ENABLING SOLUTIONS: PACERS' TOOLKIT TACKLES THE WICKED PROBLEMS OF BULLYING IN HEALTHCARE

Program Developed by the PACERS
A Seven Member National Project Team from the 2012 Cohort of the:

RWJF Executive Nurse Fellows Program

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RWJF ENF Action Learning Team

- **Rita K. Adeniran, RN, DrNP, CMAC, NEA-BC FAAN**
  President/CEO Innovative and Inclusive Global Solutions
  Drexel Hill, PA

- **Beth Bolick, RN, DNP, PPCNP-BC, CPNP-AC, FAAN**
  Professor Rush University Medical Center
  College of Nursing, Chicago, IL

- **Ric Cuming, RN, MSN, EdD, NEA-BC, CNOR**
  VP/Chief Nurse Executive
  Einstein Healthcare Network: Philadelphia, PA

- **Cole Edmonson, RN, DNP, FACHE, NEA-BC**
  VP/Chief Nursing Officer
  Texas Health Resources: Presbyterian Dallas

- **Bernadette Khan, RN, MSN, NEA-BC**
  Vice President Patient Care Services/Chief Nursing Officer
  New York Presbyterian Lower Manhattan Hospital

-
  Linda B. Lawson, RN, DNP, NEA-BC
  Administrative Director for Health Care Transformation
  Sierra Providence Health Network - El Paso, TX

- **Debra White, RN, MSN, MBA, ACNS-BC, NEA-BC**
  VP/Chief Nursing Officer
  Saint Luke's Health System, Kansas City, MO

- Listed alphabetically, not by weight of contribution

PACERS
Passionate
About
Creating
Environments of
Respect and
civilitie**S**

TODAY'S PRESENTER

Dr. Rita K. Adeniran

President and CEO

Innovative and Inclusive Global Solutions

*Drexel-Hill, Pennsylvania, USA*

authenticglobalsolutions@gmail.com

Disclosure

- Dr. Rita K. Adeniran is a 2012-2015 RWJF Executive Nurse Fellow Aluma and a member of the PACERS national project team focused on building a culture of respect in healthcare by reducing/eliminating incivility and bullying in the workplace

- I declare "no conflict" of the following:
  - Salary
  - Royalty
  - Stock
  - Speaker's Bureau
  - Consultant

Learning Objectives

- Discuss the damaging consequences of bullying and incivility to patients, providers, and healthcare organizations

- Describe the operationalization of the social ecological model to the PACERS four buckets- **(Truth, Wisdom, Courage and Renewal)** stop bullying toolkit, as a comprehensive, cohesive, and integrated solution to create, support, and sustain cultures of civility and respect in any healthcare organization/environment
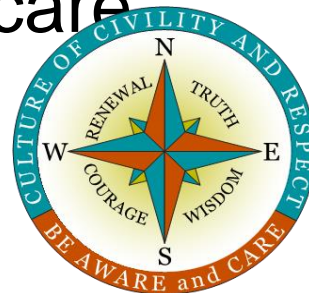
Defining Incivility & Bullying

- **Workplace incivility/bullying is any negative behavior that demonstrates a lack of regard for other workers. Call it what it is.**
- It can be displayed in a vast number of disrespectful behaviors including:

  - Harassment
  - Passive-aggressiveness
  - Teasing
  - Gossiping
  - Purposely withholding business information
  - Overruling decisions without a rationale
  - Sabotaging team efforts
  - Demeaning others
  - Verbal intimidation
  - Eye rolling

"Bullying has long existed in health care; it was the ugly secret that no one wanted to talk about. However, the culture of acceptance and silence that accompanied it is finally being broken. The conversation is changing to focus on creating civil cultures that embrace collegiality and respect."

- **Edmonson & Bolick, 2015**

Bullying: A Major Global Issue

- Workplace bullying is a global, national, and local issue

- Reports of incident & prevalence are influenced by the:

❖ Culture of each country

❖ Different methods of measurements

❖ Criteria used to define workplace bullying

(Giorgi, Arenas, & Leon-Perez, 2011; M. B. Nielsen, Hetland, Matthiesen, & Einarsen, 2012; Morten Birkeland Nielsen, Matthiesen, & Einarsen, 2010)

- Research underlie the global scale of workplace bullying in all work sectors, with the healthcare industry having higher incidents of bullying **(Johnson, 2009)**

Scale of the Problem

❖ Bullying is four times more common than either sexual harassment or racial discrimination on the job.

❖ A 2012 Workplace Bullying Health Impact Survey of 516 bullied individuals found that 71% sought treatment from a physician.

❖ A 2007 study of 8,000 U.S. adult population on workplace bullying reported the following findings:

- 72% of bullies were supervisors

- 60% of the bullies were women who targeted women in 71% of the reported cases

- 45% of those who were bullied experienced stress-related health problems

(Work Place Bullying Institute & Zogby International, 2007)

Scale of the Problem (cont.)

- Depending on the work-sector, countries' estimates of bullying are reported to be as high as:

- ❖ 4.8% to 31.4% in Italian workplaces

- ❖3.5% in Sweden

- ❖10% -38% in North American

- ❖ 50% of surveyed nurses who worked in a healthcare organization in New South Wales, Australia, reported being bullied within a 12 month window

- A survey of almost 3,000 NHS staff in the United Kingdom found 20% of participants reported being bullied in the previous six months of the study

(Allen, 2015; Johnson, 2009; Rutherford & Rissel, 2004)

Incivility & Bullying in the Headlines

Western Pennsylvania's top news and sports source **TRIB**LIVE

Nurse-to-nurse bullying more than just a sore point

Workplace Bullying in Nursing:
A Problem That Can't Be Ignored
MEDSURG Nursing—September/October 2009—Vol. 18/No. 5

MEDICINE
Rudeness in Medical Settings Could Kill Patients
By Travis McKnight

**Study Finds Nurses
Frequently Being Bullied
at Work** Nursing News

When the Nurse Is a Bully
The New York Times

Photo: Photographer: Karen Neal/ABC

Harvard Business Review

MOTIVATING PEOPLE
The Price of Incivility
by Christine Porath and Christine Pearson

State of the Science (cont.)

- One in six nurses (13%) reported being bullied in the past six months **(Sa & Fleming, 2008)**

- In a study on workplace bullying, most of the respondents reported being bullied by a person of authority **(Johnson & Rea, 2009)**
  - ❖Nurse to medical or nursing student, radiology tech, or fellow nurses
  - ❖Physician or manager to nurse or resident
  - ❖Section chief physician to fellow physician

  - Nurses bullied other nurses for political power, enhanced work performance or personal shortcomings about their job or life.
    (Katrinli, Atabay, Gunay, & Cangarli, 2010)

State of the Science (cont.)

- **However, incivility and bullying occur**
  - ❖ **laterally,**
  - ❖ **top down and bottom up,**
  - ❖ **among every profession and within every profession**
  - ❖ **and at every level of the organization**

- **Everyone here may have a story of when and how it happened to them**

- **Everyone here have consciously or unconsciously contributed to the problem**

- **Everyone here has been a silent bystander**

State of the Science (cont.)

- Almost 21% of nursing turnover can be related to bullying **(Johnson & Rea, 2009)**

- 60% of new RNs who quit their first job in nursing within 6 months report that it is because of being bullied

- Replacing a nurse can cost up to $88,000 USD **(Jones, CB, 2008)** Replacing anyone is too expensive to ignore

- According to a study by the US Bureau of National Affairs, there is a loss of productivity of $5-6 billion/year in the US due to bullying in the workplace
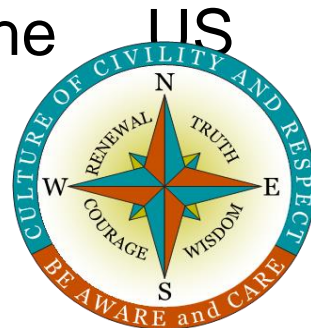
Consequences to Patients

Acts of bullying may:

- Intimidate, embarrass, or belittle patients

- Jeopardize patient safety from poor patient care

- Discourage staff from speaking-out about poor practice that often result in less than optimal outcomes for patients

- Increase error rates, and patients pay the ultimate price

(Allen, 2015; Johnson, 2009; Rosenstein & O'Daniel, 2008; Wing, Regan, & Spence Laschinger, 2015)

Consequences to Providers

Bullying erodes victims' intrinsic sense of self-worth and self-confidence, which may result in:

- Physical symptoms such as headaches, interrupted sleep, and intestinal problems.

- Psychological conditions, including heightened levels of psychological stress, anxiety, irritability, depressive symptoms and other mental health issues

- Decrease confidence and competence that can impair clinical judgment and adversely affect the quality of patient care and providers' satisfaction with their jobs

(Allen, 2015; Fattori et al., 2015; Gillespie, Bresler, Gates, & Succop, 2013; Gullan et al., 2014; Johnson, 2009; Rodwell, Brunetto, Demir, Shacklock, &   Farr-Wharton, 2014; Wing, Regan, & Spence Laschinger, 2015)

Consequence to Healthcare Organizations

- Increased absence and loss of productivity

- Higher rates of staff turnover

- Bullying leads to erosion of victim's professional competence that can negatively influence patient's outcomes, organizational performance, and the bottom-line

- Studies have reported cost estimates to be over $250 million in annual expenditures related to healthcare, litigation, employee turnover, and retraining.

(Hutchinson et al., 2010; Johnson, 2009; Chipps & McRury, 2012; Porath & Pearson, 2013; Steptoe & Johnson PLLC, 2015)

Financial Burden

- Financial burden is driven by health care costs for victims, productivity and performance losses, litigation cost, sick leave, and replacement costs **(Allen, 2015).**

- One study estimated an annual productivity lost of $11,581 per nurse **(Lewis & Malecha, 2011).**

- A study of one U.S. hospital employing 5,000 nurses estimated the cost of workplace bullying and annual violence treatment to be $94,156 **(Speroni, Fitch, Dawson, Dugan, & Atherton, 2014).**

The Wicked Problem of Bullying

Opportunity to mitigate/eliminate the wicked problems of bullying exist. First, let's begin by understanding some of the characteristics of the bullying concept

- Myths

- Lack clarity and support

- Lack of awareness

- Lack of knowledge

- Lack tools

- Fear (multi-directional)

- Don't recognize it

- Don't want to get involved

- Unsure of how to address the problem
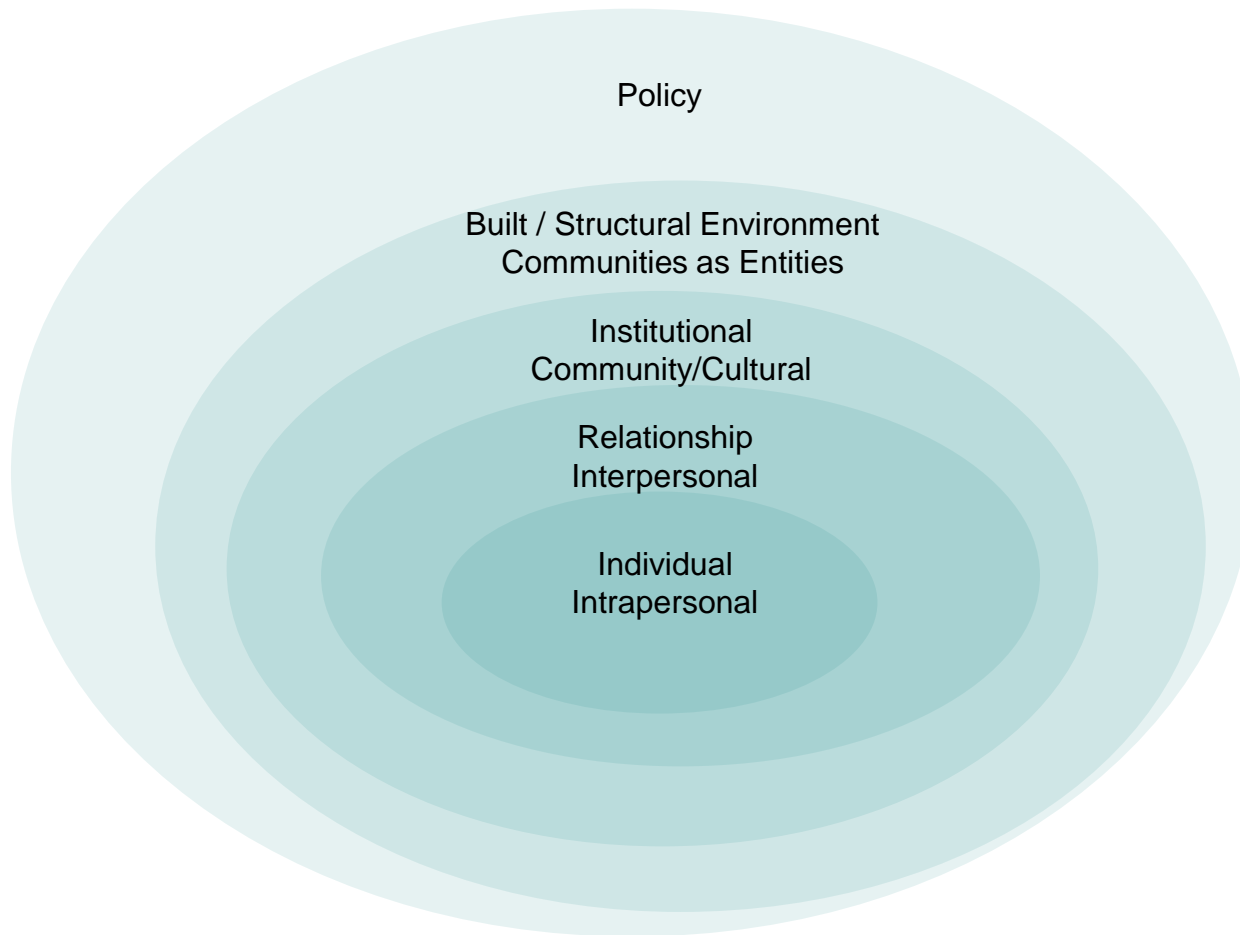
Historically, solutions to address bullying has been fragmented

Approaches have been Fragmented

- Incivility/bullying is a group phenomenon, reciprocally influenced by the individual, peers, the immediate environment/institution, community, and society

- Theory and research establishes incivility/bullying as a complex interplay of influences from interpersonal, community, and environmental sources **(McLeroy et al., 1988)**

- However, approaches to eliminate incivility/bullying and to create respectful, civil, supportive, and safe environments have largely centered on individuals

The PACERS civility toolkit offers an inclusive, integrated, & multilayered strategies/solutions

Socio-Ecological Model

Policy

Built / Structural Environment
Communities as Entities

Institutional
Community/Cultural

Relationship
Interpersonal

Individual
Intrapersonal

McLeroy et al., 1988

Civility & Respect Tool-kit

www.stopbullyingtoolkit.org

- Free resources to empower healthcare leaders to identify, intervene, and prevent workplace incivility and bullying

  - Moral Compass
    - Introduction
    - How to use the tool-kit
    - Socio-ecological model
  - Helpful Links
  - Grouping of resources into buckets
    - **Truth**
    - **Wisdom**
    - **Courage**
    - **Renewal**

Many of the materials in the tool-kit are copyrighted; permission is granted for free download with proper citation of authorship.

Civility Tool-kit

Introduction
How to use the tool-kit
Socio-ecological model

Truth

Civility Quotient
Self Assessment
Environmental
    Assessment
Civility Index
    Dashboard

Wisdom

Fact Sheet
Slides
Policies
Bibliography

Courage

Mnemonic
Code Words
The Language of
    Collaboration
Respectful
    Conversations

Renewal

Critical Incident
    Stress Management
Schwartz Center Rounds
Employee Assistance
    Program
Courage and Renewal

Truth

Tools to assess your self and your environment

Truth

Civility Quotient Self Assessment

Environmental Assessment

Civility Index Dashboard
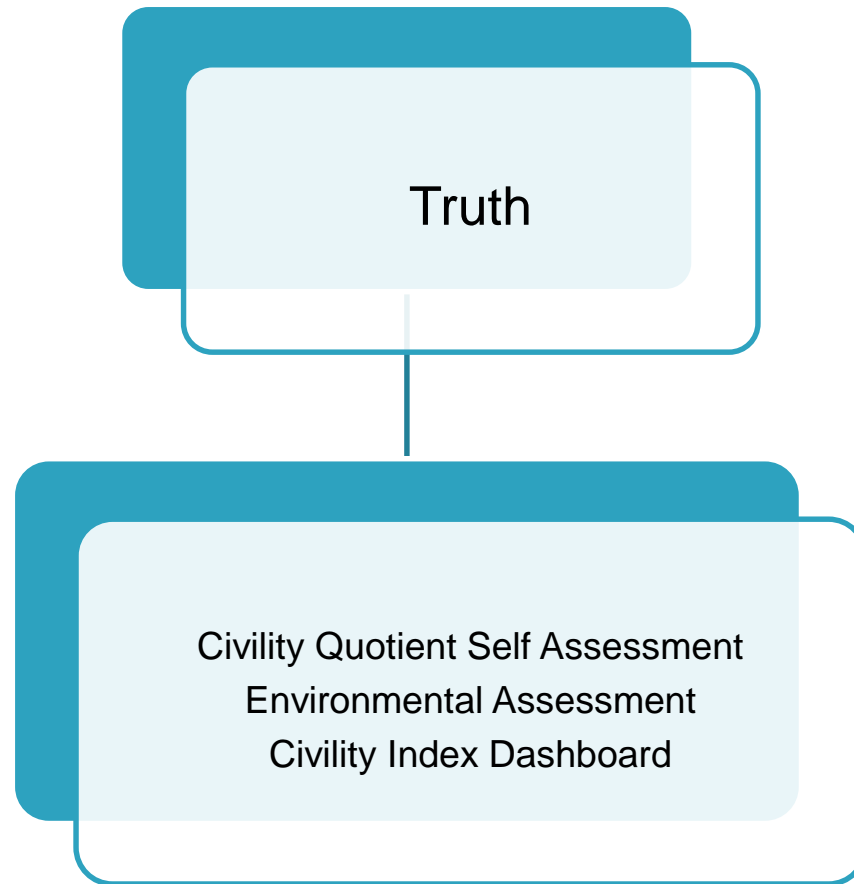
Truth

Clark Workplace Civility Index©

To complete the index, consider the 20 statements listed below. Read each statement carefully. Using a scale of 1- 5; (5) always, (4) usually, (3) sometimes, (2) rarely, (1) never, select the response that most accurately represents the frequency of each behavior by asking yourself...

How often do I...

	Always (5)	Usually (4)	Sometimes (3)	Rarely (2)	Never (1)
1. Assume goodwill and think the best of others	○	○	○	○	○
2. Include and welcome new and current colleagues	○	○	○	○	○
3. Communicate respectfully (by e-mail, telephone, face-to-face) and really listen	○	○	○	○	○
4. Avoid gossip and spreading rumors	○	○	○	○	○
5. Keep confidences and respect others' privacy	○	○	○	○	○
6. Encourage, support, and mentor others	○	○	○	○	○
7. Avoid abusing my position or authority	○	○	○	○	○
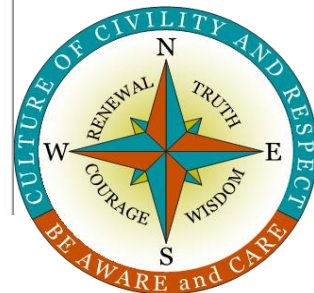
Truth: Civility Index Dashboard (CID)

- Created as a tool for nurse leaders to assist them in understanding the level of civility in their unit, service line, or organization

- Is a macro-micro tool using metrics that are known to be sensitive and predictive of healthy work environments inclusive of civil relationships

- The CID as a tool is still in early development with positive reliability and validity already demonstrated

Truth: CID Metrics

- **Turnover**: data is collected using the existing measure from the human resource department

- **Intent to stay on the unit**: data comes from the NDNQI nurse engagement survey

- **Average tenure**: data is collected using the existing measure from human resource department

Truth: CID Metrics (cont.)

- **Variance reports for incivility**: data is collected by the risk management department

- **Call in history**

- **Float Survey**: "The Heavenly Seven"

Truth: Float Survey

- Data is collected on seven questions by randomly selecting nurses who float in the organization

- Survey is completed within 48 hours after the float experience.

- The float nurses include the float pool and unit based staff who are required to float. The data is collected using Survey Monkey®

Truth: Float Survey - The Heavenly Seven

- Float survey questions:
  - ❖ **I felt welcome on the unit**
  - ❖ **Someone offered help when I needed it**
  - ❖ **If floated again, I would enjoy returning to this unit**
  - ❖ **I had the resources I needed to complete my assignment**
  - ❖ **I witnessed someone expressing appreciation to another for good work**
  - ❖ **Staff showed concern for my well-being**
  - ❖ **I received appreciation for my work**

Wisdom

Tools to obtain knowledge and information

Wisdom

Fact Sheet
Policies
Slides
Bibliography
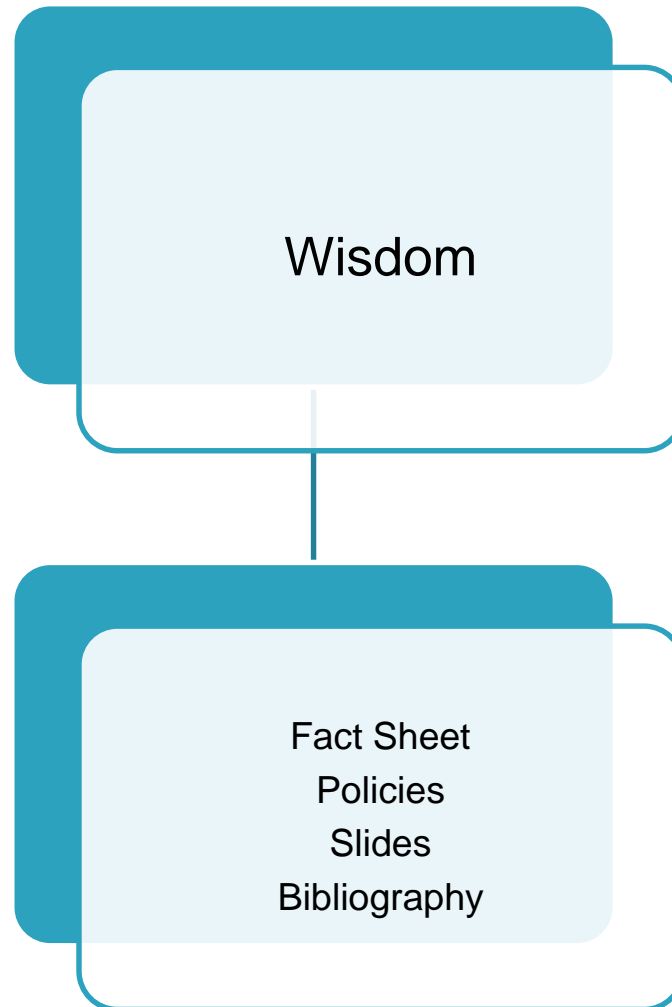
Wisdom

- Incivility and Bullying Fact Sheet
  - Ready reference material
  - Statistics
- Policies
  - Generic examples/templates
  - The Joint Commission statement
- Slide presentations
  - Generic/templates
- Bibliography
  - Reference materials

Wisdom

- Policies
  - Best written with escalating consequences from a "cup of coffee" to termination
  - No tolerance policies: there are two choices
    - Change behavior
    - Don't change behavior
  - For those willing to change behavior: provide forgiveness of past behavior and a supportive, gracious place for them to work on changing their behavior
  - For those unwilling to change behavior: follow the policy through to termination if necessary

Courage

Tools to address behavior

Courage

Mnemonic
Code Words
The Language of Collaboration
Respectful Conversations
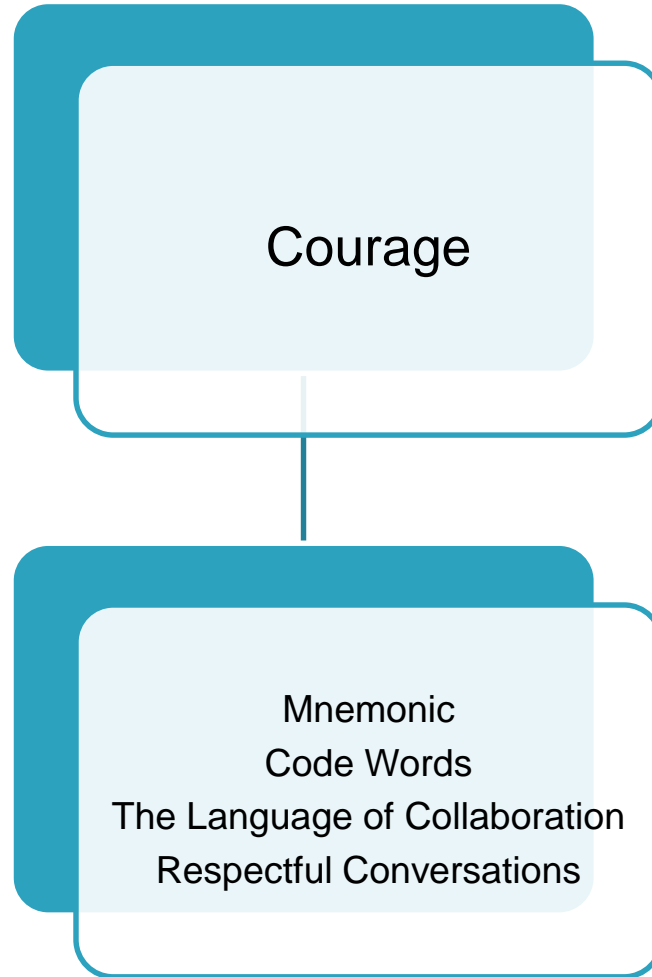
Courage: Mnemonic BE AWARE…and Care

- **B**ullying

- **E**xists

- **A**cknowledge

- **W**atch

- **A**ct

- **R**eflect

- **E**mpower

- **and Care**
  - *noun* \'ker\ : effort made to do something correctly, safely, or without causing damage

BE AWARE.... and Care

Bullying: is the purposeful attempt to control another person through verbal abuse - which can be in tone of voice or in content such as teasing or threats, exclusion, or physical violence. Bullying is the most common type of violence in contemporary US society and can exist at any level of an organization. Bullies can be superiors, subordinates, and colleagues.
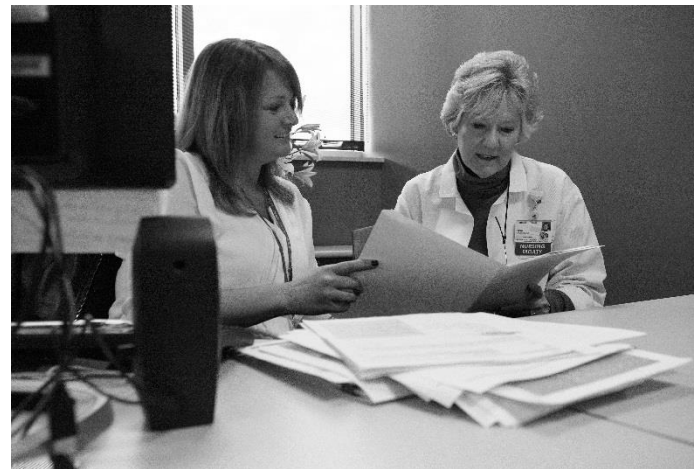
Exists: in the home, the school, and the workplace. If an environment does not uphold high standards for the way people treat each other, then bullying may be more likely and/or prevalent. Bullying is a real problem in nursing and can become a major issue if it's ignored or unchecked. It can lead to a loss of valuable human capital and medical errors.

Acknowledge: that bullying may be a problem in your organization. Nurse leaders should talk about bullying and encourage staff to speak up and be heard if it does happen. The more it's acknowledged, the more you can do about it. Leaders that minimize its impact or deny its existence create a culture of silence that impedes solutions to this problem.

Watch: for the signs of the bullying throughout the workplace. Be sure supervisors and managers know how to recognize the signs of bullying. Don't wait for it to be brought to your attention.

Act: when you notice signs of bullying by directly intervening, and /or getting help. Bullies lose their power when people stop passively accepting their behavior. Refuse to be a silent bystander. It is everyone's responsibility to have the courage to play a key role to prevent and stop bullying. Get involved and take a stand against this issue.

Reflect: on the incident and your action. Reflect on what was perceived to go wrong and start to reflect on what worked well, and why. Analyzing the incident may help you to:

- "reflect-on-action" (past experience),
- "reflect-in-action" (as an incident happens), and
- "reflect-for-action" (actions you may wish to take in future experiences).

Empower: staff to collectively and safely respond to bullying they see and hear. Create a mechanism for staff to confidentially report bullying issues in the workplace without fear of retaliation.

... and Care

DEFINITION: *noun \'ker\ : effort made to do something correctly, safely, or without causing damage; things that are done to keep someone healthy, safe; painstaking or watchful attention*

Courage: The Language of Collaboration

- Words and body language have power and how they are used can lead to collaboration or to disrespect. Insulting and judgmental terms are so ingrained in our practice that we often don't realize how the terms are perceived by others.

  - ❖ **Waiting room**
  - ❖ **Noncompliant**
  - ❖ **Orders**
  - ❖ **Frequent flyers**
  - ❖ **Midlevel provider**

Courage: Code Word

- The organization can choose any code word that's appropriate in a particular environment to signify that a person is experiencing incivility or bullying.

  - Examples of Code Words that may be considered are:
    - ❖ **Code White**
    - ❖ **Code Grey**
    - ❖ **Code Black**
    - ❖ **Code 88**
    - ❖ **Ouch**
    - ❖ **Dr. Strong**
    - ❖ **Dr. Heavy**
    - ❖ **Strong Alert**

Courage: Difficult Conversations

- Why are they called "difficult conversations" and who are they for?

  - Emotionally charged
  - There may be a power differential between those having them
  - There is often a fear of retribution for expressing a person's feelings and perceptions
  - Several programs available

  It is a skill to be learned.

Respectful Conversations for Difficult Situations Training Videos

Video 1:
Overview of Incivility and Bullying in Healthcare

Video 2:
Approach to Respectful Conversations

Video 3:
Practice Vignettes
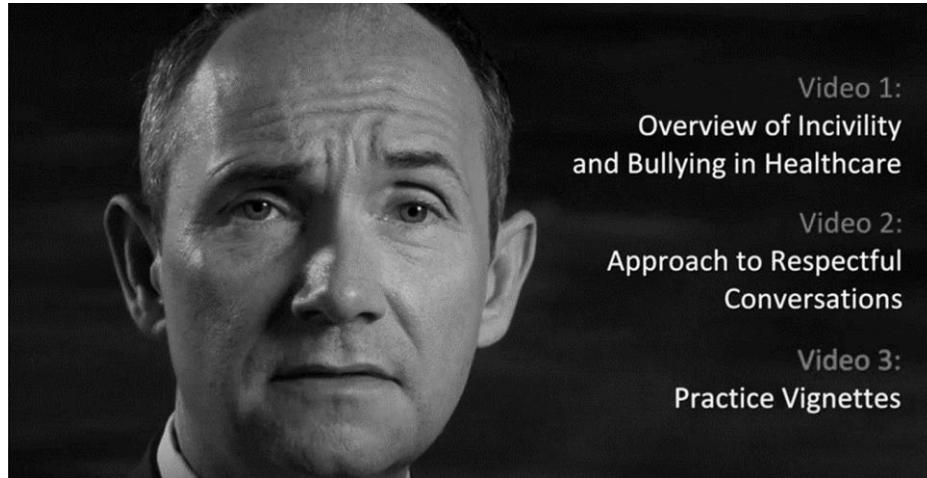
Available for free download!
- www.stopbullyingtoolkit.org
- YouTube-Respectful Conversations

3 videos
- Overview
- Approach
- Practice Vignettes

Apply the respectful conversations approach to managing difficult situations in a safe training setting
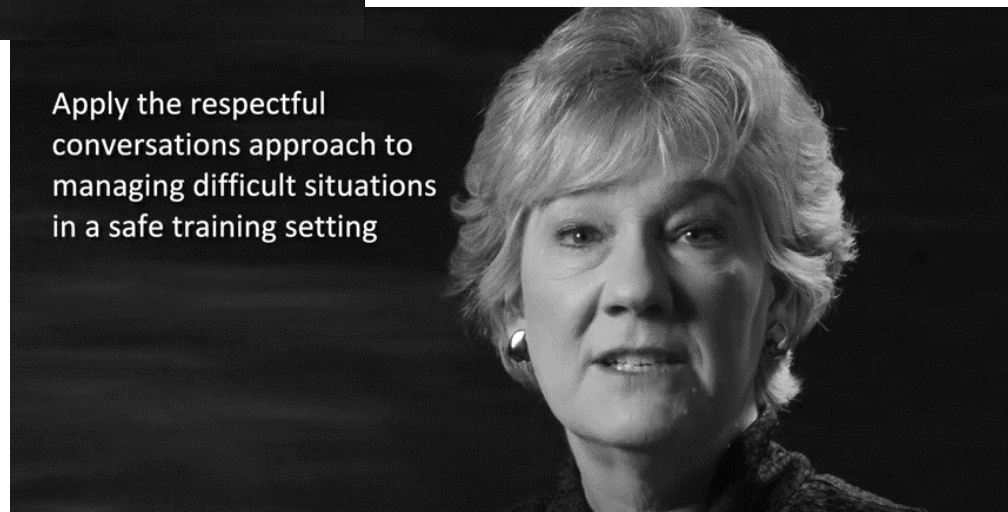
Facilitator's Guide & Pocket Card
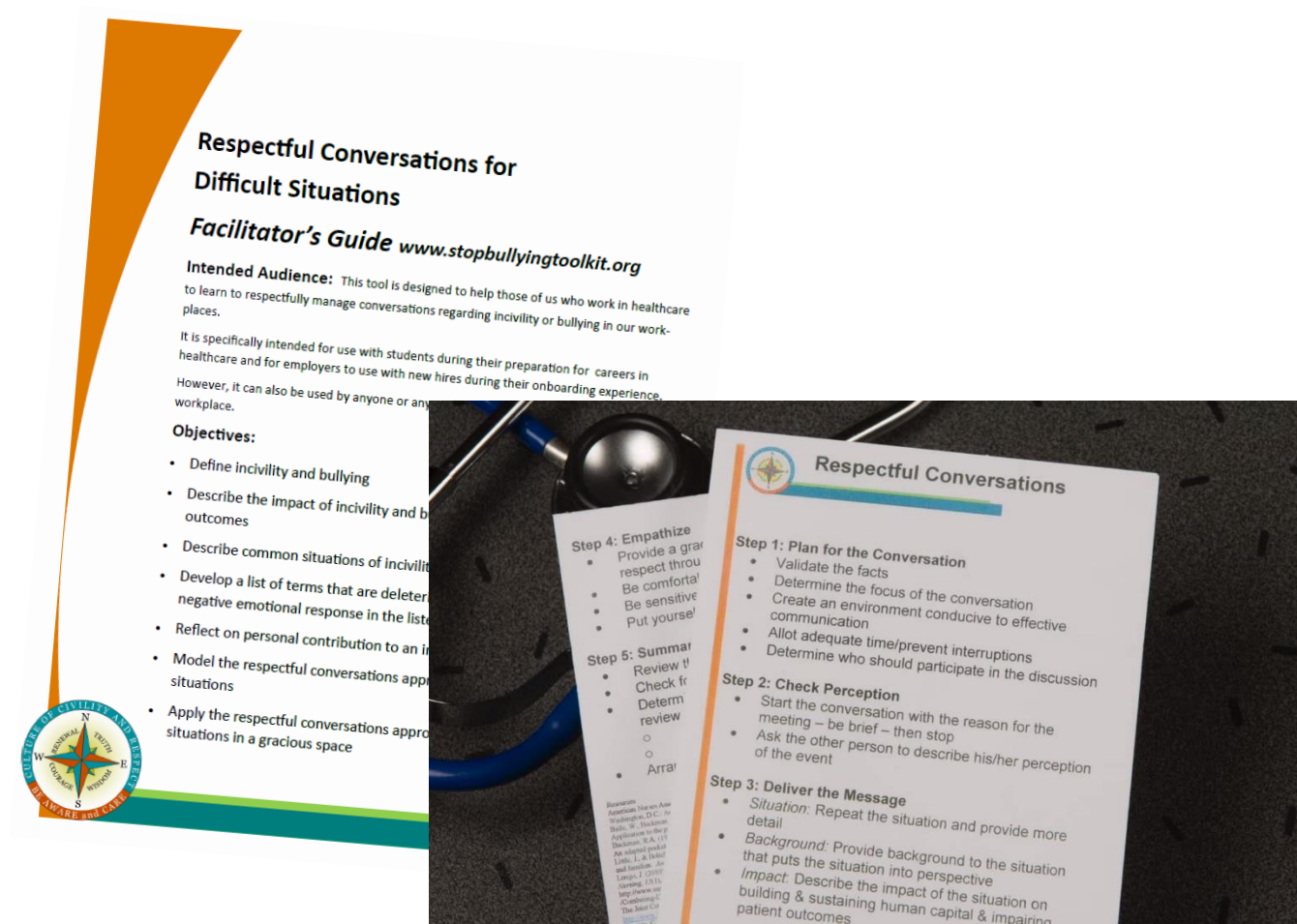
Renewal

Tools and resources to support healing

Renewal

Critical Incident Stress Management
Schwartz Center Rounds
Employee Assistance Program
Courage and Renewal
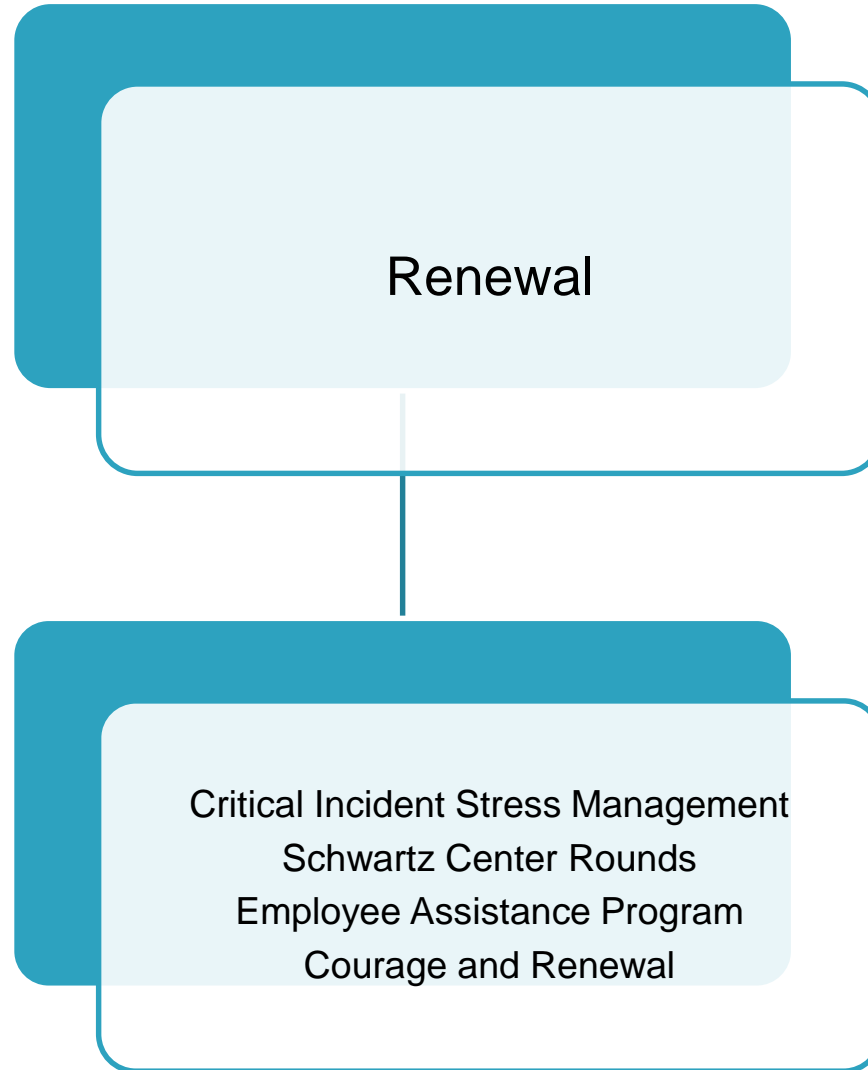
Renewal: Critical Incident Stress Management (CISM)

- Critical incidents are determined by how they undermine a person's sense of safety, security, and competency in the world.

- Key to any organization's ability to prevent and reduce stress in its workforce is to provide staff with programs and resources to address stress and to identify and remove the inciting stressor, in this case incivility and bullying, from occurring.

Renewal: Schwartz Center Rounds

- Caregivers have an opportunity to share their experiences, thoughts, and feelings on thought-provoking topics drawn from actual patient experiences

- The interprofessional rounds are based on the understanding that healthcare professionals are better able to connect with colleagues and patients when they have broader understanding of their own feelings and emotional responses

Renewal: Employee Assistance Program

- Employee benefit programs offered by many employers intended to help employees deal with personal problems that might adversely impact their work performance, health, and well-being

Renewal: Courage and Renewal

- Courage and Renewal is based on the work of Parker Palmer and his book *Let Your Life Speak*.

  - **The Courage and Renewal Centers located through out the U.S. bring this work to life through facilitated groups, safe circles of trust, and guided imagery and poetry through a group of trained facilitators. The purpose of the work is to help those in caring and service professions to be grounded in who they are, inside and out, or authenticity. To create a powerful connection between the inner and outer person that allows them to live more fully.**

  - WWW.COURAGERENEWAL.ORG
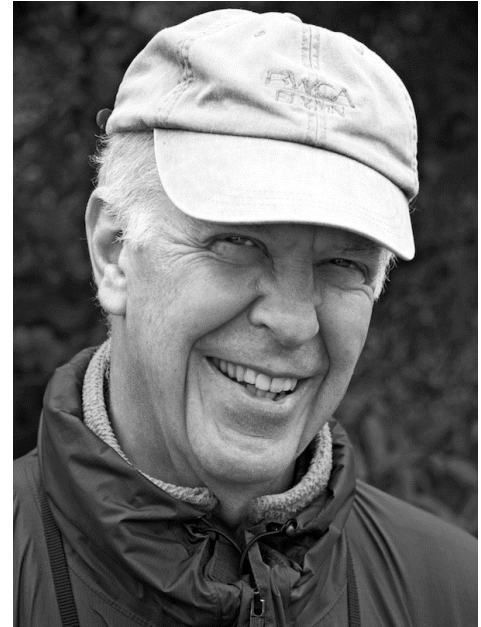
October is Anti-bullying Month

Process for Change

- Actively engage frontline staff, patients, and organizational leaders in environmental assessment, policy development, implementation, and ongoing monitoring

- Build system awareness of the impact of the issue in healthcare

- Use multi-prong approaches **available in the tool-kit** to include prevention and intervention

Process for Change (cont.)

- Integrate bullying prevention and minimization education to curriculum, system orientation, and ongoing training at all levels
  - ❖ Develop a language of collaboration
  - ❖ Determine code words
  - ❖ Provide a gracious, forgiving, supportive practice environment in which students, staff, and organizational leaders can all learn to be more respectful – many behaviors are difficult to unlearn. **It takes commitment and practice to change!**

Healthcare Leaders Responsibility

HEALTH CARE LEADERS have a **RESPONSIBILITY** to employees, students, and the public to provide work and school **ENVIRONMENTS** that are **FREE FROM ABUSE AND HARASSMENT.** When **WORKPLACE BULLYING** has been identified as a **PROBLEM**, senior leaders must take **SWIFT, APPROPRIATE ACTION** to ensure the **ABUSE STOPS**, the **PERPETRATOR** is held **ACCOUNTABLE**, and steps are taken to ensure bullying does not occur again. **POLICIES** and **PROCEDURES** must be implemented and **ENFORCED** to ensure staff and students **FEEL SAFE** to **REPORT INCIDENTS** of incivility/bullying. Both **EMPLOYEES/STUDENTS** and **EMPLOYERS/FACULTY** must be provided the tools to learn respectful conversations and the **GRACIOUS ENVIRONMENT** to develop skill using them. **BUILDING A CULTURE OF RESPECT TAKES COMMITMENT AND PRACTICE.**

Food for thoughts…

- If the healthcare environment is not welcoming for patients and/or providers, and ready to affirm the power of the sick to heal themselves, then, why, does the already burden comes?

<div align="right">Rita K. Adeniran, 2004</div>

- We all have a role and responsibility in eliminating bullying in healthcare environments, and reaffirming the power of providers and patients in the healing process.

<div align="right">Dr. Rita K Adeniran, 2016</div>

Call to Action

- Incivility and bullying inhibits building and sustaining a culture of respect. It is detrimental to optimal patient outcomes.

- Healthcare leaders in both medical center and professional schools must identify, intervene, and prevent workplace bullying

- We all must learn the skill to address incivility in the workplace; it needs to be built into every curriculum and every orientation

www.stopbullyingtoolkit.org
www.stopbullingtoolkit.com

Recommended Reading List

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