patients/visitors, and the general environment) incivility over time?

Methods

Design, Subjects, Instruments, Procedure
A quasi-experimental, interrupted time-series design was used. With the interrupted time-series design, the researchers measured one group repeatedly, before the intervention, after the intervention and 6-months later. The method of data collection chosen was in person, paper and pencil survey questionnaire to produce quantitative data. A convenience sample of registered nurses who participated in the in-person nursing incivility class was eligible; inclusion criteria included registered nurses. No subjects were excluded based on gender, race, ethnic group or religion.

A brief demographic questionnaire obtained participant age, ethnicity, educational degree, nurse tenure and area of specialty and years worked in specialty area. The instrument used to measure the prevalence of nursing incivility was the Nursing Incivility Scale (NIS). The NIS is a reliable tool specifically designed to capture nursing-specific workplace incivility prevalence (Guidroz, Burnfield-Geimer, Clark, Schwetschenau & Jex, 2010). Forty-two items are included in the scale and are rated on a five-point Likert type scale ranging from 1 (strongly disagree) to 5 (strongly agree). In a previous study using a sample of 163 hospital nurses, alpha statistics demonstrated reliability for all subscales, with scores ranging from 0.81 to 0.94 (Guidroz, et al., 2010).

IRB approved research advertisements were e-mailed to potential participants for recruitment purposes and individuals interested in participating contacted members of the research team for study details. All participants signed a written informed consent and were given a copy of the consent. Upon consent endorsement, the participants were given the demographic questionnaire, the paper survey and were given time to complete the first administration of the questionnaire (T1). At the conclusion of the 90-minute class, members of the research team administered the second (T2) survey to all volunteer research participants. The final (T3) survey administration occurred 6 months after the class at a time and location that was convenient to each participant. Pre-surveys (T1) were taken before the training to assess initial awareness of incivility. The T2 survey was administered immediately after the training to measure changes in awareness of incivility and capture baseline data on the frequency of instances of incivility. The T3 survey was given 6 months after the last training session to determine if the intervention was successful in decreasing perceived instances of incivility.

Results

Data Analysis

A total of 80 participants completed T1 and T2 surveys and 75 participants completed the T3 survey for a 94% retention rate. Participation was higher in the first two surveys because they were administered in conjunction with the in-person training sessions. Demographic data was evaluated using descriptive statistics and revealed a primarily female sample (92.5%) with Bachelor of Science in Nursing education (62.5%) and worked as an RN for an average of 12 years. Statistical analyses were applied to the T1, T2, and T3 administration of the NIS. The NIS was constructed in a manner that equated lower scores with a more civil environment and higher scores with an uncivil environment; thus, the higher the score, the more uncivil the environment. The NIS was scored using Friedman’s ANOVA test, which is the nonparametric alternative to the one-way repeated measure ANOVA. Post hoc analysis revealed statistically significant differences in incivility scores from four of the five source-specific subscales demonstrating a statistically significant decrease in instances of perceived incivility: general incivility (4.10 to 2.44, p < .0001), co-worker (nurse) incivility (2.40 to 2.10, p = .012), patient and/or family incivility (2.80 to 2.10, p = .002) and physician incivility (2.41 to 2.00, p < .007). The supervisor subscale demonstrated a slight increase in the occurrence of incivility, although not statistically significant.

Conclusion

Overall, the results indicate that the use of increasing incivility awareness along with conducting education that contains cognitive training techniques is an effective method to decrease the prevalence of incivility. Due to the low sample size and single-site setting, the results of this study are not generalizable.
Title:
Promoting Civility: Working Towards a Healthy Environment

Keywords:
Education and Cognitive Training, Nursing Incivility Scale and Workplace Incivility

References:


Abstract Summary:
This activity will describe a research study that was conducted at a large academic hospital that measured the prevalence of nursing-specific workplace incivility before and after education and cognitive training intervention.

Content Outline:

1. Introduction
   1. A problem in many healthcare institutions, workplace incivility is often referred to as bullying, lateral/horizontal violence, or harassment. Uncivil behaviors can range from lack of support to rude or humiliating comments, and may even include verbal threats. Determining the actual incidence and prevalence of workplace incivility is difficult because it is often unrecognized and underreported. However, studies examining workplace incivility assert that the percentage of nurses experiencing some form of incivility ranges from 27% to 85%. The goal of this study is to measure the prevalence of nursing-specific workplace incivility prior to incivility education, immediately following the education and 6 months later.

2. Methods
   1. Research design: A quasi-experimental, interrupted time-series
   2. Research setting: Large, academic hospital system
3. Sample: Convenience sample of volunteer participants
4. Intervention: In-person education on incivility in the workplace
5. Variables: independent variable - educational intervention and the dependent variable was the prevalence of incivility in the nursing workplace as measured by the Nursing Incivility Scale.
6. Statistical methods: Descriptive statistics, Wilcoxon signed-rank test and Friedman's ANOVA test were used to analyze the data.

3. Results
1. A total of 75 registered nurse participants completed the study with 80 participants in T1 and T2 and 75 participants in the T3 survey (94% retention rate). Post hoc analysis revealed statistically significant differences in incivility scores from four of the five subscales demonstrating a statistically significant decrease in instances of perceived incivility: general incivility (4.10 to 2.44, p < .0001), co-worker (nurse) incivility (2.40 to 2.10, p = .012), patient and/or family incivility (2.80 to 2.10, p = .002) and physician incivility (2.41 to 2.00, p < .007). The supervisor subscale demonstrated a slight increase in the occurrence of incivility, although not statistically significant.

4. Conclusion
1. Results indicate that the use of increasing incivility awareness along with conducting education that contains cognitive training techniques is an effective method to decrease the prevalence of incivility. Due to the low sample size and single-site setting, the results of this study are not generalizable.

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Author Summary: Dr. Suzanne Lundeen is currently the Director of Nursing at Ben Taub Hospital, a Level one trauma center in Houston. She is fortunate to work with a dynamic multidisciplinary team that focuses on collaborating to give the highest quality of care to the women of Harris County.

Second Author
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**Professional Experience:** Katie Kerbow has been a registered nurse for four years and brings 10 years of management and leadership experience that have contributed to establishing shared governance within the ambulatory care setting. She currently serves as elected chairperson for the Ambulatory Care Services INSPIRE Team.  
**Author Summary:** Katie Kerbow has held the position as the Ambulatory Care Services Program Coordinator for Nursing Integration for 1.5 years. She has served on various system-wide committees as a voice for the nursing staff. She worked as a RN within one of the primary care clinics, focused on improving patient satisfaction and improving patient outcomes, and has been a member of STTI since 2015.

Third Author  
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**Professional Experience:** Clinical Nurse Educator, Lyndon B. Johnson Hospital, Houston, TX, 2015-present Numerous presentations on the topic of workplace incivility Lyndon B. Johnson Hospital, Houston, TX, 2017-2018  
**Author Summary:** Tashiana currently works as Clinical Educator for Dialysis and Intermediate Care Units, at a level 3 Trauma Center, in Houston, Texas. Tashiana enjoys influencing patient outcomes by way of educating and expanding the knowledge of bedside clinicians. She is also a 3rd year doctoral student researcher. Her research area of interest surrounds front line nursing leadership roles and their influence on nurse retention, job satisfaction, and structural empowerment.

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**Professional Experience:** • Harris Health System (Director of Nursing Telemetry, Medsurg, Houston, Texas 2010- present IMU (Critical Care), Central Telemetry) Directed and opened the most efficient Observation Units @LBJ in Harris Health System for discharges, transfers and admissions The Methodist Hospital Houston, Texas 2004-2008 (Director of Nursing Medicine and Geriatric Services) Memorial Hermann Hospital • Oversee the direction, supervision and care of a 33 bed Medicine Telemetry Unit • Houston, Texas 1999-2004 Memorial Hermann Hospital Northeast Humble, Texas 2008-2010 (Director Nursing Cardiology/Central Telemetry/Observation Unit) Medical Surgical Units Interim Critical Care Nursing Director • Interim CNO @MHNE • Director of >100 employees, 4 units IMU, Observation Unit, Central Telemetry Unit/Short Stay Unit  
**Author Summary:** A healthcare leader who has had experience and positive outcomes in JACHO Tracers, DNV Audits, Ethics, fosters productive mutually beneficial Physician / Nurse Relationships. Has significant exposure in multiple departments in the patient care system including University based leadership models, Critical Care Units, Staff Development and Education. Possesses over 10 years' experience as a Surgery, Trauma, Geriatrics and Medicine Service Line Director, lead, opened and oversee numerous Observation Units, Procedure Units and Chest pain centers.

Fifth Author  
Doreth HoSang, MSN, RN-BC
Professional Experience: A lifetime of career of promoting civility. In 2009 -2015 - Nurse Manager for one of the largest Healthcare Clinics with 50 + direct staff. Harris Health System provided extensive training in leadership and civility. In 2017 completed training as a facilitator in Language of Caring and have conducted over 30 sessions to hundreds of employees. Conducted extensive research on the topic of civility in the workplace and ultimately shared this information system wide across Harris Health System to over 7,000 employees.

Author Summary: Employee of Harris Health System since 2004. Obtained an Associate Degree in Nursing 2002, received Bachelor of Science and Master of Science Degrees from University of Texas, Arlington in 2010 and 2013 respectively. Currently works as a Clinical Resource Nurse in the Ambulatory Care Services, Harris Health System. Most recently obtained Board Certification through American Nurses Credentialing Center. Passion in life is to invest, instill integrity and inspire others; in this generation and the next.