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 post-intervention
  – Clark Workplace Civility Index ©

• Use an established interactive educational intervention to decrease WPI
  – PACERS © Stop Bullying Toolkit

[Web link: 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

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©

Introduction
  How to use the tool box
  Socio-ecological model

Truth
  Self Assessment
  Environment Assessment
  Civility Index Dashboard

Wisdom
  Fact Sheets
  Bibliography
  Slide Presentations
  Policies

Courage
  Mnemonic
  Code Words
  Language of Collaboration
  Respectful Conversations

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

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<tr>
<th>Question</th>
<th>Mean</th>
<th>Range</th>
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<tbody>
<tr>
<td>How many years have you worked in healthcare?</td>
<td>12.9</td>
<td>&lt;1 – 40</td>
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<tr>
<td>How many years have you worked in your current role?</td>
<td>4.7</td>
<td>&lt;1 – 29</td>
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<tr>
<td>What is your age (in years)?</td>
<td>42.7</td>
<td>22 – 68</td>
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# Paired t-tests

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<th>Mean</th>
<th>Diff in Mean</th>
<th>Std. Deviation</th>
<th>Lower CI</th>
<th>Upper CI</th>
<th>t</th>
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<th>Sig. (2-tailed)</th>
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<td>18.7</td>
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<td>32</td>
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<td>Pair 3: Time 1</td>
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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
References

References (cont.)