



COLORADO CENTER
for Nursing Excellence



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NETWORK

LEADING A CULTURE OF CIVILITY AND ACCOUNTABILITY

Facilitators: Colorado Center for Nursing Excellence
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“Be the change you wish to see in the world.”

Mahatma Gandhi

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Creating A Culture of Civility and Accountability

Objectives:

- Identify three strategies for reducing incivility within the program.
- Practice communication tools to improve accountability.

Summary:

This will be a highly interactive session focused on exploring the evidence and concepts related to incivility and civility within nursing education. Leaders will practice using three main strategies for improving civility related to: increasing awareness; tools for holding authentic conversations; and establishing accountability. By the end of the session, leaders will have a toolkit of strategies for supporting the reduction of incivility and growth of civility, respect and accountability with students, faculty and leadership teams.



Creating A Culture of Civility and Accountability

Facilitator Biographical Information

Karren Kowalski, PhD, RN, NEA-BC, FAAN is the President and CEO of the Colorado Center for Nursing Excellence. She has served as Project Director for three HRSA Grants on Leadership Development and for the Colorado Trust grant on Frontline Leaders Leading a Quality Initiative. She was project director for the Clinical Scholars project funded by the Colorado Department of Labor and Employment. She is a Professor at Texas Tech University Anita Thigpen Perry School of Nursing and teaches part time in the DNP program in Nursing Administration. She previously served as Asst Vice President and Administrator of Women and Children's Services and Chairperson of the Department of Maternal Child Nursing at Rush-Presbyterian-St. Luke's Medical Center and Rush University in Chicago.

She completed her doctoral work in Sociology at the University of Colorado, Boulder, where her major areas of study were Leadership, Women's studies and the Family. She received her BS from Indiana University and her MSN from the University of Colorado. She has held multiple leadership positions from the head nurse to director and administrator. She has served as Project director on seven major state and federal grants totaling more than \$6.4 million. In all these positions, she has developed innovative and creative approaches to problem solving. She has authored numerous articles and co-edited five advanced textbooks, including *Beyond Leading and Managing, Nursing Administration for the Future*, and *Fast Facts for the Classroom Nursing Instructor*, both of which she co-authored with Dr. Patricia Yoder-Wise.

Dr. Kowalski is the recipient of numerous awards and honors, including state and national awards for leadership. Among these are the 2010 Florence Nightingale recipient, Distinguished Alumnae of the University of Colorado, School of Nursing, selected as one of the Ten Outstanding Young Women of America, and was recently named a Top 100 Alumni Legacy Leader from Indiana University School of Nursing. She is a charter member of the Colorado Nurses Association Hall of Fame and is a past president of the Colorado Nurses Association. She was elected to the American Academy of Nursing in 1981 and to the Academy of Nursing Education in 2013. She speaks nationally and is known for her strong presentation style and teaching skills.

Deborah L. Center MSN, RN, CNS, CTACC (deb@coloradonursingcenter.org) is currently a Project Director and Education Program Director at the Colorado Center for Nursing Excellence where she facilitates several programs related to leadership and interdisciplinary teams. Since joining the Center in 2006, she has lead several grant-funded programs related to home healthcare, nursing education and nursing workforce pipeline initiatives.

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Deb has 30+ years experience in nursing and has held many positions from a staff level to executive leadership within both clinical practice settings and nursing education. With each position, her expertise and passion lead her to be seen as a change agent, facilitator, coach and mentor. She believes in empowering others first through awareness and a clear understanding related to choice. The content she teaches is based on a solid foundation of evidence and supports developmental learning. She has presented educational programs within each organization where she has been employed and at local/national conferences. She has been an author/co-author on several publications related to nursing and nursing education. Deborah's clinical and faculty expertise is in the areas of cardiology, critical care, long-term acute care and advanced medical-surgical nursing.

She completed her Bachelor's Degree at Xavier University in Cincinnati, Ohio and her Master's of Science in Nursing with a Clinical Specialty in Adult Critical Care at Wright State University in Dayton, Ohio. She is completing her PhD in Organizational Development and Leadership with a focus on executive coaching and teams. She is a 2008 Fellow from the Bighorn Leadership Program, a policy development leadership program specifically focused on rural health. She completed the certified coaches program with Coaches Training Alliance (CTA) and is an experienced coach for individuals, groups and teams. She is the Center's Lead Coach and coordinates the Coaching Team to ensure ongoing program and staff development and quality. As a private coach, she works with a variety clients from entry level positions through career transitions and executive roles. She has extensive experience coaching and facilitating groups and teams.

She is a member of the faculty for the Clinical Scholar, Leadership and Coaching programs presented by the Center for faculty, mentors, acute care, long-term care, ambulatory care (specifically the federally-qualified health centers), public health, home health and nursing education. She is the content expert on creating healthy work environments and reducing incivility within the workplace, as well as coaching as a leadership skill. She has spent the majority of her career learning and attempting to fully understand the issue of incivility in nursing, healthcare and society. Along the way, she has learned a few lessons and now has a few strategies to share related to creating and sustaining a healthy work environment. As a coach, she strives to establish an individual relationship based on trust, safety, transparency and compassion. Her goal is to help those working with her gain a new level of emotional intelligence and self-awareness in order to break patterns of the past to co-create a new future. Her non-judgmental approach to reframing situations has been described as "insightful" and "intuitive." She believes there is amazing human potential inside each of us ~ often forgotten or lost in the chaos of our world ~ just waiting for the right spark to come alive!

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Questions to Ponder:

- Who sets the tone for civility in the team? Classroom?
- Ever have a bad day?

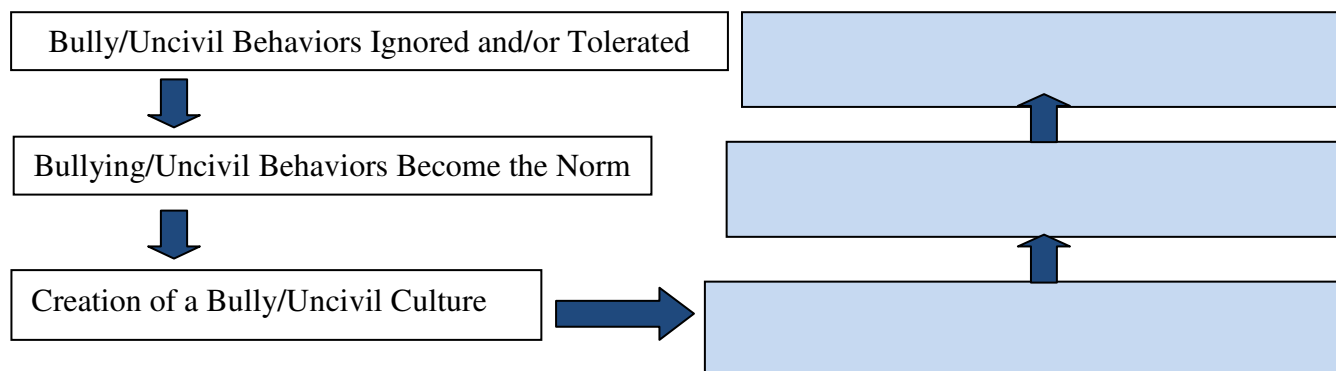
Emotional Intelligence → impact on civility

What is Incivility? → Unacceptable Behavior "Counterproductive Work Behavior"	What is Civility? → Acceptable Behavior "Organizational Citizenship Behavior"
<i>"Disregard and insolence for others, causing an atmosphere of disrespect, conflict and stress." Emry & Holmes (2005)</i>	<i>"Authentic respect for others requiring time, presence, engagement, and an intention to seek common ground." Clark & Carosso (2008)</i>

Three A's of Civility: Action Steps ~ Strategies:

1. _____
2. _____
3. _____

Culture is what you create:



Adapted from model by Clark, 2012

Creating A Culture of Civility and Accountability

Civility Action Step #1: AWARENESS

The Tone: Your reaction or response is your choice!

"All I really know is people do the best they can with what they know." Oprah

The #1 Fear in life: _____ #1 Need in Life: _____

*"There are only two things in life **you** can control: your _____ and your _____. The rest is an _____."* Coach O

Exercise:

Name It: _____

Feel It: _____

How did you respond? _____

Defense/Protective Reactions: *Fight-Flight-Freeze-Flock-Faint-Flow*

How high was your emotional intelligence?

- **What was the trigger?**
 - **Strategy:** _____
- **What is your TILT?**
 - **Strategy:** _____
- **What happens when you are TRIGGERED?**
 - **Strategy:** _____
- **How do you know if your Amygdala is Hijacked?**
 - **Strategy:** _____

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The Evidence: Making a Case for Civility ~ Reference Information ~

Cost of Incivility: According to Pearson and Porath, \$_____ is spent annually in the US due to "bad behavior" in the workplace. (Ref: Pearson C & Porath C (2009) *The Cost of Bad Behavior*)

- The first reported publication promoting civility was written in 1405
- 80% of workers in US believe incivility is a problem → 96% experience incivility at work.
- 60% report experiencing significant stress due to incivility at work.
- 48% believe they are treated uncivilly at least once per week.
- 3 out of 4 employees are dissatisfied with how incivility is handled in their company
- More than 50% say they would have a career problem if they reported the incivility.
- Only 9% have reported to HR or their EAP – *silent witness*
- 12% left their job because of incivility

Example: Hospital Organization Total Cost: Gross income -- \$999,856,000.

LOST REVENUE and EXPENSES: Grand total estimated cost caused by incivility = **\$70,911,390.55** which is approximately **8% of their total income**. Calculations include only data that can be estimated – and does not include all factors of disengagement, lost attention/focus, reduced productivity, poor quality outcome costs, reduced satisfaction and lost customers etc.

National Workforce Data

- Average Price to replace each employee = \$50,000 (**1.5-2.5 times the annual salary.**)
- Amount of time Fortune 1000 executives spend resolving employee conflicts = **7 wks /yr**

Study → Lost productivity due to incivility at work = \$11,581 / nurse/yr (Ref: Lewis & Malecha 2011)

Silence Kills Findings: How does incivility impact quality? www.silencekills.com

- 60% of medication errors are caused by mistakes in interpersonal communication.
- 84% of MD's have seen coworkers taking shortcuts that could be dangerous to patients
- More than 50% of healthcare workers witness coworkers break the rules, make mistakes, fail to support, demonstrate incompetence, show poor teamwork and disrespect & micromanage.
- 23% of nurses said they considered leaving their units because of these concerns.
- 78% report it is difficult or impossible to confront a person directly even if there is witnessed incompetent care – **with fewer than 10% of MD's, RN's & clinical staff reporting having the skills needed to directly confront their colleagues about concerns**

Impact of Incivility – often the non-measurable costs:

- Erodes Self-Esteem and self-regard
- Damages Relationships
- Increases Stress- *Incivility is a serious stressor*
- Contaminates the Workplace
- Increases risk to patient safety
- Escalates into Violence – *Incivility and violence are partners*

What does Incivility look like in Education?

Types:

Program → Program: i.e. AD → BSN; BSN → AD; PhD → DNP etc.

Student → Student, Student → Faculty, Student → Administration;

Faculty → Faculty, Faculty → Student, Faculty → Administration;

Administration → Administration, Administration → Faculty, Administration → Student;

Others _____

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Faculty Experiences with Incivility *in a study by Lashely & deMeneses, n=409*

- ❖ 67% initial response rate from direct mailing → **People want to speak out!*
- ❖ Nearly 100% had experience with lateness, talking in class, inattention in class
- ❖ 52.8% had been yelled at in the classroom
- ❖ 42.8% had been yelled at in the **clinical setting**
- ❖ 24.8% reported objectionable physical contact by a student

Types of Uncivil Behaviors Classroom & Clinical

- ❖ Annoyances -- Students often unaware of effect/ Aggregate impact
- ❖ Classroom Terrorism - Direct interference with instruction
- ❖ Intimidation - Threats to bring social or political pressure
- ❖ Actual or threatened violence
- ❖ Attacks on Instructor/Student Psyche or Capability

Most Common Uncivil Behaviors by Students → reported by faculty

- ❖ Making disapproving groans
- ❖ Making sarcastic or vulgar remarks or gestures
- ❖ Cyber-bullying
- ❖ Lack of respect or regard for others – intolerant of cultural, ethnic or class differences
- ❖ Not paying attention in class
- ❖ Dominating class discussions
- ❖ Using cell phones during class, texting, computers, or side conversations
- ❖ Academic dishonesty - cheating on examinations or pressuring faculty to agree to demands
- ❖ "Mean girl games" or speaking negatively (bad mouthing) others

Most Common Students Perceptions of Faculty Incivility → reported by students

- ❖ Canceling class without warning
- ❖ Belittling or taunting students – Exerting position of power over the students, showing favoritism or bias or labeling & gossiping about students
- ❖ Assuming a "know-it-all" attitude
- ❖ Threatening to fail or dismiss a student
- ❖ Delivering fast-paced lectures
- ❖ Not being available outside of class
- ❖ Setting unrealistic student expectations
- ❖ Devaluing student's life, work, & academic experience Using inept teaching skills
- ❖ Failing to address incivility in the classroom
- ❖ **"Beyond uncivil" = when faculty undermine other faculty credibility**

Faculty- to -Faculty Incivility – Reference: Kathleen Heinrich's "Mean Faculty Games"

Faculty Game

1. The Set-Up Game
2. The Devalue and Distort Game
3. The Misrepresent/Lie Game
4. The Shame Game
5. The Betrayal/Mobbing Game
6. The Broken Boundary Game
7. The Splitting Game
8. The Mandate Game
9. The Blame Game
10. The Exclusion Game

What it looks like...

1. Leave hung out to dry
2. Twist assets into liabilities
3. Tell untruths that handicap them
4. Bully in public, private, or cyber-bullying
5. Involve 3rd party or group to gang up
6. Steal credit for scholarship etc.
7. Separate nurses into we/they
8. Pressure, command, demand → never ask
9. Accuse first, ask questions later
10. Silence, leaves them out

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Additional Rationale for Fostering Civility

- Sentinel Event Alerts: The Joint Commission
- IOM Report – Future of Nursing (2010)
- QSEN-Teamwork and Collaboration
- ANCC: Forces of Magnetism
- Essentials of Baccalaureate Education
- Nursing Codes of Ethics (International and National)
- ANA Standards of Professional Performance
- Regulatory Requirements—Boards of Nursing -It's The Right Thing To Do

Cost of Civility: _____

Points to Remember:

- “Incivility has the power to intimidate people into silence. It isolates the targets and makes them feel ashamed and responsible. Angry words lead to physical avoidance and withdrawal.” *Silence Kills*
- “Memory of incivility can linger for years.” → Diagnosed PTSD r/t incivility in the workplace & classroom.
- “Incivility often occurs when people are: stressed, unhappy, rushed. When these are experienced together, anything can happen.” *Forni (2009)*

Incivility → leads to _____ and increased _____ of self or others

The percentage of people treated with uncivil behavior will: (Ref: Pearson and Porath)

_____ % gets even with their offender

_____ % gets even with their organization

Examples of Retaliation:

Websites to check-out:

Company Reviews: www.glassdoor.com and Boss Reviews: www.ebosswatch.com

Faculty: www.ratemyprofessor.com

Reference: Weckerle, A. (2013) *Civility in the Digital Age*

Exercise:

What do you see? What are your assumptions?

What are the facts?

What is the self-talk?

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El: Character Incompetence (versus Technical Incompetence) → *Conscious or Unconscious*

- Fear of Rejection
- Lack of Trust
- Shame - Unworthiness & Poor Self-Regard/Esteem
- Blame & Judgment
- Pretending & Assumptions
- Lack of Courage
- Lack of Compassion
- Lack of Vulnerability
- Lack of Personal Accountability
- Sabotage

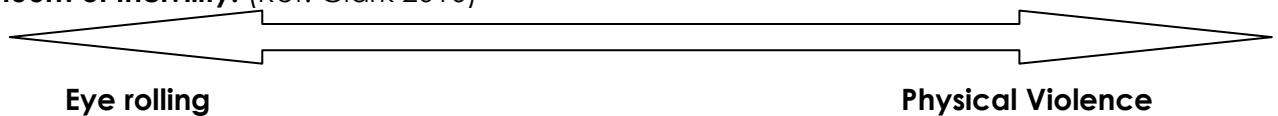
Humor & Incivility: How does this impact your classroom or your team?

Self-Reflection: How does this impact you?

Definitions:

- **Horizontal Hostility and Lateral Violence** - "A consistent (hidden) pattern of behavior designed to control, diminish, or devalue another peer (or group) that creates a risk to health and/or safety" Bartholomew
- **Incivility** - "Rude or disruptive behaviors which often result in psychological or physiological distress for people involved, and if left unaddressed may progress into threatening situations, or result in temporary or permanent illness or injury." Clark
- **Bullying** - "is when a person is picked on over and over again by an individual or group with more power, either in terms of physical strength or social standing."

Continuum of Incivility: (Ref: Clark 2010)



Evidence from Violence Literature:

Face-to-face AND Online/Text

Non-verbal → Verbal → Physical (self/others)

Therefore, to PREVENT physical violence - **stop all forms of violence.**

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Signs of Incivility:

- » name-calling, sarcasm, bickering, fault-finding, back-stabbing, criticism, intimidation, gossip and spreading rumors, shouting, blaming, put-downs, raising eyebrows, trivializing, assumptions, judgment, accusations, anger, threats, inappropriate language → physical violence etc.
- » unfair assignments, eye-rolling, ignoring, making faces (behind someone's back), refusal to help, sighing, whining, sarcasm, refusal to work with someone, sabotage, isolation, exclusion, fabrication, withholding information, secrecy, undermining, discounting, silence, denial, passive-aggressive, mobbing, triangulation, resentment, frustration, worry, fear, no accountability, no follow-up, shifting responsibility to someone else (not my job) etc.
- » Verbal, non-verbal, physical, public, private, email, text-message, telephone, written, one-on-one, and mobbing

What does incivility look like in your _____? → NAME IT:

For Incivility to THRIVE – there needs to be:

1. _____
2. _____
3. _____

According to C. Clark (2011) “Bullying is allowed to occur for three reasons:

1. Because it can.
2. Because it is modeled.
3. Because it is left unchecked.”

Incivility occurs due to: Oppression Theory ~ Occurs when there is an Imbalance of Power that is *real or perceived*.

Who are the Victims or Targets?

Who are the Perpetrators or Offenders?

- _____ % of offenders is from a higher position
- _____ % of offenders is from a lateral position
- _____ % of offenders is from a lower position

“Employees (and students) model the behavior and communication styles of those above them or respond and adapt to their leader’s communication to protect their position.” Skip Wiesman

Who are the Silent Witness’ or Bystanders?

A Silent Witness is the _____.

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Reflection: *What are you going to do to change the culture in your program?*

What do you need to do as a leader to be more civil?
 How can you improve and set the tone differently for all?
 How do you educate faculty?
 What is in your faculty handbook about civility?
 What will it take to get all faculty to be accountable to create a culture of civility?
 How will you interview and hire new faculty to support a culture of civility?
 What orientation elements need to be included to support faculty leading civility?
 How will you educate and teach students about what is acceptable behavior?
 What is in your student handbook about civility?
 What will be your process for assessing for civility and follow-up?

Civility Strategy #1 Awareness: Make it Conscious!

Naming IT so everyone can SEE IT – No more silence!

Take a New _____!

Learn from the past and then _____!

Civility Strategy #2: AUTHENTIC CONVERSATIONS

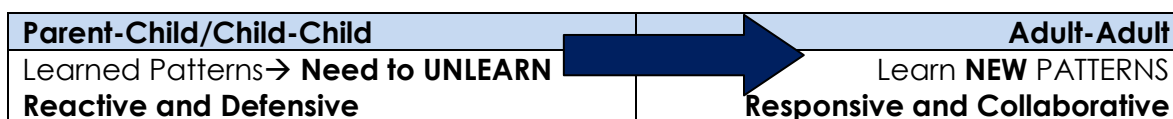
"Every day, in every interaction, we either approve the old script or write a new one."
 Barholomew

AAAU Recommendation:

Reflection Exercise: What kind of conversations do you have? Think about the conversations you have at work – with your boss, your co-workers, students, and patients. Reflect on emails, telephone, meetings and one-on-one conversations. During challenging situations – do they reflect "parent-to-child", "child-to-child" or "adult-to-adult" conversations?

Parent-to-child & child-to-child conversations represent power over another, defensiveness, blame and judgment. These conversations are often reactive resulting in slow progress, drama and exhaustion. You may lead these conversations confused, frustrated and feel progress is going backward or has stopped.

Adult-to-adult conversations are based with mutual respect, mutual learning and mutual accountability. These conversations lead to empowerment, confidence and trust. The result is a proactive response leading to new outcomes. You should leave these conversations with a feeling of forward movement.



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The 8 Rights of Adult-to Adult Conversations:

1. **Right** _____ – within 48 hour
2. **Right** _____ - privacy
3. **Right** _____ – make sure the right people are included. Stop conversation until they can be present.
“Nothing about me without me.”
4. **Right** _____ – set intention prior to be compassionate and open. Be clear to establish intention for clarity with the other person(s) as beginning to be sure you are all talking about the same topic.
5. **Right** _____, _____ and _____ – all three need to be congruent to provide clear communication. When they do not match, the communication may lead to mistrust and defensive reactions.
6. **Right** _____ – to do this, Breathe!!!! Control your self-talk. No Interrupting. Pause and **THINK** Before You Speak → Ask: Is it **T**rue? Is it **H**elpful? Is it **I**nspiring? Is it **N**ecessary? Is it **K**ind?
Empathy: Consider other person's perception and reality. To be empathetic does not mean you must agree with them or their behavior. It is about caring and respect for self and others.
7. **Right** _____ – ask questions to ensure clarity and understanding by all. You may need to agree to disagree in order to move on.
8. **Right** _____ –be clear about who does what when and how you will follow-up if the issue arises again in the future.

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Cognitive Rehearsal – Cueing Ideas to Improve Civility

Cognitive Rehearsal is a strategy used to prepare ahead for critical conversations. This is a strategy used by leaders with high emotional intelligence and self-regard in order to avoid tilts, triggers or hijacks during crucial conversations. This strategy promotes one's ability to depersonalize the situation in order to remain objective and find solutions.

Cognitive rehearsal involves the following steps:

- Writing Scripts
- Practicing Scripts Verbally
- Evaluating choice of words or obtaining feedback to ensure right choice of words
- Planning for conversation

Five Models for Writing Scripts:

1) I feel, I think, I want...
I FEEL – (<i>Accountability</i>) – Identifies what you feel with the situation – (one word) I THINK – (<i>Compassion</i>) – what it is about (one sentence) I WANT – (<i>Respect</i>) – What you want for yourself – not what you want from the other person.
2) DESC Model
D – DESCRIBE the behavior E – EXPLAIN the impact of the behavior S – STATE the desired outcome C – CONSEQUENCE what happens if the behavior continues
3) SBAR Model (Navy Submarines)
S - Situation: What is happening at the present time? B - Background: What are the circumstances leading up to this situation? A - Assessment: What do I think the problem is? R - Recommendation: What should we do to correct the problem?
4) CUS Statement (Aviation)
C – I am concerned ... U – I understand ... S – It is a matter of safety ...
5) Tagging
Goal/Intention – in one sentence state intention for the conversation Observation – In 1-2 sentences, state your observations, feelings, concerns, emotions and areas where need clarity. (The longer you speak, the more room for defensiveness and disagreement.) Pause for Feedback – This step is where you pause to engage the other and ask a question. The question is intended to clarify understanding or agreement. Example: <i>Have you ever noticed this before?</i> Suggestion – give a suggestion or invite the other to help create next steps.

Remember: You make the **CHOICE** to React – Respond – or Clarify.

Use “**I**” statements; **AVOID:** “**You**” statements create blame; “**But**” statements may imply excuses and undermine words; and “**Why**” questions lead to intimidation.

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Tool for Cognitive Rehearsal – And Preparing for Authentic Conversations:

- 1.) **Identify** Situation for a Authentic Conversation: _____
- 2.) What steps do you need to take to ensure you have the conversation at the best time to allow you to stay calm, respectful and clear?

3.) Write the Script: **Avoid: You; But; and Why --- Strategy – I feel – I think – I want**

I feel (one word) _____

I think it is about/because (one sentence) _____

I want (for yourself-one sentence) _____

I would like us to work together by _____

- 4.) **Review** script to ensure wording will not hijack the person you are speaking to – is it clear? Is there blame or judgment? Are there any words I should *soften* to ensure my concerns are heard?

This step can be hard if you are still angry or upset. The process of writing will help you see better choices. It may take several scripts to get the wording accurate for your meaning AND to avoid creating a defensive reaction. Don't be afraid to write it out – it will help you see your challenge.

Re-Write Script – I feel – I think – I want

- 5.) **Practice** the script by saying it out loud – preferably to another trusted friend or colleague. Adjust the wording as needed based on constructive feedback. (Practicing this silently in your head will cause you to miss your tonality and sense body language.) Invite feedback on your words, tone and body-language.
- 6.) **Before** the conversation → Ensure the 8 Rights of Adult-to-Adult Conversations - Set your intention for compassion for self and the other person. (Do within 48 hours!)
- 7.) **During** the conversation: Begin Eye-to-Eye! (*Both sit or stand.*) It is best to do in person when crucial topics. If need to do from a distance, use technology for face-chat, Skype, internet meetings etc. in order to enhance understanding. AVOID email. → Slow-down and really **LISTEN!** Pause and **THINK** before responding. Remember to breathe! Ask questions – stay curious!

If you feel triggered or tilted, pause and breathe or take a time-out to avoid becoming defensive.

Having a script ready as an exit strategy is a good idea. For example: *I need some time to think about this, can we take a break and meet back _____?*

- 8.) **After** the conversation – reflect on the following questions:
- What went well during the conversation?
 - What did you learn from this process that you want to integrate in future conversations?
 - How will you celebrate your success?

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Examples of Scripts: The following are challenging situations where you may need to respond. Each situation has a specific statement you can use to respond or to clarify the situation using the five models. Adapted from Griffin, M. (2004) Teaching Cognitive Rehearsal as a Shield for Lateral Violence: An Intervention for Newly Licensed Nurses. *The Journal of Continuing Education*, 35(6), p. 260.

Nonverbal Innuendo (raising of eyebrows or face-making)

- I sense (I see from your expression) that there may be something you wanted to say to me. It's okay to speak directly to me.
- I noticed you rolled your eyes. Can you help me understand what you intended to communicate to me?

Verbal Affront (covert or overt, snide remarks, lack of openness, abrupt responses.)

- The individuals I learn the most from are clearer in their directions and feedback. Is there some way we can structure this type of situation?
- I just heard you say _____. Can you help me understand what your intention was with that statement?

Undermining activities (turning away, not available)

- When something happens that is "different: or "Contrary" to what I thought or understood, it leaves me with questions. Help me understand how this situation may have happened.
- When I see you turn away (or other behavior) I feel we are not communicating effectively. I think it is important for us to be able to communicate and understand each other. I want to be able to work with you. Can you help me understand this?

Withholding information (practice or patient)

- It is my understanding that there was (is) more information available regarding this situation and I believe if I had known that (more), it would (will) affect how I learn or need to know.
- I feel confused. I think there is more information I need from you. I want to be able to do the best job and need for you to feel confident in sharing information with me. How can we improve this?

Sabotage (deliberately setting up a negative situation)

- There is more to this situation than meets the eye. Could you and I meet privately and explore what happened?
- I feel set-up. I think there is more to this than I understand. I want us to be able to work together. Can we discuss this?

Infighting (bickering with peers). Nothing is more unprofessional than a contentious discussion in a non-private setting. ALWAYS avoid.

- This is not the time or place for this. Please stop (physically walk away or move to a neutral spot.)
- We need to take this discussion to a private location. Please come with me so we can finish this discussion.

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Example of Scripts Continued:

Scapegoating (attributing all that goes wrong to one individual.) Rarely is one individual, one incident, or one situation the cause for all that goes wrong. Scapegoating is an easy route to travel, and rarely solves the problems.

- I don't think that's the right connection.
- I feel I am being blamed. I think we need to look at this situation together. I want to get to the source of the problem.

Backstabbing (complaining to others about an individual and not speaking directly to that individual.)

- I don't feel right talking about him/her/this situation when I wasn't there and don't know the facts. Have you spoken to him/her?
- This is a conversation that needs to include _____. I feel we need to stop this conversation until _____ can be present.

Failure to respect privacy.

- It bothers me to talk about that without his/her/their permission.
- I cannot speak for anyone other than myself. That information should not be repeated.

Broken confidences.

- Was that information said in confidence?
- That sounds like information that should remain confidential. He/She asked me to keep that confidential.

My greatest Challenge: _____

Possible scripts:

- _____
- _____
- _____

My Scripts for an Exit Strategy if I feel Tilted or Triggered during a conversation:

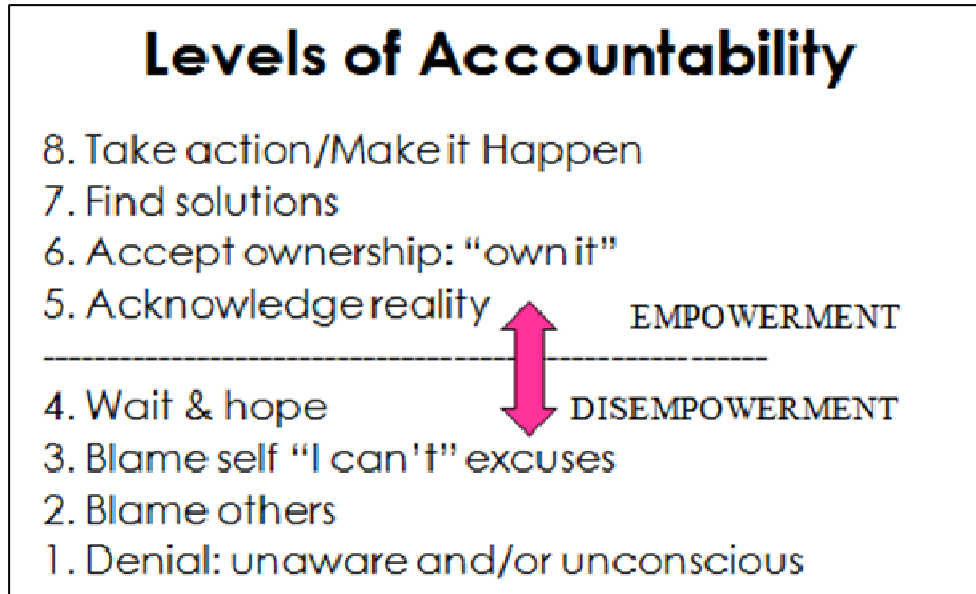
Possible scripts:

- _____
- _____
- _____

Creating A Culture of Civility and Accountability

Civility Strategy #3: Accountability

"There is no accountability without clarity" Tim Porter-O'Grady



- **Ground-rules & Clear Expectations/Boundaries** – "Zero Tolerance Policy"
 - What is unacceptable behavior?
 - What are the consequences for unacceptable behavior?
 - What is acceptable behavior?
 - Begin with **Informal** conversations → avoids escalating to bigger issue!
- **Personal Agreements** "The Five Agreements"
- **Team/Classroom Agreements/Social Norms:** "What you permit you promote."
"Commitment to My Co-worker"/"Classmate" – should include the three principles of mutuality:
 1. Mutual Respect
 2. Mutual Learning
 3. Mutual Accountability
- **Make Feedback a "Learning Opportunity"** → give and invite feedback early and often
- **If things escalate: Take a TIMEOUT – to BREATHE if hijacked.** Create a code that is acceptable. To be accountable, establish a timeframe within **48 hours** to get together.
- **Be Patient....**

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Example of PERSONAL AGREEMENTS:

The Five Agreements to Live By – The following information has been adapted from *The Four Agreements and The Fifth Agreement, A Practical Guide to Self-Mastery* by Don Migule Ruiz and son, Don Jose Ruiz.

These few statements, if really imbedded into your life, can radically change your life, your team and your students! Use them in your daily practices to set intention and during your reflective practice and you will be amazed by how simple they become. Place them in places to help you remember and please feel free to share them with others in your life!

1. Be impeccable with your word.

Speak with integrity. Say only what you mean. Avoid using words to speak against yourself or to gossip about others. Use the power of your word in a proactive direction from a place of truth and compassion. If you make a mistake, as humans do, be accountable to yourself and others, apologize and take steps to move forward and learn from the experience.

2. Don't take anything personally.

Nothing others do is because of you. What others say and do is a projection of their own reality, their own dreams and their reaction from past experiences. When you are immune to the opinions and actions of others, you won't be the victim of needless suffering. Forgive and move on.

3. Don't make assumptions.

Find the courage to ask questions and to express what you really want. Think about and ask questions to clarify cultural, language, generational differences and written words. Pay attention to non-verbal cues and clarify when verbal communication is inconsistent. When you communicate with others, be clear to avoid misunderstanding, judgment, sadness and drama. Be sure to follow-up by validating the other individual's understanding matches your intention. Remind yourself of this one frequently!

4. Always do your best.

Your best is going to change from moment to moment; it will be different when you are healthy as opposed to sick. Under any circumstance, simply do your best, and you will avoid self-judgment, self-abuse and regret. As life-long learners our best can get better!

5. Be skeptical. And, learn to listen.

Don't believe everything you hear or see. Don't believe yourself or anybody else, rather ask questions to find the truth. Use the power of doubt to question everything you hear: Is it really the truth? Are you asking the right person? Always listen to the intent behind words and you will understand the meaning.

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Example **TEMPLATE*** for **TEAM AGREEMENTS: Commitment to Coworkers**

“It is much easier to build a good relationship than to struggle with a bad one.”

Adapted from: Bartholomew (2006) *Ending Nurse-to-Nurse Hostility* and
Bjork & Manthey (2007) *Commitment to My Co-Workers: A Brief History*.

I, _____ agree with the following statements and by signing below I am making a commitment to my team and the organization to abide by these commitments.

- I will maintain a supportive attitude with colleagues, creating a positive healthy team environment by recognizing our colleagues for performance that exceeds expectations. I will hold my team members accountable for behaviors and performance, recognizing that the actions of one speak for the entire team.
- I recognize that each of us plays a vital role in the home care agency's operations and treat each other accordingly.
- Rudeness is never tolerated. There is no blaming, finger pointing, or undermining of fellow team members or the leadership. I will not engage in the “3B’s” (Bickering, Back-biting, and Blaming) and ask my team members to not as well.
- I will be on time for our team meetings and when returning from breaks. I will not call in sick unless I am sick.
- I will welcome and nurture newcomers.
- I recognize that many hands make light work and will offer to help each other.
- I will show appreciation and support to staff that come from other departments.
- I recognize that we all have strengths and challenges and that it takes many diverse personalities to make a team.
- I will respect cultural, spiritual, and educational differences in my team.
- I will praise my team members in public and provide constructive feedback in private.
- I will not gossip. I will protect the privacy and feelings of our fellow employees. I will talk promptly and directly with my team members, if I have a problem. The only time I will discuss it with another person is when I need advice or help in deciding how to communicate appropriately.
- I will practice the “3C’s” (Caring, Commitment and Collaboration) in my relationship with team members and will ask they do the same with me.
- I will be committed to finding solutions to problems and will not complain about another team member and ask them not to as well. If I hear anyone doing so, I will ask them to talk to the correct person.
- I will accept each member of the team as they are today, forgiving past problems and ask they do the same with me.
- I will respect other's time and avoid urgent requests.
- I will remember that no one is perfect and that human errors are an opportunity for learning, not for shame or guilt, rather for forgiveness and growth.
- I will remember to have fun and keep a sense of humor at work.

I expect, if at any time, I do not comply with the above statements, my peers and the administration will have a confidential conversation with me directly and hold me accountable for the above commitments.

I agree to hold my peers and the administration accountable to the above commitments and I will have confidential conversations directly with any individual that does not follow this agreement in an effort to promote a healthy work environment.

Signature: _____ Date: _____

**In order to increase engagement and accountability, these should ALWAYS be written by the team, using team language and team priorities. Each member of the team should sign and date. This allows all members of the team to refer to the agreements objectively during future conversations.*

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Example of a Team Agreement:



Commitment to My Team Members

- I accept responsibility for establishing and maintaining healthy interpersonal relationships with every member of this team. I recognize that the words, actions and attitudes of each of us individually reflect on the whole of the Colorado Center for Nursing Excellence.
- I will respectfully speak promptly with any team member with whom I am having a problem. The only time I will discuss it with another person is when I need assistance in reaching a satisfactory resolution. The goal of a conversation with a trusted colleague is not to complain or triangulate but to gain insight into resolution. I will always remember to “take the mail to the correct address”.
- I will establish and maintain a relationship of trust with every member of this team. My relationships with each of you will be equally respectful, regardless of job title, level of educational preparation, or any other differences that may exist.
- I will accept each team member as they are today, forgiving past problems and asking each person to do the same with me.
- I will remember that no one is perfect and that our errors will be accepted as opportunities for forgiveness, growth and learning.
- Since all members of our team are leaders and followers, we are committed to finding solutions to problems and embracing accountability for the success of the whole organization.
- My words, actions and attitudes make my team members feel appreciated, included, and valued. I will have fun and keep a sense of humor at work.
- As leaders we practice what The Center teaches.

I expect and accept if at any time I do not comply with the above statements my team members will have a confidential conversation with me directly in order to raise awareness and accountability to the above commitments.

I agree to hold myself accountable to the above commitments in an effort to promote a healthy learning environment.

Signature

Date

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Physiological Responses?

- Create list of responses / reactions

- Patterns: Raised adrenalin leads to:
Assumptions

Examples: _____

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We go through life reacting to

External World

Vs.

Responding Creatively

Internal

1. **Feelings** _____

2. **Thoughts** _____

3. **Wants** _____

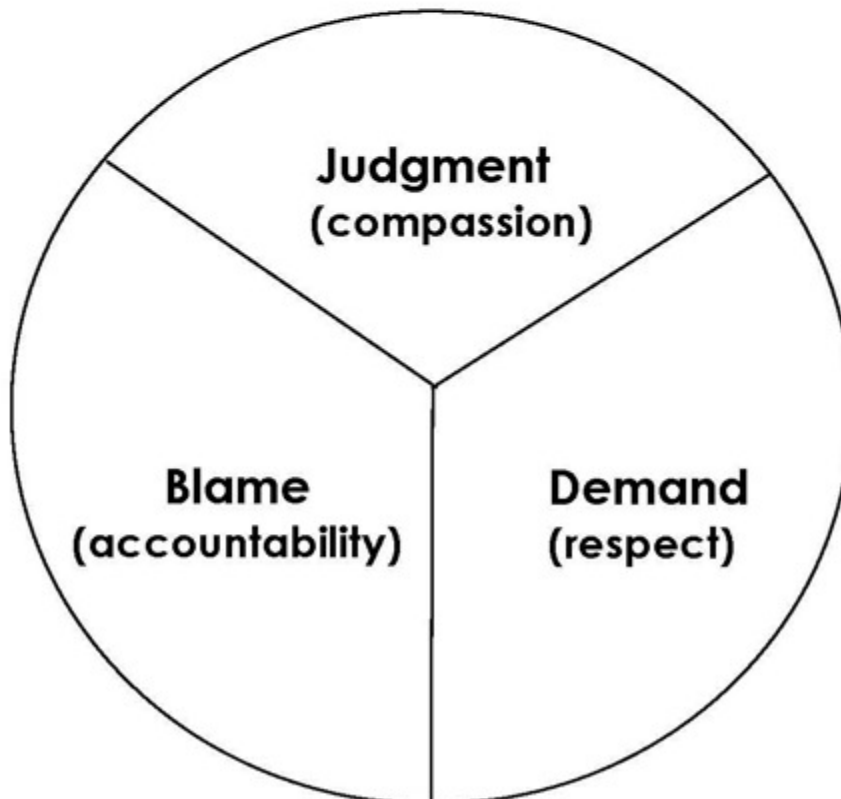
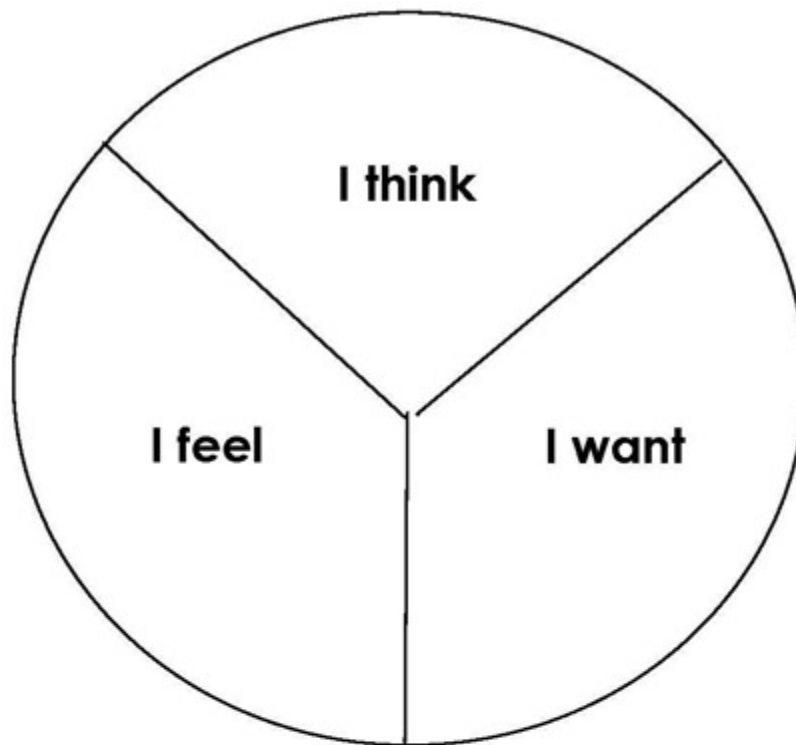
Examples:

Feel _____ _____

Think _____ _____

Want _____ _____

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Practice Cognitive Rehearsal: I feel – I think – I want

Challenge: _____

identify feelings or sensations

I feel (one word)

refer to your perspective of the situation, check assumptions

I think (it is about or it is because...)

identify what you want from the relationship or situation for yourself

I want

How I'd like to work together is

Feedback during practice/debrief:

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Feeling Descriptions

afraid	creative	helpless	peaceful	sluggish
agitated	curious	hopeful	persecuted	sorry
aggravated	cut-off	hopeless	pessimistic	stiff
alarmed	cynical	hostile	playful	stubborn
alienated	defeated	humiliated	pleased possessive	stupid
alone	defensive	hurried	preoccupied	supported
angry	dejected	hurt	pressed	supportive
anxious	dependent	ignored	pressured	suspicious
apathetic	depressed	immobilized	protective	sympathetic
appreciated	deprived	impatient	proud	tender
ashamed	desperate	inadequate	pushed	terrified
attacked	disappointed	incompetent	pushed-out	threatened
awkward	disrespected	indecisive	quiet	tired
bewildered	doubtful	ineffective	regretful	torn
blamed	eager	inhibited	rejected	touchy
blamey	easy	insecure	relieved	trusting
blank	embarrassed	involved	remorseful	unappreciated
burned-out	engaged	isolated	repelled	uncomfortable
calm	envious	jealous	repulsed	unconsidered
caring	evasive	judgmental	resentful	understood
closed	excited	left out	resentment	unresponsive
cold	excluded	lonely	resigned	unsure
comfortable	exhilarated	lost	respected	uptight
committed	fearful	mean	restrained	useless
compassionate	foggy	misunderstood	rigid	victimized
competent	friendly	nervous	sad	vindictive
complete	frustrated	numb	scared scattered	violent
concerned	full	open	secure	washed-up
confident	furious	optimistic	set-up	wishy washy
conflicted	generous	overwhelmed	self-reliant	worn out
confused	genuine	out of control	shy	worried
connected	gentle	pain	silly	
considered	glad	paralyzed	sincere	
contented	grateful	paranoid	sleepy	
controlled	guilty	passionate		

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Feedback during practice/debrief:

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What will you make contagious?

- **Choose** _____
- _____
- _____
 - What are successes?
 - What did I learn that I can do differently tomorrow?
- _____
 - “The most effective acknowledgements are: Timely, Specific, Face-to-face, public (when possible) and from the heart.” Karren Kowalski
 - Gratitude involves genuine acceptance of acknowledgement “Thank You!”
 - Three levels – Diane Pisanos
- _____

Three A’s – Awareness – Authentic Conversations - Accountability

Final Thoughts:

“I have come to the frightening conclusion that I am the decisive element. It is my personal approach that creates the climate. It is my daily mood that makes the weather. I possess tremendous power to make a life miserable or joyous. I can be a tool of torture or an instrument of inspiration. I can humiliate or humor, hurt or heal. In all situations, it is my response that decides whether a crisis is escalated or de-escalated, and a person humanized or de-humanized.

If we treat people as they are, we make them worse. If we treat people as they ought to be, we help them become what they are capable of becoming.”

Johann Wolfgang von Goethe

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My two greatest take-aways from this session are:

1.

2.

I WILL ~ CALL TO ACTION ~ As a result of this presentation today ~ I commit to the following:

Promise to **myself**: I will

Promise to **students/staff**: I will

Promise to **faculty/peers**: I will

Promise to **boss/leader**: I will

Promise to **significant relationships**: I will

In order to add accountability, please include the following:

Name: _____

Signature: _____ **Date:** _____

Email: _____

**Please tear off this last page and give to Deb Center as you leave today!
Thanks for your participation! Make it a great day!**