REGISTERED NURSES’ LIVED EXPERIENCES OF PEER TO PEER INCIVILITY IN THE WORKPLACE

Susan Condie, PhD, RN, PHN, ACNS-BC, CNE, NE-BC, CHEP

STTI – Creating Healthy Work Environments; Indianapolis, IN
March 2017
Objectives of Presentation

1. To illustrate the impact that incivility in nursing has as related to safe patient care, retention of nurses, and medical costs.

2. To unveil the descriptions of lived experiences from nurses who have encountered uncivil behaviors directed toward them.

3. To discuss the implications of peer to peer incivility in the nursing profession, particularly nursing education and practice.
## Approach to concept of incivility

<table>
<thead>
<tr>
<th>Literature reviewed</th>
<th>Related concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>Bullying</td>
</tr>
<tr>
<td>Medicine</td>
<td>Horizontal hostility</td>
</tr>
<tr>
<td></td>
<td>(Alspach, 2007; Bartholomew, 2006)</td>
</tr>
<tr>
<td>Education</td>
<td>Horizontal violence</td>
</tr>
<tr>
<td></td>
<td>(Freire, 1970)</td>
</tr>
<tr>
<td>Business</td>
<td>Professional terrorism</td>
</tr>
<tr>
<td>Social sciences</td>
<td>Workplace violence</td>
</tr>
</tbody>
</table>
What is peer to peer incivility?

- The operational definition defines incivility as a “low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect” (Andersson & Pearson, 1999).

(Continuum of Incivility)

- Behaviors range from:
  - non-verbal (eye-rolling)
  - sarcasm
  - bullying
  - racial/ethnic slurs
  - intimidation
  - mobbing
  - physical violence
  - tragedy

- Lower Level of Incivility: disruptive behaviors
- Higher Level of Incivility: threatening behaviors

- Distracting, annoying, or irritating behaviors
- Aggressive, threatening, or violent behaviors
The Face of Incivility

• Withholding pertinent information

• Rude or demeaning remarks

• Gossiping and spreading rumors

• Failing to support a colleague

• Neglecting, marginalizing or excluding a co-worker

• Breaking confidences

• Name calling, put-downs, and offensive sarcasm

(Clark, 2013; Dellasega, 2009, 2012; Griffin, 2004, Griffin & Clark, 2014)
Characteristics of perpetrators

- No one set of characteristics
- Presence of cliques

“Now that I'm thinking about it there was a time where it was called the mean girls club. Yeah it was known. It was the mean girls club and you basically stayed away from these particular nurses. Because they would literally take a bite out of you, chew you up, and spit you out.”
Characteristics of victims

• The **new** nurse

• Perceived lack of skills and confidence

• Those who choose to not fight back

• “We don't stand together. I think the most that I've seen our profession ever stand together in my time as a nurse was with the Joy Behar thing and the stethoscope because nurses were outraged and furious about that. That is one of the only times in my entire professional career that I have actually seen collectively nurses agreeing across the board about anything. Or coming together for a cause...because everybody wants to complain....but nobody steps up and is willing to do anything about it.”
• “You could pick it out; the mean girls, the beaten girls, the girls that are trying to walk that fine line so that they're not falling into either category because that's not where they want to be, but they know after a while it's almost like you're forced to choose one side or the other to survive. And unfortunately in order to survive intact you have to become some of these people sometimes or side with them even though you don't agree with them in order to get by. Instead of stopping that behavior, it's perpetuated because we need to be there and do our jobs.”
Motivators of Uncivil Behavior

• Unaware of how behavior affects others

• Learned behavior

• Lack of social and emotional intelligence

• Ineffective communication and conflict negotiation skills

• Believed incivility is needed to change behavior or motivate others

• Underlying jealousy/envy

• Aligning with those perceived to have power

• Find pleasure in demeaning others
Consequences of peer to peer incivility in the nursing workplace

- **Inadequate patient care and safety** (AHRQ, 2008; IOM, 2007; Longo, 2010)

- **Loss of qualified healthcare workers** (AACN, 2009; ANA, 2010)

- **Increased medical costs** (Berry, Gillespie, Gates, & Schafer, 2012; Pittman, Herrara, Bass, & Thompson, 2013)
What’s the cost of incivility?

- $23.8 billion annually to cover direct and indirect cost associated with uncivil and violent workplace behaviors

- $11,581 per nurse annually to cover lost productivity due to workplace incivility

(Clarke & Olender, 2011; Lewis & Malecha, 2011; McKenna, 2003; Pearson & Porath, 2013; Laschinger, et al, 2014; )
The purpose of this study was to explore the registered nurses’ lived experiences of peer to peer incivility in the workplace.
Research Question

What is the lived experience of a registered nurse who encounters peer to peer incivility in the workplace?
Methodology

- Qualitative paradigm
- Research design
  - Descriptive phenomenological
- Sample & setting
  - Purposive and snowball sampling
  - Fourteen participants
- Data collection
  - Demographic questionnaires
  - Semi-structured interviews
  - Observations
    - Confidentiality
      - Coded data list
      - Pseudonyms
Methodology cont.

• Data analysis
  – Thematic analysis
    • Spiegelberg (1965)
      – Intuiting
      – Analyzing
      – Describing
  – Member checking
  – Audit trail

• Verification strategies
Findings

- Participant demographics
  - Years of experience
    - 1 to 25 years
  - Varying levels of education
    - 2 ASN; 4 BSN; 4 MSN; 1 EdD; 2 DNP; 1 PhD;
  - Emergence of themes & subthemes

- Racial diversity
  - 8 white; 3 black; 2 Asian; 1 multiracial

- Employment status
  - 11 FT; 2 Per diem; 1 PT

- Time span of uncivil encounter
  - Less than a month to 28 years ago
Discussion of findings

- **Being in a War-zone**
  - Impact on Patient Care
  - Lack of Support and Intentionally Set Up to Fail

- **Experiencing Consequential Fall-out**
  - Somatic Complaints
  - Desire for Acceptance from Peers
  - Degradation, Power Struggle, and Stagnating the Nursing Profession
Our reaction to a situation literally has the power to change the situation itself.
A crucial measure of our success in life is the way we treat one another every day of our lives.

P.M. Forni

“BETTER TO BE THE ONE WHO SMILED THAN THE ONE WHO DIDN’T SMILE BACK.”
Implications of the Study

• Nursing Science & Research

• Nursing Education
  – Staff development
  – Academic

• Nursing Practice
Limitations

- Gender
- Geographical disposition
Recommendations for Future Research

• Longitudinal study
• Professional departures
• Male nurses’ lived experiences
• Influence of social structures
• War-zone theory development
Strategies to resolve peer to peer incivility in the nursing workplace

• Engaging nurses in dialogue related to responding to incivility in the workplace
• Among serious concerns that nurses report as barriers to delivering safe, quality care is the incidence of verbal abuse and disrespectful behavior received from co-workers, peers, and colleagues.
ANA Scope and Standards of Practice (2010)

- **STANDARD 11: COMMUNICATION**
  - Communicates effectively in a variety of formats in all areas of practice. The nurse assesses his or her own communications skills with patients, families, and coworkers while improving personal communication and conflict resolution skills.

- **STANDARD 12: LEADERSHIP**
  - Demonstrates leadership in the professional practice setting and the profession. Requires nurses to treat co-workers with *respect*, *trust* and dignity.

- **STANDARD 13: COLLABORATION**
  - Collaborates with the healthcare consumer, family, and others in the conduct of nursing practice. The nurse uses effective: conflict management/resolution, engagement, consensus building, and adheres to codes of conduct and behaviors that foster cooperation, *respect*, and *trust*. 
Provision 1.5
- The nurse creates an ethical environment and *culture of civility and kindness*, treating colleagues, coworkers, employees, students, and patients with dignity and respect; any form of bullying, harassment, intimidation, manipulation, threats, or violence are always morally unacceptable and will not be tolerated (ANA Code of Ethics, 2015)

Provision 3
- The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
Future of Nursing: Leading Change, Advancing Health

• Institute of Medicine (IOM) Report (2011)
  – Recommendation 2
    • Expand opportunities for nurses to lead and diffuse collaborative efforts to improve work environments and health care systems
**Improvement of Quality & Patient Safety**

- Promoting peer to peer civility in the nursing workplace improves the quality of healthcare services and patient safety by:

  - Delivering safe patient care
  - Retaining nurses
    - Improving peer relationships of nurses
  - Reducing medical costs
Quality and Safety Education for Nurses (QSEN)

• Teamwork and Collaboration Competency
  – Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care
    • [http://www.qsen.org](http://www.qsen.org)

• Safety Competency
  – Minimizes risk of harm to patients and providers through both system effectiveness and individual performance
A flower does not think of competing with the flower next to it.

It just blooms.
Thank You