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# The Effect of Civility on the Healthcare Environment, Staff, and the Care of Patients

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## 2 | Agenda

- Background
- Methods to study civility
- Results of relationship of civility with outcomes and impact on the health of the work environment
- Questions

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## Background

- This study examined the impact of civility on:
  1. Professional clarity,
  2. Job satisfaction and work environment
  3. Caring for patients and families.

## 4 | Background

- Discussions demonstrated to hospital leaders that incivility was a barrier to establishing a caring culture and a healthy work environment needed to implement Relationship-Based Care.
- Examples included:
  - Negative cultural norms,
  - Fundamentalism,
  - Oppression,
  - Hierarchical leadership, and
  - Conformity to old ways

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## Background – Study Theoretical framework

- Theory of Human Caring/Caring Science
- Relationship-Based Care (RBC)
- Civility Theory

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## Background- Civility Theory

- Bartholomew (2006) holds that civility must begin within the setting of formal education.
- Education in and demonstration of civility (*especially by leadership*) enhance the likelihood that civility will become enacted within a community.



- A community hospital in the Midwest implemented Relationship-Based Care (RBC), a model based on healthy relationships with self, co-workers, patient and families to enhance an person-centered system of care.

- Implementation included:
  - Education about the culture of caring
  - Discussions centered on the concept of civility as a prerequisite to role clarity
  - Partnering in caring for self and others across units and disciplines.



## 9 | Background - Literature

- Clarity of self, system and role
- Incivility vs Civility
- Job satisfaction

Concepts of civility can be influenced by leadership and education.

Authentic leadership, which facilitates civility, can be developed through both formal and informal learning and practice.

Civility is a strategy for creating a safe environment and organizations have used as a patient safety intervention

New graduate nurses who experienced incivility perceived greater levels of disrespect from physicians, co-workers and managers.

New graduate nurses who reported experiencing incivility also reported lower career satisfaction and greater intent to leave

References: (Kerber, Woith, Junkins, Shafer, & Astroth, 2015), (Laschinger & Read, 2016)

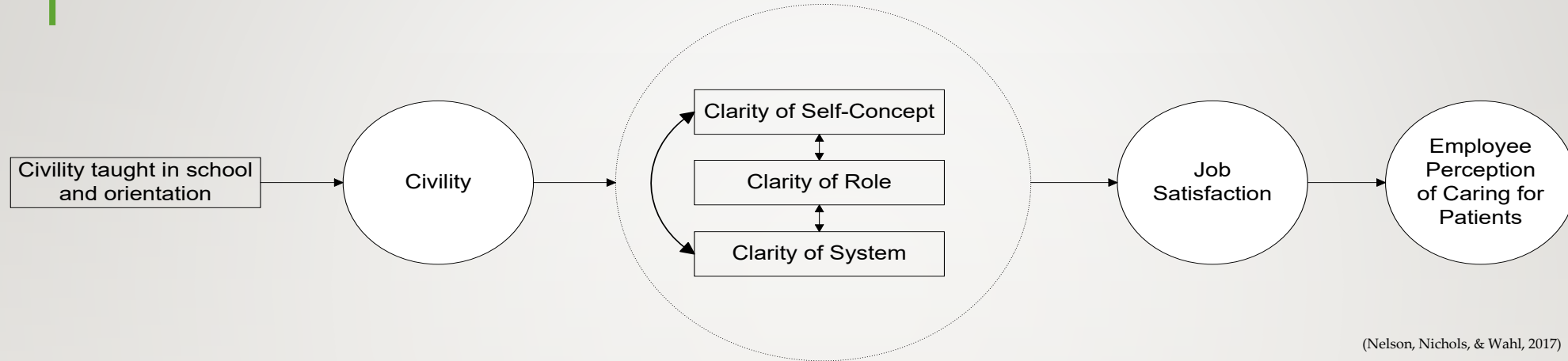
Civility has been shown to serve as a strategy for creating a safe environment for patients

Organizations have used civility as an intervention for patient safety

(Laschinger, 2014) (McGonagle, Walsh, Kath, & Morrow, 2014)

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# Figure 1: Proposed Model of Study



- Civility - Bartholomew's theory of civility
- Clarity was measuring using the 30-item clarity measure for self/role/system
- Job satisfaction - Healthcare Environment Survey
- Caring - Caring Factor Survey – Care Provider Version, based on Watson's theory of caritas.
- All measures had detailed documentation in the literature for validity and reliability testing.

## 12 | Methods

- Regression equations were used to study the cascading effect of civility on professional clarity, job satisfaction and caring for patients.
- IRB approval was obtained.
- Nursing staff from five patient care units (n = 414) were invited to participate.

## 13 | Results

- A total of 177 staff responded (43% response rate).
- All instruments performed well psychometrically.



Subscale, with:	Satisfaction	Cronbach's alpha	KMO	Lead Item	Wording of item with highest factor loading:
Total HES		.98	.91	33	I am satisfied with my daily work how I am able to build trust with the patient and family by using clinical skills and knowledge.
Clarity of Self		.93	.90	57	I spend very little time wondering what kind of person I really am
Clarity of Role		.86	.84	71	I know exactly what is expected of me.
Clarity of System		.89	.88	77	I understand how the schedule is made in consideration of ... scheduling requirements for staff.
Total Clarity (self/role/system)		.93	.88	57	I spend very little time wondering what kind of person I really am
Caring for Patients (CFS-CPV)		.97	.96	8	I respond to each patient as a whole person, helping to take care of all their needs and concerns.
Civility		.88	.83	4	I feel accepted as a person on this unit.
Education Civility		.92	.83	22	The school I attended that trained me for my current job taught me how important it was to have <u>managers treat new employees with compassion</u> .
Total Civility (civility and education in civility combined)		.90	.85	6	I am able to <u>voice my concerns to the manager</u> of my unit/department without feeling I will be criticized by the manager of my unit/department.

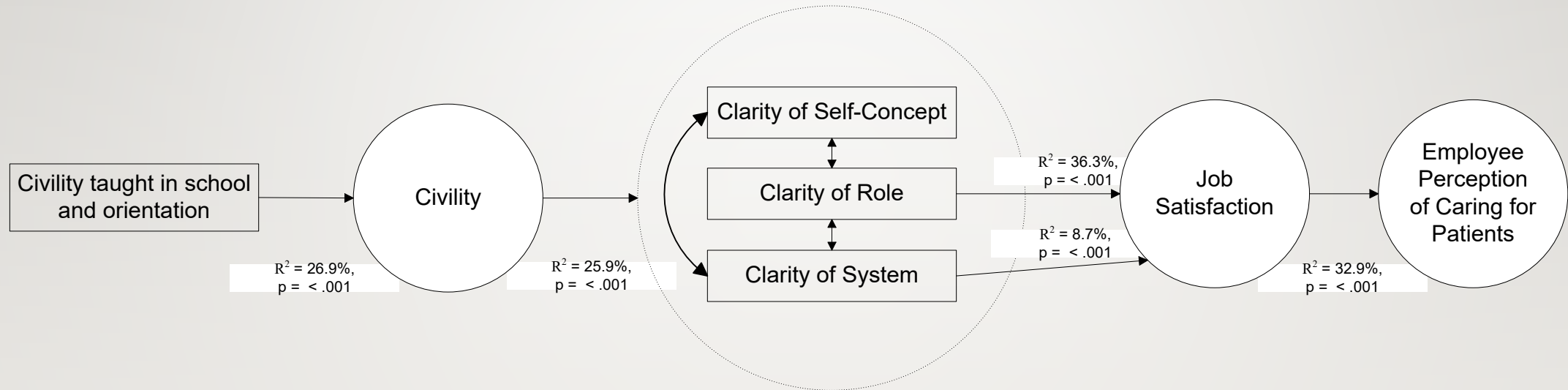


## 15 | Table 2, Descriptive Statistics

Scales / Subscales	N	Min.	Max.	Mean	SD
HES Total Score	141	1.00	7.00	5.54	.88
Clarity of Self	150	1.73	7.00	5.78	1.11
Clarity of Role	149	3.33	7.00	5.88	.79
Clarity of System	146	3.64	7.00	5.95	.76
Clarity, Total Score	142	3.89	7.00	5.88	.72
Caring Factor Survey - Care Provider Version (CFS-CPV)	153	1.00	7.00	6.44	.93
Civility	132	2.57	7.00	5.41	.87
Civility Education (school and preceptor)	130	2.20	7.00	5.89	1.03
Civility, Total Score	129	2.54	7.00	5.62	.82

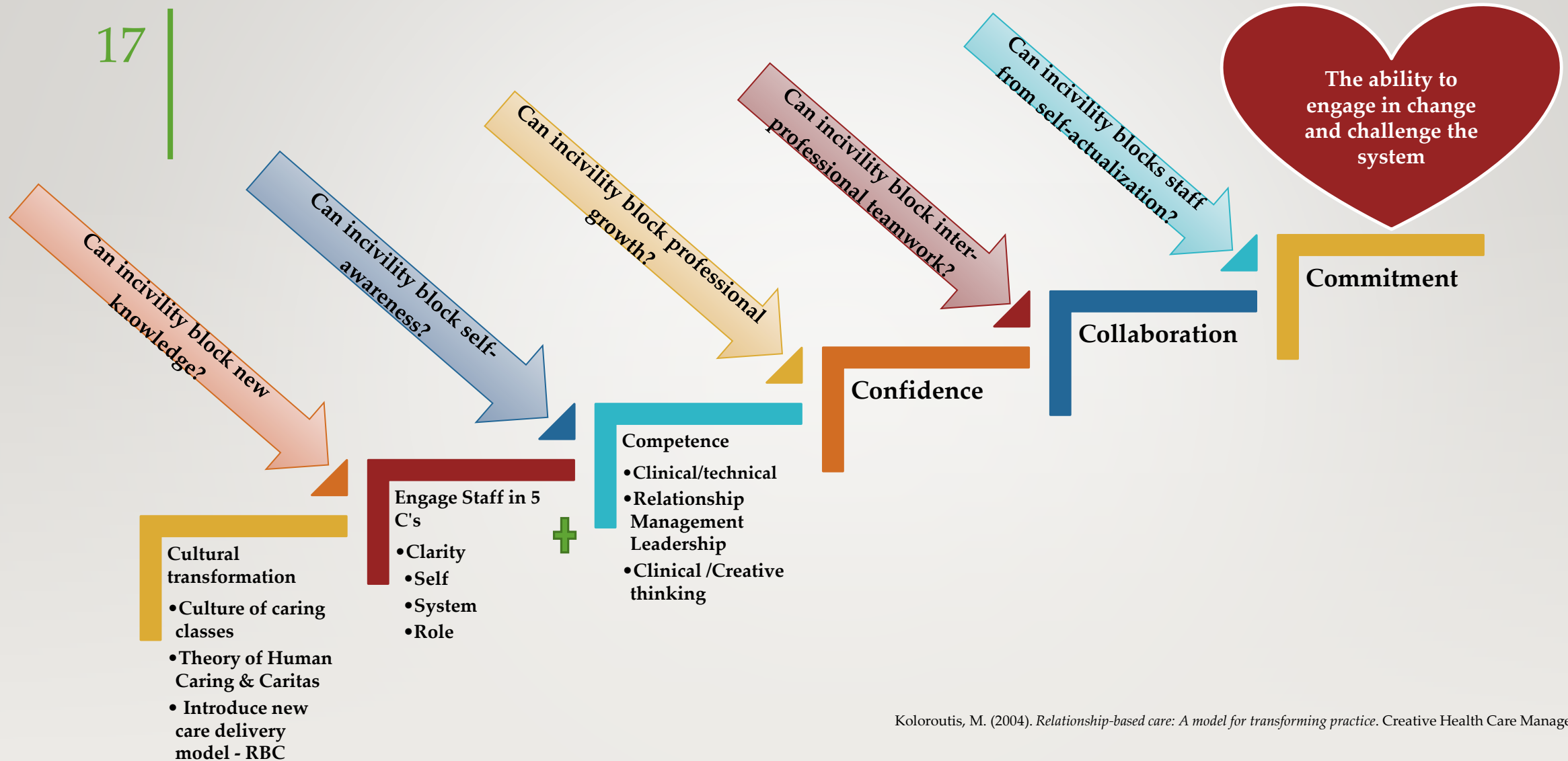
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## Figure 2, Final Model



# Summary - Creating a healthy work environment

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# Summary - Creating a healthy work environment

Facilitated establishing a healthier work environment which was necessary to implement RBC

Leadership Zero Tolerance on Incivility + Civility Education + Clarity → Job Satisfaction

Abid, Sajjad, I., Elahi, Farooqi, & Nisar, (2018) found Civility had both a direct and indirect (thriving at work) effect on work engagement.

Workforce safety is inextricably linked to patient safety. Unless caregivers are given the protection, respect, and support they need, they are more likely to make errors, fail to follow safe practices, and not work well in teams.  
Lucian Leape

(Howard, 2018)



## Discussion-Questions



Thank you for our time together



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