Conflict of Interest Disclosure

- A conflict of interest is a particular financial or nonfinancial circumstance that might compromise, or appear to compromise, professional judgment. Examples are owning stock in a company whose product is being evaluated, being a consultant or employee of a company whose product is being evaluated.
- The presenter is a 2012-2015 RWJF Executive Nurse Fellow and member of a national project team focused on building a culture of respect in healthcare by reducing incivility and bullying in the workplace.
- Of the following types of conflict, the speaker declares “no conflict”:
  - Salary
  - Royalty
  - Stock
  - Speaker’s Bureau
  - Consultant

Learning Objectives

- Describe the effects of incivility and bullying on patient outcomes, human capital, and productivity in healthcare.
- Reflect on personal contributions to building and sustaining a culture of respect.
- Understand where to find tools and how to use them to build and sustain cultures of civility and respect in healthcare.
“Bullying has long existed in healthcare; 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

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
  - Demanding others
  - Verbal intimidation
  - Eye rolling

Adapted from Weitzel, S. (2003)

You Have a Choice

Door A
Make up a story
Judge others
Incompetent
Take it personally
React

Door B
Don’t take it personally
Don’t get hooked by the “stuff”
Be strategic
Ease the condition
Support partnership

INHIBITS
PARTNERSHIP

Increased empathy/understanding
Don’t take it personally
Don’t get hooked by the “stuff”
Ease the condition
Support partnership

SUPPORTS
PARTNERSHIP

Adapted from Weiner, B. J. (2000)
### State of the Science

- 82% of nurses reported being the receiver or bystander to bullying - daily or weekly (Skarbeck, Johnson, & Dawson, 2015)
- Perhaps as many, if not more, are bystanders to the negative behavior. The group of bystanders includes not only our coworkers, but our patients, their families, and their visitors.

### 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

### 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 has a story of when it happened to them
- Everyone here has done it
- Everyone here has been a silent bystander
State of the Science (cont.)

- Those who survive bullying early in their careers tend to carry their learned behaviors with them. They accept the bully culture as part of the job and eventually can choose to bully others. (Townsend, 2012)

Physical/Psychological Manifestations

Common reactions:
- Nausea
- Headache
- Weight changes
- Substance abuse
- Acute or chronic anxiety
- Fatigue
- Sleep interruptions
- Lack of mental focus (Townsend, 2012)

Post-traumatic stress disorder:
- An experience that shatters all you had believed in and valued
- Manifestation: Withdrawal, Conversion, Projection

Effect on Patient Outcomes

- Inattentive healthcare
- Self-doubt
- Dismissive treatment of patients
- Patients can feel intimidated, embarrassed, or belittled (Leape et al., 2012)
Costs

- Barrier to building and sustaining the human capital needed to maintain a quality healthcare system
- *Patients pay the ultimate price*

Organizational Standards

- In 2006, the ANA adopted principles related to nursing practice and the promotion of healthy work environments for all nurses (ANA, 2006).
- The Joint Commission standards addressing hostile behavior in the workplace went into effect in 2008. These standards required healthcare institutions to have codes of conduct, mechanisms to encourage staff to report disruptive behavior, and a process for disciplining offenders who exhibit hostile behavior (The Joint Commission, 2008).
- In 2015, the ANA published a position statement on incivility, bullying, and workplace violence with recommendations for the entire interprofessional team – staff and employer (ANA, 2015).

Why don’t leaders act?

- Lack clarity
- Lack support
- Lack of awareness
- Lack of knowledge
- Lack tools
- Fear
- Don’t want to become a target
- Don’t recognize it
- Lack of support
- Don’t want to get involved
- Don’t know how to intervene

Why don’t peers act?

- Lack clarity
- Lack support
- Lack of awareness
- Lack of knowledge
- Fear
- Don’t want to become a target
- Don’t recognize it
- Lack of support
- Don’t want to get involved
- Don’t know how to intervene
Approaches have been Fragmented

- Strategies to eliminate incivility/bullying and to create respectful, civil, supportive, and safe environments have largely centered on individuals.
- However, theory and research establishes incivility/bullying as a complex interplay of influences from interpersonal, community, and environmental sources (McLeroy et al., 1988 - Socioecological Model).
- Incivility/bullying is a group phenomenon, reciprocally influenced by the individual, peers, the immediate environment/institution, community, and society.

What you Permit, You Promote

K. Kerfoot, 2009

Culture is transparent, we all contribute to it and are all responsible for it
“A culture of disrespect is a barrier to patient safety and quality of care”

– Lucian Leape
Truth
Tools to assess your self and your environment

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 (Edmonson & Lee, 2015)

- 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 the 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

“Knowledge is power”
– Francis Bacon

Wisdom

Tools to obtain knowledge and information
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: escalating consequences per policy through to termination if necessary

“Knowing what’s right doesn’t mean much unless you do what’s right”
– Theodore Roosevelt
Courage
Tools to address behavior

- Bullying
- Exists
- Acknowledge
- Watch
- Act
- Reflect
- Empower

Courage: Mnemonic. BE AWARE...and Care

• BE AWARE
• Bullying
• Exists
• Acknowledge
• Watch
• Act
• Reflect
• Empower

noun ˈker
: effort made to do something correctly, safely, or without causing damage
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
  - Compliant
  - Orders
  - Frequent flyers
  - Midlevel provider
  - Borders
  - Drug-seeking

Courage: Code Word/Gestures

• 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
  - Wow
  - Ouch
  - Strong Alert
  - Pull on ear
  - Tap nose

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

Available for free download!

- www.stopbullyingtoolkit.org
- YouTube - Respectful Conversations

3 videos
- Overview
- Approach
- Practice Vignettes

Facilitator’s Guide & Pocket Card

“What lies behind us and what lies before us are tiny matters compared to what lies within us”

– Ralph Waldo Emerson
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.
- Remember to invite everyone involved in an incident including the environmental staff but don't invite people who weren't involved.

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 throughout 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.COURAGERENEW.ORG
- This is but one example of many programs available to support staff in their personal renewal.

PACERS
Passionate
About
Creating
Environments of
Respect and
civilityS
Process for Change – Next Steps

• Actively engage frontline staff, patients, and organizational leaders in environmental assessment, policy development, implementation, and ongoing monitoring – **Identify a champion**

---

Process for Change (cont.)

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

---

Process for Change (cont.)

• Gather self-reflection and organizational data
You Have a Choice

Door A
Door B

Make up a story
Judge others
Insensitive
Incompetent
Take it personally
React
Get mad
Get even
Withdraw
Lose focus

INHIBITS
PARTNERSHIP

Increased empathy/understanding
Don’t get hooked by the “stuff”
Be strategic – take others’ worlds into account and look at things in a new way
Ease the condition
Unpackage to the specifics

SUPPORTS
PARTNERSHIP

Adapted from Patenaude, S. (2012)

Process for Change (cont.)

- Commit to going through Door B
- Develop a language of collaboration
- Determine code words/gestures
- Learn to hold respectful conversations

Commit to going through Door B
Develop a language of collaboration
Determine code words/gestures
Learn to hold respectful conversations

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!
Process for Change (cont.)

- Escalating consequences if there isn’t a commitment to change
- "No tolerance policies"

• Integrate bullying prevention and minimization education to curriculum, system orientation, and ongoing training at all levels
• It takes ongoing maintenance to keep your cultures of respect

October is Antibullying Month
Recommended Reading List


References


**Speaker: Beth Bolick**

Dr. Beth Bolick is Professor and Director of the Acute Care Pediatric Nurse Practitioner Program at Rush University in Chicago, IL, now in its 25th year. She has over 40 years of experience in emergency and critical care pediatrics and academia. Over the past five years, Dr. Bolick’s work has been to improve the effectiveness of interprofessional teams to improve patient outcomes. She is a Robert Wood Johnson Foundation Executive Nurse Fellow who worked with a national project team to provide healthcare leaders with tools to identify, intervene, and prevent incivility and bullying in their workplaces. Their civility tool-kit is a free, downloadable compilation of assessments, information, videos, interventions, and recovery resources available at [www.stopbullyingtoolkit.org](http://www.stopbullyingtoolkit.org). Since its inception, the tool-kit has been downloaded by over 450,000 healthcare providers from 143 countries.