Taking a Stand: Steps to Stop Incivility in the Clinical Setting

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Objectives

- Identify and define incivility in the clinical setting and identify strategies, tools, and steps to defuse these situations
- Feel empowered and motivated to be an agent of change in situations of incivility






Why Should We Take a Stand?

- Extensively reported – toxic, serious negative outcomes

(Bartholomew, 2006; Beecroft, Center for American Nurses, 2008; Kunzman & Krozek, 2001; McKenna, Smith; Poole & Coverdale, 2003; Winter-Collins & McDaniel, 2000)

Why Should We Take a Stand?

- **60%** of new nurses leave

(Beecroft, Kunzman & Krozek, 2001; McKenna, Smith, Poole & Coverdale, 2003; Winter-Collins & McDaniel, 2000)






Why Should We Take a Stand?

- Pervasive, for > 20 years
- Positions/resolutions against incivility from multiple organizations
- Establish and maintain a violence prevention program for verbal and other violence and a culture of intolerance for reprisal (ANA, 2008; ICN, 2007; CNA, 2008; AACN, 2007; ISMP, 2004; OSHA, 2008; Joint Commission, 2009)






Why Should We Take a Stand?

- Toxic to nurses, patients, employers, retention

  (Beecroft, Kunzman&Krozek,2001, McKenna, Smith, Poole & Coverdale, 2003; Winter-Collins & McDaniel, 2000)
- Culture –intolerance of reprisal

  (ANA, 2008; ICN, 2007; CNA, 2008; AACN, 2007; ISMP, 2004; OSHA, 2008; Joint Commission, 2008, 2009)






Why Should We Take a Stand?

- Turnover rate-clinical practicing nurses > 30%
  - Newly registered nurses exceeds 55%

- Internationally, **1 in 3** nurses leave their position……..

(Griffin, 2004)

Why Should We Take a Stand?

- RN turnover cost- replacing one RN ranges from $22,000 to $145,000 depending on geographic location and specialty area
  (Wojick et al., 2005; Jones & Gates, 2008)
- Unit/organization reputation for having a negative practice environment- recruitment issue
- What is the cost of one nurse's mental health from the damage? Priceless…..
- Stress on remaining staff
- Magnified by RN shortage of 260,000 by 2025…

(Buerhaus , 2009)






Overview

- Antecedents
- Critical attributes
- Closely related terms/Definitions
- Consequences
- Empirical referents
- Examples of mechanisms to halt incivility
- Identifying incivility and harnessing accountability






What causes lateral violence or incivility? (Antecedents)

- Oppression theory
  - Imbalance of power (given two groups, if one has more power than other, values of the subordinate group are repressed.) (Freire 1972)
  - Roberts (1983) applied this to nursing: Nurses demonstrate characteristics of an oppressed group-low self esteem, self-hatred, feelings of powerlessness






What causes lateral violence or incivility? (antecedents)

- Women are majority of nursing workforce
- Nursing founded in a patriarchal society
- “Angels of mercy”
- Absorbing the values of the dominant group
- Becomes accepted as how business is conducted-a tradition

  (Bartholomew 2006)






What causes lateral violence or incivility? (antecedents)

Embree and White (2010)

- Personal traits
  - Lack of empowerment
  - Oppression
  - Learned helplessness
  - Suppressed anger
  - Low self esteem
  - Personal behaviors
  - Poor coping skills
  - Previous history of abuse






What causes lateral violence or incivility? (antecedents)

Embree and White (2010)

- Organizational characteristics
  - Authoritarian leadership style
  - Toxic work environment
  - Shrinking resources
  - Broad span of control (for leadership)
  - Downsizing
- 12 hours shifts, decentralized work environments contribute to decreased social support systems






What causes lateral violence or incivility? (antecedents)

- Time and task theory (Ramos 2006)
  - Nurses begin to see their work in terms of time an tasks
    - Feeling overwhelmed
    - Depersonalization
    - People become objects
- Girls not socialized to appreciate themselves or their contributions; deny anger (Roswell 2007)






Critical Attributes

Embree and White (2010) Top Ten

- Non-verbal innuendo
- Verbal affront
- Undermining activities
- Sabotage
- Infighting
- Scape-goating
- Failure to respect privacy
- Broken confidences






Critical Attributes of Lateral Violence and Incivility

Behavior is subtle, often covert-it is often overlooked

- Bitchy
- Catty
- Cat-fighting
- Drama
- Gossip
- Manipulation
- Exclusion
- Betraying loyalties

(Dellasega, 2011)






Critical Attributes

Sheridan-Leos 2008

- Non-verbal cues: raising eyebrows, rolling eyes, making faces
- Verbal remarks
- Actions: undermining, sabotage, inavailability, hoarding supplies/equipment, refusing to help
- Withholding information
- Excluding staff members
- Passive aggressive behavior






Where and When

- Times of community stress
- Bad economic times
- Holidays
- Seasonal illness surges
- Sentinel event
- Typically in work area
- Social events
- Online (Dellasega 2011)






Definition

- Workplace incivility- “low-intensity deviant behavior, ambiguous intent to harm, in violation of workplace norms for respect.”
- Rude, discourteous, lack of regard for others (Pearson, Andersson, Porath, 2005)
- Below the radar, thought benign, frequently not apparent to leaders (Lewis, Malecha, 2011)






Inconsistent Terminology

- (Lateral Violence) Nurse aggression
  (Griffin, 2004)
- Aggression
- Overt or covert dissatisfaction toward-one less powerful, themselves, each other
- Humiliates, degrades or lack of respect for dignity and worth of individual-Verbal, Non-Verbal

Incivility

- Shares elements common to racial and sexual harassment laws:
  - Defined in terms of effect on recipient
  - Negative effect on victim
  - Consistent behavior

(Quine, 1999)






Incivility

- Inappropriate behavior - physical, verbal or emotional

- (Workplace Bullying) repeated action creating risk to health or safety of associate/group - intent to intimidate, degrade, humiliate, or undermine (Safety & Health Assessment and Research for Prevention Program [SHARP], 2011)






Other Terms

- Interactive Work Place Trauma (IWPT)
- Horizontal violence (Longo & Sherman, 2007; Roberts, 1983; Skillings, 1992)
- Abuse in the workplace
- “Nurses eating their young”

(Alspach, 2007, p.12)

Other Terms

- Bullying (Lewis, 2001; Stevens, 2002)
- Mobbing (Yildirim & Yildirim, 2007)
- Horizontal Hostility (Thomas, 2003)






Harm….

- Research integration, intervention effectiveness, and outcomes are clouded….

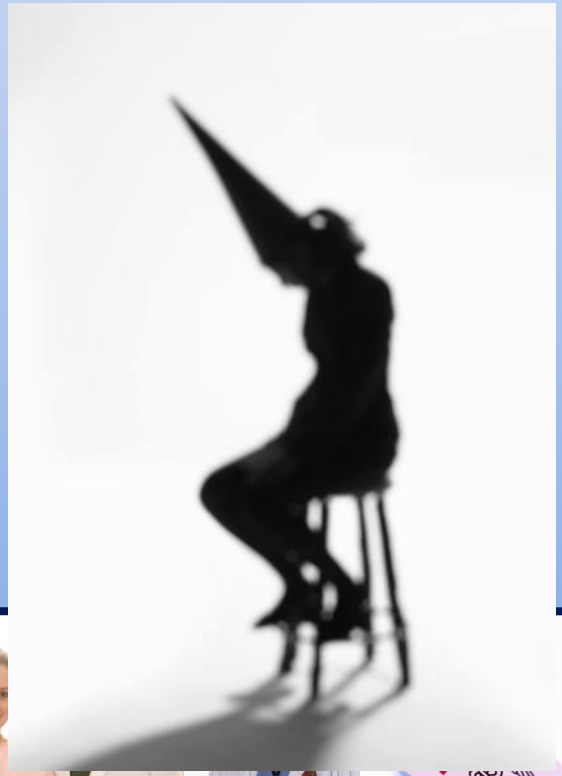
(Farrell 1997, Roberts 1985, Griffith, 2004, DeMarco, 2008)






- To *thrive* lateral violence needs:

secrecy
shame
silent witness



Consequences

- Psychological
- Emotional
- Social
- Physical






Consequences (Psychological)

- PTSD – 50% continue to suffer from stress five years after the incident
- Depersonalization, lack of control
- Maladaptive responses – substance abuse, over-eating
- Low self-esteem, submission/aggression
- Decreased job enjoyment, higher intent to leave

(Longo, 2011)

- Of all types of aggression, **this behavior** is the most harmful

(Farrell 1999)






Consequences (Emotional)

- Anger, irritability
- Decreased self-esteem, self-doubt
- Lack of motivation and feelings of failure from being unable to meet own expectations
- Depression






Consequences (Social)

- 1/3 to ½ of relationships and family members worsen after someone *simply witnesses* uncivil behavior
- Low interpersonal support and/or absence of emotional support






Consequences (Physical)

- Decreased immune response/ resistance to infection
- Increase in stress related disease
- Cardiac arrhythmias (increased risk of myocardial infarction due to continuously circulating catecholamines)






Organizational/Cultural Consequences

Organizational

- Negative patient outcomes ,increased turnover,
- Lack autonomy/Control over work
  - Linkage between consequences & adverse events
  - Consequences(stress, impaired communication and concentration) Adverse events, near misses/precursors to events, and mortality) (Rosenstein & O'Daniel, 2006, 2008; Veltman, 2007)

Cultural

- Toxic work environment, Damaged relationships






Expected Behaviors of Professionals

Expected Behaviors of Professionals

- Accept one's fair share of the workload
- Keep confidences
- Work cooperatively, despite feelings of dislike
- Always look one's co-workers in the eye






Expected Behaviors of Professionals

- Don’t engage in conversation about a coworker
- Stand up for an “absent member” in conversations
- Don’t criticize publicly
- Don’t be overly inquisitive about each other’s lives
- Do repay debts, favors, and compliments






Relationship to Best Evidence

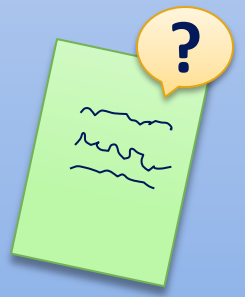
- Opportunity Globally
- Target Prevention Intervention/Reduce Risk-Griffith, 2004 Bartholomew, 2006
- Turnover costly-Jones & Gates, 2007, Wojick, Vitello, Freedman, Everett & Hagenmueller, 2005
- Understanding Personal/Interpersonal Leiper, 2005
- Transforming dysfunctional behavior -Taylor, 2001






Patient Safety and Outcomes

- Problematic interpersonal communication resulted in 60% of medication errors and 80% of medical errors. (Benner 2007)
- Delay of treatment
- Omission of treatment
- Lack of order clarification



Appropriate Reactions to Poor Behaviors

Intimidation

Why do people use this type of behavior?

- They're wrong, trying to cover it up
- Above the law attitude
- They do not want to be questioned
- Lack of collaboration






Intimidation

How should we respond?

- Listen
- Separate the emotion
- Talk/respond calmly
- Watch non verbals
- Request for them to speak calmly
  - "You're talking so loud I can't hear you"






Gossip

Why do people use this type of behavior?

- Want to boost themselves by bringing down others.
- Don’t have backbone to confront
- Aren’t really interested in making things better






Gossip

How should we respond?

- Don’t listen
- Speak up
- Before speaking, ask yourself this: “Is what I’m going to say going to lift up my co-worker, improve our patient care, be of benefit to our team?”






Passive/Aggressive

Why do people use this type of behavior?

- Want others to share their view without making a commitment to that view
- Set's up the issue while pretending to be the 'nice guy'
- No backbone to just say it!






Passive/Aggressive

How should we respond?

- “Why did you roll your eyes?”
- “What did you mean by that comment?”
- “How would you have done that differently?”
- “Are you sure you’re OK with this?”






Never Satisfied/Whining

Why do people use this type of behavior?

- Always see the glass as ½ empty
- They want attention
- Have victim mentality
- Make others think there is something wrong
- Don’t see themselves as part of the problem






Never Satisfied/Whining

How should we respond?

- Don't join in
- Help them to focus on the solution
- Engage them in problem solving
- It's not "We can't do this, it's how can we do this with what we've got."






CONSTRUCTIVE CONFRONTATION






Constructive Confrontation

- Open with the facts. Describe the behavior
- Explain how the behavior is a violation of policy or interrupts optimal functioning in the department or impacts pt care. Impact
- Problem solve, make the need for resolution clear. What's the desired change?
- Determine action plan and follow up
- End on a positive note
- <u>Always think of the desired outcome</u>.






Confrontation Techniques

- Take a few deep breaths
- Ask, “Have I done something wrong?”
- Depersonalize the event
- Be curious, get information
- Be calm, take the lead in this!
- Align mutual needs and goals
- Clarify their expectations and set yours






Confrontation Techniques

- Point our escalating emotions
- Manage your non verbal communication
- Maintain mental integrity
  - Remain in the moment
  - Focus on the current issues
- Take a break in the discussion if necessary
- Involve a 3rd party






Accepting Confrontation






Accepting Confrontation

- Take a few deep breaths
- In your mind, thank the person for coming to you. Recognize it was not easy for them.
- Listen, stay in the moment
- Self talk
  - "I have the opportunity to improve."
  - "Perception is 99% of relationships."
- Be calm






Accepting Confrontation

- Resist bringing others into this issue.
- Offer to think about what is being said and get back with the person.
- Thank the person verbally for bringing this issue to you.
- Follow through on the agreement to get back with the person after you've had time to reflect on the issue.






“TELL ME, DON’T TELL ON ME!”

Brenda Wanderlich RN






Try case scenarios with your team






Accountability: Creating a "Just Culture"






- *Discovery of Problem*
- *Investigation*
- *Interview*
- *Decision Making*
- *Documentation*
- *Coaching / Discipline*
- *Follow-up*






Discovery of Problem: OH C _ _ _!






OH CRUD!






INVESTIGATION

- Review of chart
- Interview with patient
- Incident report review
- What did it look like? Condescending attitude. What did Susie do that made you feel that way?
- Review the job description, standards of behavior, and policies that might have been violated.






Interview

- No chit chat
- Make clear why you are having this meeting
- Control non-verbal, serious, (do not smile falsely implies you are happy that you are here). Be friendly, professional, and attentive.
- There has not been a decision made, we are here to listen to your information about what happened.






Interview

- Do not initially disclose details of the incident
- Ask for the person to tell you what they know about the incident
- Be prepared to follow back with questions prepared from your investigation. Ex: *“Mr Jones felt that you called his girlfriend into the room with a sing song tone in your voice that was mocking in nature.”*
- Take notes and tell the employee you will be taking notes.






Interview

- If violation is clear at this point, give the employee examples of how the action/ behavior is in violation of policy/procedure/job description/standards.
- Tell the employee you will take the situation under advisement. You will continue the investigation and will get back with them.
- If action is a patient safety issue. You may want to suspend employment until decision is made.
- If not, tell the employee they can continue to work.






Decision Making

- Consider past performance
- Seriousness of offense
- Precedence set previously
- Involve VP with investigation and your recommendation
- Confirm decision of yourself and VP with HR department
- Depending on severity, decide who should be at discipline delivery

Formal Documentation

- Investigation Documentation
  - Dated
  - In chronological order
  - Separate document






Formal Documentation

- Discipline Documentation
  - Use proper form
  - Facts of violation
  - Facts of standards, job description, policies that were violated
  - Expectation specifically outlined
  - Refer to previous discipline by incidence and date
  - Critical language to be used in discipline document
  - Obtain approval from HR of document






Coaching / Discipline

- Taken all information under advisement recommendation is:
- Read critical portion of document to the employee
- Have copy for them and you
- Allow them to ask questions
- Encourage successful performance to meet standard
- Sign and send to HR. Keep copy for yourself. Give copy to employee
- Have an envelope prepared for employee to put their copy in so they don’t have to carry information unprotected.

P I P

- Written expectations for each offense with clearly defined expectation
- Dated and planned follow up 30-60-90 days






Follow up

- Promise and provide follow up with employee
- Mark your calendar
- Follow up with others if appropriate
- Document all follow up activities and conversations on previous investigation document as continuation






Why Try? Why Talk?

- Expect the best
- Pt safety
- Improved patient outcomes
- Improved competitive advantage for the organization
- Staff and physician retention
- Improves understanding
- Timely and acceptable confrontation results in low drama
- What you permit, you promote!






Relationship to Best Evidence

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You can't be a smart cookie if you have a crummy attitude!

John Maxwell