PROMOTING HEALTHY WORK ENVIRONMENTS WITH CIVILITY TRAINING FOR OPERATING ROOM NURSING STUDENTS

Danielle M. Quintana MSN, RN, CNOR

Abstract

• “Workplace incivility (WI) continues to hamper professional nursing practice, patient care, and the health of nurses who encounter this phenomenon in their workplace” (Khadjehturian, 2012, p. 638).
• WI is painful, destructive, and unhealthy for both the nurses being victimized by it as well as the patients they care for.
• The way healthcare professionals communicate with one another is critical in order to maintain a healthy work environment and promote positive patient outcomes.

Needs Assessment

• One particular subspecialty in nursing known for high pressure, high risk, and high incidents of WI is the operating room (OR), where as much as “30% of all observed relevant communication events could be categorized as communication failures” (Syder et al., 2012, 463-464).
• Some of those communication failures presented as opportunities for student advancement and professional growth.
• “Surgical conscience is about much more than just using good surgical technique or not taking shortcuts. It’s about consistently exhibiting ethical behavior and promoting patient safety all the time, in every circumstance—and doing the “right thing” in a surgical setting.” (Sadler, 2012, para. 5).
• Unfortunately, only “one in ten (nurses) speak up and share their full concerns” when potentially unsafe practice occurs (American Association of Critical Care Nurses, 2005).

Theoretical Framework

• Bandura’s Social Learning Theory (1977) was applied as the foundation for this perioperative educational simulation exercise. By transitioning behavior into action through familiarity and repetition.
• The educational intervention was implemented with the introduction of cognitive rehearsal techniques from Griffin and Clark (2014) to address incivility.
• The responses were modified to relate to the specific needs of operating room nurses and the common uncivil encounters encountered in the OR.

Acknowledgements

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• Thank you Dr. Max E. Quintana, my husband, for his continuing support and encouragement.

Literature Review

• Matters of uncivility, such as fear of a counterattack or disruptive reactions, may be to blame for OR nurses failing to speak up when necessary.
• Compounding this issue could be the perceived dynamics of the perioperative setting. “The pronounced hierarchy of the OR may also make non-civil communication a nurse more challenging than in other clinical settings” (Berlinger & Dietz, 2017, p. 927).
• There is little attention spent on promoting civility and positive communication in training OR nurses. “While there is a growing body of literature in nursing education and practice on the topic of incivility, very few studies provide specific teaching strategies to address the “reality shock” between what students learn about the practice of nursing and the interactions they may experience in the workplace” (Clark, Alten, & Macy, 2013, p. 77).

Theoretical Framework

Common Uncivil Behaviors Among Nurses

<table>
<thead>
<tr>
<th>With Associated Cognitive Rehearsal Responses (Griffin &amp; Clark, 2014).</th>
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<tbody>
<tr>
<td>Uncivil Behavior</td>
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<tr>
<td>Nonverbal behaviors or animus (e.g., eye-rolling, making faces, deep sighing).</td>
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<tr>
<td>Name-calling, verbal affronts, demeaning comments, putdowns, sarcastic remarks.</td>
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<tr>
<td>Using silent treatment or withholding important information.</td>
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<tr>
<td>Spreading rumors, gossiping, failing to support, sabotaging a coworker, or sharing information you were asked to keep private.</td>
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References


Decision to Change

• OR nursing students were trained to practice communication skills in an “uncivil” OR setting. The students were part of a second degree BSN perioperative elective course, and the simulation exercise took place in May of 2018.
• The participants responded to possible compromises in patient safety, and experienced communicating undesirable, yet critical, information to surgeons and anesthesiologists as needed.
• When communication and behavior became uncivil, students practiced using techniques from Griffin and Clark’s (2014) cognitive rehearsal with the OR-specific modifications.

Evaluation

• It is essential to “develop and implement curricula that educate nursing students on the incidence of disruptive behaviors including lateral violence and bullying, along with steps to take to eradicate this behavior” (Center for American Nurses, 2008, p.6).
• Pre-planned phrases were used to de-escalate uncivil encounters in a successful way. The exercise strengthened the students’ ability to perform their required duties with increased confidence.
• 100% of the students felt they were better prepared to deal with potential matters of incivility after participating in the simulation.
• Civility, collaboration, and positive communication are the cornerstones for healthy work environments. By strengthening the way in which healthcare professionals communicate, a healthy work environment can be maintained.

WAY IN WHICH HEALTHCARE PROFESSIONALS COMMUNICATE, A HEALTHY WORK ENVIRONMENT CAN BE MAINTAINED.

Common Uncivil Behaviors Among Nurses

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- Spreading rumors, gossiping, failing to support, sabotaging a coworker, or sharing information you were asked to keep private.
- Matters of uncivility, such as fear of a counterattack or disruptive reactions, may be to blame for OR nurses failing to speak up when necessary.
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