Improving Professional Communication Techniques in Nurses to Promote Healthy Work Environments

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PROBLEM

Incivility, bullying, and workplace violence are increasing at epidemic rates within healthcare and nursing cultures. Incivility includes a range of rude and disrespectful language and behaviors towards others, while bullying includes purposeful language and behavior to intimidate the victim. When left unchecked incivility and bullying can progress to workplace violence (Babenko-Mould & Laschinger, 2014; Wing, Regan, & Spence-Laschinger, 2015). Dysfunctional communication methods (DCM) is a term used to describe the continuum of unprofessional communications methods and behaviors which begin with incivility and rudeness, progress to intentional acts of intimidation, and culminate in acts of violence. Anyone on the healthcare team can become a target, and anyone on the healthcare team can become a perpetrator of DCM. Nurses in all roles, including those in student and faculty roles are frequent targets for DCM (Babenko-Mould & Laschinger, 2014; Birks et al., 2017; Budden, Birks, & Bagley, 2017; Clark, 2013; U. S. Department of Labor, Occupational Safety and Health Administration [OSHA], 2015). Aside from patients, the most frequent perpetrators of DCM are other nurses, physicians, and administrators (Clark, Barbosa-Leiker, Money-Gill, & Nguyen, 2015; Lux, Hutchenson, & Peden, 2014; Wright & Hill, 2014).

Dysfunctional communication methods (DCM) in nursing exist due to the traditional patriarchal, hierarchal, and gender-based servant nature of the profession, which primarily focused on task accomplishment (Griffin, 2004; Kaiser, 2017; Longo, 2013; Lux et al., 2014; OSHA, 2015). However, the traditional roles and attitudes towards nurses are perpetuated by experienced or older nurses, who have been socialized to accept and maintain the belief that “nurses eat their young.” Acceptance of this ideology that has created a culture in nursing where new nurses are socialized to accept and perpetuate this damaging belief. When nurses do not treat each other with respect, then DCM arise. Dysfunctional communication methods (DCM) may occur in any healthcare setting around the world. In multiple studies in several different countries half of the nurses and healthcare workers surveyed reported experiencing DCM in the last year (Babenko-Mould & Laschinger, 2014; Birks et al., 2017; Ostauke, Moore, Ward, Dyrenforth, & Belton, 2009; Spence-Laschinger, Cummings, Wong, & Grau, 2014). The consequences of DCM negatively affect the working environment, healthcare organizations, and the nursing profession. Dysfunctional communication methods (DCM) that do not result in injury are underreported and often are not tracked; however, current research indicates that nurses are at a higher risk for injury at work than construction workers (OSHA, 2015, n.d.). Current solutions to combat DCM in the work environment include the adoption of healthy workplace standards, education about DCM, ongoing risk evaluation, and zero-tolerance policies (American Association of Critical Care Nurses [AACN], 2016; American Nurse Association [ANA], 2015, 2017; Joint Commission, 2016; OSHA, 2015).

PURPOSE

A continuing education (CE) module was developed and implemented to provide nurses with a basic understanding of DCM and to demonstrate techniques to recognize, address, and correct these behaviors when encountered in the workplace.

METHODOLOGY

The American Association of Critical Care Nurses (AACN) synergy model was utilized to determine the impact of DCM within the healthcare environment and served as the basis for developing a professional
communication model to depict the positive changes that can occur when professional communication methods are utilized by nurses. Constructivist learning theory and Bandura’s self-efficacy theory were utilized to develop the CE module. Social science methods from the Crucial Conversations books series formed the basis for the development of the two tools created to aid nurses to debrief and repair relationships damaged by DCM (Patterson, Grenny, McMillan, & Switzler, 2002; Patterson, Grenny, Maxfield, McMillan, & Switzler, 2013). For the pilot study, the CE module was launched via a learning management system, and participant feedback was gathered during the evidence-based scenario and several surveys. The CE module was piloted in two southeastern states. The participants for the pilot study were faculty members from a private university and Sigma Theta Tau International Board members from various colleges and universities. After analyzing the initial data, the CE module was updated and will be relaunched by a state board of nursing in the southeastern United States. The CE module will be available to nurses seeking continuing education units for licensure renewal throughout the next renewal period.

RESULTS

Preliminary data from the pilot study suggested that the communication tools were efficacious and will be utilized by participants for dealing with DCM in the workplace (N=5; 100%). Limits of the pilot study were small sample size, participant choice regarding which surveys to complete, and short data collection window (1 month). The CE will be relaunched, and data collection will be ongoing.

IMPLICATIONS FOR PRACTICE

Short-term results indicate that the methods and tools utilized to address DCM were effective and useful for nurses. Future research should be conducted to determine if professional communication methods and educational courses about DCM will decrease the rates of DCM experienced within the nursing population and the direct impact of these methods on work environments.

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Abstract Summary:
Dysfunctional communication methods (DCM) such as incivility and bullying are epidemic in nursing and healthcare cultures. Traditional roles and beliefs have created a culture that self-perpetuates these damaging beliefs that affect nurse interactions with other team members. Education about DCM and methods to overcome them can promote healthier work environments.

Content Outline:

- What are Dysfunctional Communication Methods (DCM)?
  - Incivility
  - Bullying
  - Workplace violence
- Targets and Perpetuators of DCM
  - Traditional systems that create unhealthy work environments
- Why nurses should care about DCM?
  - Consequences of DCM
    - Physiological and psychological results of DCM
    - Costs
      - Physical/psychological costs
      - Organizational costs
      - Societal costs
    - Methods to address and overcome DCM to create healthy workplaces
      - Rescue and Restore Methods

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