Nursing Incivility: Definitions, prevalence, and prevention in the first year of nursing practice

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% of UNH senior nursing students who reported experiencing incivility

N = 36
Pre-survey

1. What does nursing incivility mean to you?

1. Who has experienced nursing incivility in a clinical environment?

1. How did you react?
What is incivility?

“...a rude or discourteous act...”
- (Merriam-Webster, 2019).

“...used to describe rude, disruptive, intimidating, and undesirable behaviors that are directed toward another person... any action that is offensive, intimidating, or hostile that interferes with the learning or practice environment...”
- (Harris, n.d.).
Definition of *Nursing* Incivility

Also known as: horizontal violence, workplace bullying, lateral violence

“Horizontal violence most commonly takes the form of psychological harassment, which creates hostility, as opposed to physical aggression. This harassment involves verbal abuse, threats, intimidation, humiliation, excessive criticism, innuendo, exclusion, denial of access to opportunity, disinterest, discouragement and the withholding of information”

- (Mckenna, Smith, Poole, & Coverdale, 2003, pg. 91).
Nursing Incivility Looks Like…

“...using the “silent treatment”, spreading rumors, rude or obnoxious behavior, badgering or back-stabbing, sabotaging a project, damaging someone’s reputation, using humiliation, put-downs, and intimidation, failing to support a co-worker, setting up someone for failure, undermining of work, verbal abuse, public reprimands, sarcasm, destroying confidence, losing one’s temper or yelling at someone, continual criticism, encouraging others to turn against a co-worker…” (Harris, n.d.).

“...denied them access to learning opportunities; undervalued them (for example treated them like a student); made them feel that there would be repercussions if they spoke out about interpersonal conflict; emotionally neglected them; left them feeling distressed by exposure to conflicts between others; failed to support them in their defence; given them too much responsibility without appropriate supervision; or spread rumours and lies about them…” (Mckenna, Smith, Poole, & Coverdale, 2003, pg. 92).
Cynthia Clark’s “Continuum of Incivility” (Harris, n.d.).

Figure 1. Continuum of incivility. Published with permission from Cynthia Clark.
Prevalence

Over half of a 600 respondent survey of new graduates reported being belittled or treated like a student by nursing staff. “Many new graduates were likely to have experienced horizontal violence... prevalent across all clinical settings. Most of the behaviour experienced was subtle and covert in nature, although direct verbal statements which were rude, abusive, humiliating or involved unjust criticism were also common” (Mckenna, Smith, Poole, & Coverdale, 2003, pg. 93).

“1 in 4 nurses has been assaulted at work” (American Nurses Association, 2019).

“37% US workers directly experienced bullying, 12% witnessed bullying, 45% had their health affected due to stress from bullying, 3% file lawsuits related to bullying, 40% experience bullying but never complain” (Harris, n.d.).
"When nurses are intimidated about communicating with other team members quality care is endangered." - Brunt, 2011, pg. 26
Why is this important to us as new graduate nurses?

Nursing incivility has been shown to negatively affect:

- Patient safety
- Quality of care
- Nurse retention
- Quality of nursing education

Nursing incivility has been shown to cause:

- Usage of antidepressant/antianxiety medications
- Effects on self-confidence or self-esteem
- disillusionment with nursing practice
- Consideration of changing professions
- Calling out of work/taking days off of work

(McKenna, Smith, Poole, & Coverdale, 2003; Kerber, Jenkins, Woith, & Kim, 2012)
Characteristics of Horizontal Violence

**Perpetrators**
- Perpetrators = experts in their field of practice = powerful figures in workplace
  - Power struggle present between perpetrator and victim
- Type of Bullying:
  - Persistent criticism
  - Reminders of error
  - Excessive monitoring (“watching over their shoulder”)

**Victims**
- < 30 years old
- New grad (↑years of experience = ↓bullying)
- Depressive personality = + predictor of workplace bullying
- High levels of anxiety = ↑risk of verbal abuse

**Organizations**
- Stressful working conditions, staff shortage = source of aggression
- Lack of respect for coworkers (unable to perform at best capability)
- Lack of management organization

(Koh, 2016)
Evidence-Based Interventions
Individual Interventions

- Role model
- Document when each incident occurs
- Set up a meeting with human resources
  - Bring documented evidence, ask if coworkers who have observed the behavior will support you
    - This can be problematic…
- Read the incivility policy
- Talk with the person

- Confrontation skills:
  - Take a time-out and walk away
  - Talk in a private place
  - Stay calm
  - Simple and clear language
  - Explain how the behavior makes you feel
  - Do not become defensive
  - Get to the root
  - Use therapeutic communication

Cognitive Rehearsal Script Responses

- Cognitive rehearsal scripted response = based on Piaget’s theory
- Scripted verbal response vs. just being intimidated and unsure of what to do
- Empowers newly hired nurses to have the knowledge and confidence of what to say in the occasion that they experience workplace violence
- Effective tool for individuals to protect themselves from harm related to workplace abuse

(Koh, 2016)
Pre-planned Responses developed by Brunt (2011)

Non Verbal Innuendo: “I sense/see from your facial expression that there may be something you wanted to say to me. It’s OK to speak directly to me”

Verbal Affront: “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?”

Undermining activities: “When something happens that is “different” or “contrary” to what I understood, it leaves me with questions. Help me understand how this situation may have happened.”

Broken Confidences: “Wasn’t that said in confidence? Or that sounds like information that should be kept confidential.”

Withholding information: “It is my understanding that there was / is more information available regarding the situation, and I believe if I have done more it would/will affect how I learn.”

Sabotage: There is more to this situation than meets the eye. Could you and I meet in private and explore what happened?”

Backstabbing: “I don’t feel right talking about him/her/the situation when I wasn’t there or don’t know the facts. Have you spoken to them?

Failure to respect privacy: “It bothers me to talk without “their” permission or I only overheard that it shouldn’t be repeated.”

(Brunt, 2011, pg. 30)
Educational Interventions

- Journal clubs integrated into senior nursing students’ curriculum
- 6 biweekly sessions
  - discussion of nursing incivility articles from literature
  - group activities encouraging civility

Results: increased awareness of both civil and uncivil behavior, improved helpfulness to other students, developed coping skills to deal with incivility

For Nursing Faculty

1. Address lateral violence in curriculum.
   a. simulation, clinical experiences

2. Outline clear codes of conduct to guide behavior.
   a. for students and faculty

3. Faculty should be aware of their own behavior.
   a. faculty behaviors, academic environment, administrative actions

(Sanner-Stiehr & Ward-Smith, 2017)
Organizational Interventions

Assess for incivility:

- High turnover
- Cliques
- Absenteeism
- Low job satisfaction
- Conflict between shifts

** Remember: It takes two to five years for policies to become established as common practice in healthcare organizations

Take action:

- Establish a code of conduct
- Timely addressing
- Education and educational modules
- Zero tolerance policy
- Encourage open communication
- New grad preceptor programs
- Frame as a SAFETY ISSUE
- Role model

American Nurses Association Takes a Stand

2015: American Nurses Association (ANA)

- formal statement regarding nursing incivility and workplace bullying
- primary, secondary, and tertiary prevention methodologies.

**zero-tolerance** policy

- encouraged nurse leaders and management to create a culture of **respect**
- utilize evidence-based models to aid in prevention.

(American Nurses Association, 2019)
How do you handle nursing incivility?

TALK AMONGST YOURSELVES
Putting it all together...

It is your first night off of orientation. You are giving report to the oncoming nurse, and during your report she continues to roll her eyes everytime you stutter or stumble over words. When you finish giving report, she responds “Maybe you should go back to nursing school and practice giving report for a few more years. You made me late for my morning med pass.”

How would you respond/react?
1. What is the definition of nursing incivility?

1. Describe a clinical or professional scenario in which you have experienced nursing incivility.

1. How would you react now, knowing the information we have presented to you?
What you can do, today...

The ANA has drafted a pledge to stop nursing abuse, as of yesterday, there were 17,026 signatures.

We are the future of nursing.

We may not have been the reason the problem started, but it is part of our responsibility to change it.

Sign the pledge, and “stop nurse abuse.”

ANA Pledge
References


