







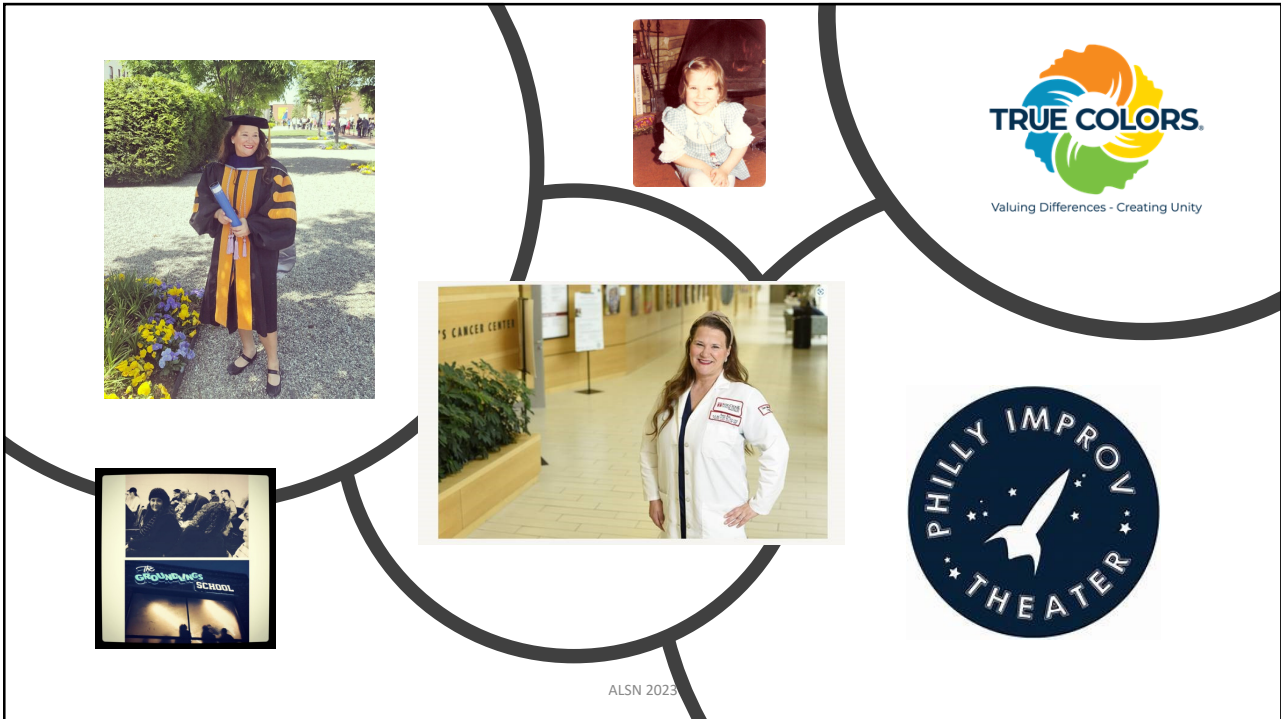
Retelling the Stories – Registered Nurses’ Experiences of Peer-to-Peer Incivility in the Workplace

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PROGRAM OBJECTIVES

To illustrate the impact of nursing incivility on the delivery of safe patient care, retention of nurses, and medical costs.

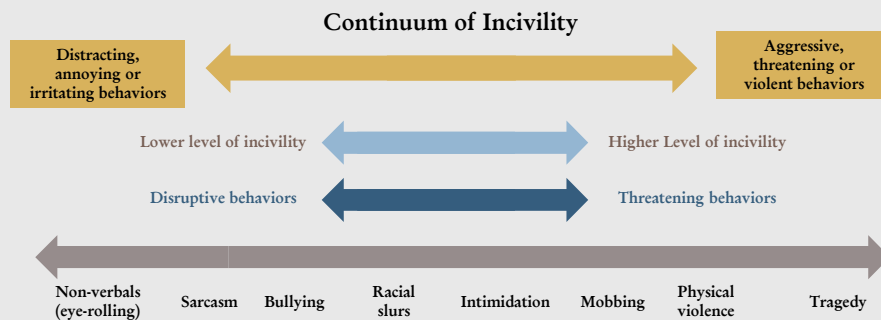
To explore the nuances and influences of nursing incivility through the descriptions of lived experiences from those who have encountered uncivil behaviors.

To discuss practice implications to address nurse-to-nurse incivility.

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DEFINING INCIVILITY

- The operational definition defines incivility as a “low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect” (Andersson & Pearson,1999).



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THE FACE OF INCIVILITY



- Withholding important information
- Making rude or demeaning remarks
- Spreading rumors and gossiping
- Failing to support a co-worker; setting up to fail
- Neglecting, marginalizing or excluding a co-worker
- Breaking confidences
- Name-calling, put-downs, and offensive sarcasm
- Encouraging others to turn against a co-worker

(Clark 2013, 2015, 2021, 2022; Dellasega, 2009, 2012; Griffin, 2004, Griffin & Clark, 2014)

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SCAFFOLDING UNCIVIL BEHAVIORS



Mobbing – Extreme form of intentional and collective (group) bullying behavior aimed at aimed at marginalizing, excluding or expelling another.



Bullying – An intentional pattern of abusive, threatening or demeaning behavior designed to designed to intimidate, degrade, and humiliate another.



Incivility – Rude or disruptive behavior often prompted by thoughtlessness rather than than malice. Generally considered to be a one-on-one experience and perceived to be less less threatening than bullying or mobbing.

(ANA, 2015; Griffin & Clark, 2014; Clark, 2022)

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HEALTH RISKS EXPERIENCED BY NURSES IN THE WORKPLACE

In 2017, the American Nurses Association (ANA, 2017) published a study exposing the realities associated with health risks experienced by nurses in the workplace.

Highlights of the study included the following (ANA, 2017):

- 82% reported that they are at a “significant level of risk for workplace stress”
- Up to half had been bullied in some manner in the workplace
- 25% had been physically assaulted at work by a patient or a family member



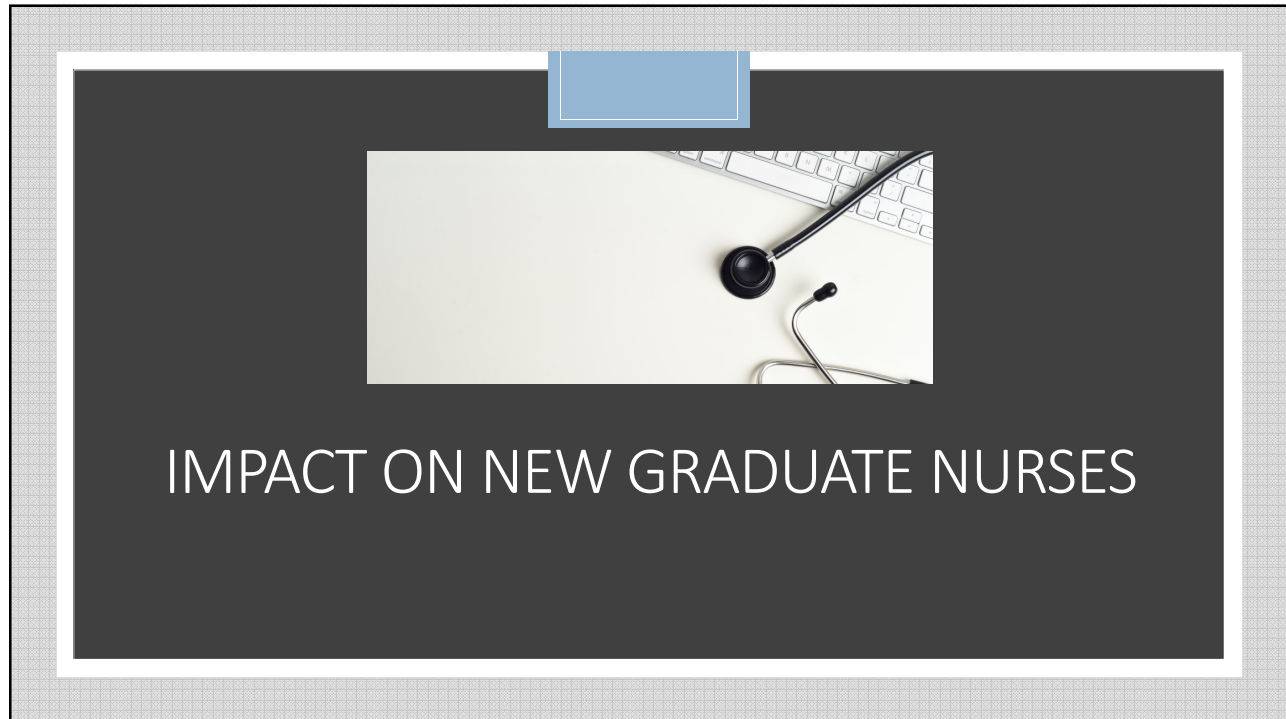
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RESULTS FROM NATIONAL STUDIES

- A national study examining perceptions of civility in nursing education found that 85% of respondents avoided addressing incivility due to (Clark, 2021):
 - Fear of retaliation
 - Lack of administrator support
 - Belief that addressing incivility would worsen the situation
 - Lack of clear policies or guidelines on how to properly address incivility
- A study conducted by the American Nurses Foundation (2021) found that (Clark, 2020):
 - 28% of nurses said they want to quit their jobs due to incivility
 - 18% of nurses intended to leave their position within the next six months
 - 47% of nurses said that the work environment was negatively affecting their health and well-being

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IMPACT ON NEW GRADUATE NURSES

New graduate nurses are particularly vulnerable to incivility and its effects. Those new graduate nurses who observed incivility (Kerber et al., 2015):

- Reported negative effects on their well-being
- Expressed how uncivil acts in the patient care environment negatively impact patient safety






COST OF INCIVILITY




- Loss of qualified healthcare workers
 - \$23.8 billion annually to cover direct and indirect cost, associated with uncivil and violent workplace behaviors
 - \$11,581 per nurse annually to cover lost productivity, due to workplace incivility



PURPOSE OF THE STUDY

To explore the registered nurses' lived experiences of nurse-to-nurse incivility in the workplace.

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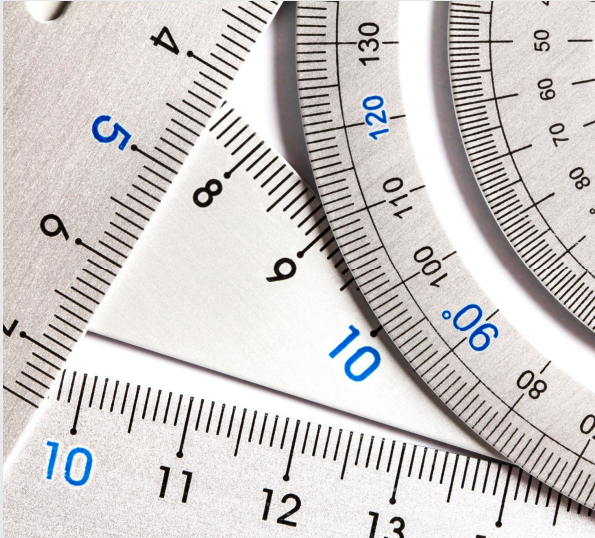




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Methodology

- **Qualitative paradigm**
- **Research design**
 - Descriptive
 - phenomenological
- **Sample and setting**
 - Purposive and snowball sampling
 - Fourteen participants
- **Data collection**
 - Demographic questionnaires
 - Semi-structured interviews
 - Observations
- **Confidentiality**
 - Coded data list
 - Pseudonyms



METHODOLOGY CONT.

- Data analysis
 - Thematic analysis
 - Intuiting
 - Analyzing
 - Describing
 - Member Checking

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Findings

PARTICIPANT DEMOGRAPHICS

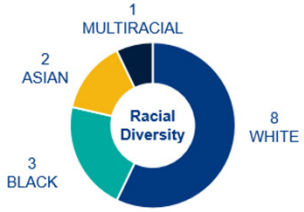
1-25

YEARS OF EXPERIENCE

Varying Levels of Education

ADN	2
BSN	4
MSN	4
EdD	1
DNP	2
PhD	1

EMERGENCE OF THEMES & SUBTHEMES



Employment Status

FULL TIME	11
PER DIEM	2
PART TIME	1

TIME SPAN OF UNCIVIL ENCOUNTER:

<1 MONTH to 28 YEARS AGO

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Discussion of Findings

- **Being in a war-zone**
 - Impact on patient care
 - Lack of support and intentionally set up to fail
- **Experiencing consequential fall-out**
 - Somatic complaints
 - Desire for acceptance from peers
 - Degradation, power struggle and stagnating the nursing profession



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Limitations

- Gender
- Geographical disposition



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Recommendations for Future Research

- Longitudinal study
- Professional departures
- Male nurses' lived experiences
- Influence of social structures
- War-zone theory development



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AACN Position Statement – Zero Tolerance for Abuse (2004)

- Among serious concerns that nurses report as barriers to delivering safe, quality care is the incidence of verbal abuse and disrespectful behavior received from co-workers, peers and colleagues

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ANA Scope & Standards of Practice (2010)

Standard 11: Communication

- Communicates effectively in a variety of formats in all areas of practice. The nurse assesses his or her own communications skills with patients, families and coworkers while improving personal communication and conflict resolution skills

Standard 12: Leadership

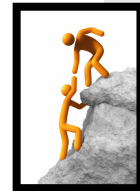
- Demonstrates leadership in the professional practice setting and the profession. Requires nurses to treat co-workers with respect, trust and dignity

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ANA Scope & Standards of Practice (2010)

Standard 13: Collaboration

- Collaborates with the healthcare consumer, family and others in the conduct of nursing practice. The nurse uses effective: conflict management/resolution, engagement, consensus building and adheres to codes of conduct and behaviors that foster cooperation, respect and trust



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ANA Code of Ethics (2015)

Provision 1.5

- The nurse creates an ethical environment and **culture of civility and kindness**, treating colleagues, coworkers, employees, students and patients with dignity and respect; any form of bullying, harassment, intimidation, manipulation, threats or violence are always morally unacceptable and will not be tolerated (ANA Code of Ethics, 2015)

Provision 3

- The nurse promotes, advocates for and protects the rights, health and safety of the patient

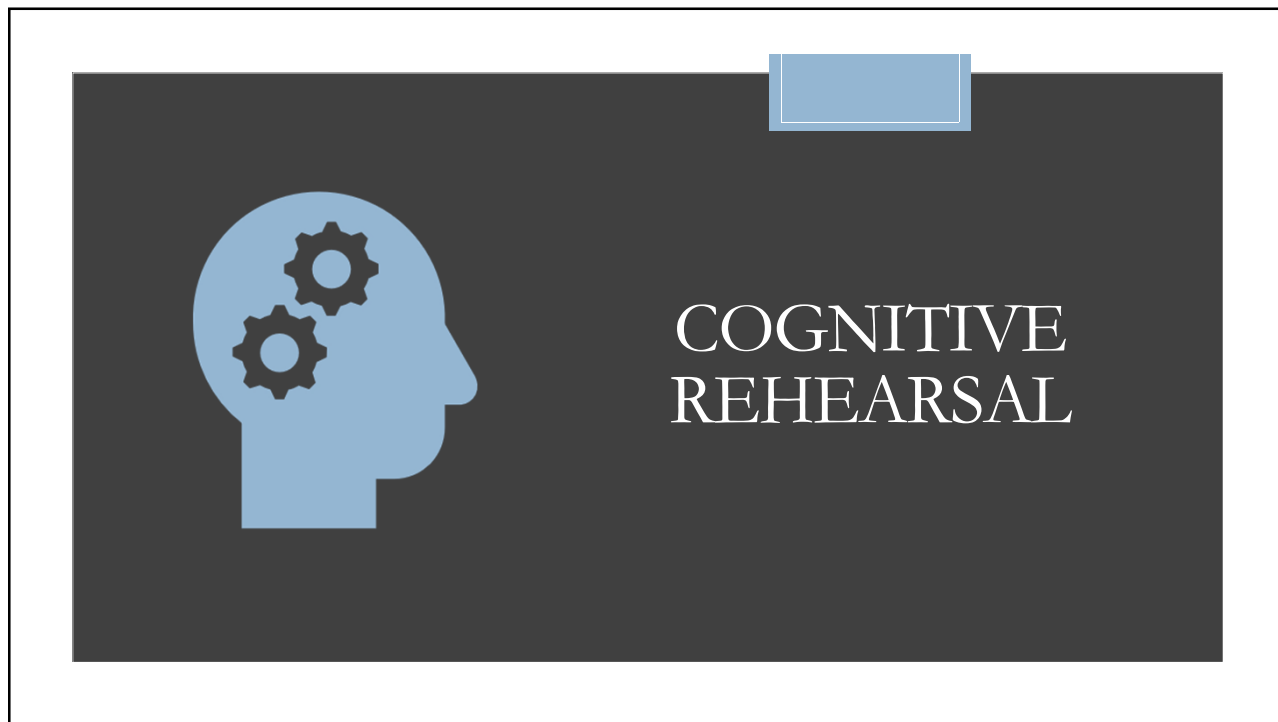


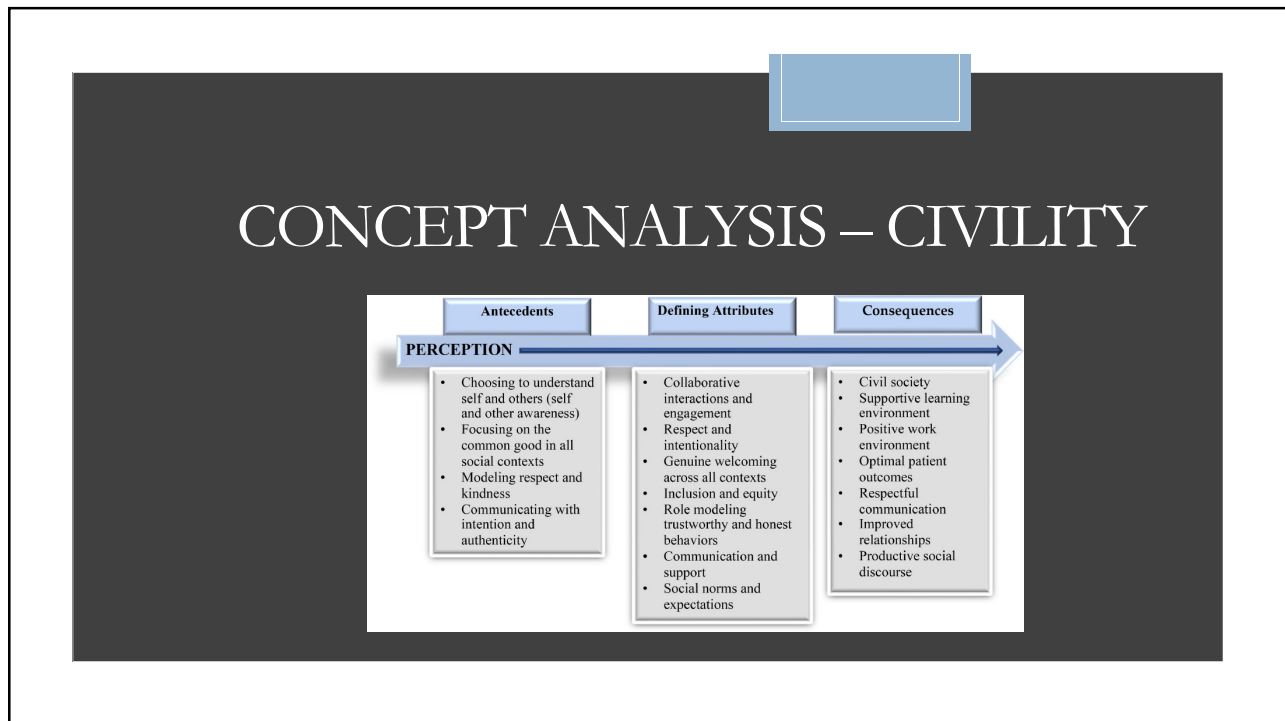
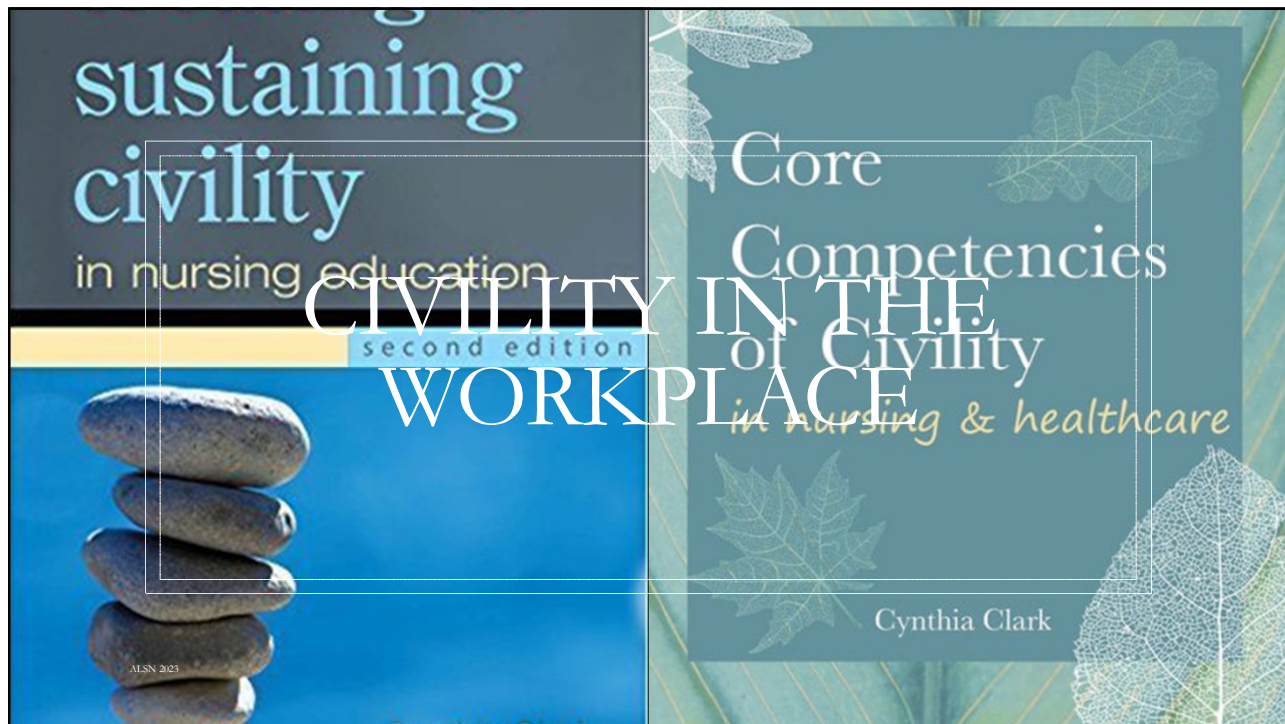
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Quality & Safety Education for Nurses (QSEN)

- Teamwork and Collaboration Competency – qsen.org
 - Function effectively within nursing and inter-professional teams, fostering open communication, **mutual respect**, and shared decision-making to achieve quality patient care
- Safety Competency
 - **Minimizes risk of harm** to patients and **providers** through both system effectiveness and individual performance

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ORGANIZATIONAL CULTURE OF BELONGING



COGNITIVE REFRAMING

OUR REACTION
TO A SITUATION
LITERALLY HAS
THE POWER TO
CHANGE THE
SITUATION
ITSELF.
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PSYCHOLOGICALLY HEALTHY WORKPLACES



HIGH- PERFORMING CIVILITY TEAMS

A FLOWER
DOES NOT THINK
OF COMPETING
WITH THE
FLOWER NEXT
TO IT.
TO IT.
it just blooms.

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THANK YOU!

"BETTER TO BE THE ONE WHO SMILED THAN THE ONE WHO DIDN'T SMILE BACK."

- P. M. Forni

A crucial measure of our success in life is the way we treat one another every day of our lives.

P.M. Forni

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