Workplace Incivility

Many health care professionals have experienced workplace incivility at some point in their careers. We often think of the phrase "nurses eat their young," and Frederick (2014) discovered that due to incivility, "30% to 50% of all new nurses will leave their profession sometime during their first 3 years of practice." The Joint Commission (2016) discovered that "59% (of nurses) experienced verbal abuse during a seven-day period." These actions can contribute to consequences ranging from work absenteeism to medical errors. Incivility should neither be tolerated nor accepted in the workplace.

Definition

The American Nurses Association (ANA) (2019) has defined incivility as "one or more rude, discourteous, or disrespectful actions that may or may not have a negative intent behind them." The ANA Position Statement (2015) on incivility states that nurses must make "a commitment to – and accept responsibility for – establishing and promoting healthy interpersonal relationships with one another."

Forms of workplace incivility include (McNamara, 2012):
- Verbal abuse (i.e. gossiping, shouting, or swearing)
- Nonverbal abuse (i.e. eye rolling, making faces, excluding another from conversation)
- Passive-aggressive behavior (i.e. refusing to communicate, sabotaging a coworker)
- Bullying (i.e. accusing a coworker of someone else's error, assigning unfavorable work, expressing untrue critique)

Key Clinical Considerations and Outcomes

Incivility impacts patient care and any form of workplace incivility is unacceptable. The culture of workplace incivility can lead to:
- Jeopardized patient safety
- Diminished teamwork
- Medication and/or medical errors
- Upsurge in sentinel events
- Increased patient mortality
- Reduced quality patient care
- Lower morale and productivity
- Absence from work
- Higher staff turnover
- Adverse effect on organization's reputation
- Damage to the nurse/patient relationship

Risk Factors (Torkelson, et. al, 2016)

Factors that can contribute to incivility include:
- Work environment changes
- Organization changes
- Lack of educational training and accountability
- Stressful patient workloads
- New technologies for communication
- Poor leadership or delegation
- Lack of teamwork
- Ineffective patient hand-offs
- Time constraints/deadlines

Steps to Address Incivility

Overall, organizations should develop a zero-tolerance policy for workplace incivility. These behaviors should be well defined and outlined. The policy could include the penalty ensued for each infraction (i.e. verbal warning for first offence, written warning for second offence, leave without pay for third offence, and finally termination). The Human Resources department can also be of assistance with developing a policy.

Other suggestions include:
- Refer to the American Organization of Nurse Executive (AONE) *Guiding Principles on Mitigating Violence in the Workplace* (2014), created to assist leaders in developing measures to diminish violence against health care professionals.
- Commit to the Joint Commission (2008) mandates which states, "The hospital/organization has a code of conduct that defines acceptable and disruptive and inappropriate behaviors. Leaders create and implement a process for managing disruptive and inappropriate behaviors."
- Develop educational programs for all members of the organization on this topic and discuss ways to advance communication skills and enhance team-building.
- Utilize simulation to identify ways incivility can damage patient care and ways in which the matter can be resolved.
- Develop a committee to battle this epidemic and help create solutions for the organization at large.

Education

If workplace incivility is tolerated, negative behaviors continue and become commonplace in the work environment. All team members in an organization should be educated on appropriate professional behaviors that align with their code of conduct. Both nurse leaders and staff must be able to identify it, take it seriously, and stop the behavior in its tracks.

References:

American Nurses Association (ANA). (2019). Violence, Incivility, & Bullying. Retrieved from https://www.nursingworld.org/practice-policy/work-environment/violence-incivility-bullying/

American Nurses Association (ANA). (2015). American Nurses Association Position Statement on incivility, bullying, and workplace violence. Retrieved from https://www.nursingworld.org/~49d6e3/globalassets/practiceandpolicy/nursing-excellence/incivility-bullying-and-workplace-violence--ana-position-statement.pdf

American Organization of Nurse Executive (AONE). (2014). Guiding Principles on Mitigating Violence in the Workplace. Retrieved from http://www.aone.org/resources/mitigating-workplace-violence.pdf

Frederick, D. (2014). Bullying, mentoring, and patient care. *AORN Journal*, *99*(5), 587-593. doi: 10.1016/j.aorn.2013.10.023

Kisner, T. (2018). Workplace incivility: How do you address it? *Nursing2018*, *48*(6), 36-40. doi: 10.1097/01.NURSE.0000532746.88129.e9

McNamara, S.A. (2012). Incivility in nursing: Unsafe nurse, unsafe patients. *AORN Journal*, *95*(4), 535-540. doi: 10.1016/j.aorn.2012.01.020

The Joint Commission. (2008). Behaviors that undermine a culture of safety. *Sentinel Event Alert*, *40*. Retrieved from https://www.jointcommission.org/assets/1/18/SEA_40.PDF

The Joint Commission. (2016). Bullying has no place in health. *Quick Safety*, *24*. Retrieved from https://www.jointcommission.org/assets/1/23/Quick_Safety_Issue_24_June_2016.pdf

Torkelson, E., Holm, K., Bäckström, M, & Schad, E. (2016). Factors contributing to the perpetration of workplace incivility: the importance of organizational aspects and experiencing incivility from others. *Work Stress*, *30*(2), 115-131. doi: 10.1080/02678373.2016.1175524