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Incivility in Nursing

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Incivility in Nursing

by

Amanda Woodie Barnes

A project submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the
Master of Science in Nursing Degree

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Submitted by:

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Abstract

Incivility and bullying in the workplace are serious problems in the nursing profession. Nurses who experience uncivil behaviors have been shown to have negative consequences to their health and well-being. Negative interactions between nurses can compromise patient care and patient safety which can result in undesirable patient outcomes. Healthcare organizations are negatively affected financially by these inappropriate behaviors which can be detrimental to the organization. The purpose of this project was to reduce or mitigate incivility in the workplace by increasing knowledge in clinical staffing relating to the issue, increase self-confidence and resilience, and improve communication so staff will be able to effectively respond to uncivil behaviors. An evidence-based practice literature review was conducted focusing on interventions to reduce and mitigate workplace incivility. The literature review supported educational intervention and cognitive rehearsal strategies along with enforcing workplace violence policy to be effective in reducing incivility, bullying, and workplace violence. An educational module including cognitive rehearsal training was developed to facilitate staff training. If this project were implemented, a pre/post survey method using the Nursing Incivility Scale could be completed to evaluate change and module effectiveness.

Keywords: nursing incivility, nursing, and bullying, bullying, lateral and horizontal violence, workplace incivility, interventions of nursing incivility

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CHAPTER I

Introduction

Despite zero-tolerance workplace policies, incivility in the nursing workforce continues to be pervasive and a serious problem in healthcare industries today. In 2017, the Workplace Bullying Institute (WBI) reported 60.3 million employees were affected in the United States by workplace violence (Namie, 2017). Many nursing professionals have witnessed or experienced inappropriate behavior while on duty at some point throughout their nursing careers. According to The Joint Commission (2021), 44% of nursing staff have been bullied. Some nurses are uncertain what constitutes professional incivility which causes disruptive or violent behaviors to often go unrecognized, while others are able to acknowledge events, but unfortunately, choose to disregard them. The WBI reports 37% of employees are completely unaware of uncivil conduct in the workplace (Namie, 2017). Abusive behavior is often left unaddressed due to underreporting or not being reported at all (Occupational Safety and Health Administration [OSHA], 2015). The Occupational Safety and Health and Administration indicates underreporting is due to a lack of formal reporting systems and employees are fearful of retaliation (OSHA, 2015). The American Nurses Association (2019) identifies barriers to reporting which include lack of training, lack of supervisor support, and a perception that acts of incivility are “part of the job”. Violence against nurses can occur from a variety of sources which include patients, visitors, physicians, other nurses, subordinates, and supervisors.

Problem Statement

Incivility in nursing affects nurses in different ways, psychologically and physiologically. Both physical and psychological effects are detrimental to the well-being

and safety of nurses. The effects of incivility not only impact the health and safety of nurses but also impact healthcare organizations financially.

Significance

Acts of incivility can cause negative effects on a nurse's self-worth and self-confidence (Hampton & Rayens, 2019). According to the United States Bureau of Labor Statistics (BLS) (2020), experiencing incivility can cause poor mental health and physical harm that require multiple days off work to allow for recuperation (BLS, 2020). The United States BLS reported over 900,000 healthcare workers in 2018 required time away from work-related to workplace violence (2020). Fatalities can result from acts of violence that cause psychological harm. The BLS (2020) reported more than 5,000 homicides transpired in 2018 and were identified as healthcare workers.

Incivility causes a significant interruption in providing quality patient care which negatively impacts patient safety and patient outcomes (American Nurses Association [ANA], 2019). Uncivil behavior affects workplace morale, productivity, and job satisfaction and increases staff turnover. Healthcare facilities experience financial ramifications due to excessively high costs related to absenteeism, attrition, and performance issues (Hampton & Rayens, 2019). According to OSHA (2015), replacing one nursing professional can cost over \$100,000. It is crucial to prevent and eliminate incivility in nurses.

Purpose

The purpose of this project was to develop an educational program to prevent or mitigate incivility and bullying in the workplace. This educational project was aimed to promote a civil, safe, and healthy workforce by utilizing interventions to enhance

knowledge, build confidence and resilience, decrease stress levels, and improve effective communication when dealing with uncivil behaviors. Evidence-based strategies and interventions will be examined to develop the program. A revision to the current workplace violence policy will also be considered. The educational program will provide a thorough overview of incivility and bullying to help nurses and other healthcare professionals better understand workplace violence. Participants will learn how to identify uncivil behaviors and develop effective skills to respond appropriately to uncivil behaviors. Nurses and other healthcare professionals will be encouraged and empowered to decrease incivility and bullying in the workplace.

Conceptual Framework

The conceptual framework that will be utilized for this project is Neuman's Systems Model. Neuman's Systems Model concentrates on internal and external stress factors that affect a person's health and well-being (Neuman, 1995). This nursing model is composed of five variables affected by stressors which include psychological, physiological, sociocultural, developmental, and spiritual. Incivility and bullying in nursing are external factors that can contribute to psychological and physiological stressors. Elevated stress levels can negatively impact the health and well-being of nurses which adversely affects patient care and operating costs of healthcare facilities. The American Nurses Association (ANA) supports stress reduction techniques and the development of health and wellness strategies to promote workplace violence prevention (2020; 2019). Self-care measures and resilience training are suggested by the ANA to aid in reducing stress levels and to promote health and wellness in nurses (ANA, 2020; 2019).

Neuman also classifies three levels of intervention in providing guidance for responding to stressors. The three levels of interventions are primary, secondary, and tertiary prevention. Each level of intervention is used to target specific phases of stress responses in seeking an optimal level of wellness (Neuman, 1995). Relating to this project, primary prevention focuses on preventing the risks of workplace incivility. It includes training new staff during the onboarding process to ensure expectations are set regarding workplace incivility. Secondary prevention includes a training exercise that focuses on cognitive rehearsal scenarios that educate staff on appropriate responses to uncivil events. Tertiary prevention includes an evaluation of current practices in an effort to improve future outcomes. Two areas identified in this training module include a detailed review of the current workplace violence prevention policy to address deficiencies and provide necessary updates. In addition, annual training will be required to provide continuing education and to reiterate workplace expectations relating to incivility in the workplace.

Definition of Terms

The American Nurses Association (ANA) describes incivility conduct as rude, intimidating, and discourteous behaviors (2015). This unacceptable and abusive behavior may not be intended to cause harm or may or may not be directly aimed towards others. Uncivil behaviors include but are not limited to gossip, undermining co-workers, spreading rumors, eye-rolling, making facial expressions, and deliberately avoiding communication with a co-worker (Kisner, 2018; ANA, 2015). Other forms of incivility are lateral/horizontal violence and bullying. Examples of lateral violence include condescending and sabotaging behaviors and purposely excluding or isolating team

members (Green, 2017). These behaviors are intentional and typically meant to cause psychological harm to co-workers. Bullying is another significant problem in nursing. However, bullying occurs more frequently and is more intense and destructive (ANA, 2015). The repetitive actions are unwanted and deliberately intended to be harmful and to humiliate the victim (ANA, 2015). Bullying actions may include verbal assaults, threats, mocking behavior, and assigning unfavorable work to employees (McNamara, 2012).

CHAPTER II

Literature Review

An extensive search was conducted to identify best practices for preventing and eliminating incivility and bullying in nursing. Databases searched include CINAHL, EBSCO, ProQuest, PubMed, and Google Scholar. The inclusion criteria included peer-reviewed, full-text scholarly articles. Previous and current publication dates ranged from 2010 to 2020. The search generated many articles relating to workplace incivility but provided a limited selection of studies or articles related to the purpose of this project. Articles included are those identifying nursing incivility and those that focused on interventions to mitigate the issue. Articles excluded were those of secondary sources and those with no mention of addressing the problem. The keywords and Boolean phrases used to drive the search included: nursing incivility, nursing and bullying, bullying, incivility, workplace violence, workplace incivility, lateral violence, horizontal violence, incivility and interventions, nursing and education, cognitive rehearsal, and nursing incivility tools.

Stagg et al. (2013) conducted a non-experimental pilot study to evaluate the effectiveness of a cognitive rehearsal training program. The study was conducted in a hospital setting and was approved by the hospital Institutional Review Board. A small convenience sample of 15 medical and surgical nurses was recruited to participate in the study. Participation was voluntary. Informed consent was signed by the participants prior to the study. The cognitive rehearsal program consisted of a 2-hour training that specifically focused on responding to bullying behavior. Cue cards were used in the

program for rehearsing scenarios in responding to bullying. An internet-based survey was used for a 6-month post-program follow-up.

Stagg et al. (2013) found that 67% (n=10) of nurses completed the 6-month post-program follow-up survey. The survey consisted of 14 questions with six questions reserved for written responses. A common theme was discovered from the written comments. An increase in self-awareness of bullying behaviors was identified which included both their behaviors and those of others. Backbiting was considered to be the most frequent bullying action among nurses. Bullying behavior was identified by 50% (n=5) of nurses.

In evaluating the effectiveness of the cognitive rehearsal program, 70% (n=7) of nurses changed their behaviors since attending the 2-hour training. The results of the survey also supported 90% (n=9) of nurses were able to recognize bullying behavior and 70% (n=7) reflected an improvement in responding to uncivil behavior. Overall, a reduction in workplace bullying was identified by approximately half of the participants.

Razzi and Bianchi's (2019) study was conducted to increase nurses' awareness of incivility by training nurses how to respond to uncivil behaviors. To increase nurses' knowledge, an educational module was developed that included a thorough overview of incivility. Scripted scenarios were developed for cognitive rehearsal training to build confidence and prepare nurses how to respond to uncivil behaviors. A formal incivility policy was developed to complement and help sustain this program.

This project took place in a northeastern hospital using a convenience sample of 24 female nurses. The age range consisted of 20-61 years old. The majority (63.6%, n=14) of the participants fell between the ages of 51-60 years old and had over 10 years

(86.4 %, n=19) of nursing experience. The Institutional Review Board approved the study and participants consented to participate. The educational portion of the program consisted of 1 hour to enhance participants' knowledge of incivility. Following the educational session, participants were provided cue cards for role-playing to help participants gain confidence and build skills to respond appropriately to uncivil behaviors.

The Nursing Incivility Scale (NIS), a five-point Likert scale, was utilized for this project. The survey was completed prior to attending the program, immediately after the program, and a 1-month post-program. The internal consistency of the scale was .76. Data were analyzed using one-way ANOVA. A total of eight subscales were used in the survey. Findings were significantly different for five subscales: inappropriate jokes ($p < .034$), free riding ($p < 0.010$), gossip or rumors ($p < .005$), abusive supervision ($p < .000$), and lack of respect ($p < .008$). The other three subscales were considered to be statistically non-significant.

Participants reported an increase in incivility awareness, more effective communication, and a decline in exposures. Based on these findings, the project raised awareness of the problem and gave nurses confidence to react to uncivil behaviors. Incivility programs combined with zero-tolerance policies augment and sustain incivility programs.

There were several limitations to this study. The limitations include the small sample size, the time required to complete the survey, and how the final survey was sent to participants. Some survey responses were identified as incomplete. It was suggested to use an online method that would not allow unanswered questions. The time length

between program completion and the final survey was also considered as a limitation. It was recommended to provide more time to allow behavior change.

Kile et al. (2018) conducted a pilot study focusing on education and cognitive rehearsal to address nurse to nurse incivility. The goal of this study was to help nurses to recognize incivility and to provide guidance on how to confront incivility to promote job satisfaction. This study is based on Bandura's Social Learning Theory.

This mixed-method study took place in a rural community hospital located in Virginia and was approved by the Institutional Review Board. Informed consent was obtained from the participants prior to participating in the study. A convenience sample of 17 registered nurses who worked on a post-anesthesia care unit were participants. The participants were white females ranging from 25–65 years old with different years of nursing experience. Experience ranged from less than 1 year to over 20 years.

Several sources were utilized to collect information. Sources included the Nursing Incivility Survey (NIS) using a 5-point Likert scale to evaluate workplace incivility, the Nurse Interaction subscale to assess job satisfaction, and a questionnaire containing two qualitative open-ended questions evaluating how nurses handled nurse-to-nurse incivility and how it affected job satisfaction. The two open-ended questions were designed to avoid leading the participants and one principal investigator led the sessions to avoid training inconsistency.

The training consisted of five 2-hour sessions over a course of 3 weeks. The sessions included a thorough overview of incivility and its effects, and role-playing using cue cards based on Bandura's Social Learning Theory. Surveys were completed prior to, immediately after and 6 weeks post-training. The findings of this pilot study support that

educational sessions and cognitive rehearsal training were effective in increasing participants' awareness and responding to uncivil behavior, but did not affect job satisfaction.

One of the limitations of this study was the small sample size. Two participants were excluded and not able to complete the study due to insufficient tracking information. Another limitation was related to an open-ended question as it was not worded to evaluate job satisfaction appropriately. To strengthen the study, a control group was suggested for future evaluations.

Howard and Embree (2020) conducted a study to examine the effectiveness of an educational activity focused on addressing incivility and bullying. The educational activity was developed in collaboration with Sigma Theta Tau International Honor Society of Nursing. The asynchronous e-learning was provider-directed and offered online. The sessions were interactive and learner-paced. The program was developed into five different modules to increase self-awareness, knowledge, and productive communication, and dialogue.

This study was approved by the Institutional Review Board and the involved universities. The study took place at a Midwestern academic medical center. The participants included 49 nurses who recently completed orientation within the past year and nurses who were actively enrolled in orientation. Participants were composed of 46 females and three males who worked in intensive care, emergency room, and medical-surgical floor. The study consisted of a control group and an experimental group. The control group contained 28 participants while the experimental group contained 21

participants. The learning activities included online interactive case studies that allowed participants to actively think and respond to real-life scenarios.

The Workplace Civility Index (WCI) tool was used to evaluate the effectiveness of the educational sessions. A pre-test and post-test were completed. A scoring key was used to analyze data. The participants' scores ranged from 20 to 100. Lower scores denote uncivil behavior while higher scores indicate civil behavior. The score for the experimental group increased for all participants from preintervention (M=91.6) to post-intervention (M=95). However, the score for the control group decreased from pre-intervention (M=88.2) to post-intervention (M=80.2). Findings were statistically significant. The study advises the decreased score could be related to self-reflection and an increase in self-awareness. As further supporting evidence, 100% of experimental group participants responded to having at least one positive experience with a conflict management strategy. The increased scores of this study are consistent with earlier studies.

There were several strengths and limitations to this study. The limitations include the small sample size, recruiting process, the time required to complete activities and surveys, and the number of years of experience. Some nurses were involved in patient care during the time of the study and did not put forth full effort to complete the survey. Strengths included support from nursing administration and utilizing Sigma Theta Tau International Honor Society of Nursing designers and technology to help develop the e-learning activity.

Overall, the literature review identified interventions aimed at addressing workplace incivility and bullying behaviors in nursing. The studies focused on different

approaches that include policy development, education, and cognitive rehearsal training. These strategies were utilized to promote a zero-tolerance policy, facilitate learning to increase knowledge of incivility, and develop skills to handle difficult situations concerning uncivil behaviors. The literature provided evidence that administrative, educational methods, and cognitive rehearsal training programs can increase nurses' recognition of incivility and prepare nurses to effectively address uncivil behavior as it occurs.

CHAPTER III

Needs Assessment

Population

The target population for this quality improvement project includes a mixture of clinical employees that include Family Nurse Practitioners (FNP), Registered Nurses (RN), Certified Nursing Assistants (CNA), Certified Medical Assistants (CMA), and Certified Phlebotomy Technicians (CPT). The potential participants include 17 females ranging from 24-72 years of age. The educational levels vary ranging from 12 weeks of college education to a doctoral degree in nursing. There was also a wide variety of experience levels which extend from 6 months to 52 years of practice among the projected participants.

Setting

The setting for this project was the clinical departments of a healthcare organization in rural western North Carolina. This organization was staffed with approximately 50 employees. A wide range of medical services is provided to individuals of all ages. Services include but are not limited to primary care, preventive care, chronic disease management, behavioral health, and dermatology services.

Stakeholders

The stakeholders for this project were clinical staffing which includes nurses, medical assistants, nursing assistants, phlebotomy technicians, and administration. Administration staff included the Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Medical Officer (CMO), Director of Quality Improvement (DQI), and the Director of Nursing (DON). These stakeholders have a wealth of knowledge regarding

organizational insight and can provide valuable input to support project goals and objectives. These individuals will also be able to identify project issues and can contribute to mitigating problems. Other stakeholders will be patients as they will benefit from a decrease in behaviors by improving the quality of patient care.

SWOT Analysis

A SWOT analysis was conducted to assess the strengths, weaknesses, opportunities, and threats of the organization. The analysis provided an insightful review of internal and external factors. The analysis identifies many valuable organizational strengths and several potential opportunities. The strengths are key elements that drive the organization for success. The high-performing organization has a skilled and knowledgeable staff that concentrates on continuous quality improvement measures. However, the weaknesses and threats identified are critical in nature and can lead to many different types of organizational issues. Low staff morale was identified which can interfere with quality healthcare services and other issues such as decreased job satisfaction and staff retention. Another major concern was the lack of a Human Resources department. Human Resources plays a vital role in ensuring high-quality healthcare services and workplace safety. This department also manages personnel-related functions which include maintaining staff morale and retention. The data provided in the SWOT analysis determines the organization is at risk (Table 1).

Table 1*Strengths, Weaknesses, Opportunities and Threats Analysis (SWOT)*

S	W	O	T
Strengths	Weaknesses	Opportunities	Threats
Administration Support	Lack of Human Resources	Training can improve safety and quality	Other organizations in the surrounding area have vacancies
Skilled and knowledgeable staff	Low morale	Training can increase workplace morale and job satisfaction	Other organizations in the surrounding area have better benefits
Zero-Tolerance Policy Already in Place	Short Staffing	Training can improve staff retention	Key staff go somewhere else to work
Financial Support	Organizational risk for incidents/injuries	Establish a healthier work environment	Additional stress on employees due to pandemic
Technology Support	Organization is at risk for a bad reputation	Improve attendance	Changing patient perception towards the organization
Primary focus on Quality Improvement High Performing Organization		Reduce organizational risks	

Resources

Anticipated resources needed to create and develop this project were available.

The company's laptop and Microsoft program can be used to develop a PowerPoint slide presentation. A copy of the PowerPoint presentation can be stored on the company's flash drive. The training can be conducted in the conference room which has a good ventilation

system, reliable climate control, and natural light that is complemented by electrical lighting. This meeting room has optimal space and seating to accommodate audience size and social distancing due to the current situation with the COVID-19 pandemic. A laptop, projector, and a motorized projector screen are readily available to provide a visual display to everyone for the best possible viewing experience. A blue tooth speaker is also available to provide optimal audio sound for the large room. All resources and accommodations are provided to facilitate a good training experience and environment.

Expected Outcomes

The expected results of this project are to establish and maintain a culture of civility in the workplace. The 2-hour training will enhance participants' knowledge of incivility and bullying and promote awareness of the issue. Participants will find the module helpful as they recognize their own behavior and are able to identify incivility and bullying behaviors. Reducing incivility in the workplace will increase staff morale, reduce staff turnover, improve employee performance, and overall, deliver quality patient care.

Team Members

Selecting the right team is imperative to the success of this project. Individuals will be chosen based on their knowledge, decision-making skills, and involvement with the project. It is important that the members are composed of a diverse and multidisciplinary team. The team members will include the director of nursing (DON), director of quality improvement (DQI), chief executive officer (CEO), chief medical officer (CMO), and a registered nurse (RN). The DON will function as the Project Leader. The Project Leader has the authority to initiate change, problem solve, and

allocate the time and resources needed. The Project Leader will also develop a timeline, monitor and track progress, and facilitate the online training. The DQI supports improvement efforts and has the knowledge and the ability to drive improvements with the project. This team member can be available to assist the DON with the development and design of the PowerPoint presentation if needed for overall quality purposes. This individual also has the technical expertise to provide technical support if needed. The CEO and CMO have executive authority and accountability for the team and will not be involved in daily activity, but will be available to help the team overcome barriers as needed. The RN is an invested employee who is a team player and will provide support, knowledge, and valuable insights to the project.

Cost-Benefit Analysis

A cost-benefit analysis (CBA) was completed to evaluate all potential costs and revenue that could be saved or generated relating to this project. Direct and indirect costs were factored into the CBA. The total cost to develop the project is \$1,900.00 which includes research time, project development, production time, and meeting and review time. Readily available items included software, hardware, supplies, internet services, office space, and equipment. These items have already been budgeted and will not directly impact the budget. Lost production time has already been budgeted since the office is already scheduled to be closed.

The CBA identifies many different benefits associated with the development of this educational project. Decreasing or mitigating workplace incivility is identified as the primary benefit. Decreasing workplace incivility can help improve staff morale and job satisfaction which plays a critical role in improving job performance and quality of

healthcare delivery. Decreasing turnover rates can positively impact the organization financially and reduce organizational risks. Replacing one employee can cost the organization up to over \$100,000.00.

The CBA determines benefits of the project will outweigh the total costs associated with the project. Therefore, the project will be financially reasonable to pursue (Table 2).

Table 2

Cost-Benefit Analysis

Item	Cost	Benefit
Software/Hardware/Supplies (already budgeted)		Decrease workplace incivility Improve work environment
Research, project development, and production time including internet services	\$1300.00	Decrease staff turnover Save the organization \$39,000 - \$130,000 (Cost to replace an employee)
Meeting and review time including stakeholders	\$600.00	Improve patient safety/patient care Improve employee safety and morale
Lost production time and office space (already budgeted)		Increase employee and patient satisfaction Increase job satisfaction/job performance Reduce organizational risks Improve absenteeism
	Total Costs \$1,900.00	Total Benefits \$130,000

CHAPTER IV

Project Design

Goal and Objectives

The goal of this project was to increase knowledge and self-confidence among employees and to raise self-awareness of the issue in order to decrease incivility and bullying behaviors in the workplace. After staff completes the PowerPoint training module, staff will be able to recognize incivility and bullying behavior. Employees will have improved communication and be well prepared to respond confidently and appropriately to inappropriate behaviors. Staff will have the knowledge to build self-resilience and will also be able to identify self-care measures to incorporate into their daily life for the promotion of employee well-being.

Plan and Material Development

The 2-hour training session will be mandatory for clinical staffing. To develop the training module, information was collected from evidence-based practice resources and organized into a PowerPoint Presentation. The first hour of the training session will review incivility, bullying, and workplace violence, and also cover strategies supported by the American Nurses Association (ANA) to promote health and wellbeing. The current workplace violence policy will also be reviewed. The second hour will be designated for cognitive rehearsal training and self-reflection practice.

The first session of the training module will consist of defining incivility, bullying, and workplace violence. Statistical data associated with reported incident rates related to incivility and bullying in nursing will be incorporated into the training module. Other statistical information will include turnover rates and financial impacts associated

with the issue. Slides will contain examples of uncivil acts to help participants identify acts and recognize one's behavior. To provide additional insight, detrimental effects will be incorporated to help participants understand the negative impacts on employee mental health and emotional well-being (Appendix A). Strategies for self-care and resilience will be presented (Appendix B).

The second portion of the training module will consist of 1 hour and be focused on helping participants cope and respond to situations. Examples of cognitive rehearsal phrases will be retrieved from evidence-based practice (EBP) resources and incorporated into the training module (Appendix C). Cue cards will be developed containing specific scenarios from EBP resources for self-reflection practices (Appendix D). The cue cards will be distributed to participants. One group of two and four groups of three will be requested and groups will be rotated after ten minutes of practice. To accommodate special considerations relating to the COVID-19 pandemic, participants will be masked, social distancing measures will remain in effect and hand sanitizer will be available and easily accessible. The permission to utilize the Nursing Incivility Scale (NIS) will be requested and if approval is granted by Dr. Ashley Guidroz a pre-and post-survey will be electronically submitted to measure the effectiveness of the training module.

Timeline and Evaluation Plan

The timeline for the project was based on several factors. The current workplace violence policy will be thoroughly reviewed before proceeding to other tasks. After the current workplace violence policy is reviewed, a workplace analysis will be conducted to assess trends and risk factors related to workplace violence. Documents such as incident/injury reports, workers' compensation forms, and staff surveys will be evaluated

for evidence of issues related to workplace incivility, bullying, or violence. A daily walk-through of the clinical departments will also be completed over a course of 30 days to observe staff interactions, behavior, and teamwork. The educational module will be developed concentrating on specifics related to the project's overall goal. The 2-hour training session will be scheduled to occur during monthly staff meetings as clinics are already scheduled to be closed for this time period. A pre-post survey method will be utilized to evaluate change. The Nursing Incivility Scale (NIS) will be provided to participants providing approval is granted by Dr. Ashley Guido. The NIS is a tool used to capture the prevalence of specific workplace incivility (Warrner et al., 2016). The scale consists of 42 items that are grouped into five subscales that include "general, nursing, supervisor, physician, and patient/visitor" (Warrner et al., 2016, p. 26). The tool contains specific statements for participants to read and respond to. Responses range from 1 (strongly disagree) to 5 (strongly agree) (Warrner et al., 2016). The NIS will be submitted to participants by email 1 week prior to training, immediately after the training, and again in 90 days to evaluate change and effectiveness of the training module. Instructions will be provided to complete the survey anonymously on paper without providing any participant identifiers.

Budget

The Cost-Benefit Analysis for this project determined that the project will be beneficial and financially feasible to pursue. The CBA exhibits a total cost of \$ 1,900.00 for project development. The CBA was focused on direct costs and indirect costs. Direct costs associated to develop the project will include the company laptop, computer software and hardware, supplies, and an overhead projector. These items are already on

hand which will not directly affect the budget. Research, development, and production time will initially cost \$1,300.00 and meeting and review time will be an additional \$600.00. The total cost is \$1,900.00 and will need to be budgeted under direct costs. Nonproduction time will average a total of \$1,100.00 for the 2-hour training session which is already budgeted since the office is already closed for meetings. Indirect costs include office space and internet services. The office space and internet services will not add additional cost since the space is currently vacant and the service is already budgeted and available. The total cost to affect the budget will be a total of \$1,900.00 for the first year and \$1,100.00 annually thereafter.

CHAPTER V

Dissemination

Dissemination Activity

A workplace analysis was conducted in the clinical departments of a healthcare center to evaluate for incivility in the workplace due to reports of gossiping and backbiting among clinical staff. Clinical staffing includes nurse practitioners, nurses, medical assistants, phlebotomists, and nursing assistants. Other stakeholders involved in this project include administration management. Findings of the investigation determined evidence of workplace incivility. The director of nursing who is the leader of this project conducted an online research review evaluating evidence-based practice literature for effective interventions to mitigate the uncivil behaviors. The current workplace policy was also reviewed to assess for potential edits and required updates. The wording in the policy did not specifically address workplace incivility behaviors as it is more focused on horseplay, fighting, and threats of violence. The Project Leader requested updates to address incivility and bullying behaviors in the workplace. Suggestions were also requested to include examples of behaviors that constitute workplace incivility.

Literature review supported that education modules and cognitive rehearsal, along with policy enforcement were effective to decrease incivility, bullying, and workplace violence. The project leader developed a 2-hour educational module that focuses on educating clinical staff on incivility, bullying, and workplace violence including examples associated with each one. The PowerPoint presentation includes statistical information from the literature relating to the severity of the issue. Self-care and self-resilience measures are included to promote stress reduction and employee health and

well-being. Cognitive rehearsal strategies are also incorporated into the module to improve self-confidence and to provide staff the knowledge on how to respond appropriately and effectively to uncivil behavior. When the training module is delivered it will be provided during a regularly scheduled staff meeting. With approval from Dr. Ashley Guidroz, a pre-post survey method utilizing the Nursing Incivility Scale would be emailed to staff 1 week prior to the training and immediately after to evaluate change. The final survey would be emailed 90 days after the training to assess for changes and module effectiveness. The projected outcome of the training is clinical staff will have enhanced knowledge of incivility and will be able to recognize their own behavior and actions. Incivility in the workplace will be reduced or mitigated. Staff interactions will be appropriate. If uncivil behavior occurs it will be addressed immediately in a confident and effective method. Results of the project can be shared with other department supervisors to promote use. This 2-hour training module can be beneficial to other departments within the organization as other departments may be having the same issue. Other departments who are interested in using this training module may contact their immediate supervisor to request access. The supervisor may contact the Project Leader by email. This training module can be incorporated into the new employee orientation and can occur annually as a refresher to all employees.

Limitations and Recommendations

The limitation to this project was that it was limited to clinical staffing only. Including all employees of the organization would ensure all staff was educated on incivility and uncivil behaviors. Analyzing different departments could be beneficial as it could potentially uncover behaviors in other workgroups.

Implications for Nursing

The effects of workplace incivility in the nursing profession have a negative impact on the victim's emotional and physical well-being, workplace morale, job satisfaction and retention, quality of healthcare delivery, and patient safety. Nurses should be dedicated to promoting a safe and civil work environment. Skilled communication in nursing is essential for building effective working relationships with others. Nurses should be educated on incivility and bullying and their impact. Education should include evidence-based strategies and techniques to recognize and manage incidents (ANA, 2015). Workplace violence policies should be promoted and supported. Issues should be addressed as events occur. This educational module along with promoting the workplace policy can increase participants' knowledge and self-awareness of incivility and bullying acts to reduce or mitigate workplace incivility. Participants can feel empowered to be advocates of a respectful, civil, and safe work environment to obtain optimum outcomes.

To seek feedback concerning this project, details were shared with another nurse. The nurse fully supports the educational project as she was not fully aware of behaviors that constitute incivility and bullying in the workplace. The nurse feels the staff will be empowered to respond appropriately to situations and be more prone to report uncivil acts. However, the nurse did suggest one minor change to the training program. A 10-minute break will be included in between the 1-hour sessions.

Conclusion

Incivility and bullying in the workplace have been a problem for many years and continue to be a major issue causing detrimental impacts as identified in this paper. A

current literature review provided evidence on how educational programs, cognitive rehearsal, and policy enforcement can improve or mitigate the issue. This quality improvement project was developed by utilizing resources focusing on evidence-based practice to transform workplace culture. The 2-hour training module will be implemented for all clinical staff. The training module will be a training requirement for all new employees during the new hire orientation process and required as annual training.

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Appendix A

Incivility, Bullying, and Workplace Violence

Incivility,
Bullying &
Workplace
Violence
Training Module

Gardner-Webb University
Amanda Barnes, BSN, RN




<https://images.app.goo.gl/yeGktUvugHmrv5Lq8>

Objectives

- To increase knowledge and awareness of incivility, bullying and workplace violence
- To empower staff to respond effectively to uncivil behaviors

Incivility,
Bullying and Violence

Is a serious issue and not
acceptable



Actions of Incivility

- Rude
- Discourteous
- Disrespectful
- Intimidating
- Intentional or unintentional

American Nurses Association (2015)

Examples of Incivility

- Gossip
- Undermining co-workers
- Spreading rumors
- Eye rolling
- Facial expressions



American Nurses Association (2015)

<https://middeearth.files.wordpress.com/2011/06/eyerolling.png?w=600>

Statistics Relating to Incivility

New Nurses

- 30%-60% leave the nursing profession in 3 years (Frederick, 2014)

Nurses

- 59% of nurses reported verbal abuse during a 7-day period (The Joint Commission, 2016)
- Cost over \$100,000 to replace a nurse lost (OSHA, 2015)

Bullying

- Intended and repeated
- Harmful
- Humiliate
- Degrading

American Nurses Association (2015)

Bullying Actions

- Hostile remarks
- Verbal attacks
- Threatening
- Taunting
- Intimidating

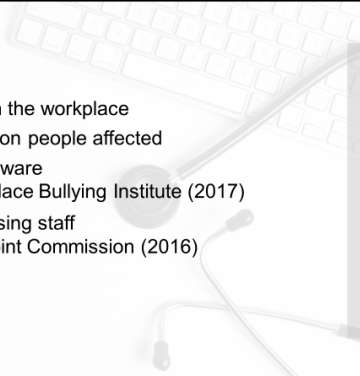


American Nurses Association, 2015

Statistical Data


Bullying in the workplace

- 60.3 million people affected
- 37% unaware
Workplace Bullying Institute (2017)
- 44% nursing staff
The Joint Commission (2016)



Workplace Violence

- Physical damage by physical assaults
- Psychological damage by verbal threats
- Homicide



United States Bureau of Labor Statistics, 2020; Lipincott, 2019; ANA, 2015

Four Types of Workplace Violence

- I Criminal intent
- II Involves customer, client or patient
- III Worker-on-Worker
- IV Personal relationships

American Nurses Association, n.d.



**16% OF ALL WORKPLACE FATALITIES
ARE DUE TO WORKPLACE VIOLENCE**

edgepoint learning


<https://www.edgepointlearning.com/blog/workplace-violence-prevention/>

Impact

Incivility, Bullying and Workplace Violence

- Physical injury
- Psychological injury
- Homicide
- Errors
- Patient harm/death
- Loss of workplace morale
- Capital losses

QUESTIONS????



TOGETHER AGAINST BULLYING
United for kindness, respect and inclusion

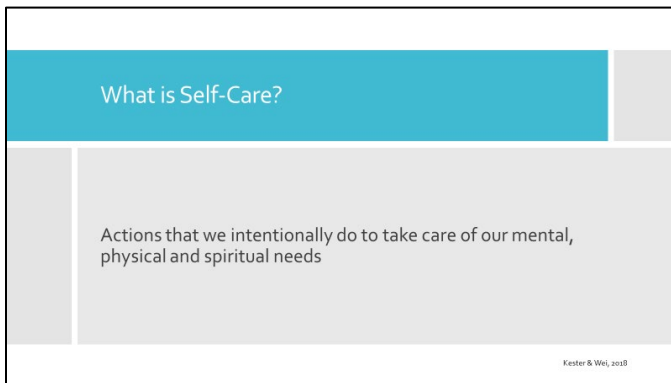
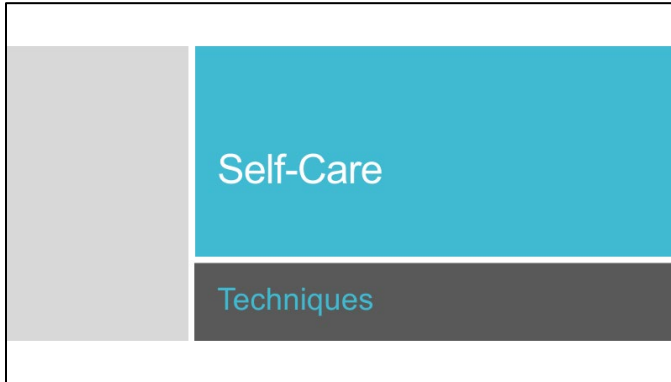
Workplace
Violence

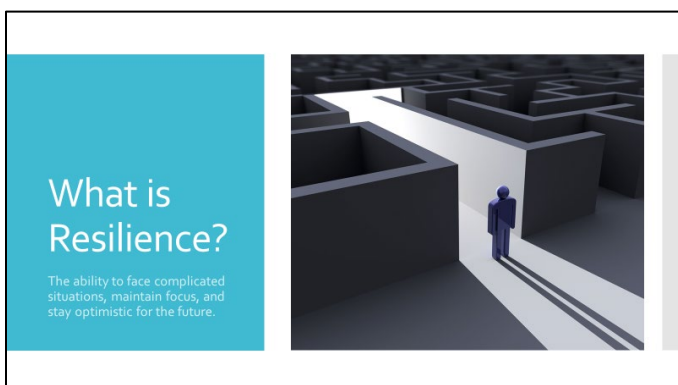
STOP
BULLYING

4/26/2015 14

Appendix B

Self-Care and Resilience





Building Resilience

Roadmap to Resilience

Embrace healthy thoughts

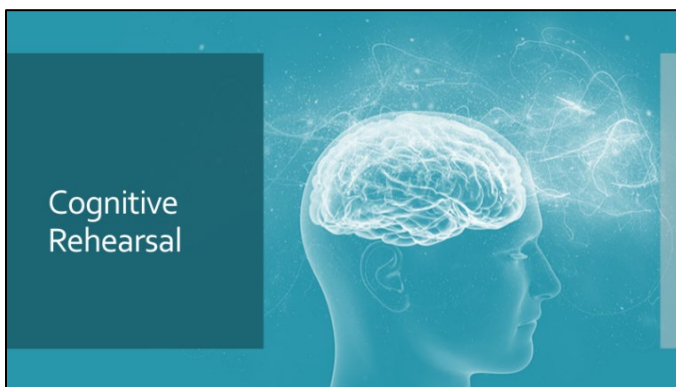
- Keep things in perspective
- Accept change
- Maintain a hopeful outlook
- Learn from your past

Seek help

American Psychological Association, 2012

Appendix C

Cognitive Rehearsal



What is cognitive rehearsal?

Cognitive rehearsal is stepping away from a verbal attack before responding or reacting immediately.

Stepping away

- Will provide processing time to cognitively rehearse on how to respond effectively in a civil manner.

Griffin, Martha (2004)

Scenario 1
Eye rolling or raising eyebrows
"I sense that there may be something you wanted to say to me. It's okay to speak directly to me (Griffin, M. 2004)."

Scenario 2
Undermining
"When something happens that is different to what I thought, it leaves me with questions. Help me understand how this situation may have happened (Griffin, M. 2004)."


Griffin, Martha (2004)

Cognitive Rehearsal

Scenario 3

Backstabbing
(Complaining to others about someone, but not directly to that person)

I do not feel right discussing this person's situation when I was not present or know the facts. Have you talked to this person?



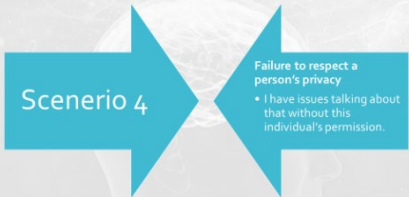
Griffin, Martha (2004)

Cognitive Rehearsal

Scenario 4

Failure to respect a person's privacy

- I have issues talking about that without this individual's permission.



Griffin, Martha (2004)

Questions?



<https://www.mitton.id.id.us/kids-teens/question-mark.jpg>

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Appendix D

Cue Cards

CUE CARD
Scenario 1

A coworker rolled his eyes and raised his eyebrows after receiving instructions for a new assignment.

CUE CARD
Scenario 2

Undermining – You developed a policy and procedure, but your coworker took all the credit

CUE CARD
Scenario 3

Backstabbing - A co-worker blames you for an incident even though you were not responsible.

CUE CARD
Scenario 4

Failure to respect a person's privacy - A coworker walks up to you and begins discussing another coworker's health issue.