

PROFESSIONAL INCIVILITY: A WORKPLACE CANCER IN NEED OF A CURE

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DISCLOSURES

Anne Ireland – nothing to disclose

OBJECTIVES

At the end of this session you will be able to:

1. Define Incivility and Bullying
2. Understand both the prevalence and consequences of incivility and bullying in the workplace
3. List the steps to being an “Upstander”
4. Locate tools and resources to support you and your teams in addressing incivility and bullying in your workplace.

NURSING RESIDENCY COMMENTS

Honey, I have a son your age; I know what I'm doing!

Get to the point

That's how it has always been done

It doesn't make sense to do it that way

I'm too busy to help you...ask someone else

Come on...that's Nursing 101!

You need help? Ask your buddy

Why don't you know this?

Why can't you do it on your own?



DEFINITIONS

Incivility: rude and discourteous actions, of gossiping and spreading rumors, and of refusing to assist a coworker.

Bullying: repeated, unwanted harmful actions intended to humiliate, offend and cause distress in the recipient.

“actions taken and not taken”

LET'S POLL THE AUDIENCE

Has it happened to you?

Who was the perpetrator?

Did you ever leave a job because of incivility/bullying?


Have you witnessed other nurses be bullied?

Did you intervene?

Does your organization have a policy on Workplace Incivility/Bullying/Workplace Violence?

WORKPLACE CIVILITY

- 50% of RNs report being bullied by a peer
- 42% of RNs report feeling bullied by a person in a higher level of authority
- 24% of RNs report physical assault by a patient or patient's family member



AMERICAN NURSES ASSOCIATION POSITION STATEMENT ON
**INCIVILITY, BULLYING, AND
WORKPLACE VIOLENCE**

Effective Date: July 22, 2015
Status: New Position Statement
Written By: Professional Issues Panel on Incivility, Bullying, and Workplace Violence
Adopted By: ANA Board of Directors

I. PURPOSE


This statement articulates the American Nurses Association (ANA) position with regard to individual and shared roles and responsibilities of registered nurses (RNs) and employers to create and sustain a culture of respect, which is free of incivility, bullying, and workplace violence. RNs and employers across the health care continuum, including academia, have an ethical, moral, and legal responsibility to create a healthy and safe work environment for RNs and all members of the health care team, health care consumers, families, and communities.

II. STATEMENT OF ANA POSITION

ANA's *Code of Ethics for Nurses with Interpretive Statements* states that 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" (ANA, 2015a, p. 4). Similarly, nurses must be afforded the same level of respect and dignity as others. Thus, the nursing profession will no longer tolerate violence of any kind from any source.

All RNs and employers in all settings, including practice, academia, and research, must collaborate to create a culture of respect that is free of incivility, bullying, and workplace violence. Evidence-based best practices must be implemented to prevent and mitigate incivility, bullying, and workplace violence; to promote the health, safety, and wellness of RNs; and to ensure optimal outcomes across the health care continuum.

This position statement, although written specifically for RNs and employers, is also relevant to other health care professionals and stakeholders who collaborate to create and sustain a safe and healthy interprofessional work environment. Stakeholders who have a relationship with the worksite also have a responsibility to address incivility, bullying, and workplace violence.



CONSEQUENCES

Increase Nursing Turnover (21% overall; 60% of new nurses who resign in the first six months) – Skarbek et al, 2015

Increase likelihood of leaving the nursing profession (3 times higher) - Johnson & Rea, 2009

PTSD (1 in 5 nurses who were bullied)

Medication errors – 7% of nurses reported a medication error within the past year as a result of intimidation in the workplace – ISMP, 2004

Missed Nursing care – Hogh et al, 2017

Contemplated committing suicide (29%) – Workplace Bullying Institute, 2012

ARE YOU A BULLY?

Do you...

- Verbally criticize or name-call colleagues?
- Sabotage the work of others?
- Use ethnic jokes or slurs?
- Threaten colleagues?
- Play the blame game?
- Use intimidation tactics?

ARE YOU A BULLY?

Do you ...

- Withhold information that may be needed by colleagues to do their jobs?
- Exclude others from conversations, projects?
- Issue unfair assignments?
- Attempt to undermine your colleagues?
- Downplay others' accomplishments?

JOINT COMMISSION STANDARD LD.03.01.01

Leaders create and maintain a culture of safety and quality throughout the (organization)

A4. Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of safety.

A5. Leaders create and implement a process for managing behaviors that undermine a culture of safety.

(Applicable to ambulatory care, critical access hospital, home care, hospital, laboratory, long term care, Medicare-Medicaid, certification-based long term care, and office-based surgery programs and behavioral health care programs.)

BYSTANDER EFFECT

The New York Times

ARCHIVES | 1964

37 Who Saw Murder Didn't Call the Police

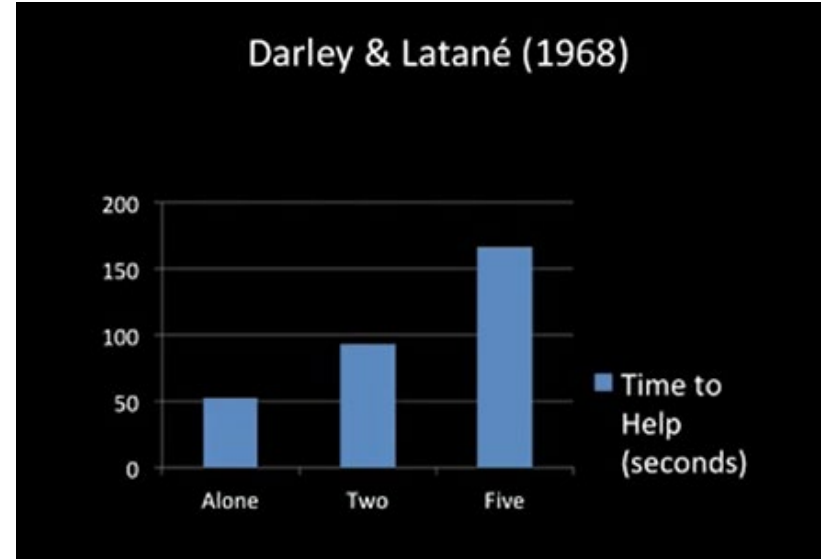
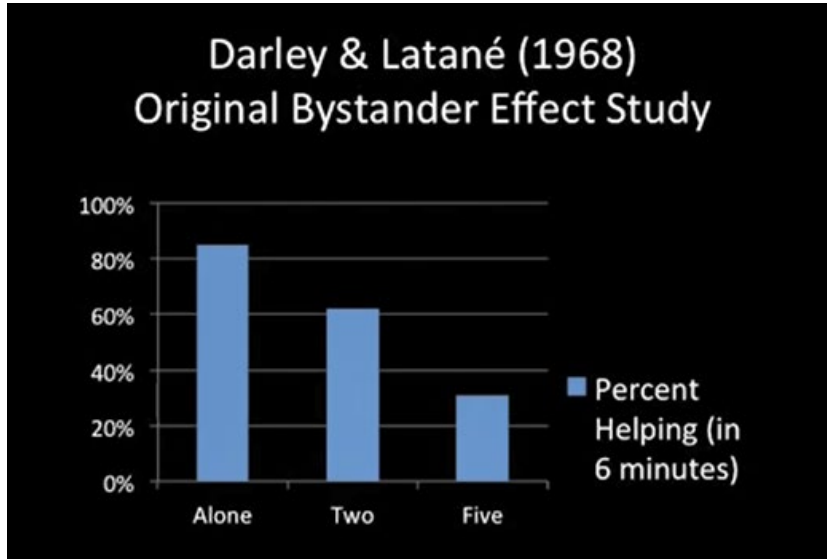
MARTIN GANSBERG MARCH 27, 1964

[Editors' Note Appended](#)

For more than half an hour 38 respectable, law-abiding citizens in Queens watched a killer stalk and stab a woman in three separate attacks in Kew Gardens.

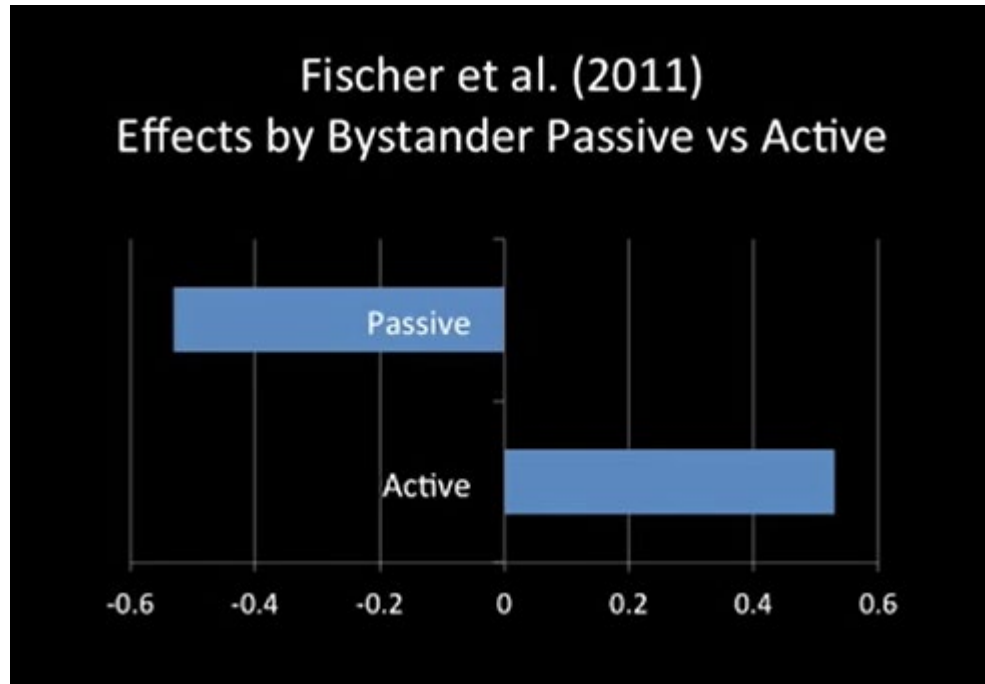
Twice the sound of their voices and the sudden glow of their bedroom lights interrupted him and frightened him off. Each time he returned, sought her out and stabbed her again. Not one person telephoned - the police during the assault; one witness called after the woman was dead.

FIRST BYSTANDER STUDY



Latane, B., & Darley, J. Bystander "Apathy", *American Scientist*, 1968, 57, 244-268.

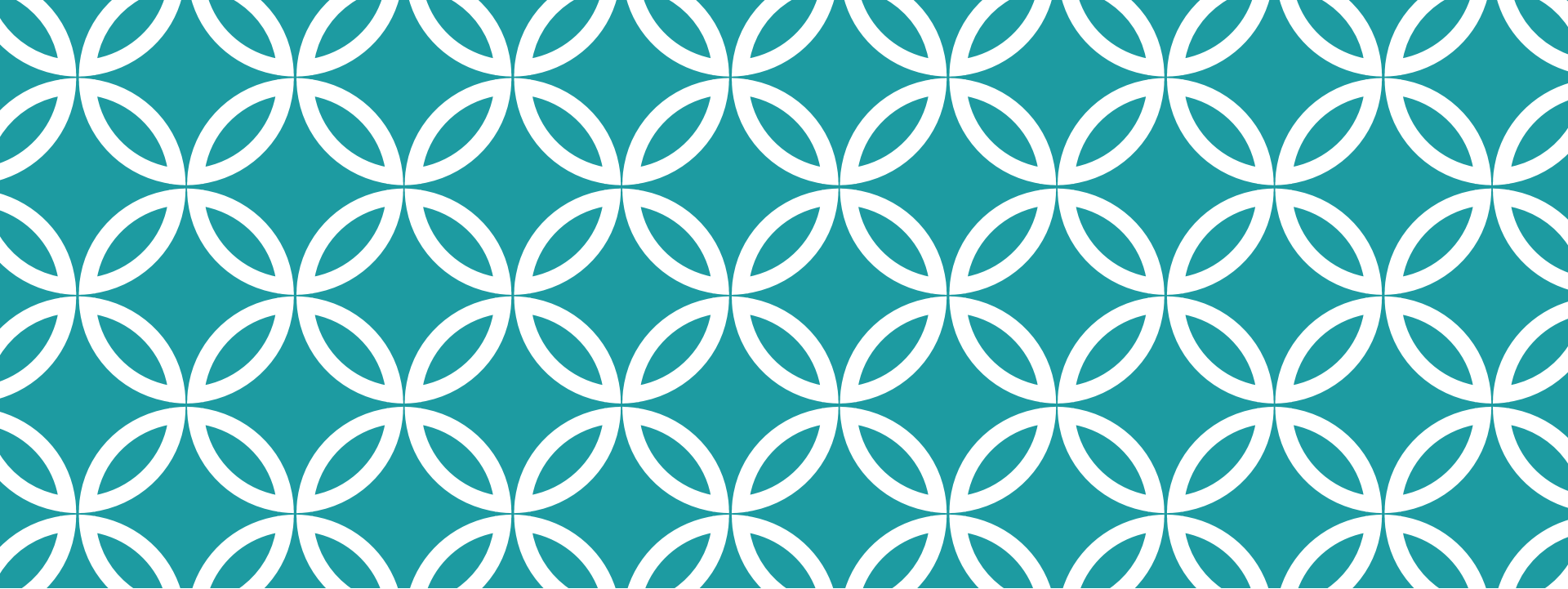
PASSIVE VERSUS ACTIVE



TEACHING BYSTANDERS TO INTERVENE

A bystander is someone who sees a potentially harmful situation and does nothing.

A bystander does not protect the values of safety, trust, and honor that are central to our communities.



WHAT WOULD YOU DO? |



Photo taken by Kevin Carter, South African Photojournalist - Winner of the Pulitzer Prize for Feature Photography, 1994

WHAT MAKES US LESS LIKELY TO INTERVENE?

Diffusion of Responsibility

- The presence of others may diffuse the sense of individual responsibility (Latane & Darley, 1964)

Ambiguity

- In ambiguous situations, people are less likely to offer assistance than in situations involving a clear-cut emergency (Shotland & Heinold, 1985)

Perceived Cost

- The likelihood of helping increases as the perceived cost to ourselves declines (Simmons, 1991)

Evaluation Apprehension (Social Inhibition)

- We're afraid we'll look foolish (Latane & Darley, 1970)

BE AN UPSTANDER





MORALITYISNOWHERE



The only thing necessary for the triumph of evil is
for good men to do nothing.

Edmund Burke

They decided
they had to do
something!



Never doubt that a small group
of thoughtful, committed,
citizens can change the world.



- Margaret Mead

SEEKING UNDERSTANDING

Civility Index Dashboard:

- Turnover
- Intent to stay on the unit: NDNQI Survey
- Average tenure
- Variance reports for incivility
- Float Survey: The Heavenly Seven
- Call In

FLOAT SURVEY: THE HEAVENLY SEVEN

Questions:

1. I felt welcome on the unit.
2. Someone offered help when I needed it.
3. If floated again, I would enjoy returning to this unit.
4. I had resources I needed to complete my assignment.
5. I witnessed someone expressing appreciation to another for good work.
6. Staff showed concern for my well-being.
7. I received appreciation for my work.

TRIPLE FILTER

TGU

- *Is it TRUE?*
- *Is it GOOD?*
 - *Is it USEFUL?*



LEADING THE WAY

Crucial conversation

Trusted manager, mentor, etc.

Workplace proclamation

- Commitment to My CoWorker
- Employee Handbooks requiring employee signature

Zero Tolerance

Don't be a *typical* Bystander

Strategies/Tools/Programs



Will you be no different or **the** difference?

TAKEAWAYS

Incivility and Bullying are prevalent in Nursing

If we accept it, we teach it

We must be brave and intervene when we witness incivility/bullying

We must be active UPSTANDERS

As leaders, we must have ZERO TOLERANCE in our workplaces



**MORALITYISNOWHERE
CIVILITYISNOWHERE
LEADERSHIPISNOWHERE**





Thank you for being the ***difference***

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