

Creating Healthy Work Environments 2019

Civility Training for Faculty Using Role-Play: Creating a Healthy Clinical Environment to Maximize Student Learning

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Background There is an increased presence of incivility among nurses within the practice environment (Clark, 2017). Often uncivil behavior is a result of job dissatisfaction, leading to higher turnover intentions and poor physical health (Babenko-Mould & Laschinger, 2014; Gilin Oore et al., 2010; Laschinger, Leiter, Day, Gilin Oore, & Mackinnon, 2012; Luparell, 2011). Moreover, students are often exposed to incivility when they go to the practice environment for a clinical guided experience. Unfortunately, students who experience incivility in the clinical setting are fearful and have barriers in their abilities to learn (Altmiller, 2012). Clinical faculty must address the issue of incivility to help create a culture of civility (Clark, 2017 & Clark & Springer, 2010) and foster a healthy work environment that ensure these encounters are not a barrier to student learning.

Purpose The purpose of this project was to provide tools and roleplay simulation to teach nursing faculty how to manage uncivil interactions and to exemplify a healthy work environment among faculty, staff, and nursing students. The aim of this project was to increase teamwork and collaboration between faculty, nursing students and nursing staff to maximize learning in the clinical setting.

Methods Nursing clinical faculty were offered a one hour CE training entitled “*Civility Training to Create a Healthy Work Environment.*” The workshop included information on incivility and how to navigate and resolve conflict issues that arise in the clinical setting between nursing students, nursing staff, and faculty. Strategies were discussed during this workshop to describe and ensure ways to foster a healthy work environment. Then faculty participated in role play and discussion. Video vignettes of student’s experience and encounters with incivility were shown at the workshop.

Evaluation Following the workshop training, CE evaluation was given to the participants. Using a likert rating scale (1=strongly disagree and 5=strongly agree). 100% strongly agreed that this workshop increased awareness and understanding of incivility. Faculty stated they learned, how to recognize incivility and to use resources to provide support in the clinical work environment. Overall, this training provided resources and strategies to manage conflict while in the clinical setting. Follow-up discussion among faculty who have implemented these strategies, in their clinical course, indicated they were able to resolve and redirect problems when they occurred. Resulting in a more cohesive work environment.

Summary During the workshop, faculty were able to discuss how incivility plays a role in student learning while at clinical. Role-play was used to help clinical faculty learn how to manage uncivil interactions among nurses in the practice environment. The goal for this activity was to minimize or eliminate problematic interactions between nurses, students, and faculty in the practice setting. Teaching faculty how to manage incivility in the practice environment can ultimately foster a healthy work environment ensuring teamwork and collaboration. In turn, this may enable maximum student learning in clinical rotations and confidence in approaching, communicating and collaborating with the staff nurses in the practice environment.

Title:

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Keywords:

Academic Faculty, Healthy Work Environment and Incivility

References:

Altmiller, G. (2012). Student perceptions of incivility in nursing education: Implications for educators. *Nursing Education Perspectives*, 33, 15-20.

ANA. (2015). Incivility, Bullying and Workplace Violence. Retrieved from <http://www.nursingworld.org/DocumentVault/Position-Statements/Practice/Position-Statement-on-Incivility-Bullying-and-Workplace-Violence.pdf>.

American Nurses Association. (2015a). *Code of Ethics for Nurses with Interpretive Statements*. Silver Spring, MD: [Nursesbooks.org](http://www.nursesbooks.org).

Budin, W., Brewer, C., Chao, Y-Y., & Kovner, C. (2013). Verbal abuse from nurse colleagues and work environment of early career Registered Nurses. *Journal of Nursing Scholarship* 45, 308-316.

Clark, C. M. (2017). *Creating and sustaining civility in nursing education, 2nded*. Indianapolis, IN: Sigma Theta Tau International Publishing.

Clark, C. (2013). Creating and sustaining civility in nursing education. Indiana: Sigma Theta Tau International Honor Society of Nursing.

Clark, C. & Springer, P. J. (2010). Academic nurse leaders' role in fostering a culture of civility in nursing education. *Journal of Nursing Education*, 49, 319-325.

Clark, C. M. (2014). Seeking civility: The author offers strategies to create and sustain healthy workplaces. *American Nurse Today*, 9(7), 18-21, 46.

Clark, C. M., Ahten, S. M., & Macy, R. (2014). Nursing graduates' ability to address incivility: Kirkpatrick's level-3 evaluation. *Clinical Simulation in Nursing*, 10(8), 425–431.

Gallo, V. J. (2012) Incivility in nursing education: A review of the literature. *Teaching and Learning in Nursing*, 7, 62-66

Gilin Oore, D., Leblanc, D., Day, A., Leiter, M. P., Laschinger, H. K. S., Price, S. L., & Latimer M. (2010). When respect deteriorates: Incivility as a moderator of the stressor-strain relationship among hospital workers. *Journal of Nursing Management*, 18, 878-888.

Laschinger, H. K. S., Leiter, M. P., Day, A., Gilin Oore, D., & Mackinnon, S. P. (2012). Building empowering work environments that foster civility and organizational trust: Testing an intervention. *Nursing Research*, 61, 316-325.

Laschinger, H. K. S., Wong, C. A., Regan, S., Young-Ritchie, C., & Bushell P. (2013). Workplace incivility and new graduate nurses' mental health: the protective role of resiliency. *Journal of Nursing Administration*, 43, 415-421.

Luparell, S. (2011). Incivility in nursing: The connection between academia and clinical settings. *Critical Care Nurse*, 31(2), 92–95.

Abstract Summary:

For this project, roleplay simulation was used, to provide civility training with nursing faculty to exemplify a healthy work environment among faculty, staff, and nursing students to maximize learning in the clinical setting.

Content Outline:

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I. Introduction

A. Example Increased incidence in civility in the practice environment: nursing staff, faculty, students impact

B. Example Impacts students and their learning in the clinical setting

II. Body

A. Main Point #1 Nursing faculty need awareness and training on how to manage incivility in the practice clinical environment.

1. Supporting point #1 Maximize student learning

a) *Foster better communication*

b) *Impact student relations*

2. Supporting point #2

a) *Role-playing and simulation used to train faculty*

b) *Debriefing and discussion following simulation provided faculty with tools to manage incivility while in the clinical setting.*

B. Main Point #2 CE program for 1.0 hour provides training for faculty

1. Supporting point #1

a) *Increased teamwork and collaboration on the clinical unit*

b) *Maintains healthy work environment between faculty, students, and nursing staff*

III. Conclusion

A. Example-All faculty that participated in CU training on incivility reported having gained knowledge and resources to manage uncivil relations

B. Example-All faculty felt better equipped to manage uncivil interactions between staff nurses in the clinical setting increasing communication and preserving a health work environment.

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Professional Experience: I have been a nursing faculty member for more than 14 years and I have full time teaching experience at the undergraduate and graduate level. Currently hold an associate professor of nursing. I have taught undergraduate nursing research courses. I completed my doctoral studies and earned a DNP in 2010. In addition I have 17 years of professional experience as a RN. I am a member of Sigma Theta Tau, Zeta Iota chapter since 2010.

Author Summary: Nursing Professor Kimberly Silver Dunker is an Associate Professor at Worcester State University, she has been a nurse educator for 14+ years. She teaches in the undergraduate

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Professional Experience: I have been a nursing faculty member for more than 20 years and I have full time teaching experience at accredited four-year universities at the rank of Associate Professor. As a department chair I have taught and organized many trainings for newly highbred faculty both academic and clinical. In addition I have 20 years of professional experience as a RN. I am a member of Sigma Theta Tau, chapter 1990.

Author Summary: Nursing Professor Karen Manning is the chair at Laboure College. she has been a nurse educator for 20+ years. She teaches in the undergraduate nursing program. Her scholarly work includes mentoring and orienting clinical adjunct nursing faculty.