CULTURE OF CIVILITY AND RESPECT: A NURSE LEADER'S ROLE

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Incivility & Bullying in the Headlines

Nurse-to-nurse bullying more than just a sore point

Workplace Bullying in Nursing: A Problem That Can’t Be Ignored
MEDSURG Nursing—September/October 2009—Vol. 18/No. 5

Study Finds Nurses Frequently Being Bullied at Work Nursing News

When the Nurse Is a Bully
The New York Times
Workplace Incivility & Bullying

Workplace incivility / bullying is any negative behavior that demonstrates a lack of regard for other workers. This can include a vast number of disrespectful behaviors including:

- Harassment
- Incivility
- Teasing
- Gossiping
- Purposely withholding business information
- Overruling decisions without a rationale
- Sabotaging team efforts
- Demeaning others
- Verbal intimidation
Incivility & Bullying Background

• Strategies to eliminate incivility / bullying and to create respectful, civil, supportive, and safe environments have largely centered on individuals, while ignoring the broader context of its occurrence that includes influences from interpersonal, community, and environmental sources.

• Theory and research establishes incivility / bullying as a complex interplay of influences between individuals and their broader environments.

• Incivility / bullying is a group phenomenon, reciprocally influenced by the individual, peers, the immediate environment / institution, community and / or society.
State of the Science

• One in six nurses (13%) reported being bullied in the past six months (Sa & Fleming 2008)

• Bullying of nurses leads to erosion of professional competence as well as increased sickness, absence, and employee attrition (Hutchinson et al, 2010b; Johnson, 2009)

• Bullying victims may suffer stress-related health problems, such as nausea, headache, insomnia, anxiety, depression, weight changes, and alcohol and drug abuse (Townsend, 2012)

• Nurses who survive bullying early in their careers tend to carry their learned behaviors with them. They accept the bully culture as part of the job and eventually may choose to bully other nurses (Townsend 2012)
Bullying decreases job satisfaction and morale and increases absenteeism (Chipps & McRury, 2012)

Almost 21% of nursing turnover can be related to bullying (Johnson & Rea, 2009)

60% of new RNs who quit their first job in nursing within 6 months report that it is because of being bullied

Replacing a nurse can cost up to $64,000 USD

According to a study by the US Bureau of National Affairs, there is a loss of productivity of $5-6 billion/year in the US due to bullying in the workplace

In a study on workplace bullying, most of the respondents reported being bullied by the charge nurse, manager, or director (Johnson & Rea 2009)
Causes

- Internalizing roles and behaviors
- Aggression exposure
- Trauma
- Biology
- Socialization
- Group Membership
- Competition
- Generational
- Need for approval and acceptance
- Paradigm, believes about others and yourself

ORIGINS

- Hierarchies
- Oppression
- Feminist
Invisibility

- Outcome of powerlessness and invisibility
- Stepping into greatness

Weakened Identity

Powerlessness
- Dominate and subordinate groups
- Norms get internalized
- Anger gets directed internally
- Own perception that is the problem

- Internally
- Externally
- Force that keeps the status quo
- Create visibility!
Why don't Managers act?

- Lack clarity
- Lack support
- Lack of awareness
- Lack of knowledge

Why don't Peers act?

- Fear
- Don't want to become a target
- Don't recognize it
- Lack of support
- Don't want to get involved
- Don't know how to intervene
Nurse Satisfaction

- 42% very satisfied
- 40% satisfied
- 22% dissatisfied

How common is it?

- 76% of new nurses
- 85% of all nurses
Costs

• High turnover (21% leave)
• Unstable work environment
• Productivity impacts (1500 hours annually)
• Human costs
• Quality
• Patients pay the ultimate price
Physical / Psychological Manifestations

• Common reactions:
  • Acute or chronic anxiety
  • Depression
  • Sleep interruptions
  • Fatigue
  • Lack of mental focus
  • Post-traumatic stress disorder

Post-traumatic Embitterment Disorder
• An experience that shatters all you had believed in and valued
• Manifestation: Withdrawal, Conversion, Projection
Prevalence of Incivility & Bullying

- Thirty-five percent of adult Americans (an estimated 54 million workers) report being bullied at work
- An additional 15% witness it and vicariously are made miserable
- Workplace incivility / bullying is a serious problem affecting nursing
- Abusive workplaces result in lack of job satisfaction, poor retention, and adverse patient outcomes.
Accrediting Standards

• The Joint Commission standards addressing hostile behavior in the workplace went into effect in 2008. These standards require health care institutions to have in place codes of conduct, mechanisms to encourage staff to report disruptive behavior, and a process for disciplining offenders who exhibit hostile behavior (Joint Commission, Issue 40, July 9, 2008: Behaviors that undermine a culture of safety).

• Nursing’s *Code of Ethics* mandates reporting of unethical behaviors in the workplace (ANA, 2001).

• The ANA adopted principles related to nursing practice and the promotion of healthy work environments for all nurses (ANA, 2006).
HEALTH CARE LEADERS have a RESPONSIBILITY to employees and the public to provide work ENVIRONMENTS that are FREE FROM ABUSE AND HARASSMENT. When WORKPLACE BULLYING has been identified as a PROBLEM, senior leaders must take SWIFT, APPROPRIATE ACTION to ensure the ABUSE STOPS. The PERPETRATOR is held ACCOUNTABLE, and steps are taken to ensure bullying does not occur again. POLICIES and PROCEDURES must be implemented and ENFORCED to ensure nurses FEEL SAFE to REPORT INCIDENTS of incivility / bullying.
Civility & Respect Tool-kit

- Resources to empower nurse leaders to identify, intervene, and prevent workplace incivility and bullying

- Moral Compass
- Introduction
  - How to use the tool-kit
  - Socio-economic model
- Grouping of resources
  - Truth
  - Wisdom
  - Courage
  - Renewal
- Web site with tool-kit and resources
Civility Tool-kit Resource Grouping

- **Truth**: tools to assess your organization / environment / staff
  - Civility Quotient Self Assessment
  - Civility Index Dashboard

- **Wisdom**: tools to obtaining knowledge and information
  - Fact Sheets
  - Policies
  - Slides
  - Bibliography

- **Courage**: tools to address behavior
  - Mnemonic
  - Code Words
  - The Language of Collaboration
  - Difficult Conversations

- **Renewal**: tools and resources to support healing
  - Critical Incident Stress Management
  - Schwartz Center Rounds
  - Employee Assistance Programs
  - Courage and Renewal
Civility Tool-kit

Introduction
How to use the tool-kit
Socio-ecological model

Truth
- Civility Quotient
- Self Assessment
- Environmental Assessment
- Civility Index
- Dashboard

Wisdom
- Fact Sheet
- Slides
- Policies
- Bibliography

Courage
- Mnemonic
- Code Words
- The Language of Collaboration
- Difficult Conversations

Renewal
- Critical Incident
- Stress Management
- Schwartz Center Rounds
- Employee Assistance Program
- Courage and Renewal
Introduction

• Instructions on how to utilize the tool-kit
• Socio-ecological model
  • Model of human behavior developed from the fields of sociology, psychology, education, and health and focus on the nature of people’s interactions with others and their environments
  • Model has gained credibility for its utility in addressing complex human behavioral problems and applicability for designing effective multi-prong prevention and interventions
  • Human behaviors, including eliminating acts of incivility and bullying can be improved and sustained when environments and policies support civility
  • Individuals are motivated, educated, and empowered to be civil
Socio-Ecological Model

Policy

Built / Structural Environment
Communities as Entities

Institutional
Community/Cultural

Relationship
Interpersonal

Individual
Intrapersonal
Truth

Tools to assess your self and your environment

Truth

Civility Quotient Self Assessment
Environmental Assessment
Civility Index Dashboard
Truth

The Civility Quotient Assessment

Gaining an understanding of civility happens when we identify the primary values associated with civil behavior, then drill down for a deeper comprehension of each. The Civility Pledge below spells out our definition of civility.

The Civility Pledge

I pledge to behave with civility, treating myself and others with respect and consideration.

I pledge to compassion & curiosity.

I pledge to be gracious, honest, authentic and wholly present – right here, right now.

I pledge to invite others to take the Pledge and to engage in intentional and civil conversations.

Instructions: To take the Civility Quotient assessment, read each question related to the civility value listed. Give your organization (or yourself) a grade of 1-10 (1 is lowest) for each of the questions. If there is a question that is not relevant to you or your situation, skip to the next question.

<table>
<thead>
<tr>
<th>SCALE 1-10</th>
<th>Respect</th>
</tr>
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<tbody>
<tr>
<td>1 = lowest</td>
<td>1. Do you demonstrate respect to all stakeholders at all times?</td>
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<tr>
<td></td>
<td>2. Do you look for opportunities to let others speak, shine and get the credit?</td>
</tr>
<tr>
<td></td>
<td>3. Do you refrain from belittling or critical comments?</td>
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<tr>
<td>Consideration</td>
<td></td>
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<tr>
<td>1. Do you normally consider the personal and professional impact of your decisions on the broadest number of people?</td>
<td></td>
</tr>
<tr>
<td>2. Do you aim to think of others’ feelings 1st in your communications and actions?</td>
<td></td>
</tr>
<tr>
<td>Compassion</td>
<td></td>
</tr>
<tr>
<td>1. Do you strive to meet the human needs of your stakeholders?</td>
<td></td>
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<tr>
<td>2. Do you communicate in ways that calms rather than inflames the fear?</td>
<td></td>
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</tbody>
</table>
Truth: Civility Index Dashboard (CID)

- The Civility Index Dashboard (CID) was created and copyrighted by Dr. Cole Edmonson, DNP, RN, FACHE, NEA-BC and Joyce Lee, MSN, RN at Texas Health Presbyterian Hospital Dallas
- Created as a tool for nurse leaders to assist them in understanding the level of civility in their unit, service line, or organization
- Is a macro-micro tool utilizing metrics that are known to be sensitive and predictive of healthy work environments inclusive of civil relationships
- The CID as a tool is still in early development with positive reliability and validity already demonstrated
Truth: CID Metrics

- **Turnover**: data is collected using the existing measure from the human resource department
- **Intent to stay on the unit**: data comes from the NDNQI nurse engagement survey
- **Average tenure**: data is collected using the existing measure from human resource department
- **Variance reports for incivility**: data is collected by the risk management department
- **Call in history**
- **Float Survey**: The Heavenly Seven
Truth: Float Survey (The Heavenly Seven)

• Data is collected on seven questions by randomly selecting nurses who float in the organization.
• Survey is completed within 48 hours after the float experience.
• The float nurses include the float pool and unit based staff who are required to float. The data is collected using Survey Monkey®.
• Float survey questions:
  1. I felt welcome on the unit
  2. Someone offered help when I needed it
  3. If floated again, I would enjoy returning to this unit
  4. I had the resources I needed to complete my assignment
  5. I witnessed someone expressing appreciation to another for good work
  6. Staff showed concern for my well-being
  7. I received appreciation for my work
Wisdom

Tools to obtain knowledge and information

Wisdom

Fact Sheet
Policies
Slides
Bibliography
Wisdom

• Incivility and Bullying Fact Sheet
  • Ready reference material
  • Statistics

• Policies
  • Generic examples / templates
  • The Joint Commission statement

• Slide presentations
  • Generic / templates

• Bibliography
  • Reference materials
Courage

Tools to address behavior

Courage

Mnemonic
Code Words
The Language of Collaboration
Difficult Conversations
Courage: Mnemonic BE AWARE…and Care

• **B**ullying: is the purposeful attempt to control another person through verbal abuse which can be in tone of voice or in content such as teasing or threats, exclusion, or physical violence. Bullying is the most common type of violence in contemporary US society and can exist at any level of an organization. Bullies can be superiors, subordinates, co-workers, and colleagues.

• **E**xists: in the home, the school, and the workplace. If an environment does not uphold high standards for the way people treat each other, then bullying may be more likely and/or prevalent. Bullying is a real problem in nursing and can become a major issue if it’s ignored or unchecked. It can lead to a loss of valuable human capital and medical errors.

• **A**cknowledge: that bullying may be a problem in your organization. Nurse leaders should talk about bullying and encourage staff to speak up and be heard if it does happen. The more it’s acknowledged, the more you can do about it. Leaders that minimize its impact or deny its existence create a culture of silence that impedes solutions to this problem.

• **W**atch: for the signs of the bullying throughout the workplace. Be sure supervisors and managers know how to recognize the signs of bullying. Don’t wait for it to be brought to your attention.

• **A**ct: when you notice signs of bullying by directly intervening, and /or getting help. Bullies lose their power when people stop passively accepting their behavior. Refuse to be a silent bystander. It is the nurse leader’s responsibility to have the courage to play a key role to prevent and stop bullying. Get involved and take a stand against this issue.

• **R**eflect: on the incident and your action. Reflect on what was perceived to go wrong and start to reflect on what worked well, and why. Analyzing the incident may help you to:
  “reflect-on-action” (past experience),
  “reflect-in-action” (as an incident happens)
  “reflect-for-action” (actions you may wish to take in future experiences)

• **E**mpower: staff to collectively and safely respond to bullying they see and hear. Create a mechanism for staff to confidentially report bullying issues in the workplace without fear of retaliation.
Courage: BE AWARE...and Care

• care
  • *noun* \ˈker\ : effort made to do something correctly, safely, or without causing damage
    • things that are done to keep someone healthy, safe, etc.
    • things that are done to keep something in good condition
    • painstaking or watchful attention
Courage: Code Words

- Wikipedia: **code word** is a word or a phrase designed to convey a predetermined meaning to a receptive audience, while remaining inconspicuous to the uninitiated.
- Hospitals may adopt a code word that staff may use to alert or notify others that they feel bullied.
- Staff must be educated on the meaning of the word and must also be aware of how to respond when the word is heard.
- A code word spoken out loud can prompt others to intervene and stop the inappropriate behavior.
- The code word and expected response of staff overhearing the code word should be outlined in the organization’s policies and procedures.
- Staff may also have a hotline to call for assistance or guidance.
- The ability to use a code word may give staff some comfort knowing that they have a way to seek out assistance or alert others.
Courage: Code Word

- The organization can choose any code word that’s appropriate in a particular environment to signify that a person is experiencing bullying.

- Examples of Code Words that may be considered are:
  - Code White
  - Code Grey
  - Code Black
  - Code 88
  - Ouch
  - Dr. Strong
  - Dr. Heavy
  - Strong Alert
Courage: The Language of Collaboration

• Words have power and how they are used can lead to collaboration or to disrespect. Insulting and judgmental terms are so ingrained in our practice that we often don’t realize how the terms are perceived by others.

• For example, Leape et al. (2012) note that even what might be considered an innocuous term, the “waiting room” can have a disparaging intent. It implies that it is acceptable to have patients and families wait, that the provider’s time is more important than that of the client. In most settings, the term “reception room” describes the room’s intent more accurately and is more collaborative. If patients and families need to wait because of unintended delays, then an apology for the wait demonstrates respect.
Courage: The Language of Collaboration

- The term “noncompliant” is another example. The word infers a hierarchal relationship to subordinates and punishment or other negative consequence for disobedience. The term is regularly used for patients who do not follow a prescribed treatment plan. However, if a patient or family doesn’t follow the prescribed plan, we instead need to step back and reflect on the reasons why, rather than label them in such a judgmental manner. Today’s healthcare is no longer a hierarchal system in which clients are subordinates. It is a business, one in which clients hire us to help them manage their health. In the new system, we are to identify the goals that they have for their health, explore the barriers to achieving this vision, and develop a mutually acceptable plan. If the patient and family are unable to achieve the goals, we are to again explore which aspects of the plan were problematic and develop a new plan to overcome the barriers. The words “compliant” and “noncompliant” are disrespectful and have no place in this new partnership.

- These are but two examples of language, though commonly used, that are contrary to the respectful cultures we all strive for in our organizations. Consider convening a workgroup to identify disrespectful language in your organization and make a conscious plan to move to a language of collaboration.
Courage: Difficult Conversations

• Why are they called “difficult conversations” and who are they for?
  • Emotionally charged
  • There may be a power differential between those having them
  • There is often a fear of retribution for expressing a person’s feelings and perceptions.

• Difficult conversations take courage to participate in from both the giver and the receiver’s perspective.
• Difficult conversations must occur, though, before true communication and collaboration can be reached.
• They occur at all levels of an organization and between every profession.
Renewal

Tools and resources to support healing

- Critical Incident Stress Management
- Schwartz Center Rounds
- Employee Assistance Program
- Courage and Renewal
Renewal: Critical Incident Stress Management (CISM)

• What is a critical incident?
  • A critical incident is any highly stressful life experience; perceived by the person in the situation. The stressor has the power to overwhelm the person’s ability to cope. Repetitive incidents are especially draining to an individual’s ability to cope.

• Critical incidents are determined by how they undermine a person's sense of safety, security, and competency in the world.

• Key to any organization’s ability to prevent and reduce stress in its workforce is to provide staff with programs and resources to address stress and to identify and remove the inciting stressor, in this case incivility and bullying, from occurring.
Renewal: Schwartz Center Rounds

Schwartz Center for Compassionate Healthcare

• Programs offer healthcare providers regularly scheduled breaks from their difficult and stressful work lives to talk about the social and emotional issues that arise from caring for patients in a safe and supported environment
• Focus is the human dimension of healthcare
• Caregivers have an opportunity to share their experiences, thoughts, and feelings on thought-provoking topics drawn from actual patient experiences
• The rounds are based on the understanding that healthcare professionals are better able to connect with colleagues and patients when they have broader understanding of their own feelings and emotional responses
Renewal: Schwartz Center Rounds

• Most important feature of the program is interdisciplinary / interprofessional dialogue
• Diverse disciplines make up the panelists who participate in the sessions
  • Physicians  -  Nurses  -  Social workers  -  Psychologists  -  Allied health professionals  -  Chaplains
• After listening to a panel’s brief presentation on an identified case or topic, caregivers in the audience are invited to share their own perspectives on the case and broader related issues
Renewal: Schwartz Center Rounds

• Schwartz Center Rounds invite caregivers to reconnect with why they entered their profession to begin with

• Healthcare organizations could use Schwartz Center Rounds as a venue to discuss specific bullying and incivility cases
Renewal: Employee Assistance Program

- Employee benefit programs offered by many employers intended to help employees deal with personal problems that might adversely impact their work performance, health, and well-being
- The program is a voluntary, work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems
Renewal: Employee Assistance Program

- EAPs address a broad and complex body of issues affecting mental and emotional well-being, such as alcohol and other substance abuse, stress, grief, family problems, and psychological disorders.
- EAP counselors also work in a consultative role with managers and supervisors to address employee and organizational challenges and needs.
- Many EAPs are active in helping organizations prevent and cope with workplace violence, incivility, trauma, and other emergency response situations.
Renewal: Courage and Renewal

• Courage and Renewal is based on the work of Parker Palmer and his book *Let Your Life Speak*.

• The Courage and Renewal Centers located throughout the U.S. bring this work to life through facilitated groups, safe circles of trust, and guided imagery and poetry through a group of trained facilitators. The purpose of the work is to help those in caring and service professions to be grounded in who they are, inside and out, or authenticity. To create a powerful connection between the inner and outer person that allows them to live more fully.