Creating and Sustaining Civility in Nursing Education and Practice

Spring 2012 COADN Conference
Cynthia (Cindy) Clark RN, PhD, ANEF, FAAN
http://nursing.boisestate.edu/civility/

Learning Objectives
1. Provide an overview of academic incivility and bullying in nursing education
2. Describe the role of leadership in fostering cultures of civility in nursing education
3. Apply an evidence-based framework to lead transformational change

Civility
Authentic respect for others requiring time, presence, engagement, and an intention to seek common ground.
Clark and Carnosso (2008)

Incivility
Disregard and insolence for others, causing an atmosphere of disrespect, conflict, and stress.
Emry & Holmes (2005)

Definition of Incivility
Rude or disruptive behaviors which often result in psychological or physiological distress for the people involved— and if left unaddressed, may progress into threatening situations (Clark, 2009).

Horizontal [Lateral] Violence in the Workplace
Horizontal Violence (HV) is harmful behavior, attitudes, actions, or words directed toward one colleague by another colleague. HV controls, humiliates, denigrates or injures the dignity of another.
Proactive Nurse, 1998

Workplace Bullying
Repeated, health-harming mistreatment of one or more persons (the targets) by one or more perpetrators including:
- Verbal abuse
- Offensive behaviors (including nonverbal) which are threatening, humiliating, or intimidating
- Work interference which prevents work from getting done
Namie and Namie 2011
Continuum of Incivility

- Distracting, annoying, irritating behaviors
- Aggressive, potentially violent behaviors

Behaviors range from:
- Low Risk
- High Risk

- Disruptive Behaviors
- Threatening Behaviors

- eye-rolling    sarcastic comments    bullying    taunting    racial/ethnic slurs    intimidation    physical violence

Clark © 2009, revised 2011

Rationale for Fostering Civility

Sentinel Event Alert: The Joint Commission
QSEN—Teamwork and Collaboration
ANCC: 14 Forces of Magnetism
Essentials of Baccalaureate Education
Nursing Codes of Ethics (International and National)
ANA Standards of Professional Performance
Regulatory Requirements—Boards of Nursing
It's The Right Thing To Do

The Joint Commission Sentinel Event Alert
(Issued July 2008 — Effective January 2009)

Health care is “high-stakes, pressure-packed environment that can test the limits of civility in the workplace.”
Rude, disruptive behavior among health care professionals can pose a serious threat to patient safety and the overall quality of care.
All accredited health care organizations need to create behavioral codes of conduct and establish a formal process for managing unacceptable behavior.

Clark © 2012


Recommendation 2: Expand opportunities for nurses to lead and diffuse collaborative improvement efforts
Recommendation 7: Prepare and enable nurses to lead change to advance health
Recommendation 8: Build an infrastructure to collect and analyze health care workforce data

Clark © 2012

QSEN
Teamwork and Collaboration Competency

Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care

http://www.qsen.org

Clark © 2012

American Nursing Credentialing Center
14 Forces of Magnetism

Clark © 2012
The Essentials of Baccalaureate Education for Professional Nursing Practice (2008)

Essential VIII: Professionalism and Professional Values
Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to the discipline of nursing.

Inherent in professionalism is accountability and responsibility for individual actions and behaviors, including civility. Civility must be present for professionalism to occur.

Nursing Codes of Ethics

- The nurse at all times maintains standards of personal conduct which reflect well on the profession and enhance public confidence (ICN)
- Provision 1.5 requires nurses to treat colleagues, students, and patients with dignity and respect and that any form of harassment, disrespect, or threatening action will not be tolerated (ANA Code of Ethics)

ANA Standards of Professional Performance

Ethics
Education
Evidence-based Practice and Research
Quality of Practice
Communication
Leadership
Collaboration
Professional Practice Evaluation
Resource Utilization
Environmental Health

Standards provide objective guidelines for nurses to be accountable for their actions, their patients, and their peers

Boards of Nursing: Sanctions for Academic Incivility

In one state, a nursing program was cited for incivility and required to develop a defined set of expectations, interventions, strategies and written policies “to improve the culture of academic civility.”

The program was also required to produce evidence of a “respectful, confidential, positive and productive academic environment and improved student-faculty relationships and communication to ensure student success.”

Incivility in America

- Rise in incivility and a decline in goodwill in America
- Incivility has worsened in the past 10 years
- Fast-paced society and stress are major contributors

Farkas and Johnson, 2002; Emily Post Institute, 2003; APA Report 2010

Stress in America—APA Report 2010

n= 1,134 survey respondents and 937 interviews (American adults)

Major Stressors:
- Money (76%), Work (70%), Economy (65%) Job Instability (49%)

75-90% of all physician office visits are for stress-related complaints
43% of all adults suffer adverse health effects from stress

Stress is linked to the 6 leading causes of death—heart disease, cancer, lung disease, accidents, cirrhosis of the liver, and suicide
The Academy

The Last Citadel of Civility

Higher education is important in developing a civil society. Campuses must be OPEN communities where freedom of expression is protected and where civility is affirmed.

Ernest Boyer, 1990

Top 5 Barriers to Student Academic Performance

(1) stress
(2) cold/flu/sore throat
(3) sleep difficulties
(4) concern for friend or family
(5) depression/anxiety disorders

Diagnosed depression—increased from 10% (2000) to 16% (2008).

Overall level of stress (within the past 12 months)
41.0% reported more than average levels of stress
9.3% reported tremendous levels of stress

ACHA-NCHA Student Health Survey Fall 2009

Psychological and Emotional Issues

Anxiety Disorders (High Stress)
Mood Disorders (Depression and Bipolar)
Substance Abuse
Sleep and Eating Disorders
Learning Disabilities
Relationship Problems

American College Health Association (2006)

Other Stressors

• Adult re-entry students
• Academically unprepared (often grade inflation in K-12)
• Lack of career clarity
• Financial concerns
• Impact of NCLB — and “teaching to the test”
• Racial, ethnic, religious and generational diversity
• Juggling family, work and school
• Consumerism mentality
• Commuter students — High gas prices, parking and road stress

Student attitude of entitlement

Reported by students and faculty

• Assuming a ‘know it all’ attitude
• Having a ‘consumer’ mentality
• Believing students are ‘owed’ an education
• Refusing to accept personal responsibility

(blaming others, lack of accountability, and making excuses)

Nursing Student Stressors

• Burnout from competing demands and juggling multiple roles (school, work, and family)
• Competitive, high-stakes academic environment (grades, scholarships, parental expectations)
• Financial stress
• Faculty and student conflict

Faculty Stressors

- Heavy workload and workload inequity
- Maintaining clinical competence
- Advancement issues (P&T, pursuing a doctoral degree)
- Lack of faculty and administrative support
- Faculty demographics (PT, adjunct, high turn-over)
- Personal stressors and poor coping ability
- Problematic students
- Low salary and financial pressures
- Faculty-to-faculty incivility and "hazing"
- Keeping pace with technology

Clark 2008, 2009; Clark & Springer, 2010

Faculty attitude of superiority

Reported by students and faculty

- Exerting position and power over students
- Setting unrealistic student expectations
- Assuming a "know it all" attitude
- Threatening to fail or dismiss students
- Devaluing students' previous life, work and academic experience

Clark 2007, 2008

Faculty Incivility

Rude behaviors (in person and in cyberspace)
- Hazing, bullying, and acts of intimidation
- Put-downs and exerting rank over others
- Setting others up to fail
- Not performing one's share of the workload
- Marginalizing and excluding others
- Gossiping and engaging in passive-aggressive behavior
- Rude nonverbal behaviors and gestures
- Engaging in clandestine meetings behind closed doors
- Rude, belittling, demeaning behaviors toward students


Incivility in Academe

Negatively Impacts
- Recruitment and Retention
- Job Satisfaction
- Organizational Culture
- Productivity
- Student Learning
- The 'Bottom Line'

Bullying Behaviors Ignored and/or Tolerated
- Bullying Behaviors Become the Norm

Creation of a Bully Culture

Adapted from Olender 2009

Incivility often occurs when people are:

- Stressed
- Unhappy
- Rushed

When these are experienced together – anything can happen...

Forni (2008)

Effects of Incivility

Erodes Self-Esteem
- Wears down our mental defenses
- Creates vulnerability, self-doubt, and anxiety
- May cause withdrawal, resentment, and anger

Damages Relationships
- Creates feelings of failure, isolation, and loss
- Causes conflict and threats to serenity and contentment

Increases Stress—Incivility is a serious stressor
- Weakens the immune system
- Causes wear and tear on the body, spirit, and soul
- Stress, distress, and emotional pain
- Depression and PTSD
**Effects of Incivility**

- **Contaminates the Workplace**
  - Seriously threatens our quality of life
  - Results in absenteeism, tardiness, and leaving the organization
  - Lowers morale, organizational trust, and job satisfaction
  - Interferes with teamwork, collaboration, and communication

- **Escalates into Violence**
  - Incivility and violence are partners
  - Violence often begins with a slight or perceived ‘loss of face’
  - Disrespect can lead to aggression
  - Minor acts can spiral into violence

- Johnston, Phanhtharath, & Jackson 2010; Felbinger 2009; Cleary, Hurt, & Horsfall 2010; Murray 2009; Forni 2008

**Cultivating Civility**

- Principled Leadership and Role Modeling
- Raising Awareness and Focused Orientation
- Strategies for Stress Reduction and Self-Care
- Fostering Communication
- Co-creating Norms
- Policy Development
- Institutionalizing Organizational Civility

**Ethical, Principled Leaders**

- Trustworthy and inclusive role models
- Open to conversation and critique
- Foster honest and candid conversation
- Consider all aspects of an issue while searching for win-win solutions and outcomes
- Minimize the “us” vs. “them” mentality

**Formal Leaders**—position of authority and an assigned role within the organization that involves a span of influence.

**Informal Leaders**—no formal title or authority, but are advocates for the organization and heighten productivity through influence, relationship-building, knowledge and expertise. (Smart, 2010)

**Positive Role-Modeling**

- Professionalism, inclusion, and respect
- Responsiveness and openness
- Enthusiasm for course content
- Civil discourse and academic debate
- Keep appointments and office hours
- Reflect and self-evaluate!

**Stress Management**

- Establish a professional vision and life plan
- Set personal and professional goals
- Acquire and work with a mentor(s)
- Establish priorities—practice saying ‘no’
- Manage your time wisely
- Exercise assertiveness
- Practice positive health habits
Fostering Communication
We must communicate openly and intentionally and work together to create a culture of civility.

Openness, Responsiveness and Presence
Critical Conversations
Principled Negotiation

Boise State University
School of Nursing Behavioral Norms

- Assume goodwill
- Check it out
- Send the mail to the right address
- Communicate respectfully
- Listen carefully
- Ask for what you need
- Circle back or close the loop
- Respect and celebrate diversity

Vision: To be recognized as a leading center for nursing education in the Northwest

Policy Development
Establish clear, confidential, non-punitive policies for reporting—with remediation, sanctions and rewards

Institutionalizing Change
“Begin with the end in mind”

Steven Covey

“Cultural change occurs only after people alter their behavior, after performance improves—and once the change produces benefits to the organization”
(Kotter, 1996)

Changing the culture:
- Calls for effective leadership
- Requires extensive communication
- Almost always involves turn-over
- Focuses on real and sustained results

Kotter’s 8 Step Model for Organizational Change
1. Create a Sense of Urgency
2. Form a Powerful Coalition
3. Create a Vision for Change
4. Communicate the Vision for Change
5. Remove Obstacles
6. Create and Celebrate Short-term Wins
7. Build on the Change
8. Anchor the Change in the Culture
Create a Sense of Urgency

• Boldly address the issues
• Shake up the status quo
• Perform an institutional assessment
  • Organizational Civility Scale (OCS)
  • Culture/Climate Assessment Scale (CCAS)

Form a Powerful Coalition

Build Widespread Leadership Capacity
(Formal and Informal)
(Adopters and Non-adopters)

Decentralize Decision Making
Commit to a Shared-Governance Structure

Create a Compelling Vision For Change
to Direct, Align, and Inspire Action

Communicate the Vision for Change

Meetings, memos, web pages, posters, and coffee cups

Communicate internally and externally with all stakeholders including staff, patients, families, community partners, foundations, and donors

Remove Obstacles

Enlist leadership at all levels
Foster high-performance teams
Break down ‘silos’ and slay ‘sacred cows’
Provide support and incentives for results
Some people need to get ‘off the bus’

Celebrate Short-Term Wins

Social Activities and Celebrations
Staff ‘Brag Sessions’
Newsletters and Poster Presentations
Professional Development
Build on Change
Consolidate Successes

New Programs
Career Advancement
Increased Visibility and Credibility
Recognition

Anchor Change in the Culture
Civility and Teamwork
Embedded in the Culture

Clear Vision and Mission
Statement of Shared Values
Guiding Principles
Working Norms
High Morale and an Esprit de Corps
Strong Recruitment and Retention

Additional Thoughts on Creating Organizational Civility

Leaders and others—seek an accurate reading of your own civility
Hire, require, and inspire civility (Clark, 2011)
Institute 360 degree feedback (subordinates, peers and supervisors)
Take complaints seriously—and do not blame the messenger
Don’t make excuses “That’s just how Alice is” “We can’t afford to lose Dave”
It takes great courage to report an uncivil employee
Gather data quickly, sort out the facts, and take action
Invest in exit interviews—and post-departure interviews
Consider implementing ‘Civility Teams’

Contact Information—
Cynthia (Cindy) Clark RN, PhD, ANEF, FAAN
Professor
Boise State University
School of Nursing
cclark@boisestate.edu
http://nursing.boisestate.edu/civility