Educating nurses about incivility

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THE AMERICAN NURSES Association describes incivility as actions that threaten the dignity of coworkers and cross the line of professional standards of interaction. When intensified and repeated over time, acts of incivility would be considered bullying. In healthcare settings, this incivility has a negative impact on both nurses and patients, and the literature has described and quantified the problem numerous times.

What was once a secret within nursing has been gaining more widespread notoriety, and the general public is now aware that members of the caring profession may not always be so caring toward one another. The impact of incivility on patient outcomes is a more recent area of study. One integrative review of literature related to workplace bullying among clinicians, ranging from disruptive behavior and mistreatment to aggression and violence, examined the potential effects of these actions on patient safety. This study and others like it provide insight into one of the most important reasons to address incivility: patient outcomes.

This article shares an approach utilized at the authors’ healthcare organization that was designed to educate nurses about uncivil behavior in daily practice and teach them strategies to address it. A unique feature of this program is that it begins by asking nurses to identify their own potentially uncivil behaviors. The recognition of personal moments of incivility allows for a level playing field and avoids a confrontational approach that may put peers on the defensive.

The continuum of incivility

Acts of incivility can be characterized on a continuum, ranging from seemingly innocuous behaviors such as eye-rolling and sarcasm, to more malicious behavior such as exclusion, gossip, and intimidation, to overt behaviors such as hazing and physical aggression. Relatively minor actions such as unkind or disgruntled facial expressions, condescending language, and inappropriate humor can progress to more severe actions such as sabotage and intent to harm. While it is obvious how egregious offenses can lead to adverse patient safety events and staff turnover, more mild incivilities should not be overlooked or downplayed. Work environments that are characterized by these milder behaviors have been described as “death by a thousand stings,” and can lead to poor teamwork, high turnover, and potential patient harm.

Tools for combating incivility

Addressing incivility can be problematic for various reasons, including underreporting. Although hospital administrators and managers may have suspicions about the behavior of certain individuals, the responsibility for reporting uncivil behavior often falls to the victims or witnesses. But no one wants to be a “tattletale” or risk making matters worse. Hospital units tend to be close-knit groups with a familial atmosphere, and bad behavior is often tolerated. For example, coworkers may make excuses for a nurse with a negative attitude.

The Robert Wood Johnson Fellowship brought together a team of nurse executives to address incivility among healthcare professionals in the US. They developed the Stop Bullying Tool-Kit to provide resources to recognize, report, and address incivility and bullying behaviors in nursing. Among these, the Civility Index Dashboard is an anonymous 7-question survey that is scored on a Likert scale of 1 to 5 with 1 being “strongly disagree” and 5 being “strongly agree.” It was distributed weekly to float nurses within the authors’ healthcare facility to evaluate their last unit. Given their status as relative outsiders, float nurses offer a unique perspective on unit culture. They typically have not established long-term relationships and the subsequent tendency to make excuses for bad behavior, and they are generally more likely to provide honest feedback.

Civility Index Dashboard

Float nurses were surveyed on the following statements and responded on a Likert scale of 1 to 5, with 1 being “strongly disagree” and 5 being “strongly agree.”
- 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.
Saint Luke’s Health System, a nonprofit organization consisting of 10 hospitals in the Midwest with approximately 300 nurses in the float pool, has fully implemented the Civility Index Dashboard into its professional culture. Float nurses and regular staff who work shifts outside of their usual unit are emailed this survey weekly. The average response rate is about 155 completed surveys per month. The survey results are tabulated monthly and reported to unit managers to compare data among similar units. Managers of units with concerning scores (3.5 or lower) may see this as an early warning sign of deeper issues related to teamwork and professional environments. These data are reported by the quality department on the same schedule and format as other nurse-sensitive indicators, such as the hospital-acquired infection rate or fall rate, and demand the same attention. This acknowledges how nurse-sensitive indicators, unit culture, and unit performance are linked.\(^7,9\)

Homing in on incivility on the unit level is one way to address these issues, but addressing it at a personal level may have the biggest impact. When unit civility scores demonstrate a downward trend at Saint Luke’s, unit managers can schedule civility workshops. These are interactive presentations designed to foster self-reflection, build teamwork, and identify strategies to counteract incivility. The workshops are led by nurses who use relatable stories and examples to improve staff engagement and buy-in. Incivility education has also permeated nursing schools, where similar lectures and workshops have been used to ensure that new professional nurses are ready to handle incivility after their education experience.\(^{12}\)

### Workshop curriculum

To begin the workshop, participating nurses are encouraged to brainstorm characteristics of the best imaginable healthcare team. They reflect on a day that was busy but progressed smoothly and positively because of the staff on that particular shift. These healthcare professionals are often described as positive, helpful, team-focused, hardworking, caring, and compassionate, as well as having a good sense of humor.

Kindness and compassion are characteristic of any good nurse caring for patients, but a healthy, civil team should be kind and compassionate with each other as well. Discussing the attributes of a healthy professional environment may help when defining both incivility and its opposite, civility, as these terms may be unfamiliar. Nurse educators may then introduce the continuum of incivility, providing examples of each level via storytelling or role playing.

Once the participants have a clear understanding of the attitudes and behaviors that characterize incivility, they engage in self-reflection in which they consider an example of a time when they may have been perceived as a bully or as less-than-civil in a professional encounter. The nurse educators do not ask the participant nurses to share these experiences, only to reflect on them. They also remind the staff that no one is perfect. Negative behavior in others is often easy to identify, but self-awareness is necessary to pinpoint personal behaviors and foster change internally. Once participants have a scenario in mind, they categorize the event into one of three descriptions: nurses who were misunderstood, burned out, or angry.

**Misunderstandings.** These describe common situations in which a nurse was simply misunderstood. The nurse may have been in a hurry, distracted, or prioritizing patient care over politeness, but the end result was a short or curt interaction that could easily be interpreted as rude, even without ill intent. For example, sarcasm or humor can sometimes be misunderstood as incivility, as there is a fine, albeit subjective, line between being ironic or humorous and being rude. One nurse may make a comment to ease tension or get a laugh, and another takes it personally or feels intimidated. Similarly, facial expressions can also be misinterpreted. For example, concentration may be misconstrued as anger.

**Burnout.** Another group of well-meaning nurses who may come across as uncivil includes those suffering from burnout or compassion fatigue.\(^{13,15}\) Burnout is a combination of emotional and physical exhaustion, as well as cynicism, that develops when individual coping strategies are no longer effective.\(^{13}\) Nurses can experience different levels of burnout throughout their careers. They may become cynical, detached, convey a negative attitude, avoid meaningful relationships, or come across as unapproachable.\(^{16}\)

**Compassion fatigue** is characterized by weariness or exhaustion from witnessing and absorbing the suffering of others.\(^{13}\) Working extra shifts, in high-acuity areas, or with more confrontational patients are each associ...
**Suggested solutions**21,23-28

The following solutions were recommended to participating nurses, depending on the source of incivility.

**When feeling misunderstood:**
- Take a deep breath.
- Intentionally match facial expressions and tone. Be aware of conveying messages that are different from the intended meaning.
- Make eye contact. This demonstrates engagement and promotes respect.
- Know your audience and pay attention to timing when using humor. Label ironic or humorous comments as such to avoid misinterpretation.
- Intentionally soften tone and volume. Loud and direct communicators may be misinterpreted as angry or harsh.

**When experiencing burnout:**
- Take a break. Even a short break can improve burnout and energy level on a stressful day.
- Practice meditation to reduce stress, anxiety, depression, and burnout.
- Use paid time off for consecutive days away from work.
- Engage in employee-assistance programs and counseling to improve self-care.
- Become involved with a professional organization and consider attending a conference.
- Reflect on personal reasons for joining the nursing profession and consider sharing with peers.
- Identify a way to promote positive change within the healthcare organization, such as joining a shared governance team or connecting with a volunteer or service group.
- Journal about three good things that happened each day before bed.

**When anger overflows into work relationships:**
- Review the AACN’s statement on HWE standards. Recognize how the ideal work environment should operate, with skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership.
- Consider the reality of the workplace, identify any standards that are not being met, and name the problem areas using professional language. For example, a unit that has been stretched in a difficult circumstance may feel unnoticed and resentful. Verbalizing this problem as “a lack of meaningful recognition” fosters action without perpetuating complaints and anger.
- Schedule a meeting with leadership, and bring examples of deficits and specific ideas for solutions.
- Be willing to work to change processes.

Suggested solutions21,23-28

The following solutions were recommended to participating nurses, depending on the source of incivility. Relationships within healthy teams are based on shared goals, knowledge, and respect. Burnout and emotional exhaustion are negatively associated with teamwork and relational coordination, which is characterized as high-quality, positive communication with a focus on shared goals.16 When identifying incivility among coworkers, nurses often single out the coworker who has worked on the unit for many years, has served as preceptor for most of the unit, and rarely takes time off. Burnout can easily transform to incivility, straining staff relationships. **Anger.** Anger can be a healthy emotion when used properly to motivate a necessary change. Unfortunately, it also reduces the ability to think rationally and may be disruptive to the team. Nurses may be angry about changes in their practice setting, errors in patient management, organizational structure, or a perceived lack of support. This anger may overflow into daily work attitudes and can manifest as animosity or disrespect. It can also spiral out of control, straining professional relationships and negatively affecting patient outcomes.17

**Group discussion and solutions**

The participating nurses were asked to reread their accounts of personal incivility, reflect on their feelings at the time of these incidents, and categorize their experiences as being misunderstood, burned out, or angry. Once the undercurrents of uncivil behaviors were identified, they developed personal strategies for change. For each category, the nurses identified three solutions to help address incivility and wrote out a commitment to action for the following month (see Suggested solutions).

For those who identify as misunderstood, fostering self-awareness is the key. Self-awareness is a component of emotional intelligence, which is the capacity to be aware of, have control over, and express emotions in a way that moves toward shared goals. Developing better self-awareness is an essential skill for improving teamwork in clinical practice. Self-reflection can improve self-awareness, as nurses explore the consequences of their encounters and experiences.18 To avoid misunderstandings, other emotional intelligence tools for clear communication include making eye contact when answering questions or stopping and taking a breath before a response. If an individual’s sense of
humor is sometimes misunderstood, it may be good practice to ask permission before making a joke or to label sarcasm as such to diffuse potentially uncomfortable situations. Nurses who see themselves as burned out may benefit from taking time off, prioritizing self-care, and reflecting on the personal experiences that led to their healthcare career.\textsuperscript{19,20} One strategy to address and alleviate burnout is to become active in a professional organization, such as attending a professional conference.\textsuperscript{20} Nurses who do not have the opportunity to get away to a conference can reignite compassion by reading a book or watching an online video lecture, such as a TED talk. Some find it helpful to spend 10 minutes reflecting on what drew them to the profession and sharing their experience with their unit. Another way to combat burnout in healthcare is to focus on three good things that happened at the end of each day.\textsuperscript{21}

For nurses whose anger is affecting their interactions, comparing the American Association of Critical-Care Nurses’ (AACN) Healthy Work Environment (HWE) standards to the reality of their unit is a meaningful place to begin.\textsuperscript{22} The HWE standards are a platform for initiating dialogue with leadership, including skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership.\textsuperscript{22} By identifying which standards are lacking, nurses can categorize areas of frustration that lead to misguided anger. Labeling weak standards in common language helps to refocus energy to a solutions-driven approach.

After reflecting on their own behaviors and planning a strategy to address personal incivility, nurses can consider the dynamics of the unit. After years on the same unit, the nursing staff often becomes like family, and, like many families, it may include some team members who are more difficult. As compassionate individuals, nurses may shy away from conflict, especially with other nurses or nursing assistants. However, correcting mistakes is a vital part of a healthy team.

Constructive criticism is not bullying

When describing behaviors that could be categorized on the continuum of incivility, constructive feedback must be distinguished as a separate category. Receiving appropriate criticism may not be pleasant, but feedback is important to professional growth. Experiencing negative emotions following this criticism does not mean an encounter was uncivil. Overuse of the term “bullying” may make it difficult to distinguish which behaviors must be addressed. Providing constructive feedback in a kind but meaningful way to strengthen the relationship is a skill. Similarly, receiving feedback with a constructive spirit is a skill that must be taught and reinforced. Constructive feedback should be interpreted as instruction rather than a personal attack.\textsuperscript{10} Created by the authors, the 3 C’s of giving feedback and the 3 S’s of receiving feedback provide a simple guide to clear communication.

Giving feedback

- **Caring**: Start from a place of caring—for the individual, the relationship, and the patient.
- **Concrete**: Use facts and real examples; for example, something that was seen or heard.
- **Constructive**: Focus on the future, and give an example of how this conversation may go better in the future.

Receiving feedback

- **Stop and show appreciation**: Give full attention to the individual who is offering feedback and be thankful for this act of professionalism.
- **Seek**: Ask questions to ensure a shared understanding.
- **Sort**: Decide what should be done and plan the next steps.

Handling feedback

The final part of the workshop educates nurses on a model for giving and receiving feedback (see Constructive criticism is not bullying). Addressing conflict starts with a caring attitude. As such, the participants are provided a script, reading “I need to tell you something, and it’s uncomfortable for me, but the reason I’m sharing this is because I care about you, our teamwork, and our patients.” The next step involves providing concrete examples of concerning behaviors, focusing on making the encounter constructive, and planning different approaches for the next situation.

In receiving feedback, nurses should first remember to stop and show appreciation. They must accept that addressing an issue directly instead of ignoring it, talking to others, or going straight to a manager is a courageous act. This involves a respectful dialogue in which two parties clarify information and keep the encounter civil.

After the conversation, recipients must sort the information. Sorting involves evaluating the feedback critically and determining what, if any, is useful to drive behavioral change. Some feedback may highlight a known pattern of behavior and drive a decision to change or seek coaching. Other feedback may
be incongruent with personal experience and perception and lead to further reflection and self-evaluation. After careful reflection, this should be remembered for future consideration. For example, if an individual receives similar feedback in another situation, it should be acted on.

Treating difficult conversations like any other nursing skill means providing a safe place to practice. This does not require a high-tech simulation lab, however, just time and a trusted peer. The first conversation may not go smoothly, but practice and perseverance will lead to proficiency.

**Practice implications**

Over 18 months, the authors presented this workshop at three regional and national conferences and more than 70 unit staff meetings across 9 hospitals. Written evaluations and feedback have been positive, with 91% of participants recommending the class to coworkers. On several occasions, members of the nursing staff have stayed after the conclusion of the workshop to have a difficult conversation with a peer. Similarly, the authors have been approached for coaching on accountability. In one case, a nurse asked to practice a difficult conversation. In another, a nurse manager reported a tremendous difference in the attitude of one staff member on a discipline track for behavior. Many participants have shared their experiences with incivility and their plans to address these issues for the good of their team and their patients.

Healthcare organizations with high rates of incivility are not only negative places to work, but can also be dangerous places to receive care. The nursing staff should invest the time and resources to address these behaviors and redefine what it means to be a good nurse. Addressing incivility is the best solution for both healthcare professionals and their patients. Nurses who are part of successful teams are competent professionals, but the best nurses listen to their peers, maintain a positive attitude, take time to teach new staff members, give and receive difficult feedback with grace, and speak up.

**REFERENCES**


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The authors have disclosed no financial relationships related to this article.