BACKGROUND/PURPOSE:
• Incivility in the workplace is a global issue of concern, affects mental and physical health of healthcare workers, detrimental to whole healthcare system (Armstrong, 2018; Castronovo et al., 2015).
• Literature does not explore cultural differences on self-awareness, perceptions and identification of uncivil behaviors (Phillips, et al. 2018).

THEORETICAL FRAMEWORK:
• Bandura’s Social Cognitive Theory
• Focus on behaviors learned from watching others, environmental factors, and individual goals and motivations (Bandura, 1998).

METHODS:
• Quasi-experimental, quantitative study using a pre-test/post-test design with a cinematic educational intervention.
• Pilot study performed in U.S. and replicated in Ireland.

SAMPLE/SETTING:
• Convenience sample of nurses and healthcare professionals attending conferences in U.S. (n=104) and Ireland (n=73).

PROCEDURES:
• Duplicate pilot studies in each international settings over 4 months.
• The intervention used multiple, pre-determined short movie clips to demonstrate empathy, self-awareness and compassion.
• Assessment surveys undertaken pre- and post-intervention for comparison and evaluation of effectiveness of tool.

RESULTS:
• In SPSS 26, a two-tailed, paired samples t-test was conducted on data from each pilot, revealing an increased awareness of incivility after a cinematic educational intervention, in each of the three survey questions (p<0.05).

DISCUSSION:
• Results of replicated pilot studies found the intervention tool to be effective across cultures in increasing awareness of uncivil behaviors.
• The most significant finding was the increased self-awareness of one’s own uncivil behaviors.
• Future research of this intervention is planned in Asia and Australia.

IMPLICATIONS:
• Intervention could be used in curriculum to help with increasing awareness of uncivil behaviors in the workplace and help improve healthcare outcomes.
• Should be incorporated into education for nursing and other healthcare fields.

LIMITATIONS:
• Demographics of participants were not collected to show how many were working professionals, which health fields, years of experience, etc. which could have better informed the results.
• The intervention required multiple technological needs and in both studies, issues with technology arose during the intervention, especially with access to the online survey.
• Both studies were performed in tight time intervals since it was completed during conferences.

RECOMMENDATIONS:
• Despite limitations, the tool was still found to be effective and can be easily implemented into undergraduate and graduate nursing programs, and workforce orientation training.
• Future research is needed to build this body of literature.

REFERENCES: