Nursing Incivility

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Abstract

The project focused on incivility in nursing and providing information for nurse leaders to change an unhealthy work environment. The proposal included a sample policy defining uncivil behaviors and consequences of continued negative behavior. The sample policy focused on teaching and reinforcing positive behaviors to promote growth and collegiality. The web-based project used a questionnaire, 18 ranked uncivil situations, and questions regarding a zero-tolerance policy. After completion, the participant viewed an educational presentation on a zero-tolerance policy. The data was analyzed using simple descriptive statistics. Participants were recruited from the state nursing association membership email list and social media forum page. The project objectives included: development of an evidence-based zero-tolerance policy; development of a presentation addressing key components of an evidence-based, zero-tolerance incivility policy; and assessing knowledge regarding a zero-tolerance policy.

Keywords: incivility, nursing incivility, workplace incivility, nursing management, nursing leadership, bullying, lateral violence, bullying interventions, zero tolerance

Nursing Incivility: Leadership Response

Introduction and Background

Workplace incivility is defined as "low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect" (Vagharseyyedin, 2015, p. 118; Oyeleye, Hanson, O'Connor, & Dunn, 2013, p. 537; Elmblad, Kodjebacheva, & Lebeck, 2014, p. 437) and "rude or disruptive behaviors that often result in psychological or physiological distress for the people involved and, if left unaddressed, may progress into a threatening situation" (Elmblad et al., 2014, p. 437). Uncivil behaviors are "characteristically rude and discourteous, displaying a lack of regard for others" (Elmblad et al., 2014, p. 437). Subtle bullying behaviors include "eye rolling, tongue clucking, and emotional dismissal" (Dzurec & Bromley, 2012, p. 247). A 2005 survey found 40% of faculty had been the target of incivility (Clark, Olender, Kenski, & Cardoni, 2013). Some studies estimate almost 80% of nurses have experienced bullying or incivility at work (Elmblad et al., 2014; Frederick, 2014; Granstra, 2015). Workplace incivility appears to be commonplace, is supported by the literature, and on the rise.

Reliable and valid surveys have been created to assess incivility in the workplace environment. The Organizational Civility Scale (OCS) was developed and pilot tested in two healthcare environments, one on the east coast and one on the west coast (Clark, Landrum, & Nguyen, 2012). The Workplace Incivility Scale (WIS) was developed in 2001 to address "interpersonal mistreatment in the workplace" (Cortina, Magley, Hunter Williams, & Day Langhout, 2001). Either of these surveys could be used to assess the climate of the workplace environment. The questionnaire for this DNP project will identify the perceived incidence and frequency of uncivil behaviors leading to adoption of an evidence-based zero-tolerance policy.

Problem Statement

An effective leader knows the effects of an unhealthy work environment and takes appropriate action to create a positive, healthy work environment. Uncivil, disruptive behaviors among and between nurses are unkind, distasteful, disrespectful, and create an unhealthy work environment. Some of these behaviors include ridicule, demeaning statements, and intentional humiliation of another professional which affect workplace mood and temperament leading to mistrust, anger, burnout, feeling devalued, and eventually resignation (Shanta & Eliason, 2013; Burger, Kramlich, Malitas, Page-Cutrara, & Whitfield-Harris, 2014). Unhealthy work environments affect the quality of care provided to patients. DNP programs teach and enhance leadership skills in preparation for advanced practice nurses (APRNs) to address workplace issues. Leadership skills include assessment of uncivil, disruptive behaviors in the work environment and awareness of their unhealthy effects. Nurse leaders know and embrace foundational documents of national nursing organizations and how to incorporate them in workplace policies to achieve the desired environment for best outcomes.

Dent and Tye (2016, p. 186) quote from the American Nurses Association (ANA) position statement on incivility, bullying and workplace violence:

> Incivility can take the form of rude and discourteous actions, of gossiping and spreading rumors, and of refusing to assist a co-worker. All of these are an affront to the dignity of the co-worker and violate professional standards of respect. Such actions may also include name-calling, using a condescending tone, and expressing public criticism.

Dent and Tye (2016) discuss a Texas hospital dealing with the stress of building a new patient tower and subsequent decline of patient satisfaction scores. At first, leadership attributed the decline to the stress of the construction and opening of the new tower, but it continued more than

a year after opening the new tower. Several interventions were tried, but unsuccessful. The hospital created a patient experience leadership council and a service excellence plan. This brought scores up some, but not enough (Dent & Tye, 2016). In the beginning of 2014 a Values Coach Culture Assessment Survey was administered to employees (Dent & Tye, 2016). The results were included 65% of respondents disagreeing or being unsure about employees reflecting positive attitudes and respectful treatment of each other (Dent & Tye, 2016). The survey also concluded 65% of respondents believed at least four hours every week were spent complaining, gossiping, and pointing fingers (Dent & Tye, 2016, p. 187). Administration decided a change was necessary and kickstarted a Culture of Ownership Initiative with the "Pickle Challenge for Charity" (Dent & Tye, 2016).

The "Pickle Pledge" states: "I will no longer waste my time and energy on blaming, complaining and gossiping, nor will I commiserate with those who steal my energy with their blaming, complaining and gossiping" (Dent & Tye, 2016, p. 189). Leadership asked employees to "fine" themselves a quarter every time they broke the pickle pledge and they raised 4000 quarters in the first week (Dent & Tye, 2016, p. 187). Effective leadership can take a negative and turn it into a positive.

Purpose Statement

The purpose of this DNP project was to utilize leadership skills to empower nurse leaders to positively change unhealthy work environments. A sample civility policy was introduced to nurse leaders defining uncivil behaviors and consequences of continued negative behavior. The policy promotes the ANA position statement on incivility, meets accreditation standards, emphasizes the nursing profession's obligation to treat everyone with dignity and compassion,

defines penalties for infractions, identifies a chain of command for reporting, allows anonymous and non-anonymous reporting, and includes a "whistle-blower" component.

Project Objectives

Effective DNP leadership can change an unhealthy work environment to a healthy, prosperous environment. Three objectives were identified to achieve the purpose of this project.

1. Develop a sample evidence-based zero-tolerance incivility policy.
2. Assess knowledge regarding a zero-tolerance policy in the workplace.
3. Develop a web-based format to evaluate and address key components of an evidence-based zero-tolerance incivility policy.

Project Question

The project question was: does the introduction of a zero-tolerance policy provide the framework to create an environment conducive to professional growth and increased nurse satisfaction?

Review of Literature

Incivility or bullying in nursing is defined as "rude or disruptive behaviors that often result in psychological or physiological distress for the people involved, and if left unaddressed, may progress into life threatening situations or result in temporary or permanent illness or injury" (Clark, Landrum, & Nguyen, 2012, p. 11). The nursing profession is founded on caring; incivility reflects the antithesis of caring. Recent studies examine the relationship of incivility in nursing from different aspects. Many articles can be found related to vertical and horizontal incivility between nurses working in hospitals and other health care facilities. Few articles were found focusing on changing the workplace environment from unhealthy to collegial.

Justification for Doctoral Project

Incivility in nursing presents challenges to leadership and administration. It creates an unhealthy work environment making it difficult for nurses to practice the art of caring. Tasks and technology are not enough to care for the complex presentations of patients in various care settings. The nursing profession must never lose sight of the humanity and dignity of patients.

Key terms used in a Cumulative Index to Nursing and Allied Health Literature (CINAHL) search included combinations of the following search terms: workplace incivility, nursing, nursing management, nursing leadership, nursing education, incivility, bullying, lateral violence, organizational culture, and bullying interventions. Articles were only considered if written between 2012 and 2017, printed in peer reviewed journals, or dissertations or doctoral presentations. Inclusive terms included horizontal/lateral violence in nursing, reducing incivility, policy creation, healthy work environment, and creation/revision of tools to measure and address incivility.

Review of Study Methods

Four studies are included for review. Two of the studies are descriptive in nature, with one utilizing a quantitative non-experimental approach (Clark, 2013; Beckman, Cannella, & Wantland, 2013; Peters, 2014). Three of the studies used previously developed surveys with proven validity and reliability (Clark, 2013; Beckman, Cannella, & Wantland, 2013; Amos, 2013) and one used a “hermeneutical phenomenological approach” (Peters, 2014, p. 213). Clark’s 2013 nationwide study included 588 respondents from 40 states; 473 respondents were included in the 2013 study by Beckman, Cannella, & Wantland; Amos’s 2013 study included 257 respondents from North Carolina; and Peters 2014 study utilized a purposive sample of eight novice faculty from nursing programs.

Instrument Review

Review of the included studies identified three valid and reliable questionnaires or survey instruments that can be used to recreate similar results. The instruments utilized were the: Faculty-to-Faculty Incivility Survey (F-FI Survey) (Clark, 2013), Negative Acts Questionnaire – Revised (NAQ-R) (Beckman, Cannella, & Wantland, 2013), and Workplace Incivility Scale (WIS) (Amos, 2013). Any one of these is appropriate for my doctoral project.

Clark's 2013 study used the F-FI Survey to describe uncivil encounters and solicit effective interventions from the respondents. Uncivil encounters have been researched and consensus reached based on the recurrence of topics in various studies. Clark found respondents identified the importance of direct communication to address uncivil behaviors, but also voiced reluctance to address the perpetrator for fear of retaliation (Clark, 2013). Respondents requested further education in the form of workshops or seminars to increase knowledge and skills for addressing incivility (Clark, 2013). Respondents also identified the need for effective leadership to prevent incivility and maintain an acceptable workplace environment (Clark, 2013).

The study discussed by Beckman, Cannella & Wantland (2013) identifies the type and frequency of uncivil behaviors without addressing solutions. Their recommendations for further research include: relationship between incidence of bullying and administrative leadership qualities, and a national sample to determine if geographical location has an effect (Beckman, Cannella & Wantland, 2013).

Peters 2014 study targeted a very specific population: novice nursing faculty. The size of the study group is a limiting factor; only eight faculty were included. Many nursing faculty move from a position of expert in their nursing field to novice educator. The increased stress of beginning a new and novel aspect to nursing is compounded when senior nursing faculty do not

welcome the new faculty (Peters, 2014). "Socialization into the faculty role and institutional climate is crucial to the retention and job satisfaction of new faculty" (Peters, 2014, p. 223). The suggestion from this study is to create a mentoring program to assist with the transition from clinical expert to novice faculty (Peters, 2014; Slimmer, 2012).

Theoretical Model

Nursing theory is foundational to the profession, guiding the research and care that is provided to patients. Nursing theory provides an "independent conceptual framework for nursing education and practice" (Im & Ju Chang, 2012, p. 157). This DNP project will use two theories to provide the basis for workplace environment change from hostile to caring, compassionate and respectful. The theorists that will be used are Kotter's change theory which lists eight essential steps for effective and lasting change. In addition, Watson's theory of caring will be used to demonstrate the essence of nursing beyond the scientific evidence-based-practice (EBP) portion of patient care.

John Kotter's Theory of Change

John Kotter is a graduate of Massachusetts Institute of Technology (MIT) and Harvard Business School (Kotter, 2012). This theorist analyzed organizational changes in the 1980's involving "restructuring, reengineering, restrategizing, acquisitions, downsizing, quality programs, and cultural renewal" (Kotter, 2012, p. xi). Fifteen years of changing how businesses operated resulted in the book *Leading Change* in 1996. Kotter found eight repeated errors that crippled the effectiveness of change in any organization. This theorist took those eight errors and created each as a positive stage to prevent errors (see Appendix A).

Application of Kotter's change theory in nursing practice. Kotter's change theory has been utilized in nursing practice to reduce the risk of infection, implement medical stability

operations in the Department of Defense, introduce electronic health records for midwifery service, and to decrease healthcare-associated infections in acute care facilities (Burden, 2016; Lucina, 2012; Barnfather, 2013; Su, 2016). This theory can be adapted to begin, complete, and maintain an expected change of behavior among nursing leadership. As Kotter states in the preface to the 2012 printing of *Leading Change*, "the material in this book … is more relevant, and for one simple reason: the speed of change continues to increase" (p. vii). Nursing is an ever-changing, ever-evolving profession. Nurse leaders daily face challenging situations regarding reimbursement changes (fee for service to values based), an ever-expanding evidence base for practice changes, and high employee turnover rates. These facts put tremendous stress on professional nursing leadership. Increased stress can produce ineffective coping mechanisms, disruptive behaviors, and incivility. These behaviors can create increased negativity in the workplace leading to an unhealthy work environment.

Transformational leaders are needed to keep the nursing vision alive and in the forefront of the nursing workforce. DNP leaders are prepared to evaluate workplace policies, procedures, and systems. The evaluation process exposes situations eroding foundational nursing behaviors necessary for healthy work environments; compassion, respect, and valuing the inherent dignity of every human being (ANA, 2015a). Evaluation may begin with an annual employee engagement survey or similar item to assess employee perception of Mission and Vision statements in action. The goal of transformational leadership is to motivate everyone towards a shared goal or vision and when we get off track, bring everyone back to the original vision.

Jean Watson's Theory of Human Caring

Jean Watson developed the theory of caring between 1975 and 1979 while teaching at the University of Colorado and working on her doctoral studies (Watson, 2016). Watson's theory

marries the intrinsic nursing value of caring with scientific knowledge. The theory's framework of "carative factors" is in direct contrast to the conventional medical framework of "curative factors" (Watson, 2016). Watson originally described ten carative factors now known as "clinical caritas" or "caritas processes" (2016). The ten caritas processes (see Appendix B) embrace aspects of nursing to "potentiate therapeutic healing processes and relationships: they affect the one caring and the one being cared for" (Watson, 2016, para. 9).

Application of Watson's theory of human caring in nursing practice. Watson's theory includes a spiritual dimension, evoking love and caring as the foundation for nursing care. The theory allows the art and science of nursing to work together to meet the needs of every person in every culture. Watson's theory of caring has been used to research the effect of distress on infertile women, educate multidisciplinary healthcare providers about hospice, authentic caring in clinical trials, and caring leadership (Arslan-Ozkan, Okumus, & Buldukoglu, 2014; Iversen & Sessanna, 2012; Hutchinson, 2015; McDowell, Williams, & Kautz, 2013).

McDowell et al. (2013) utilized Watson's theory of caring and applied it to hundreds of leaders in two North Carolina hospitals. The combination of Watson's theory with Kouzes and Posner's leadership theory was used to create a caring leadership model. The authors recognized the deficiencies in "selecting new leaders, orienting them properly, teaching them the core values of leadership, and mentoring them" (McDowell et al., 2013, p. 43). Leaders must be capable to interact with others in ways that inspire, engage, and empower them to apply themselves to their position.

Combining Kotter's change theory with Watson's theory of human caring will create a foundation for nurse leaders to address workplace incivility in nursing. Kotter's change theory can be used like the nursing process. This theory will allow the nurse leader to assess the current

environment, create interventions for change, continually reassess the effectiveness of the interventions, and maintain the desired change. The theory of human caring allows nurse leaders to realize the "one being cared for" is the other professional in the current interaction. One cannot be authentically present if nurturing physical, emotional, or spiritual pain in one's own life. Being "authentically present" creates an atmosphere of listening not only with the ears, but with your entire being. Empathetic and compassionate listening will positively affect our caring. We must be authentically present in our everyday encounters with each other.

Project Plan

Description of Project Design

A pre-intervention questionnaire determined if nursing leadership self-identified with experienced incivilities that could impede professional collaboration (see Appendix E). The questionnaire included questions covering knowledge and attitudes regarding a policy on incivility (see Appendix F). Upon completion of the questionnaire, a presentation highlighting a sample policy on incivility took place (see Appendix G). The presentation focused on effective policy measures to curb incivility and encourage professional collaboration. The purpose of this project was to measure nurse leaders' awareness of verbal and non-verbal behaviors indicative of an unhealthy work environment, assess knowledge and attitudes regarding an incivility policy, and personal responsibility regarding incivility as recommended by the ANA.

Following the presentation, data was collected and analyzed to identify types and frequency of incivility experienced. Responses to knowledge and attitude questions regarding an incivility policy were analyzed. One goal was to emphasize the personal responsibility of each nurse leader included in the recommendations of the ANA's *Position statement on incivility, bullying and workplace violence* (2015b).

ANA's published position statement on incivility (2015b) includes specific expectations for every nurse. The primary prevention measure for incivility is education. Every nurse should know employer policies and procedures regarding incivility and bullying (ANA, 2015b). "If no policies exist, RNs are obligated to participate in the development of relevant policies" (ANA, 2015b, p. 8). This project focused on developing a sample zero-tolerance policy for nurse leaders to address incivility in the workplace environment.

Population of Interest and Stakeholders

The project focused on development of a sample zero-tolerance policy for nurse leaders to use in addressing incivility in the workplace environment. Stakeholders include nurse leaders, nurses, ancillary staff, health care providers, department directors, administration, student nurses, and patients.

Recruitment Methods

This project recruited nurse leaders as participants through email and online social media. Participation in the project was voluntary. A letter of invitation/intent/explanation was posted on social media and emailed in collaboration with the state nurses association (see Appendix C). Participants self-identified in question eight as nursing leadership; those who respond with "I am not in a leadership position" were excluded from data collection. Response of "staff nurse" in question nine were also excluded from data collection (see Appendix D).

Tools and Instrumentation

The questionnaire included demographic questions to properly identify appropriate participants (see Appendix D).

Valid and reliable incivility items from the Workplace Incivility Scale (WIS) were used (Cortina, Kabat-Farr, Leskinen, Huerta, & Magley, 2013). Permission was granted via email

from the original author, Lilia Cortina PhD, on March 27, 2017. Original validity was confirmed by high negative correlation between the highly reliable Perception of Fair Interpersonal Treatment (PFIT) with items being completed simultaneously (Cortina, Magley, Hunter Williams, & Day Langhout, 2001, p. 69). Confirmatory factor analysis was used to validate incivility items represented a single identifiable construct. Standard error for each item was less than .03 (Cortina et al., 2001, p. 70). "LISREL fit statistics, x^2 (14, N = 1,142) = 148.63, root mean square residual = .032, goodness of fit index = .93, and nonconformed fit index = .95, indicated that these items fit the single factor model" (Cortina et al., 2001, p. 70).

Incivility items were measured on a five-point Likert scale ranging from never, once or twice, sometimes, often, and daily. Items from the WIS survey were used by shortening the time frame from the "last year" to the "last 60 days" (see Appendix E).

In addition to incivility items, items assessing knowledge and attitudes regarding policies were included. These items were multiple choice and true/false questions regarding knowledge of policy function (see Appendix F).

Implementation

Project Timeline

A web format was used for recruiting participants for the project. After Touro University of Nevada (TUN) school of nursing approval was received, an invitation to participate was posted via social media and sent via email in collaboration with the state nursing association. The project was available for eleven days before the link was disabled. The project took place August 16-27, 2017.

Participants

Nurse leaders were identified through responses to demographic questions. The need for an incivility policy and personal responsibility for awareness of current policies and procedures by individual nurses was stressed in the project (Yens, Brannan, & Zumsha, 2014). A sample policy was offered to participants.

Reliability

The questionnaire items are from the "reliable and valid Workplace Incivility Scale (WIS) to measure participants' personal experience of uncivil conduct" in the workplace (Cortina et al., 2013, p. 1586). Permission was granted via email by the author, Lilia Cortina PhD, on March 27, 2017 for use in this DNP project. Internal validity was addressed by the design of the project. External validity has been proven by use of the WIS in various types of workplace environments (Cortina et al., 2013). The seven incivility items in the WIS scale have "an alpha coefficient factor of .89," demonstrating high reliability and cohesion (Cortina et al., 2001, p. 70).

Evaluation

Data Collection and Management

Demographic data was collected in a web format to provide privacy and anonymity for participants. Data did not include identifiable information and was included for statistical evaluation purposes only. Specific demographic questions used can be found in Appendix D. Data was transferred into SPSS (version 24) statistical program via Survey Monkey export. Descriptive statistics were run. Correlation between prevalence of incivility and existence of incivility policy was also reviewed.

Ethics and Human Subjects Protection

The Collaborative Institutional Training Initiative ([CITI], 2016) was completed prior to beginning the project. The CITI training modules provided education to protect participants in the project. The project was approved by the TUN school of nursing review board.

This project was conducted in collaboration with the state nursing association utilizing their social media forum page and membership email list. The participants were nurse leaders in the state where the project took place. Privacy for participants was maintained and no personally identifiable criteria was collected. Data was collected solely by the project lead; with minimal risk to participants of the project. Per IRB guidelines, the project met exempt status because the activity involved no more than minimal risk to voluntary participants in the DNP project. There was no compensation for participants.

The subject matter and population chosen for this project did not include a vulnerable population as identified by *The Belmont Report* (Office of the Secretary Ethical Principles and Guidelines for the Protection of Human Subjects of Research; The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research [HHS], 2016).

Analysis and Evaluation

The questionnaire was conducted via Survey Monkey and included demographic information, WIS incivility items, and questions regarding incivility policy existence in participant's place of employment. The survey took an average of seven and one half minutes to complete (Hudders, 2017). A total of 36 participants accessed the survey and individual participant surveys were exported from Survey Monkey to SPSS (version 24). All data transferred to SPSS was verified with original information collected in Survey Monkey by

project leader. Descriptive analysis, including mean and standard deviation when appropriate, was performed. Effect size was not calculated.

Demographic data was collected from the 36 participants accessing the survey. Only 31 participants completed the survey in its entirety. Of the 31 complete surveys, two were eliminated from results for not currently holding leadership positions, leaving 29 complete surveys for analysis. The participants were primarily Caucasian, female, 45-59 years of age, and current members of the state nursing association (see Tables 1 - 4). More than half of the participants reported a minimum of 30 years' experience in nursing (see Table 5). All participants reported having at least a BSN and work full time (see Tables 6 – 7). Time in current position ranged from one month to 30 years, with a mean of just over seven years (see Table 8). Workplace environments of participants included nursing faculty, management, administration, nurse practitioners, public health, and a variety of other APRN positions (see Table 9).

Are you a member of the Nevada Nurses Association?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	27	93.1	93.1	93.1
	No	2	6.9	6.9	100.0
	Total	29	100.0	100.0	

Table 1

What is your gender?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	28	96.6	96.6	96.6
	2	1	3.4	3.4	100.0
	Total	29	100.0	100.0	

Table 2

What is your age?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-29	0	0	0	0
	30-44	6	20.7	20.7	20.7
	45-59	14	48.3	48.3	69.0
	60+	9	31.0	31.0	100.0
	Total	29	100.0	100.0	

Table 3

Which race/ethnicity best describes you? (Please choose only one.)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	American Indian/Alaska Native	0	0	0	0
	Asian/Pacific Islander	0	0	0	0
	African American	0	0	0	0
	Hispanic	1	3.4	3.4	3.4
	White/Caucasian	28	96.6	96.6	100.0
	Multiple Ethnicities	0	0	0	0
	Total	29	100.0	100.0	

Table 4

How long have you been a nurse?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-5	0	0	0	0
	6-10	2	6.9	6.9	6.9
	11-15	2	6.9	6.9	13.8
	16-20	5	17.2	17.2	31.0
	21-29	5	17.2	17.2	48.3
	30+	15	51.7	51.7	100.0
	Total	29	100.0	100.0	

Table 5

What is the highest level of school that you have completed?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Diploma	0	0	0	0
	Associates Degree	0	0	0	0
	Bachelor's Degree	7	24.1	24.1	24.1
	Master's Degree	13	44.8	44.8	69.0
	Terminal Degree: DNP, PhD, EdD	9	31.0	31.0	100.0
	Total	29	100.0	100.0	

Table 6

Which of the following categories best describes your employment status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Employed, working full-time	23	79.3	79.3	79.3
	Employed, working part-time	4	13.8	13.8	93.1
	Not employed, looking for work	1	3.4	3.4	96.6
	Not employed, not looking for work	0	0	0	0
	Retired	1	3.4	3.4	0
	Disabled; unable to work	0	0	0	100.0
	Total	29	100.0	100.0	

Table 7

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
How long have you been in your current position? (Converted to years)	29	.083	30.000	7.05466	7.317252
Valid N (listwise)	29				

Table 8

Leadership Position Held

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Administration	3	10.3	10.3	10.3
	Health Coordinator	1	3.4	3.4	13.8
	Management	3	10.3	10.3	24.1
	Nurse Consultant	1	3.4	3.4	27.6
	Nurse Practitioner	3	10.3	10.3	37.9
	Nursing faculty	12	41.4	41.4	79.3
	Pediatric Case	1	3.4	3.4	82.8
	Public health	1	3.4	3.4	86.2
	School nurse	1	3.4	3.4	89.7
	Self-employed PLLC	1	3.4	3.4	93.1
	Semi-retired. CLLC	1	3.4	3.4	96.6
	Transport nurse	1	3.4	3.4	100.0
	Total	29	100.0	100.0	

Table 9

Most participants reported an existing policy on incivility in their workplace, a few were unsure if there was such a policy (see Table 10). Many of the participants with an existing policy were interested in the sample policy provided (see Table 11). Of those unsure, only one was interested in the sample policy. Most participants with no current incivility policy were interested in the sample policy (see Table 11).

Does your facility currently have a policy on bullying, incivility, lateral violence?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	18	62.1	62.1	62.1
	No	8	27.6	27.6	89.7
	Unsure	3	10.3	10.3	100.0
	Total	29	100.0	100.0	

Table 10

Are you interested in a sample zero tolerance policy?

Does your facility currently have a policy on bullying, incivility, lateral violence?			Frequency	Percent	Valid Percent	Cumulative Percent
Yes (have policy)	Valid	Yes	14	77.8	77.8	77.8
		No	4	22.2	22.2	100.0
		Total	18	100.0	100.0	
No (no policy)	Valid	Yes	6	75.0	75.0	75.0
		No	2	25.0	25.0	100.0
		Total	8	100.0	100.0	
Unsure	Valid	Yes	1	33.3	33.3	33.3
		No	2	66.7	66.7	100.0
		Total	3	100.0	100.0	

Table 11

Responses to incivility questions were tabulated, placed in tables and graphs, and can be reviewed in Appendix I. Many behaviors were reported as infrequent occurrences, happening only once or twice over 60 days; jokes made at a person's expense, ethnic/racial or religious remarks, mean pranks, publicly embarrassing someone, breaking confidences, ignoring peers, use of profanity, yelling and shouting, accusations of incompetence, and doubting peers' judgments (see Appendix I). A few disturbing behaviors were reported "often" or "daily:" disrespectful remarks, interrupting or speaking over someone, being addressed unprofessionally in public or private, hostile looks (stares or sneers), and being treated in a rude manner (see Appendix I). Overall, disrespectful behaviors are trending downwards, but some behaviors still need addressing.

Conclusion

Discussion

Demographic data collected from participants was interestingly skewed and may affect potential conclusions. The participants were primarily Caucasian females over the age of 45 with

more than half reporting 30 years' or more experience (see Tables 1 - 5). All participants reported having at least a BSN and most work full time (see Tables 6 – 7). This leaves younger, less experienced nurse leaders unrepresented in this project.

Despite a seasoned educated group of nurse leaders, most continue to report incidences of incivility in the workplace (see Appendix I). A large portion of participants reported an existing workplace policy for incivility and were interested in the sample zero-tolerance policy offered in this project (see Tables 10 -11).

Further analysis was done to compare those with a current policy to those without (see Appendix J). Some differences were noted in the reported frequency of uncivil behaviors. A table was created with responses for individual questions with each group side by side to evaluate (see Appendix J).

No existing policy. The group without an existing policy on incivility reported a significant number incidences in the following categories: jokes made at someone else's expense; hurtful comments made; use of profanity; rude actions; public embarrassment; broken confidences; not paid attention to; hostile looks made; being referred to in unprofessional terms; being interrupted or spoken over; yelled or shouted at; subject of insults or disrespectful remarks; ignored or given the silent treatment; accused of incompetence; target of an angry outburst or had their judgement doubted (see Appendix J; Tables J-1, J-2, J-4, J-6 through J-18). This was not an unexpected finding and would support the project question regarding implementation of a zero-tolerance policy.

Existing policy. A review of the responses for the group with an existing policy exposed some concerns regarding the frequency of specific uncivil behaviors. Almost half of participants (44.5%) reveal profanity is used "sometimes" or "often" in the workplace (see Appendix J, Table

J-4). This is less than the 75% reported by the no policy group, but still concerning. Public embarrassment is experienced “sometimes” or “often” by 27.8% of the group with a policy, which is less than the 62.5% from those without a policy (see Appendix J, Table J-7). Hostile looks, stares, and sneers were experienced “sometimes” or “often” by 50% of the group with a policy, but only 37.5% of the group without a policy (see Appendix J, Table J-10). Those with a policy (44.5%) reported personally references in unprofessional terms “sometimes,” “often,” or “daily” compared to 37.5% in the group without a policy (see Appendix J, Table J-11). Being interrupted or spoken over is a big concern for both groups; 50.1% in the policy group and 50% in the no policy group “sometimes,” “often,” or “daily” (see Appendix J, Table J-12). Yelling and shouting has no place in professional workplaces, yet 22.2% in the policy group and 25% in the no policy group report experiencing this behavior “sometimes” or “often” (see Appendix J, Table J-13). Insults and disrespectful remarks are experienced “sometimes” or “often” by 33.4% of the group with a policy and 50% by those without a policy (see Appendix J, Table J-14). Judgment regarding work decisions was doubted for 38.9% of those with a policy and 50% of those without a policy.

Existence of a policy does not stop disruptive, uncivil behaviors. One participant contacted me personally and stated, "Regarding your survey... a policy on civility is only as good as leadership sees fit to hold those accountable. It's not unusual for established faculty who are the perpetrators to continue with their toxic behavior to the blind eye of leadership" (K.E., personal communication, August 16, 2017). Accountability as a nurse leader is an expectation from ANA as evidenced by statements in their *Code of Ethics for Nurses with Interpretive Statements* (2015a) and *Position statement on incivility, bullying, and workplace violence*

(2015b). Nurse leaders have an ethical, legal, and professional obligation to uphold a workplace policy on civility.

Many of the behaviors expressed by all participants could be addressed by stressing adherence to provision one of the ANA's *Code of Ethics for Nurses with Interpretive Statements* (2015a). Provision one states: "The nurse practices with compassion and respect for the inherent dignity, worth, unique attributes, and human rights of all individuals" (ANA, 2015a, p. 17). This would include peers and co-workers. If nurses truly embraced this provision, incivility in the workplace would not exist. But incivility does exist and presence of a zero-tolerance policy is not enough to curb disruptive behaviors.

Limitations

Design. There were several limitations to the scope of this DNP project. The project design incorporated voluntary participation and convenience. The internet format allowed state-wide dissemination of the project with the least amount of disruption to potential participant daily routine. The design allowed responses to be delayed for participant convenience and may have negatively affected the total number of responses. The short time period for collection of data without reminders, eleven days (August 16 – 27, 2017), may have negatively impacted the level of participation.

A design aspect to consider for a future project would include collection of more specific data from the group with an existing policy. Data from this project showed lower incidences of some disruptive behaviors, but not in others. Data regarding use of the existing policy and its perceived effectiveness were not within the scope of this project, but further information in this area would assist with policy review and revision.

Data recruitment. Data recruitment was limited to voluntary participants from members of the state nursing association with email addresses; or anyone following the nursing association's social forum page. This limitation may have skewed data collected. The age, education, and years of experience reported left younger, less experienced nurse leaders unrepresented in the collected data. A more diverse group of participants should be sought in the future for more robust data.

Collection methods. This project utilized an internet format distributed via email or by link via a social media forum page. The project included a blog home page, Survey Monkey survey, educational content in voiced over PowerPoint, and a sample policy in a Word document.

Data analysis. Data was transferred to SPSS version 24 by the project leader. Data analysis included simple descriptive statistics in the form of percentages and graphs. Deductions and inferences were made based on data analysis. Knowledge gained from the collected data highlighted gaps for further study.

Areas for further dissemination. The initial dissemination will occur within the DNP program at TUN. Upon acceptance and approval from the TUN DNP program, the project will be submitted to a doctorate of nursing practice repository. The student project leader intends to write an article for publication in the state nursing association's monthly newsletter. The project leader may consider writing for publication in another nursing journal format.

Project sustainability. There is no supporting evidence to continue this project.

Significance and Implication for Nursing

Workplace incivility has permeated nursing (Amos, 2013; Beckman, Cannella, & Wantland, 2013; Bee, 2014; Borglum, 2013; Clark, 2013; Clark, Barbosa-Leiker, Gill, &

Nguyen, 2015; Clark, Olender, Kenski, & Cardoni, 2013; Cortina et al., 2013; Egues & Leinung, 2013; Manamela, 2012; Montani, Courcy, Giorgi, & Boilard, 2015). The current project assessed incivility in various work environments.

The incidence of incivility among nurses is well documented; it is time to educate and empower nurses to return to the basic tenets of our profession as outlined in the ANA *Code of Ethics for Nurses with Interpretive Statements* (2015a). Empowerment is defined as "the interpersonal process of providing the resource, tools, and environment to develop, build, and increase ability and effectiveness of others to set and reach goals for individual and social ends" (Shanta & Eliason, 2013, p. 83). Including a mnemonic for nurses can help focus energy in a positive direction. One facility created a "code PURPLE" to address issues with civility (Guglielmi et al., 2011, p. 106). PURPLE stands for "Please Use ResPectful Language Every time" (Guglielmi et al., 2011, p. 106). Anyone can call a code PURPLE; it helps team members to identify potentially volatile situations and allows those involved to take a step back and realize their behavior.

This project looked at how a policy regarding civility/incivility can positively affect the incidence of incivility among nurses. It emphasized the ANA's expectation of individual leadership concerning incivility policies and procedures as outlined in the ANA's *Position statement on incivility, bullying, and workplace violence* (2015b). DNP leadership continues to be needed at every level of the nursing profession to change workplace environments to reflect foundational nursing profession standards. This should begin in academia with teaching the next generation of nurses to embrace these standards from the beginning of their career. It should be echoed in all areas of nursing as graduates (entry-level and graduate-level) and experienced nurses work with leadership to make these ideals a reality in nursing

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Appendix A

Kotter's eight stages for successful change include (2012, figure 2-2):

1. Establish a sense of urgency. Examine the need for change.
2. Create a guiding coalition; committee with enough power to lead the change.
3. Develop a vision and strategy to direct the change and guide strategies to bring the vision to fruition.
4. Communicate the change vision by making the vision evident to all employees.
5. Empower broad-based action; identify and remove obstacles to undermine change. Encourage non-traditional activities to bring life to the desired goal.
6. Generate short-term wins by visibly recognizing persons who embrace desired changes. Celebrate small wins along the way.
7. Consolidate gains and produce more change. Utilize evidence-based strategies and theories to support change. Rewrite policies out of alignment with the vision. Write policies (if needed) to support and maintain the change. Hire, promote, and develop people to be change leaders.
8. Anchor new approaches to the culture. Create better performance, leadership, and effective management through measurable activities. Develop strategies to maintain leadership development and success.

Appendix B

Watson's current ten caritas processes (Watson, 2016, para. 12):

1. Practice loving-kindness within context of caring consciousness.
2. Be authentically present; enable and sustain belief system and subjective life world of self and one being cared for.
3. Cultivate one's own spiritual practices and transpersonal self; go beyond ego self.
4. Develop and sustain helping-trusting, authentic, and caring relationships.
5. Be present to, and supportive of the expression of feelings as a connection with deeper spirit of self and the one being cared for.
6. Creative use of self and ways of knowing as part of the caring process; engage in art of caring-healing practices.
7. Engage in genuine teaching-learning experience attending to unity of being; attempt to stay within other's frame of reference.
8. Creating a healing environment (physical and non-physical).
9. Assist with basic needs, with an intentional caring consciousness; administer 'human care essentials'; potentiate alignment of mind-body-spirit, wholeness, and unity of being in all aspects of care.
10. Open and attend to spiritual-mysterious, and existential dimensions of one's own life-death; soul care for self and the one being cared for.

Appendix C

Letter of invitation to participate in DNP project.

Introduction

My name is Michelle Hudders and I am pursuing a doctorate of nursing practice (DNP) in nursing leadership from Touro University Nevada. In partial fulfillment of the graduation requirement, I am conducting a project that may contribute to current peer-reviewed literature regarding incivility in nursing. You are invited to participate in the project to determine if a policy on incivility will assist nurse leaders to positively impact negative or toxic workplace environments. Your decision to participate is completely voluntary, and you may withdraw at any time. However, once the questionnaire has been electronically submitted it is not possible to retrieve it. This project will investigate nursing leadership's knowledge of the frequency of uncivil behaviors in the workplace and knowledge regarding a policy on incivility.

Current literature supports the increasing frequency and severity of uncivil behaviors by nurses in the workplace. Little information is available on the presence and impact of current incivility policies on nurse leadership to address workplace incivility. Few recommendations have been made on how nurse leaders can best address disrespectful behavior in the work environment. The aim of this project is to determine to what extent and impact a policy on incivility can have to assist nurse leaders to identify, quantify, and change uncivil behaviors in the work environment. A sample policy will be discussed in the effort to empower nurse leaders to address this issue with administration in their place of employment. A potential benefit to the participant is the ability to quickly recognize uncivil behavior and be empowered to change the work environment.

What is Involved in the DNP Project

If you decide to participate, you will be asked to complete an online questionnaire. You will access the questionnaire after reading this introductory letter in its entirety; clicking on the link indicates your voluntary willingness to participate in the project. No personally identifiable information will be solicited at any time during the project; your anonymity will be protected. The questionnaire will be completed over a secure internet connection, using a Likert scale, drop down list format, multiple choice, and true/false question format. All responses will be used in data analysis. The questions will include demographic information, incidence of uncivil behaviors experienced, and questions regarding importance and effectiveness of an incivility policy. The project link will be available for two weeks beginning on (a date will be placed here after approval from TUN DNP nursing program). The link to the questionnaire will permanently close on (date and time inserted here).

The project lead will determine participant information inclusion based on answers to demographic questions. Participants may stop and/or remove themselves from the project at any time by not completing all aspects of the project. Participation is entirely voluntary and no penalty will occur for not completing the project. Full participation in the project does not include compensation of any kind. Participation will contribute to the body of knowledge regarding workplace incivility in nursing and nurse leaders' ability to effectively address incivility with a workplace policy on incivility.

Risks

The potential for risks associated with this project is low. However, if you have had experience, with, or have known someone who's experienced threats, physical or emotional harm due to workplace incivility, re-visiting these issues may cause emotional trauma. This may

include, but is not limited to, social, psychological or economic harm, damage to financial standing, employability or reputation. There may be other risks that are not predictable. If you feel you are unable to continue with the study due to any emotional trauma or harm, please discontinue the project immediately. Seek assistance if needed. Deciding not to participate or choosing to leave the project prior to completion will not result in any penalty.

Benefits to Taking Part in the Project

You may experience an increase in awareness of workplace incivility, effectiveness of policies in place, desire to assist with policy implementation, or you may not experience any benefits at all. Once the data has been analyzed, knowledge gained may be shared professionally through participation in poster displays, conference speaker, or peer publications.

Confidentiality

The project lead, the state nursing association, and Touro University of Nevada are committed to maintaining strict confidentiality and anonymity. Project approval has been obtained from Tour University of Nevada and the state nursing association. The questionnaire will not reveal any personal information that can be traced back to any participant. The results of the questionnaire will be transferred directly to a digital spreadsheet to compile the answers to the questions. All questionnaire information and data related to the answers will be stored on a computer and flash drive in a locked office. The data will be used solely for educational purposes. The computer files and flash drive will be erased after five years and any paper data generated in association with the project will be shredded after five years. There will be a paper written at the conclusion of the project in partial fulfillment for the project lead's doctoral degree.

Incentives

There are no incentives for participating in this project.

Your Rights as a Research Participant

Participation in this DNP project is voluntary. You have the right not to participate or to leave the project at any time during participation. Deciding not to participate or choosing to leave the project prior to completion will not result in any penalty or loss of benefit to which you are entitled. You may choose to leave the project at any time. No responses will be recorded unless you click the submit button at the bottom of the questionnaire.

Conflict of Interest

The project lead denies any conflict of interest in this project.

Appendix D

Demographic questions used for inclusion/exclusion criteria and for data analysis:

1. Are you a member of the Nevada Nurses Association? Responses include yes and no.
2. What is your gender? Responses include male and female.
3. What is your age? Responses include 18-29, 30-44, 45-59, and 60+.
4. Which race/ethnicity best describes you? Responses include American Indian or Alaskan Native, Asian/Pacific Islander, Black or African American, Hispanic, White or Caucasian, Multiple ethnicity/Other (please specify) with a blank box.
5. What is the highest level of school you have completed? Responses include diploma nurse, Associate's degree, Bachelor's degree, Master's degree, Terminal degree: DNP, PhD, EdD.
6. How many years have you been practicing as a registered nurse? Responses include 0 – 5; 6 – 10; 11 – 15; 15 – 20; 20 – 29; more than 30 years.
7. Which of the following categories best describes your employment status? Responses include employed, working full time; employed, working part-time; not employed, looking for work; not employed, not looking for work; retired; disabled, not able to work.
8. How long have you been in a nursing leadership position? Responses include I am not in a leadership position; 0 – 5; 6 – 10; 11 – 15; 15 – 20; 20 – 29; more than 30 years.
9. What is your current position? Responses include staff nurse, nursing faculty, public health, management, administration.
10. Does your facility currently have a policy on bullying, incivility, lateral violence? Responses yes, no, and unsure.

11. Would you be interested in a sample zero tolerance policy? Responses include yes or no.

Appendix E

Items from the WIS scale will be measured on a five-point Likert scale with answers ranging from never, once or twice, sometimes, often, and many times to the following question, "In the last 60 days have you been in a situation in which any of your supervisors or co-workers:"

1. Paid little attention to your statements or showed little interest in your opinion
2. Doubted your judgment on a matter over which you had responsibility for
3. Gave you hostile looks, stares, or sneers
4. Addressed you in unprofessional terms; publicly or privately
5. Interrupted or spoke over you
6. Yelled, shouted, or swore at you
7. Made insulting or disrespectful remarks about you
8. Ignored or failed to speak to you (gave you the "silent" treatment)
9. Accused you of incompetence
10. Targeted you with angry outbursts or "temper tantrums"
11. Made jokes at your expense

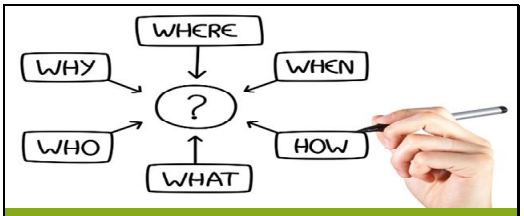
Appendix F

Items assessing knowledge and attitudes regarding policies will include the following multiple choice and true/false questions:

1. A policy is a set of basic principles and guidelines, formulated and enforced by administrative committees, to direct employees regarding specific behaviors or expectations. Responses include true or false.
2. Workplace policies are created to direct and guide employee responses to situations. Responses include true or false.
3. Please rank the top three reasons every workplace should have a policy on incivility to: decrease or eliminate incivility/bullying; define unacceptable behaviors; promote collegiality among nurses; protect employees; promote the ANA position statement on incivility; meet accreditation standards; meet the nursing obligation to ourselves and others to treat everyone with dignity and compassion; an incivility policy is unnecessary in the nursing profession.
4. A policy on incivility would decrease the occurrence of uncivil actions in my workplace. Responses include true or false.
5. A policy on incivility currently exists in my workplace. Responses include true, false, and I do not know.
6. The current policy on incivility in my workplace is effective. Responses include true, false, my workplace does not have a policy on incivility, we have no incidences of incivility between nurses.
7. A policy on incivility would benefit my workplace. Responses include true or false.

8. The three most important items for a policy on incivility would be: definition of acceptable and/or unacceptable behavior; penalties for infractions; chain of command for reporting concerns; anonymous and non-anonymous reporting; a "whistle-blower" component; define and delineate action plan for investigation of reported concerns; define and delineate action plan for perpetrator (bully); a workplace policy on incivility is not necessary in nursing.
9. A "zero-tolerance" policy means: every uncivil act is punished; one uncivil act can lead to being fired; one uncivil act can lead to discipline by human resources; every reported uncivil act is taken seriously, both parties are counseled in an effort to maintain a collegiate working environment
10. A policy on incivility would decrease the occurrence of uncivil actions in my workplace. Responses include true or false.
11. Foundational documents by national (AACN, ANA) and international (International Council of Nursing [ICN]) nursing organizations set expectations for nurses to treat each other with respect. Responses include true or false.
12. A policy on incivility is not necessary and would not make a difference in the number of uncivil interactions in my workplace. Responses include true or false.
13. The ANA's position statement on incivility, bullying, and workplace violence stems from the *Code of Ethics for Nurses with Interpretive Statements* (2015). Responses include true or false.

Appendix G



INCIVILITY IN NURSING

CREATING A POLICY

Michelle Hudders MSN/Ed RN
DNP Student Touro University Nevada

INCIVILITY: EMPLOYER RESPONSIBILITIES

EMPLOYER MUST:

- ensure organizational vision, mission, philosophy, and shared values closely align with culture of respect and safety (ANA, 2015b, p. 8).
- orient new employees to existing policies and procedures (ANA, 2015b, p. 8).
- establish a zero-tolerance incivility and bullying policy where all cases are treated in the same manner; allow for corrective action; mitigate unacceptable actions timely and effectively (ANA, 2015b, p. 8).
- provide support for RNs when feeling threatened (ANA, 2015b, p. 9)
- orient employees to available conflict resolution and respectful communication strategies (ANA, 2015b, p. 9)

ZERO-TOLERANCE POLICY MUST INCLUDE:

- outline of reporting mechanisms (ANA, 2015b, p. 9)
- anti-retaliation statement for reporting (ANA, 2015b, p. 9)
- outline of investigation protocol (ANA, 2015b, p. 9)
- allowance for neutral third-party involvement (ANA, 2015b, p. 9)
- review during orientation and as needed (ANA, 2015b, p. 9)
- specification of entities involved in enforcement (e.g. human resources) (ANA, 2015b, p. 9)

INCIVILITY DEFINED:

- Rude and discourteous actions, gossiping, spreading rumors, refusing to help a coworker – affront to another's dignity; violate professional standards of respect (ANA, 2015b, p. 2)
- Name-calling, using a condescending tone, expressing public criticism (ANA, 2015b, p. 2)
- Bullying: repeated, unwanted harmful actions intended to humiliate, offend, and cause distress in the recipient; actions to harm, undermine, degrade may include hostile remarks, verbal attacks, threats, taunts, intimidation, withholding support (ANA, 2015b, p. 3)
- Abuse or misuse of power creating feeling of defenselessness and injustice, undermines inherent right to dignity (ANA, 2015b, p. 3)
- Behavior that humiliates, degrades or injures the well-being, dignity and worth of an individual (ICN, 2009, p. 1)

INCIVILITY: NURSE RESPONSIBILITIES

- create ethical environment, culture of civility and kindness (ANA, 2015a)
- treat others with dignity and respect (includes colleagues) (ANA, 2015a)
- create healthy and safe work environment (ANA, 2015a; ANA, 2015b)
- be familiar with employer's incivility/bullying prevention policies and procedures (ANA, 2015b)
- know professional and institutional codes of conduct (ANA, 2015b)
- obligated to participate in development of incivility/bullying prevention policies and procedures when none exist (ANA, 2015b)

INCIVILITY POLICY FOR NURSES

- ANA's *Code of Ethics for Nurses with Interpretive Statements* states nurses are required to "create an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect" (2015a, p. 4). Nurses must be shown the same level of respect and dignity as others.
- Registered nurses and employers across the healthcare continuum, including academia, have an ethical, moral, and legal responsibility to create a healthy and safe work environment for registered nurses and all members of the health care team, health care consumers, families, and communities (ANA, 2015b, p. 1).
- RNs are responsible to themselves and to others for becoming familiar with their employer's incivility and bullying prevention policies and procedures, along with professional and institutional codes of conduct. If no policies exist, RNs are obligated to participate in the development of relevant policies (ANA, 2015b, p. 8).

A POLICY ON CONDUCT, MISCONDUCT, INCIVILITY, OR BULLYING WILL:

- define unacceptable behaviors
- decrease or eliminate incivility/bullying
- promote collegiality among team members
- protect employees and consumers
- promote the American Nurses Association position statement on incivility
- meet accreditation standards
- meet the obligation to ourselves and others as nurses to treat everyone with dignity and compassion

ZERO TOLERANCE POLICY:

- every uncivil act is punished
- one uncivil act can lead to being terminated
- one uncivil act can lead to discipline by Human Resources
- every reported uncivil act is taken seriously, both parties are counseled in an effort to maintain a collegiate working environment

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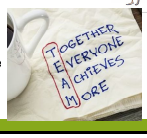
NATIONAL NURSING ORGANIZATIONS EXPECT NURSES TO TREAT EVERYONE WITH RESPECT

- International Council of Nurses
- American Nurses Association

team·work *(noun)*
cooperative or combined effort of a group of persons working together as a team for a common cause



CIVILITY POLICY

Appendix H

Sample Incivility Policy

It is the policy of *(name of your institution goes here)*, that all employees treat each other with respect and consideration. When an employee's conduct varies from this standard, it is the responsibility of the manager or supervisor of the person engaging in the conduct to address it.

Any individual who believes he or she has been treated in a manner inconsistent with this policy should contact his or her supervisor. It is then the responsibility of the supervisor to work with the individuals involved, addressing the situation so all employees can work together in a professional manner.

(Name of your institution goes here) agrees with the International Council of Nurses (ICN) and defines abuse as "behavior that humiliates, degrades or otherwise indicates a lack of respect for the dignity and worth of an individual" (ICN, 2009). Be it further defined with the American Association of Critical Care Nurses' (AACN) definition that "abuse can take the form of intimidating behaviors such as condescending language, impatience, angry outbursts, reluctance or refusal to answer questions, threatening body language, and physical contact. The emotional impact of abusiveness demoralizes people and can leave the victim feeling personally and/or professionally attacked, devalued, or humiliated" (AACN, 2004).
The American Nurses Association (ANA) *Code of Ethics for Nurses with Interpretive Statements* (2015) establishes the ethical standard for the profession, is nonnegotiable, and may supersede specific policies of institutions, employers, or practices.

In accordance with the *Code of Ethics for Nurses with Interpretive Statements* (2015) *(name of your institution goes here)* expects nurses to:

- Respect the inherent worth, dignity, and human rights of every individual;
- Maintain compassionate caring relationships with colleagues and others, committed to the fair treatment of individuals, integrity-preserving compromise, and conflict resolution;
- Be responsible for creating, maintaining, and contributing to environments supporting the growth of virtues and excellence enabling nurses to fulfill their ethical obligations.

(Name of your institution goes here) will abide by the *Code of Ethics for Nurses with Interpretive Statements* (2015) regarding professional organizations and will:

- Support and assist nurses who report unethical, incompetent, illegal, or impaired practice and protect the practice of those who choose to voice their concerns;
- Maintain vigilance, acting to bring social change, and speak for nurses collectively on issues such as violations of human rights.

To accomplish a workplace culture embracing *(name of your institution goes here)* vision, mission, philosophy, and shared values we will treat all complaints of incivility in the same manner, regardless of the named individuals in the complaint. This organization will:

- Orient new employees to organizational policies and procedures outlining professional behavior expectations.

- Review organizational policies and procedures outlining professional behavior expectations with individuals or groups when deviance from expectations occurs.
- Establish a chain of command for reporting incidents of incivility
    - The first link in the chain of command is the employee's immediate supervisor. Once notified, the supervisor must speak to both parties to determine level of corrective action.
    - The second link in the chain of command is the supervisor's manager.
    - The third link would be determined by the organizational structure and may include human resources.
- Provide skills-based training and coaching for all leaders and managers in relationship-building and collaborative practice, conflict resolution, feedback on unprofessional behavior.
- Develop and implement a system for assessing staff perceptions of the seriousness and extent of instances of unprofessional behaviors and the risk of harm to patients annually with the employee engagement survey.
- Investigate every complaint
    - Interview person(s) named in complaint regarding specific incident
    - Interview witnesses, including patients and family members if appropriate
    - Observe both parties in the workplace
    - May bring in neutral, third party to observe, interview and evaluate workplace culture
- Begin disciplinary action:
    - May begin with informal "cup of coffee" conversation to directly address the problem
    - Move toward a detailed action plan and progressive discipline, if pattern persists
    - Rehabilitation efforts will include mandatory courses on effective communication
    - Mediators and conflict coaches will intervene when professional dispute resolution skills are needed
    - If behavior pattern persists, suspension and termination may be included in the action plan
- Protect individuals who report or cooperate in the investigation of intimidating, disruptive and other unprofessional behavior. Acts of retaliation will not be tolerated and will escalate interventions from administration or human resources and may include termination.

Zero-tolerance means all employees will treat each other with respect and consideration. When an employee's conduct varies from this standard, the conduct will be addressed.

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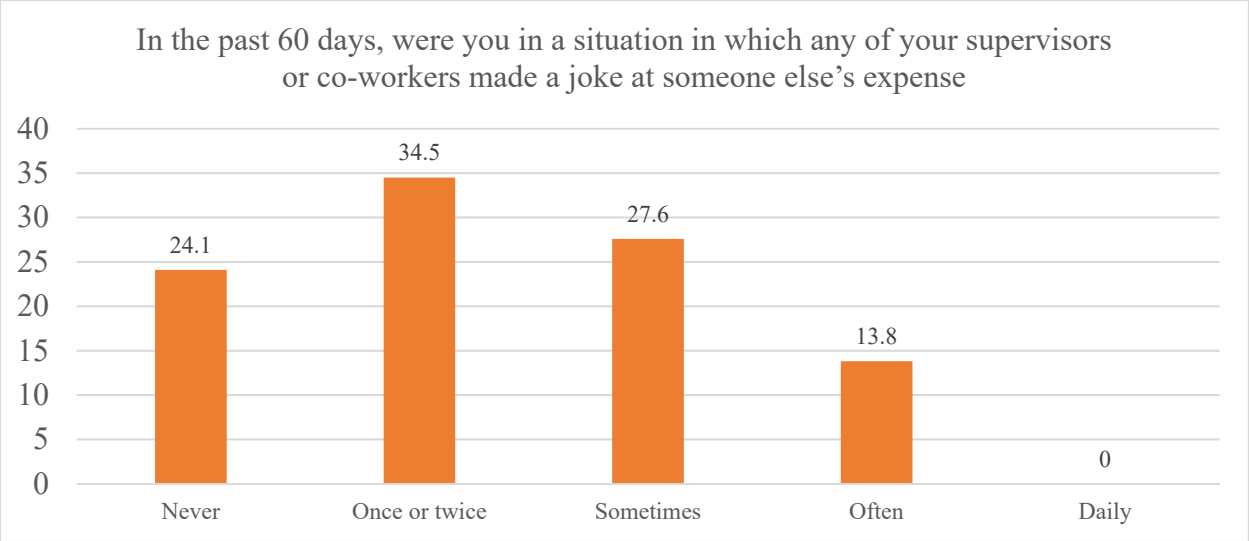
Appendix I

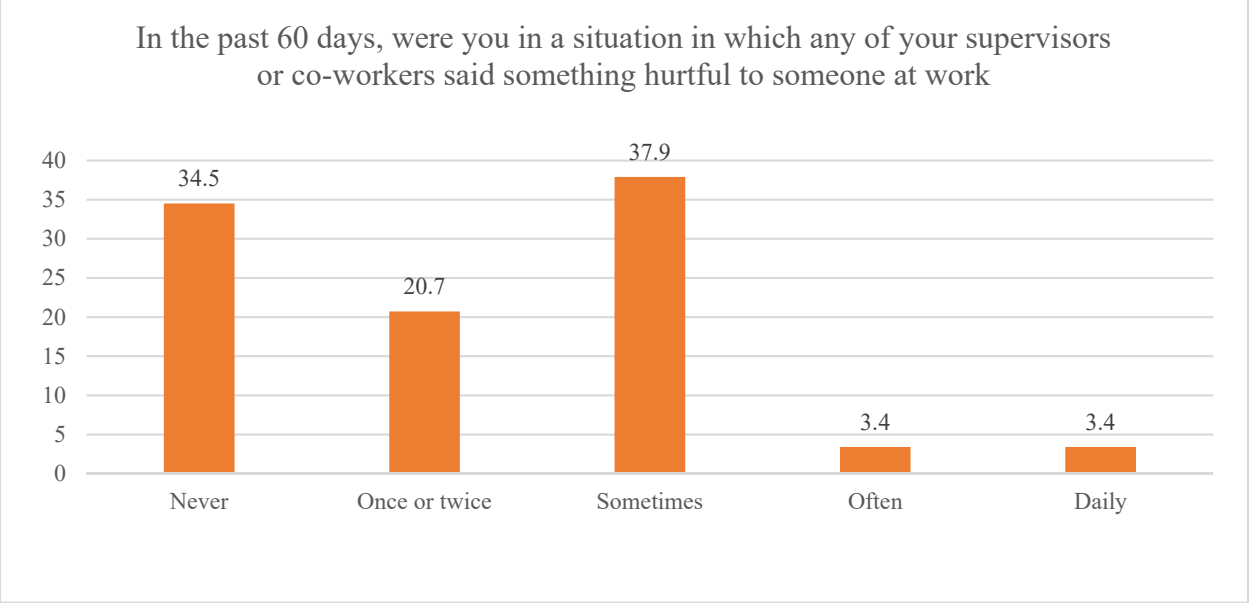
In the past 60 days, were you in a situation in which any of your supervisors or co-workers made a joke at someone else's expense

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	7	24.1	24.1	24.1
	Once or twice	10	34.5	34.5	58.6
	Sometimes	8	27.6	27.6	86.2
	Often	4	13.8	13.8	100.0
	Daily	0	0	0	100.0
	Total	29	100.0	100.0	



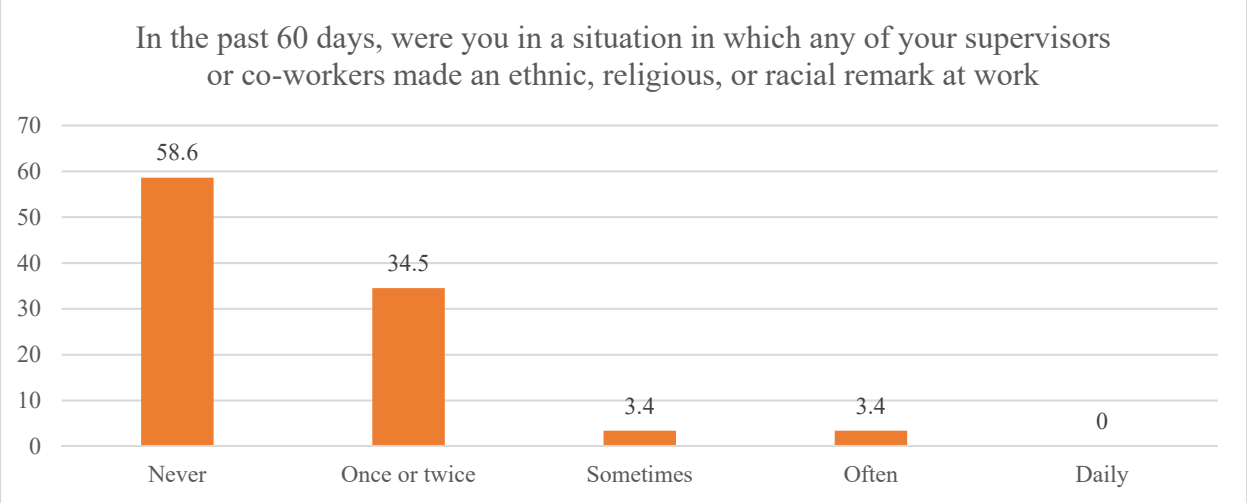
In the past 60 days, were you in a situation in which any of your supervisors or co-workers said something hurtful to someone at work

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	10	34.5	34.5	34.5
	Once or twice	6	20.7	20.7	55.2
	Sometimes	11	37.9	37.9	93.1
	Often	1	3.4	3.4	96.6
	Daily	1	3.4	3.4	100.0
	Total	29	100.0	100.0	



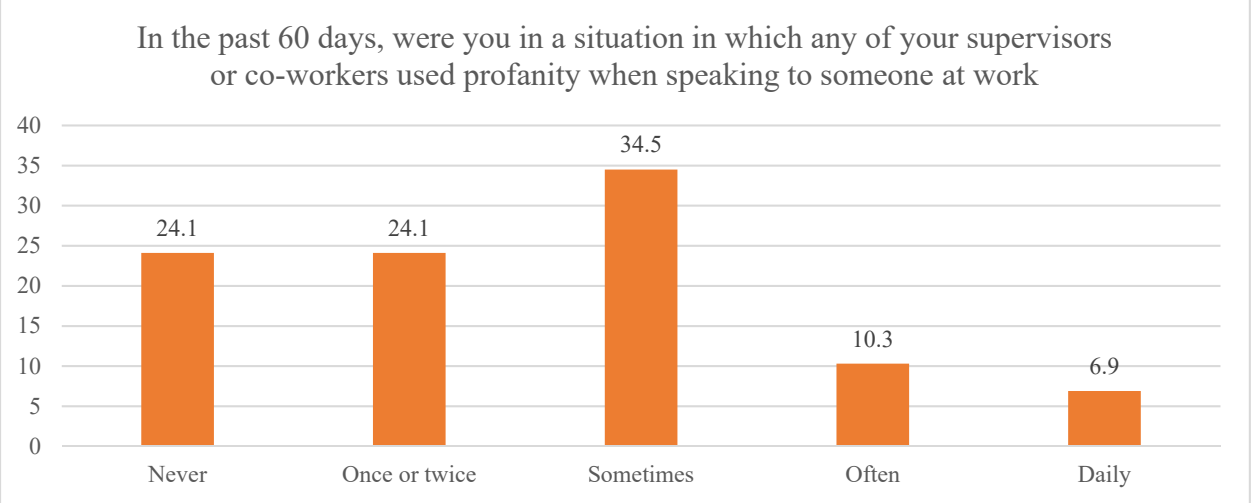
In the past 60 days, were you in a situation in which any of your supervisors or co-workers made an ethnic, religious, or racial remark at work

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	17	58.6	58.6	58.6
	Once or twice	10	34.5	34.5	93.1
	Sometimes	1	3.4	3.4	96.6
	Often	1	3.4	3.4	100.0
	Daily	0	0	0	100.0
	Total	29	100.0	100.0	



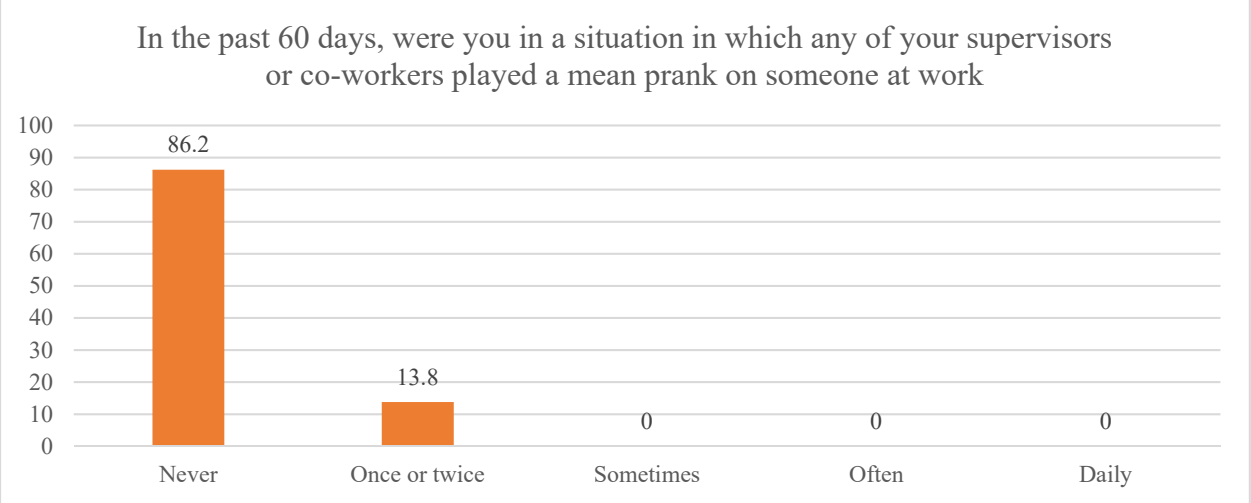
In the past 60 days, were you in a situation in which any of your supervisors or co-workers used profanity when speaking to someone at work

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	7	24.1	24.1	24.1
	Once or twice	7	24.1	24.1	48.3
	Sometimes	10	34.5	34.5	82.8
	Often	3	10.3	10.3	93.1
	Daily	2	6.9	6.9	100.0
	Total	29	100.0	100.0	



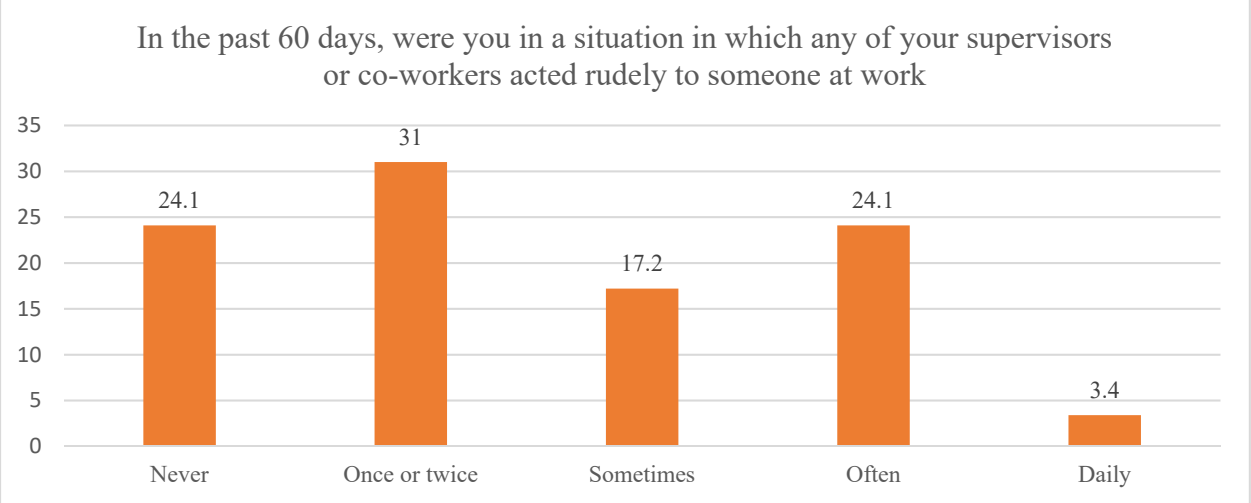
In the past 60 days, were you in a situation in which any of your supervisors or co-workers played a mean prank on someone at work

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	25	86.2	86.2	86.2
	Once or twice	4	13.8	13.8	100.0
	Sometimes	0	0	0	100.0
	Often	0	0	0	100.0
	Daily	0	0	0	100.0
	Total	29	100.0	100.0	



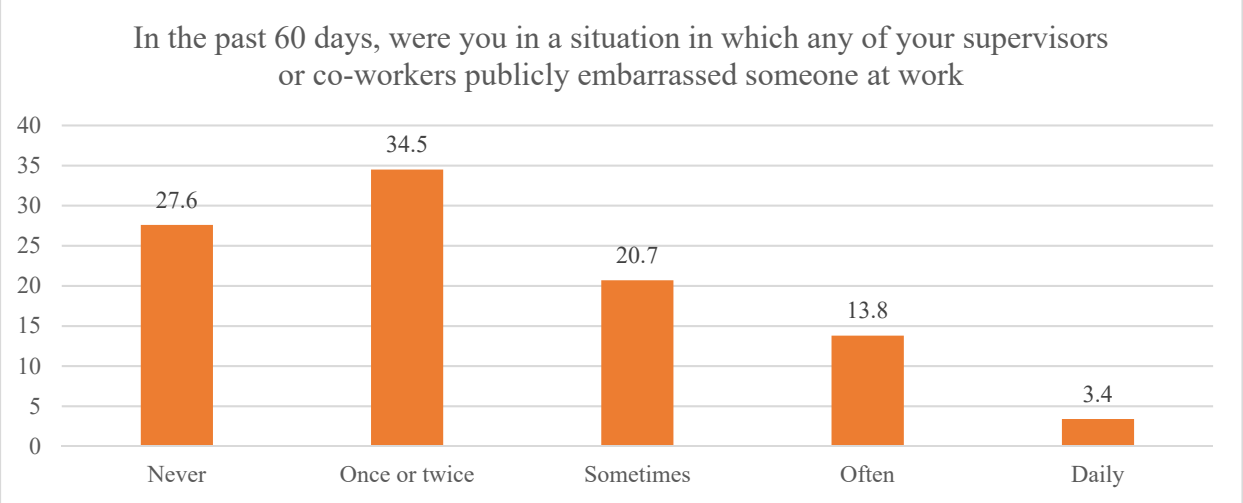
In the past 60 days, were you in a situation in which any of your supervisors or co-workers acted rudely to someone at work

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	7	24.1	24.1	24.1
	Once or twice	9	31.0	31.0	55.2
	Sometimes	5	17.2	17.2	72.4
	Often	7	24.1	24.1	96.6
	Daily	1	3.4	3.4	100.0
	Total	29	100.0	100.0	



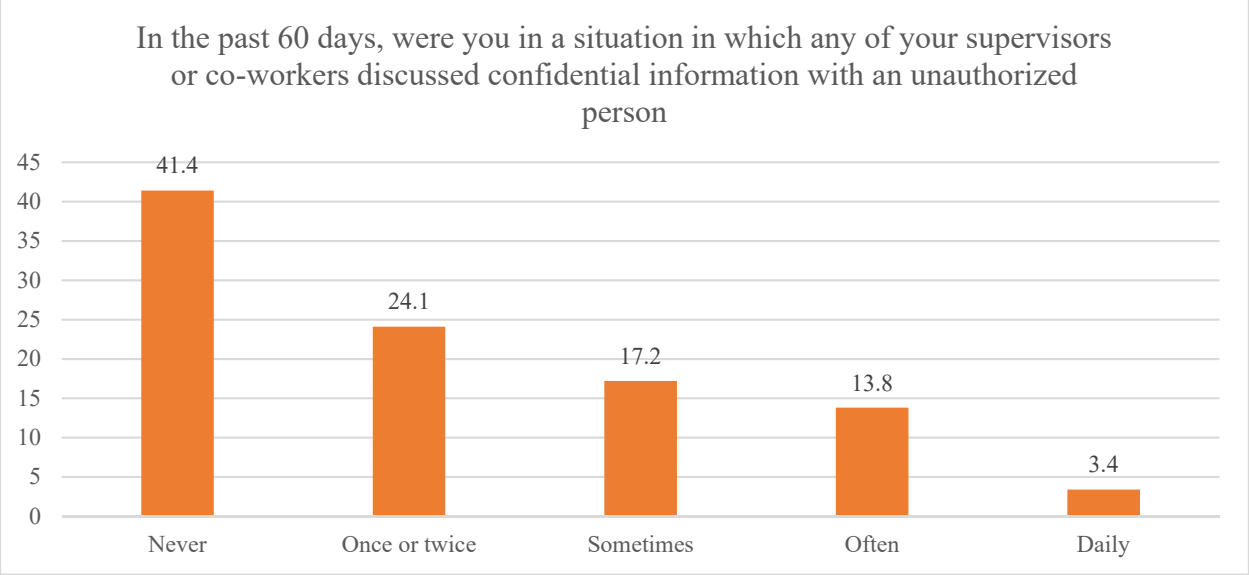
In the past 60 days, were you in a situation in which any of your supervisors or co-workers publicly embarrassed someone at work

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	8	27.6	27.6	27.6
	Once or twice	10	34.5	34.5	62.1
	Sometimes	6	20.7	20.7	82.8
	Often	4	13.8	13.8	96.6
	Daily	1	3.4	3.4	100.0
	Total	29	100.0	100.0	



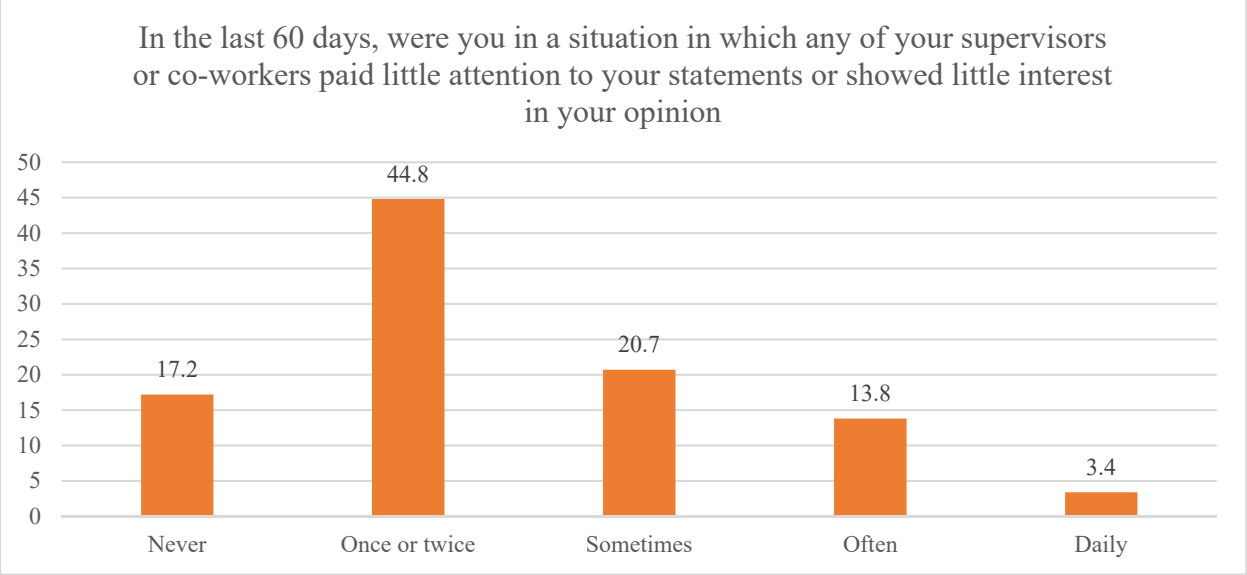
In the past 60 days, were you in a situation in which any of your supervisors or co-workers discussed confidential information with an unauthorized person

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	12	41.4	41.4	41.4
	Once or twice	7	24.1	24.1	65.5
	Sometimes	5	17.2	17.2	82.8
	Often	4	13.8	13.8	96.6
	Daily	1	3.4	3.4	100.0
	Total	29	100.0	100.0	



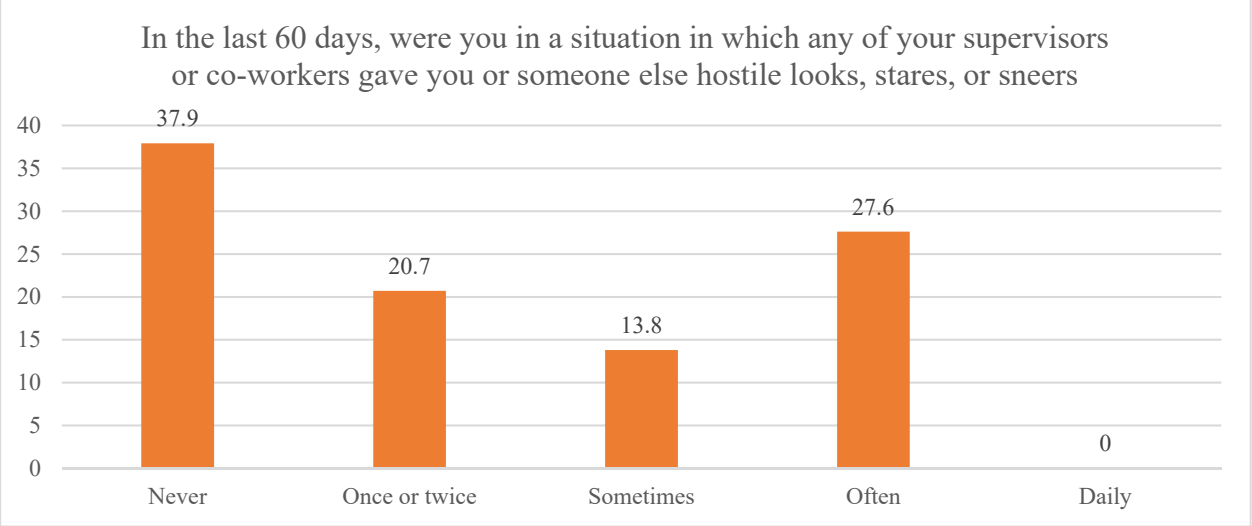
In the last 60 days, were you in a situation in which any of your supervisors or co-workers paid little attention to your statements or showed little interest in your opinion

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	5	17.2	17.2	17.2
	Once or twice	13	44.8	44.8	62.1
	Sometimes	6	20.7	20.7	82.8
	Often	4	13.8	13.8	96.6
	Daily	1	3.4	3.4	100.0
	Total	29	100.0	100.0	



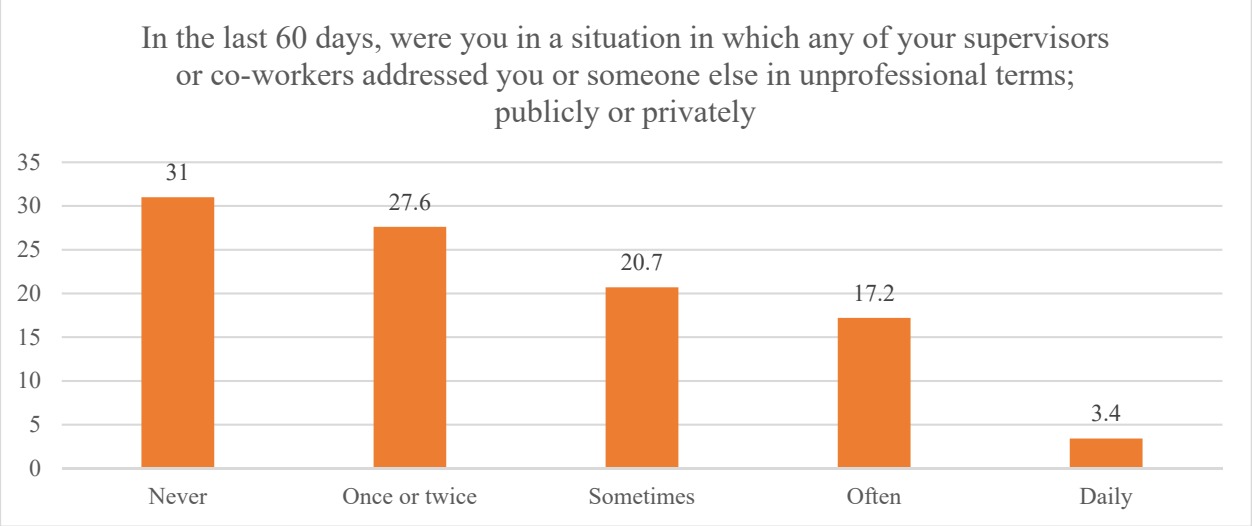
In the last 60 days, were you in a situation in which any of your supervisors or co-workers gave you or someone else hostile looks, stares, or sneers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	11	37.9	37.9	37.9
	Once or twice	6	20.7	20.7	58.6
	Sometimes	4	13.8	13.8	72.4
	Often	8	27.6	27.6	100.0
	Daily	0	0	0	100.0
	Total	29	100.0	100.0	



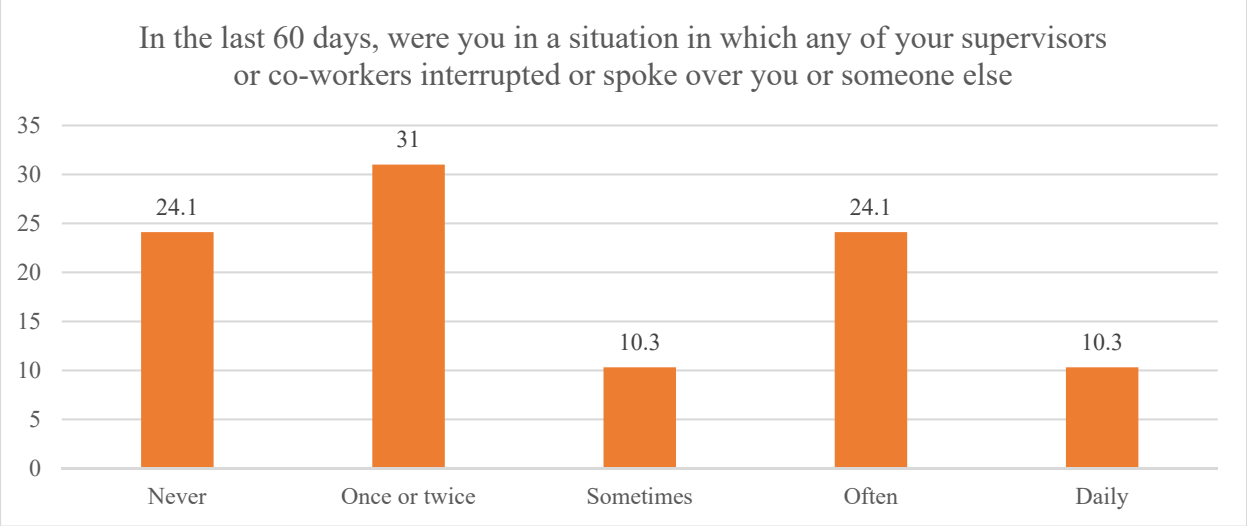
In the last 60 days, were you in a situation in which any of your supervisors or co-workers addressed you or someone else in unprofessional terms; publicly or privately

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	9	31.0	31.0	31.0
	Once or twice	8	27.6	27.6	58.6
	Sometimes	6	20.7	20.7	79.3
	Often	5	17.2	17.2	96.6
	Daily	1	3.4	3.4	100.0
	Total	29	100.0	100.0	



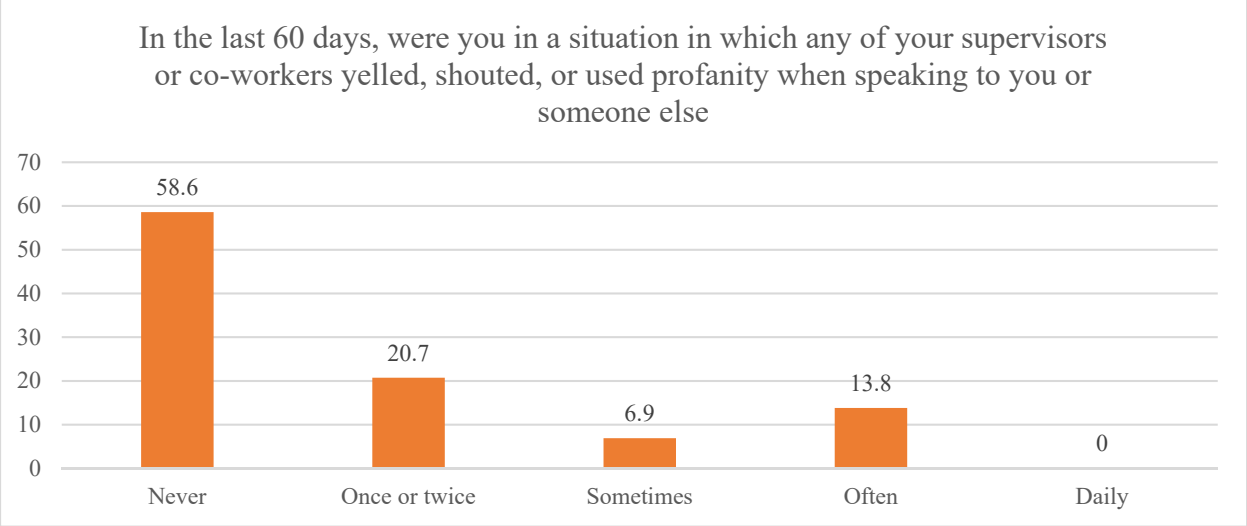
In the last 60 days, were you in a situation in which any of your supervisors or co-workers interrupted or spoke over you or someone else

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	7	24.1	24.1	24.1
	Once or twice	9	31.0	31.0	55.2
	Sometimes	3	10.3	10.3	65.5
	Often	7	24.1	24.1	89.7
	Daily	3	10.3	10.3	100.0
	Total	29	100.0	100.0	



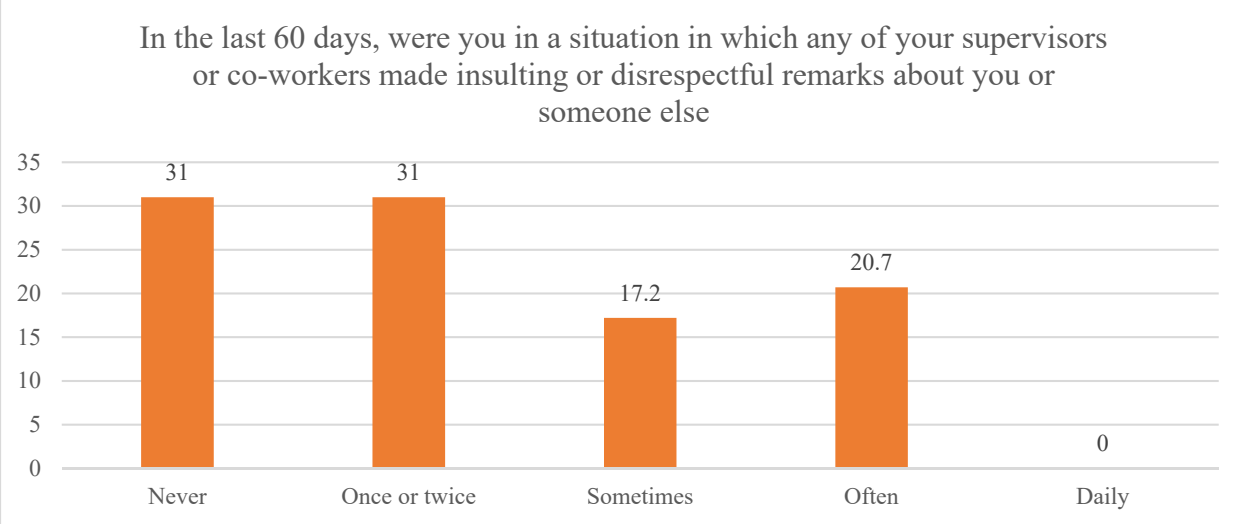
In the last 60 days, were you in a situation in which any of your supervisors or co-workers yelled, shouted, or used profanity when speaking to you or someone else

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	17	58.6	58.6	58.6
	Once or twice	6	20.7	20.7	79.3
	Sometimes	2	6.9	6.9	86.2
	Often	4	13.8	13.8	100.0
	Daily	0	0	0	100.0
	Total	29	100.0	100.0	



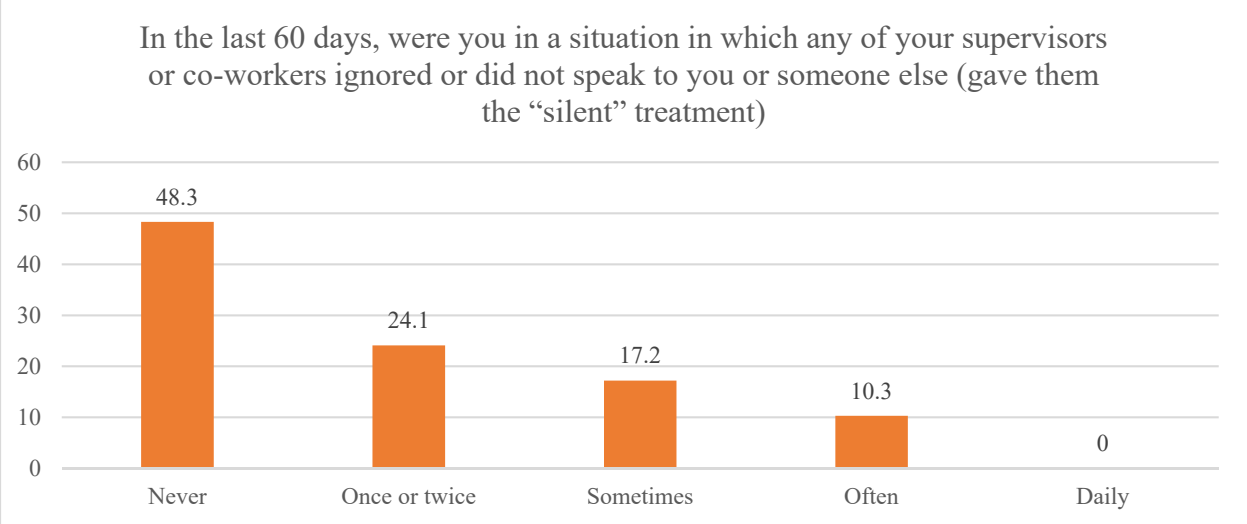
In the last 60 days, were you in a situation in which any of your supervisors or co-workers made insulting or disrespectful remarks about you or someone else

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	9	31.0	31.0	31.0
	Once or twice	9	31.0	31.0	62.1
	Sometimes	5	17.2	17.2	79.3
	Often	6	20.7	20.7	100.0
	Daily	0	0	0	100.0
	Total	29	100.0	100.0	



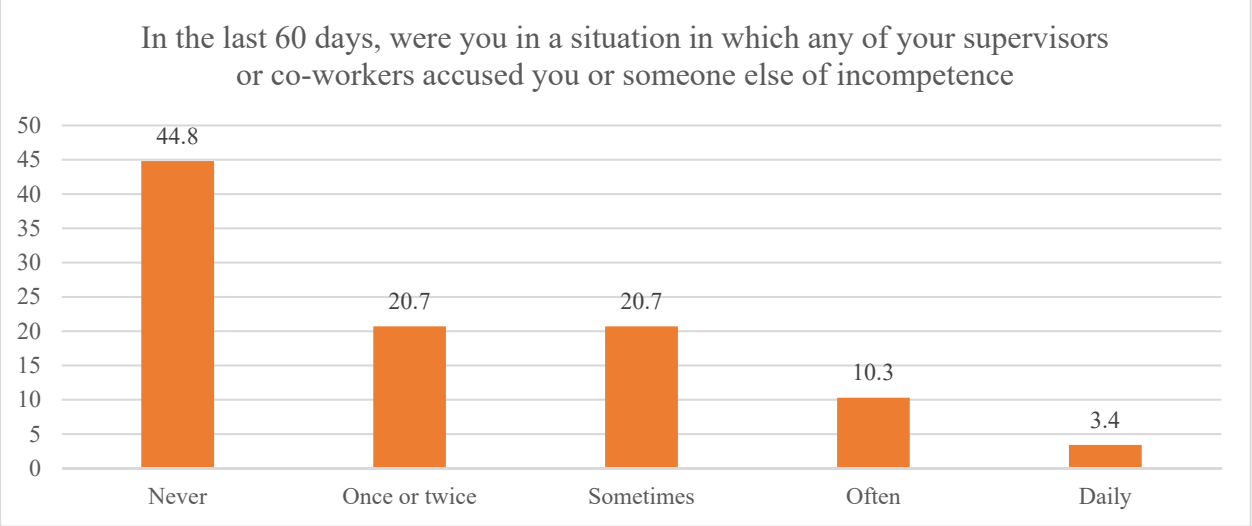
In the last 60 days, were you in a situation in which any of your supervisors or co-workers ignored or did not speak to you or someone else (gave them the "silent" treatment)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	14	48.3	48.3	48.3
	Once or twice	7	24.1	24.1	72.4
	Sometimes	5	17.2	17.2	89.7
	Often	3	10.3	10.3	100.0
	Daily	0	0	0	100.0
	Total	29	100.0	100.0	



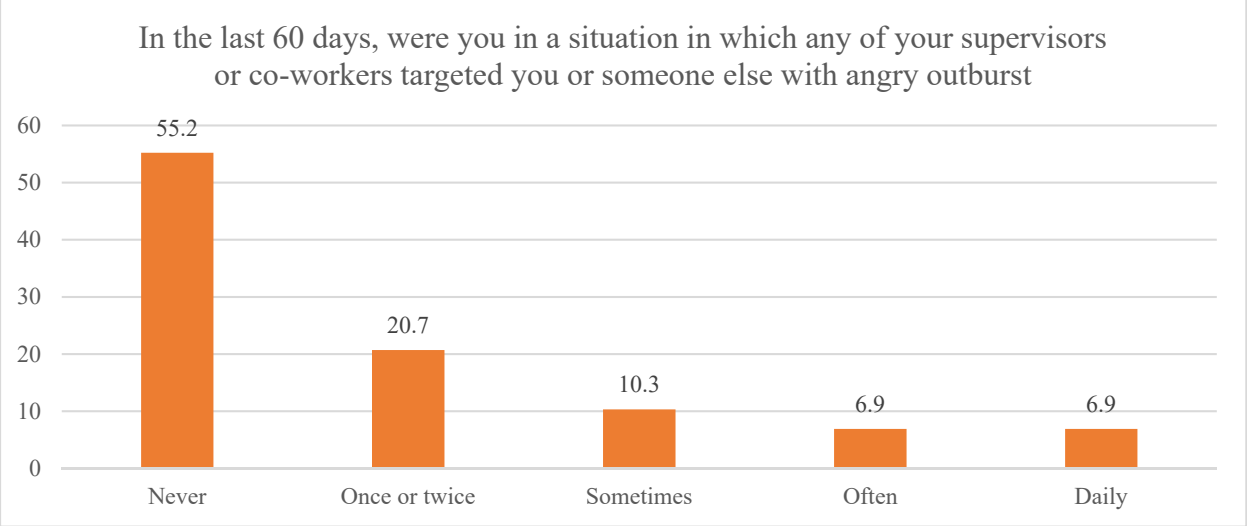
In the last 60 days, were you in a situation in which any of your supervisors or co-workers accused you or someone else of incompetence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	13	44.8	44.8	44.8
	Once or twice	6	20.7	20.7	65.5
	Sometimes	6	20.7	20.7	86.2
	Often	3	10.3	10.3	96.6
	Daily	1	3.4	3.4	100.0
	Total	29	100.0	100.0	



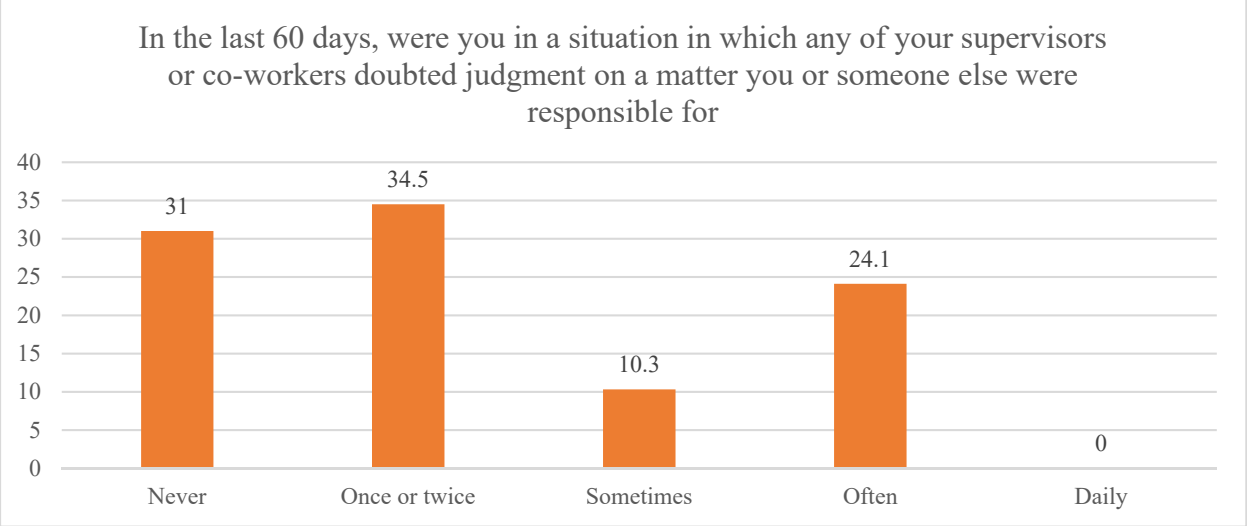
In the last 60 days, were you in a situation in which any of your supervisors or co-workers targeted you or someone else with angry outburst

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	16	55.2	55.2	55.2
	Once or twice	6	20.7	20.7	75.9
	Sometimes	3	10.3	10.3	86.2
	Often	2	6.9	6.9	93.1
	Daily	2	6.9	6.9	100.0
	Total	29	100.0	100.0	



In the last 60 days, were you in a situation in which any of your supervisors or co-workers doubted judgment on a matter you or someone else were responsible for

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	9	31.0	31.0	31.0
	Once or twice	10	34.5	34.5	65.5
	Sometimes	3	10.3	10.3	75.9
	Often	7	24.1	24.1	100.0
	Daily	0	0	0	100.0
	Total	29	100.0	100.0	



In the last 30 days I have thought: If I had another job opportunity, I would choose to stay and work here

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	4	13.8	13.8	13.8
	Once or twice	7	24.1	24.1	37.9
	Sometimes	5	17.2	17.2	55.2
	Often	8	27.6	27.6	82.8
	Daily	5	17.2	17.2	100.0
	Total	29	100.0	100.0	

In the last 30 days I have thought: If I had the opportunity, I would work somewhere else

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	11	37.9	37.9	37.9
	Once or twice	4	13.8	13.8	51.7
	Sometimes	4	13.8	13.8	65.5
	Often	5	17.2	17.2	82.8
	Daily	5	17.2	17.2	100.0
	Total	29	100.0	100.0	

Appendix J

Past 60 days, made a joke at someone else's expense						
	Existing policy		No policy		Unsure if policy	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	4	22.2	3	37.5	0	0
Once/Twice	8	44.4	0	0	2	66.7
Sometimes	5	27.8	3	**37.5**	0	0
Often	1	5.6	2	**25**	1	**33.3**
Daily	0	0	0	0	0	0
Total	18	100.0	8	100.0	3	100.0

Table J-1

Past 60 days, made a hurtful comment						
	Existing policy		No policy		Unsure if policy	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	6	33.3	2	25	2	66.7
Once/Twice	5	27.8	0	0	1	33.3
Sometimes	7	38.9	4	**50**	0	0
Often	0	0	1	**12.5**	0	0
Daily	0	0	1	**12.5**	0	0
Total	18	100.0	8	100.0	3	100.0

Table J-2

Past 60 days, made ethnic, racial, religious comment						
	Existing policy		No policy		Unsure if policy	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	11	61.1	4	50	2	66.7
Once/Twice	6	33.3	4	50	0	0
Sometimes	0	0	0	0	1	33.3
Often	1	5.6	0	0	0	0
Daily	0	0	0	0	0	0
Total	18	100.0	8	100.0	3	100.0

Table J-3

Past 60 days, used profanity						
	Existing policy		No policy		Unsure if policy	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	5	27.8	2	25	0	0
Once/Twice	5	27.8	0	0	2	66.7
Sometimes	5	**27.8**	5	**62.5**	0	0
Often	3	**16.7**	0	0	0	0
Daily	0	0	1	**12.5**	1	**33.3**
Total	18	100.0	8	100.0	3	100.0

Table J-4

Past 60 days, played mean prank						
	Existing policy		No policy		Unsure if policy	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	16	88.9	6	75	3	100
Once/Twice	2	11.1	2	25	0	0
Sometimes	0	0	0	0	0	0
Often	0	0	0	0	0	0
Daily	0	0	0	0	0	0
Total	18	100.0	8	100.0	3	100.0

Table J-5

Past 60 days, acted rudely						
	Existing policy		No policy		Unsure if policy	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	4	22.2	2	25	1	33.3
Once/Twice	8	44.4	0	0	1	33.3
Sometimes	3	16.7	2	**25**	0	0
Often	3	**16.7**	3	**37.5**	1	**33.4**
Daily	0	0	1	**12.5**	0	0
Total	18	100.0	8	100.0	3	100.0

Table J-6

Past 60 days, publicly embarrassed						
	Existing policy		No policy		Unsure if policy	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	5	27.8	2	25	1	33.3
Once/Twice	8	44.4	1	12.5	1	33.3
Sometimes	2	**11.1**	3	**37.5**	0	0
Often	3	**16.7**	1	**12.5**	1	**33.4**
Daily	0	0	1	**12.5**	0	0
Total	18	100.0	8	100.0	3	100.0

Table J-7

Past 60 days, broken confidences						
	Existing policy		No policy		Unsure if policy	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	9	50.0	2	25	1	33.3
Once/Twice	5	27.8	2	25	0	0
Sometimes	3	16.7	1	**12.5**	1	**33.3**
Often	1	5.6	2	**25**	1	**33.4**
Daily	0	0	1	**12.5**	0	0
Total	18	100.0	8	100.0	3	100.0

Table J-8

Past 60 days, paid little or no attention						
	Existing policy		No policy		Unsure if policy	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	2	11.1	2	25	1	33.3
Once/Twice	10	55.6	2	25	1	33.3
Sometimes	4	22.2	1	**12.5**	1	33.4
Often	2	11.1	2	**25**	0	0
Daily	0	0	1	**12.5**	0	0
Total	18	100.0	8	100.0	3	100.0

Table J-9

Past 60 days, hostile looks						
	Existing policy		No policy		Unsure if policy	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	5	27.8	3	37.5	3	100
Once/Twice	4	22.2	2	25	0	0
Sometimes	3	**16.7**	1	**12.5**	0	0
Often	6	**33.3**	2	**25**	0	0
Daily	0	0	0	0	0	0
Total	18	100.0	8	100.0	3	100.0

Table J-10

Past 60 days, referred to you in unprofessional terms						
	Existing policy		No policy		Unsure if policy	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	6	33.3	1	12.5	2	66.7
Once/Twice	4	22.2	4	50	0	0
Sometimes	4	**22.2**	1	**12.5**	1	33.3
Often	3	**16.7**	2	**25**	0	0
Daily	1	**5.6**	0	0	0	0
Total	18	100.0	8	100.0	3	100.0

Table J-11

Past 60 days, interrupted or spoke over you						
	Existing policy		No policy		Unsure if policy	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	2	22.2	2	25	3	100
Once/Twice	7	38.9	2	25	0	0
Sometimes	3	**16.7**	0	0	0	0
Often	4	**22.2**	3	**37.5**	0	0
Daily	2	**11.1**	1	**12.5**	0	0
Total	18	100.0	8	100.0	3	100.0

Table J-12

Past 60 days, yelled or shouted at you						
	Existing policy		No policy		Unsure if policy	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	9	50.0	5	62.5	3	100
Once/Twice	5	27.8	1	12.5	0	0
Sometimes	2	**11.1**	0	0	0	0
Often	2	**11.1**	2	**25**	0	0
Daily	0	0	0	0	0	0
Total	18	100.0	8	100.0	3	100.0

Table J-13

Past 60 days, insulted or disrespectful remarks						
	Existing policy		No policy		Unsure if policy	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	5	27.8	2	25	2	66.7
Once/Twice	7	38.9	2	25	0	0
Sometimes	3	**16.7**	1	**12.5**	1	33.3
Often	3	**16.7**	3	**37.5**	0	0
Daily	0	0	0	0	0	0
Total	18	100.0	8	100.0	3	100.0

Table J-14

Past 60 days, ignored or silent treatment						
	Existing policy		No policy		Unsure if policy	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	7	38.9	4	50	3	100
Once/Twice	6	33.3	1	12.5	0	0
Sometimes	4	**22.2**	1	**12.5**	0	0
Often	1	**5.6**	2	**25**	0	0
Daily	0	0	0	0	0	0
Total	18	100.0	8	100.0	3	100.0

Table J-15

Past 60 days, accused of incompetence						
	Existing policy		No policy		Unsure if policy	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	9	50.0	3	37.5	1	33.3
Once/Twice	4	22.2	1	12.5	1	33.3
Sometimes	3	16.7	2	**25**	1	33.4
Often	1	5.6	2	**25**	0	0
Daily	1	5.6	0	0	0	0
Total	18	100.0	8	100.0	3	100.0

Table J-16

Past 60 days, target of angry outburst						
	Existing policy		No policy		Unsure if policy	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	10	55.6	3	37.5	3	100
Once/Twice	5	27.8	1	12.5	0	0
Sometimes	1	5.6	2	**25**	0	0
Often	1	5.6	1	**12.5**	0	0
Daily	1	5.6	1	**12.5**	0	0
Total	18	100.0	8	100.0	3	100.0

Table J-17

Past 60 days, doubted judgment						
	Existing policy		No policy		Unsure if policy	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	5	27.8	3	37.5	1	33.3
Once/Twice	8	44.4	1	12.5	1	33.3
Sometimes	2	**22.2**	1	**12.5**	0	0
Often	3	**16.7**	3	**37.5**	1	33.4
Daily	0	0	0	0	0	0
Total	18	100.0	8	100.0	3	100.0

Table J-18