



Using an Interprofessional Approach to Create a Healthy Clinical Learning Environment

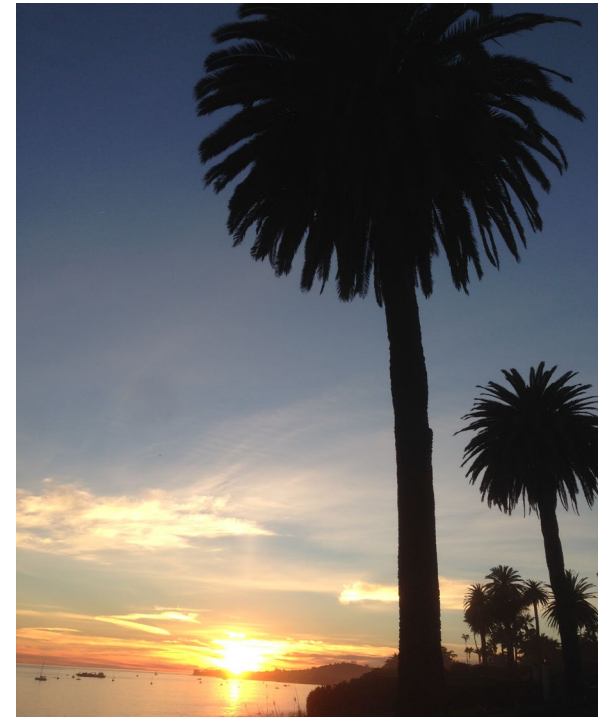
Jean S Shinnors PhD, RN-BC

DISCLOSURES & OUTCOMES

Dr. Shinnars reported NO conflict of interest in the development of this Continuing Education (CE) activity.

Outcome:

Participants will be introduced to the national collaborative for the improvement of the clinical learning environment.



Nursing has led the way in bringing awareness of the need for a healthy environment in the work setting. This session provides an overview of the healthy work initiative and a national interprofessional collaborative to promote positive clinical learning environments.

WHAT IS BULLYING?

- Einarsen, Hoel, and Notelaers (2009) define bullying as *a situation in which individuals perceive they are exposed to disruptive behaviors for more than 6 months and from one or more persons in the workplace and are unable to defend themselves.*

Einarsen, S., Hoel, H., & Notelaers, G. (2009). Measuring exposure to bullying and harassment at work: Validity, factor structure and psychometric properties of the Negative Acts Questionnaire-Revised. *Work & Stress*, 23(1), 24-44.



IDENTIFYING THE PROBLEM

Data that supports the need for a Healthy Work Environment

Sauer, P. A. & McCoy, T. P. (2018) Nurse Bullying and Intent to Leave. *Nursing Economics*, 36(5). 219-224.

Bullying. Workplace bullying occurs when an employee displays negative behaviors toward another employee. Includes nonverbal actions such as eye rolling, ignoring, and walking away when approached (American Nurses Association [ANA], 2015).

- Berry, Gillespie, Gates, & Schafer (2012) 72.6% ($n=197$) of new nurses experienced bullying.
- Etienne, (2014). Nearly half (48%, $n=95$) of RNs surveyed were bullied in the workplace
- Higher bullying is significantly associated with higher odds of intent-to-leave, both for leaving the unit/department in the current employment setting and leaving the employer altogether
- TO may cost an organization between \$1.4 and \$2.1 billion

NURSING INCIVILITY

Do healthcare workers recognize incivility when they see it?

Workplace incivility is defined as a low-intensity behavior with ambiguous intent to harm that violates workplace norms of mutual respect (Andersson & Pearson, 1999).

Andersson, L. M., & Pearson, C. M. (1999). Tit for tat? The spiraling effect of incivility in the workplace. *Academy of Management Review*, 24, 452-471.

Guidroz, A. M., Burnfield-Geimer, J. L., Clark, O., Schwetschenau, H. M., & Jex, S. M. (2010). The nursing incivility scale: Development and validation of an occupation-specific measure. *Journal of Nursing Measurement*, 18(3), 176.

THE NURSING INCIVILITY SCALE

Do we always recognize incivility?

Subscales:

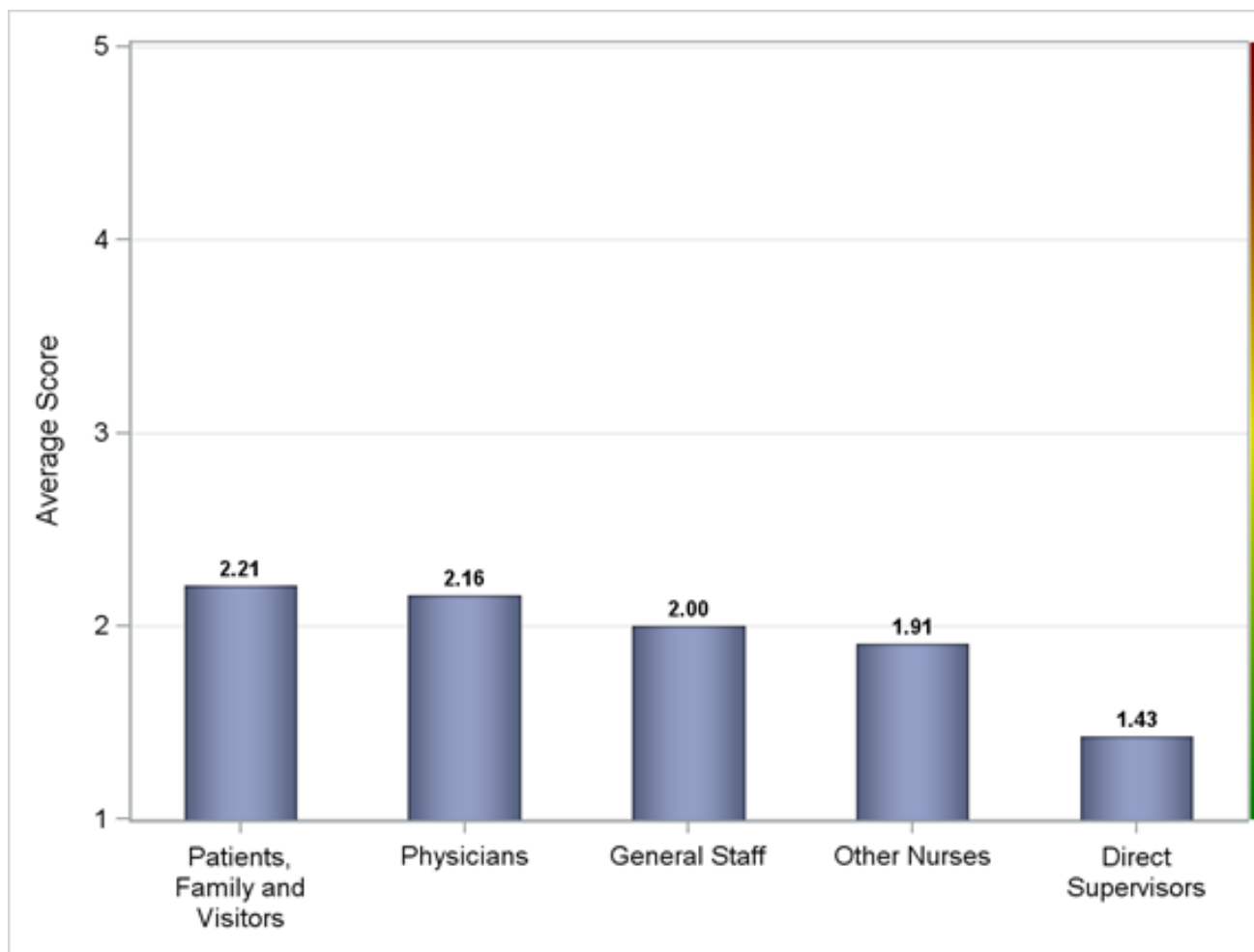
- HC = Hostile Climate
- IJ = Inappropriate Jokes
- IB = Inconsiderate Behavior
- GR = Gossip/Rumors
- FR = Free-Riding
- AS = Abusive Supervision
- LR = Lack of Respect
- DF = Displaced Frustration.



Activity: Perceptions of Incivility

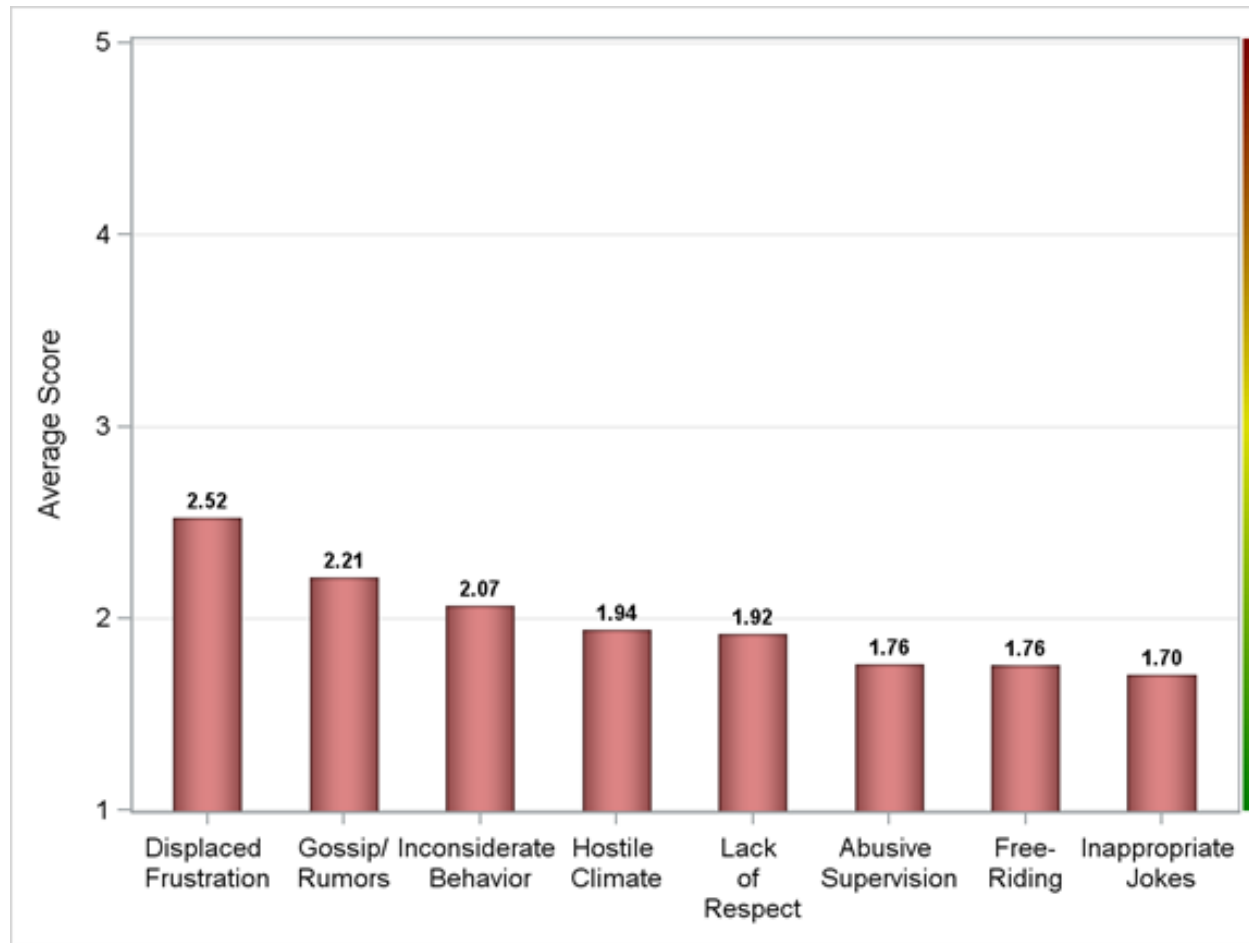
HOW NEW GRADUATE RNS PERCEIVE INCIVILITY

Versant Data 2015-2018: Responses: 9822. Mean scores by Source



HOW NEW GRADUATE RNS PERCEIVE INCIVILITY

Versant Data 2015-2018: N 9822. At 12 months. Mean scores by Subscale



ADDRESSING THE ISSUE

1. American Nurses Association position statement on Violence, Incivility, & Bullying
2. American Association for Critical Care Nurses Healthy Work Environment
3. The National Collaborative for the Improvement of the Clinical Learning Environment



"All this talk about civility is interfering with my constitutional right to yell at my co-workers."

2005: AMERICAN ASSOCIATION OF CRITICAL CARE NURSES (AACN)

- **Skilled Communication:** Nurses must be as proficient in communication skills as they are in clinical skills.
- **True Collaboration:** Nurses must be relentless in pursuing and fostering true collaboration.
- **Effective Decision Making:** Nurses must be valued and committed partners in making policy, directing and evaluating clinical care, and leading organizational operations.
- **Appropriate Staffing:** Staffing must ensure the effective match between patient needs and nurse competencies.
- **Meaningful Recognition:** Nurses must be recognized and must recognize others for the value each brings to the work of the organization.
- **Authentic Leadership:** Nurse leaders must fully embrace the imperative of a healthy work environment, authentically live it, and engage others in its achievement.

THE NATIONAL COLLABORATIVE FOR THE IMPROVEMENT OF THE CLINICAL LEARNING ENVIRONMENT (NCICLE)

- October 13-14, 2017 Symposium (ACGME & Josiah Macy Jr. Foundation)

- Where's the need?

Increase in physician depression, suicide, and professional retention

Chang, E. Y., Bakinde, N., & Umar, A. (2018). Correlates and Outcomes of Physician Burnout. *JAMA internal medicine, 178(7)*, 999-1000.

- The primary goal of the symposium was to describe characteristics of an optimal IP-CLE.

Identifying common ground: Moving from nurse centric to interprofessional collaboration

WHAT ARE THE CHARACTERISTICS OF A HIGH-FUNCTIONING IP-CLE?

1. Patient Centeredness: healthcare is cocreated—not delivered
2. Continuum of Learning: Everyone in the clinical environment—not just students and new clinicians—is a learner
3. Reliable Communication: patient focused, fosters healthy & productive IP relationships, anticipate conflict, base on respect & trust
4. Team-Based Care: embrace value-based care delivery, take a top-down and bottom-up approach to instilling interprofessionalism into all aspects of patient care. Reward risk taking and innovation and foster leadership skills at all levels, all while embracing team interdependence, shared decision making, and collective competence

WHAT ARE THE CHARACTERISTICS OF A HIGH-FUNCTIONING IP-CLE?

5. Shared Accountability: Have structures and processes in place to ensure accountability in interprofessionalism.
6. Evidence-Based Patient Care Based on IP Experience: Develop models based on current exemplars (ICUs & Hospice)

<https://ncicle.org> Resources -> *Envisioning the Optimal Interprofessional Clinical Learning Environment: Initial Findings From An October 2017 NCICLE Symposium*

EXEMPLAR

Patients/Visitors

A patient's caregiver shows they are frequently irritated or impatient with their care.

1. Patient Centeredness: the HCT schedules a meeting with the patient, caregiver and team to identify and discuss caregiver issues
2. Continuum of Learning: Everyone enters the conversation as a learner
3. Reliable Communication: Base the discussion on respect & trust. Keep the discussion focused on the needs of the patient. Anticipate conflict.
4. Team-Based Care: Reward risk taking and innovation and foster leadership skills, shared decision making, and collective competence
5. Accountability

THANK YOU!

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Outcome:

Participants will be introduced to the national collaborative for the improvement of the clinical learning environment.

