It's Time for a Solution!
Overcoming Incivility in our Workplace

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Disclosure(s)

Conflict of Interest:

• Matthew S. Howard, DNP, RN, CEN, CPEN, CPN
  • Director of Scholarship – Sigma
  • Staff Nurse – Eskenazi Health

• Jennifer L. Embree, DNP, RN, NE-BC, CCNS
  • Clinical Associate Professor – Indiana University School of Nursing
  • Magnet Coordinator – Eskenazi Health

None

None
Learning Outcomes

• Upon completion, participants will be able to…
  • describe at least three disruptive behaviors associated with incivility and bullying
  • identify all of the steps involved with having a critical conversation
  • identify the implementation process of an educational activity designed to increase communication between staff
Background

• Incivility and bullying is increasing
  (Al-Hamdan, Manojlovich, & Tania, 2017; Attell, Brown, & Treiber, 2017; Butler, Prentiss, & Benaamor, 2018; Chang, Carter, Ng, Flynn, & Tan, 2017; Edmonson, Bolick, & Lee, 2017; Hoguh et al., 2016; Manton, 2017; Meires, 2018; Salin & Notelaers, 2017)

• Interpersonal hostility, bullying, toxic work environments are documented in nursing
Background

• Define the problem
• Multiple names – multiple meanings
Background

• Frequently examined within the literature
• Recognized epidemic
• Still continues

(Castronovo, Pullizzi, & Evans, 2016; Coile, 2016; Edmonson et al., 2017; Fleming, 2016; Giorgi et al., 2016; Granstra, 2015; Manton, 2017; Wilson, 2016; Wolf, Perhats, Clark, Moon, & Zavotsky, 2017)
Background

• Turnover as a result of bullying

• Incivility and bullying becoming more rampant

(Bruyneel, Thoelen, Adriaenssens, & Sermeus, 2017; Blackstock, Harlos, Macleod, & Hardy, 2015; Fitzpatrick, Campo, & Lavandero, 2011; Flinkman & Salanterä, 2015; Flinkman, Isopahkala-Bouret, & Salanterä, 2013; Oyeleye, Hanson, O’Connor, & Dunn, 2013; Tarcan, Hikmet, Schooley, Top, & Yorgancioglu Tarcan, 2017).
Background

- Incivility, interpersonal hostility, lateral and horizontal violence, and toxic work environments are issues many nurses deal with daily

(Adriaenssens et al., 2015; Christie & Jones, 2014; Dellasega et al., 2014; Elmblad et al., 2014; Park et al., 2015)
Background

- Negative outcomes as a result of bullying behaviors have been identified to increase:
  - Intent to leave the profession
  - Department turnover
  - Health issues
  - Mental health issues (depression)

(Al-Hamdan et al., 2017; Arnold & Walsh, 2015)
Evidence

• Descriptive study:
  • Survey using six validated tools
  • RNs in southeastern US
  • N = 345
• Findings:
  • 40% victims of bullying behavior within the previous six months
  • 68% witnessed co-workers being bullied

(Sauer & McCoy, 2018)

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Nurse Bullying and Intent to Leave

Workplace bullying is commonplace in the nursing profession. The obvious impact of bullying is to the victim who may experience mental or psychological distress and increased levels of stress (Lillienberg & Nielsen, 2015; Georg et al., 2010; Sauer & McCoy, 2016). Victims of bullying experience high stress levels, burnout, and consequently lose loyalty and a negative behavior toward another employee. This negative behavior can include verbal actions such as eye rolling, ignoring, and walking away when approached (American Nurses Association [ANA], 2015). Verbal manifestations include snide or derogatory comments, yelling, or teasing a co-worker. Researchers have used different definitions of bullying; most describe the same behaviors but vary in the severity.

• Negative Acts Questionnaire
• Perceived Stress Scale
• Resilience Scale

Research about nurse bullying frequently focuses on the impact to the victim. The purpose of this article is to report the findings from a study that examined bullying among nurses and the impact bullying had on the nurses’ intent to leave their unit or employer.

Literature Review

Bullying Phenomenon

Bullying, workplace bullying occurs when an employee displays evidence of harassment or intimidation settings. Recent research findings report 28% (n=199) of Israeli nurses were bullied (Cann et al., 2015), in Turkey 21.8% (n=234) of nurses reported bullying (Baturak, 2015), and in Greece 30.2% of nurses (n=104) reported being bullied (Karatzas, Zopyrakis, Trivizas, & Panagiotis, 2010). Allen, Holloway, and Reynolds (2015) found 61% (n=762) of nurses were bullied in Australia. In the United
Evidence

• Descriptive study:
  • Survey using four tools
  • RNs at western Canadian hospital
  • N = 103

• Findings:
  • Found positive association between bullying acts and intent to leave the organization

(Blackstock et al., 2015)
Evidence

- Descriptive cross-sectional design study:
  - Survey using two tools
  - RNs in tertiary hospitals in South Korea
  - N = 508
- Findings:
  - Direct relationship between job satisfaction (due to bullying behaviors) and intent to leave

Workplace Bullying, Job Stress, Intent to Leave, and Nurses’ Perceptions of Patient Safety in South Korean Hospitals

Hyunjin Oh, Dongchaen Uhm, Young-Joo Yoon

Background: Negative work environments influence the ability of nurses to provide optimal patient care in a safe environment.

Aim: The purpose of the study was to test a model linking workplace bullying (WPB) and lateral violence (LV) with job stress, intent to leave, and, subsequently, nurse-assessed patient adverse outcomes (safety climate).

Design: This descriptive correlational study examined the relationships between study variables and used a structural equation model to test the validity of the proposed theoretical framework.

Methods: A convenience sample of 508 clinical nurses working in eight general hospitals in Daegu, South Korea, completed a questionnaire on measures of WPB, LV, job stress, intent to leave, and nurse-assessed patient safety. Analysis of nurse-rated structures was used to estimate a set of three models with competing measurement structures for WPB and LV and the same structural models. A Monte Carlo simulation was used for model selection.

Results: Among the three proposed models, the model with complex factor loadings was selected (WPB and LV were both associated with verbal abuse and physical threats). WPB directly and indirectly influenced nurse-assessed patient safety. Job stress directly influenced intent to leave, and intent to leave directly influenced nurse-assessed patient safety.

Conclusions: The results of the study support the proposition that WPB, job stress, and intent to leave may be associated with nurse-assessed adverse outcomes (patient safety climate) in hospitals. Nurse perceptions of WPB were associated with adverse outcomes.

(Oh, Uhm, & Yoon, 2016)
Evidence

Among workers who have been on the receiving end of incivility:

- 48% intentionally decreased their work effort.
- 63% lost work time avoiding the offender.
- 78% said that their commitment to the organization declined.
- 38% intentionally decreased the quality of their work.
- 80% lost work time worrying about the incident.
- 66% said that their performance declined.
- 12% said that they left their job because of the uncivil treatment.

(Porath & Pearson, 2010, p.64-65)
Evidence

Among workers who have been on the receiving end of incivility:

- 94% of targets, get even with bullies
- 88% of targets, get even with their organization

(Porath & Pearson, 2010, p.64-65)
Workplace bullying and incivility cost facilities on average of $11,581 per nurse, per year. If only 10% of nurses at the facility experienced incivility or bullying in the workplace, the cost would be > $1.3M per year in lost productivity. (Lewis & Malecha, 2011)
Background

- Communicating is often uneasy
- A positive work culture relies on effective and civil communication

Gaps

• Descriptive studies

• Solutions needed
Purpose

• Examine if an educational activity can:
  1. Increase civility
  2. Increase comfort level in holding conversations
Conceptual Framework

Bullying Experience → Psychological Empowerment → Psychological Well-being

Conflict Management Styles → Psychological Well-being

↓ Depression
↓ Self-esteem
↓ Clinical Satisfaction

(Ren & Kim, 2017, p. 702)
Project Design

• A quasi-experimental mixed methods design study

Experimental Group

Non-random assignment to groups

Control Group

Pre-intervention

EG 1

Intervention

EG 2

Post-intervention

CG 1

CG 2

EG 1, CG 1 = Pre-intervention data collection point

EG 2, CG 2 = Post-intervention data collection point
Project Design

- Inclusion criteria

- Experimental Group
  - Nurses currently in standard nursing orientation

- Control Group
  - Nurses who completed standard nursing orientation within the last calendar year

Non-random assignment to groups

Sent to all nurses who meet inclusion criteria:
- Burn Critical Care (ICU)
- Emergency Department
- Acuity Adaptable Clinics
- OB
- Operating Suite
- Psychiatry
- Interventional Suites

Over 250 met inclusion criteria
Validated Data Collection Tools Utilized

**Workplace Civility Index**
- A validated evidence-based questionnaire constructed to assess a nurses’ personal civility and increase personal awareness related to personal actions and intentions.

**Negative Acts Questionnaire- Revised**
- A validated 22-item instrument that was developed at a university in Bergen, Norway. This instrument measures perceived exposure to bullying and harassment while at work. The tool can identify targets of bullying who will have a larger score compared to non-targets.

(Clark, 2017; Clark, Sattler, & Barbosa-Leiker, 2018)  
(Einarsen, Hoel, & Notelaers, 2009)
Project Design

- Data collection information

**Experimental Group**

- EG 1
- Intervention
- EG 2

**Control Group**

- CG 1
- CG 2

**Non-random assignment to groups**

**Pre-intervention**

Experimental Group: EG 1

Control Group: CG 1

**Post-intervention**

Experimental Group: EG 2

Control Group: CG 2

EG 1, CG 1 = Demographics, Workplace Civility Index, Negative Acts Questionnaire - Revised

EG 2, CG 2 = Workplace Civility Index

EG 2 = Intervention specific questions
Project Design

- The intervention

Pre-intervention

Experimental Group

Non-random assignment to groups

EG 1

Intervention

EG 2

Post-intervention

Developed by Sigma Theta Tau International Honor Society of Nursing (Sigma)

Bullying in the Workplace: Solutions for Nursing Practice

Time: ~2 hours 40 minutes

Authors from around the world

Evidence based solutions

Innovative branching scenarios
Branching Scenarios

- Case studies
You are walking down the hall and pass “the mean nurses” who are congregated around the reception desk. Right after you walk by (but within ear shot), you overhear: “She is such an idiot. I mean, how is someone like her actually a nurse? She must have cheated her way through school.”

They all chuckle and nod in agreement.

1. (You spin around and walk up to the group. You get close and point your finger at them.) Excuse me, what did you say?

2. (Curious) Excuse me, what did you say?

3. You walk away and say nothing. You can’t change anyone else’s behavior.
Project Design

Experimental Group

Non-random assignment to groups

Pre-intervention
EG 1
Intervention
EG 2
Post-intervention

SMART goals to measure success

✓ More than 80% of participants will have increased their WCI score.
✓ More than 80% of participants will have implemented at least one positive conflict management strategy effectively.
## Data Analysis

### Educational Background

<table>
<thead>
<tr>
<th>Degree</th>
<th>Control</th>
<th>Experimental</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Degree</td>
<td>25.0%</td>
<td>23.8%</td>
<td>24.5%</td>
</tr>
<tr>
<td>Baccalaureate Degree</td>
<td>60.7%</td>
<td>61.9%</td>
<td>61.2%</td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>14.3%</td>
<td>9.5%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Doctoral Degree</td>
<td>0.0%</td>
<td>4.8%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>
Validated Data Collection Tools Utilized

Workplace Civility Index

- A validated evidence-based questionnaire constructed to assess a nurses’ personal civility and increase personal awareness related to personal actions and intentions.

<table>
<thead>
<tr>
<th>Scoring the Civility Index</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Very civil</td>
<td>90-100</td>
</tr>
<tr>
<td>Civil</td>
<td>80-89</td>
</tr>
<tr>
<td>Moderately civil</td>
<td>70-79</td>
</tr>
<tr>
<td>Minimally civil</td>
<td>60-69</td>
</tr>
<tr>
<td>Uncivil</td>
<td>50-59</td>
</tr>
<tr>
<td>Very uncivil</td>
<td>&lt;50</td>
</tr>
</tbody>
</table>

(Clark, 2017; Clark, Sattler, & Barbosa-Leiker, 2018)
## Data Analysis

### Workplace Civility Index
- Paired two sample t-test
- These changes were significantly significant

<table>
<thead>
<tr>
<th></th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WCI Pre Test</td>
<td>WCI Post Test</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>Total</td>
</tr>
<tr>
<td>Mean</td>
<td>91.57</td>
<td>88.21</td>
</tr>
<tr>
<td>Variance</td>
<td>26.76</td>
<td>44.62</td>
</tr>
<tr>
<td>Observations</td>
<td>21</td>
<td>28</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>0.97</td>
<td>0.26</td>
</tr>
<tr>
<td>df</td>
<td>20</td>
<td>27</td>
</tr>
<tr>
<td>t Stat</td>
<td>-6.16</td>
<td>3.99</td>
</tr>
<tr>
<td>P(T&lt;=t) one-tail</td>
<td>2.54</td>
<td>0.00022</td>
</tr>
<tr>
<td>t Critical one-tail</td>
<td>1.725</td>
<td>1.703</td>
</tr>
<tr>
<td>P(T&lt;=t) two-tail</td>
<td>5.09</td>
<td>0.000454</td>
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<tr>
<td>t Critical two-tail</td>
<td>2.056</td>
<td>2.052</td>
</tr>
</tbody>
</table>

(t = -6.16, p = < 00001)  
(t = 3.99 and p = .000227)
## Data Analysis

- Mean WCI scores by age ranges by grouping

<table>
<thead>
<tr>
<th></th>
<th>Pre-Intervention</th>
<th>Post-Intervention</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control Group</td>
<td>88.2</td>
<td>80.2</td>
<td>-8.0</td>
</tr>
<tr>
<td>Baby Boomers</td>
<td>96</td>
<td>75</td>
<td>-21.0</td>
</tr>
<tr>
<td>Generation X</td>
<td>90.6</td>
<td>84.8</td>
<td>-5.8</td>
</tr>
<tr>
<td>Millennials</td>
<td>88</td>
<td>78.6</td>
<td>-9.4</td>
</tr>
<tr>
<td>Post-Millennials</td>
<td>81.8</td>
<td>76.8</td>
<td>-5.0</td>
</tr>
<tr>
<td>Experimental Group</td>
<td>91.6</td>
<td>95.4</td>
<td>2.0 – 4.3</td>
</tr>
<tr>
<td>Baby Boomers</td>
<td>93</td>
<td>95</td>
<td></td>
</tr>
<tr>
<td>Generation X</td>
<td>90.8</td>
<td>95.2</td>
<td></td>
</tr>
<tr>
<td>Millennials</td>
<td>91</td>
<td>95.2</td>
<td></td>
</tr>
<tr>
<td>Post-Millennials</td>
<td>94.7</td>
<td>97</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>89.7</td>
<td>86.7</td>
<td></td>
</tr>
</tbody>
</table>

Workplace Civility Index
Recommendations

• Review measures of success:

✓ More than 80% of participants will have increased their WCI score.

100% experimental group increased WCI scores
(pre-intervention M= 91.6, post-intervention M= 95)
(t = -6.16, p = < 00001)
Recommendations

• Review measures of success:
  ✓ More than 80% of participants will have implemented at least one positive conflict management strategy effectively.

Another participant stated, “I took the opportunity to have a conversation with a tech that has been very dismissive. The conversation went well, but time will tell”.

Another participant noted, “the course did give me the tools to speak with a physician in a positive way”.

One participant noted, “I felt comfortable having a conversation that needed to happen a long time ago”.
Conclusions

• The implementation of Sigma’s “Bullying in the Workplace: Solutions for Nursing Practice” provided early evidence to support that an asynchronous provider-directed, learner-paced e-Learning educational activity can effectively decrease incivility and increase perceived comfort with holding critical conversations between nurses.


References


References


