Civility Matters: Overcoming Workplace Incivility Using an Interactive Educational Intervention



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Problem Statement

- Healthcare professionals at increased risk
- Poses risks to patients
- Cost of incivility
 - Human factors
 - Financial burden





Key Factors

- WPI Global Problem
- National Survey (2014) by the Workplace Bullying Institute
 - 72% awareness of incivility
 - 21% witnessed
 - 27% experienced





Key Factors (cont.)

- Implications
 - Decreased job satisfaction
 - Increased turnover
- Healthy work environments endorsed by:
 - The Joint Commission
 - American Nurses' Association
 - Center for American Nurses
 - Robert Wood Johnson Foundation Executive
 Nurse Fellows





Study Purpose

- Identify the prevalence of WPI pre- and postintervention
 - Clark Workplace Civility Index[©]
- Use an established interactive educational intervention to decrease WPI
 - PACERS[©] Stop Bullying Toolkit

www.stopbullyingtoolkit.org





Study Scope

- Voluntary self-reported levels of WPI
- WPI scores over time





Study Assumptions

- Accuracy of self-reported WPI scores
- Sample representative of population







Site

- Non-profit, integrated healthcare organization in the Southwest
- Adult inpatient service line
 - General acute care unit
 - Two general medical units
 - Two progressive care units
 - Intermediate care unit
 - Intensive care unit





Study Methodology

- Supporting a healthy work environment
 - Response to WPI recognition
 - Leadership supported project
- Single-site, quantitative design
 - Focus on interventions to combat WPI





Social-Ecological Model

Policy

Built/Structural Environment – Communities as Entities

Institutional – Community/Cultural

Relationship - Interpersonal

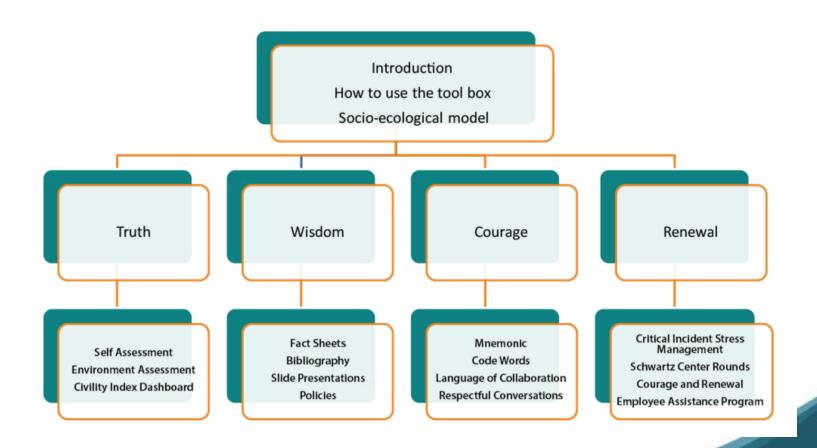
Individual - Intrapersonal

Bronfenbrenner (1979), McLeroy, Bibeau, Steckler, & Glanz (1998), and Stokols (1992, 1996)





Civility Tool-kit: Resources to Empower Healthcare Leaders to Identify, Intervene, and Prevent Workplace Bullying[©]







Participants

- Participant protection: de-identified survey data
- Voluntary study population (N = 48)
- Exclusion criteria





Data Collection

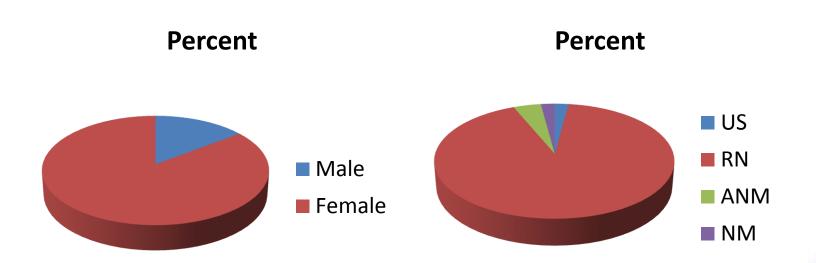
- REDCap
- Consent
- Demographic questionnaire
- Clark Civility Index [©]
 - Baseline (Time 1)
- PACERS[©] educational intervention
 - Post-education intervention
 - 2 weeks (Time 2)
 - 3 months (Time 3)
 - 5 months (Time 4)





Results

Demographics (N =48)







Experience and Age

	Mean	Range
How many years have you worked in healthcare?	12.9	<1 – 40
How many years have you worked in your current role?	4.7	<1 – 29
What is your age (in years)?	42.7	22 – 68





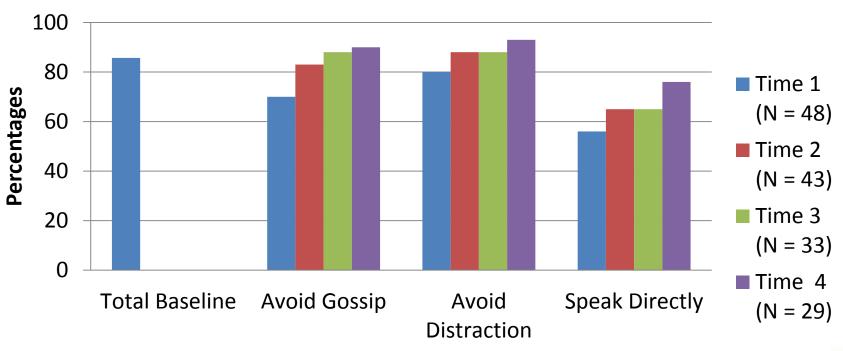
Paired *t*-tests

	N	Mean	Diff in Mean	Std. Deviat ion	Lower CI	Upper CI	t	df	Sig. (2- tailed)
Pair 1: Time 1 Time 2	43	18.7 18.9	22	1.56	69	.27	90	42	.37
Pair 2: Time 1 Time 3	33	18.7 19.2	66	1.34	-1.1	19	-2.8	32	.01
Pair 3: Time 1 Time 4	29	18.7 19.3	70	1.88	-1.4	.01	-2.0	28	.055





Cross-Tabulation



Civility Index Statement





Interpretation of Findings

- Increased WPI awareness through Educational Intervention
 - Increased Civility Index scores at Time 3
 - Sustained Civility Index scores at Time 4
- Importance of establishing WPI interventions
 - Identify and overcome WPI
 - Retention strategy





Strengths of the Study

Strengths

- Interprofessional
- Separate leader training
- Support of key stakeholders
- Staff allowed to participate during work hours
- Registered Nurses obtained CNE credit
- Builds on existing PACERS® Stop Bullying Toolkit





Limitations of the Study

Limitations

- Small sample size
- Attrition of sample
- Perceived vulnerability by participants
 - While completing the survey
 - During interactive educational intervention
- Participants are allowed to self-select
- Electronic survey may not capture complete information





Suggestions for Future Research

- Larger, more representative sample
- Differences based on demographics
- Longitudinal study over longer period of time
- Qualitative design





Concluding Remarks

- Recommendations throughout literature to
 - Identify inappropriate behaviors
 - Managing the behaviors
 - Prevent the behaviors
- Nurse leaders as role models
- Environments and policies supportive of civility
- Implementation system wide





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