The Downward Spiral: Incivility in Nursing

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Civility and Incivility in Nursing

Good manners. Consideration. Graciousness. Respect. Courtesy. These synonyms of "civility" sound sadly as though they come from a bygone era. If they describe your work environment, or if you are a student, your learning environment, consider yourself lucky -- *very lucky.*

Yet, civility is more than polite words. A person can easily say "please and thank you," and still stab you in the back. Clark defines civility as "an authentic respect for others that requires time, presence, willingness to engage in genuine discourse, and intention to seek common ground" that governs both speech and behavior toward others.[1]

**Cynthia Clark, RN, PhD, and
Sara Ahten, RN, MSN.**

What has happened to the civilized world? That is perhaps too big a question to tackle here, but we can narrow it down to our own profession. Why does so much incivility exist in the nursing profession (and make no mistake, it does exist), and what can be done to reverse this trend?

Two leaders in the area of research into incivility in nursing are Cynthia Clark, RN, PhD, and Sara Ahten, RN, MSN, from Boise State University in Boise, Idaho. I was happy to be able to speak with them about incivility and civility and to ask them how nurses (especially new graduates and students -- the most common targets of incivility) should respond to uncivil behavior in the workplace or classroom.
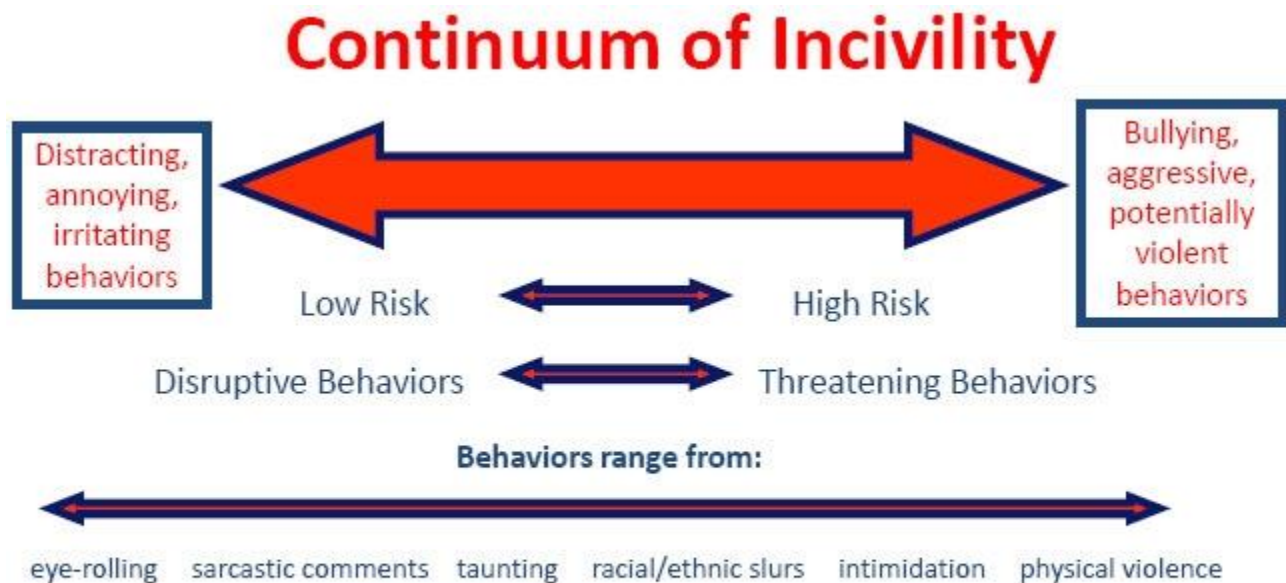
The Continuum of Incivility in Nursing

Medscape: How do you conceptualize incivility in nursing interactions?

Cynthia (Cindy) Clark RN, PhD, and Sara Ahten, RN, MSN: Incivility is one term used to describe rude, disruptive, intimidating, and undesirable behaviors that are directed toward another person. Other terms found in the literature include lateral violence, horizontal violence, relational aggression, and bullying. Commonalities and intersections exist in the various definitions of these terms. A highly important shared attribute is the effect of these behaviors on the recipient and the organization, if left unchecked. As Forni so eloquently stated in 2008, "Incivility often occurs when people are stressed, unhappy, and rushed. When these coincide, anything can happen. Incivility erodes self-esteem, damages relationships, increases stress, contaminates the work environment, and may escalate into violence."[2] These behaviors may be intentional or unintentional. By *unintentional*, we mean that in some cases, the

person exhibiting the uncivil behaviors is unaware of how his/her behaviors, words or actions may be affecting another.

Although commonalities exist among terms and definitions reflecting uncivil behavior, it is important when reading any literature to focus on how the author/authors define their terminology. Uncivil behavior exists along a continuum ranging from disruptive behaviors on one end, to threatening behaviors on the other (Figure 1). The many nuances and manifestations of the behaviors compel the reader to understand the context in which the information is being presented.

Figure 1. Continuum of incivility. Published with permission from Cynthia Clark.

With all of the attention that bullying has received, nurses have learned to recognize this behavior when it occurs and no longer believe that it is acceptable or excusable. Clark's graph, however, shows that incivility at the left end of the scale can be expressed by some fairly subtle behaviors -- the kind of things that nurses often excuse by saying "so and so is having a bad day."

Medscape: In your opinion, what behaviors represent incivility in nurses?

Clark and Ahten: Overt expressions of incivility, such as taunting, racial/ethnic slurs, and bullying are most apparent and most reported in media. However, as shown in the *Continuum of Incivility* graphic, this can begin in what appears to be a relatively benign manner, with behaviors such as eye rolling, sarcastic comments, or dominating conversation in a group. We believe it is essential, and ultimately beneficial to any organization, to recognize the behaviors at the left end of the continuum. In an ideal world, people would interact with each other respectfully and thoughtfully. In the real world, what we wish is to prevent the potential escalation to more damaging and disruptive manifestations.

To Respond or Not Respond: Dealing With Incivility

When confronted with an uncivil comment or behavior, many nurses struggle with how they should respond, or even if they should respond at all. In a recent article,[3] Clark and Ahten offer the following suggestions for what to do if you are the target of incivility in the workplace or the classroom. "If you have experienced an uncivil encounter, reflect on the experience, take time to cool off, and think about your response. After careful deliberation, you may choose not to respond at all. Ask yourself these questions: *"If I do not respond, what is the worst (or best) thing that can happen? If I do respond, what is the worst (or best) thing that can happen?"* Once you have given careful consideration to responding or not, in either case, put yourself in the other person's position. Consider how you may have contributed to the problem, as this may help you develop clearer understanding and resolution of the issue."[3]

Medscape: It sounds, once again, like we are making excuses for incivility. Let's say the uncivil nurse *is* having a bad day. Does this give him or her the right to be uncivil to colleagues?

Clark and Ahten: We want to stress very strongly that we are not and would never condone blaming the victim of bullying for his/her experience. That behavior is owned by the one who is bullying, period. The bully needs to know that the behavior is not acceptable. We agree with Forni when he states, "You want to impress upon the bully that he or she will not get away with pushing you around." The variable in this situation, depending on your level of comfort and feeling of safety, is whether this encounter takes place between the 2 of you in a private place, in the presence of a third party mediator, or in a formal session with a member of management.

Back to the question, what we are suggesting is to be *mindful* in your interactions with others. Be aware, when you engage people, of their present activities and responsibilities. It is as simple as asking, "Do have a moment?" before starting a conversation or interrupting their work. If someone is abrupt or rude, you should absolutely hold them accountable for that response. What we are suggesting is that mindfulness of others *before* engaging them can lower stress and irritability in that communication, hopefully reducing the opportunity for uncivil behavior. Each of us is personally responsible for our behaviors as we engage others.

The Next Step: Conversations About Incivility

The nurse or student who is the target of incivility may not be satisfied with the initial encounter. Perhaps this is a pattern of incivility that he/she has experienced from a colleague, and she has reached the "end of her rope." What is the next step?

Clark and Ahten suggest that after reflecting on what has occurred, if the injured party still wishes to confront the perpetrator of incivility, this "meaningful and critical conversation" should be carefully thought out, including consideration of any barriers to effective communication (noise, anger, fear, flawed assumptions). The nurse should avoid poorly expressed messages such as email, hurried responses, or misperceptions of intent. Both nurses should agree on a mutually beneficial time and place to hold this critical conversation, in a venue that is quiet and will allow them to speak undisturbed. A third person can be invited by either side to mediate, if desired.

For this important conversation, Clark and Ahten advocate the "interest-based approach to principled negation," proposed by Fisher, Ury, and Patton,[4] which focuses on the problem, rather than the person, or upon being "right." The conversation should consider the interests of each person, and the parties might find that their goals are the same. With common goals, each may be able to put personal issues aside and re-focus on solving the problem.

Medscape: Are new graduate nurses and students really able to confront someone who is their superior?

Clark and Ahten: The answer is a qualified yes, because it depends on 2 essential components being in place. Students must be prepared for this type of scenario by having been given the necessary knowledge and skills, and opportunities to practice them in a safe learning environment. It does the new graduate/new employee a disservice not to have these experiences during their nursing education. The healthcare organization can incorporate elements of these experiences into orientation planning for newly hired nurses and continuing education for all nurses. It is important to emphasize and reinforce the organizational commitment to civility.

However, no matter how well a student/new graduate is prepared to exercise these skills, it is extremely difficult to put them into practice without a strong organizational policy for conflict resolution. A well-crafted conflict resolution policy has clearly defined, step-by-step procedures for conflict resolution. These policies provide protection for both individuals involved in the conflict, as well as for the organization. They allow the process to progress past the level of the immediate supervisor if necessary. A well-written and properly enforced conflict resolution policy is the assurance that due process will be followed for all parties involved.

Medscape: You seem to be saying "Don't meet incivility with more incivility," which, if we say anything at all, is always the temptation. What then could a nurse say, in the "heat of the moment," in response to an uncivil comment or behavior?

Clark and Ahten: No universal techniques to address incivility are successful for every person in every situation. However, a few effective strategies can be considered, such as Forni's suggestions for dealing with a workplace bully. First, admit that you are being bullied and commit to taking action. We know this sounds simplistic, but it is often the hardest step to take. It is easy to minimize or ignore dealing with this type of behavior, because it can be emotionally distressing. Forni recommends sharing your experiences with a trusted colleague or 2 and soliciting their feedback on how they perceive the situation. Start a paper trail and document any encounters.

We recognize that some bullies are unaware of how their behaviors or comments affect others, so it may be helpful to point out the effects of their insults. Staying silent or ignoring the rude behaviors may reinforce them. It is nearly always important to address the behavior. For example, if a coworker routinely puts you down, take a deep breath, speak firmly and respectfully and say something like, "Maybe you aren't aware of it, Beth, but I'm having a problem with your comments, and I would like you to stop." This gives the person the benefit of the doubt that they are not aware of how they are perceived. Depending on Beth's response, you may want to further describe your concerns, so you

might add, "It's difficult for me to focus on what I'm doing, when you are constantly commenting on my performance."

The importance of selecting the proper setting for this type of conversation should not be disregarded. It should take place in a private area away from patients, families, and other staff. This, of course, assumes that you don't perceive any threat to your personal safety by having this conversation.

Medscape: What about the uncivil nurse who is motivated by jealousy, insecurity, or other reasons that are not based on mutual interests? Are these individuals able to engage in the negotiation necessary to resolve the conflict?

Clark and Ahten: The scenario we've described assumes that both individuals involved have an interest in resolving the situation with a focus on problem solving and mutual interest. Unfortunately, people with the characteristics described above do coexist with us in our personal and professional lives. The behaviors still need to be addressed. However, it may be ill advised to try and resolve this on your own. These can be emotionally, psychologically, and in some cases, physically unsafe situations.

The question then becomes whether the organization provides a safe, structured process for addressing the conflict, ensuring due process for all parties, and seeking resolution. This is so important that The Joint Commission[5] issued a sentinel alert requiring all accredited healthcare organizations to implement codes of conduct and establish a formal process for managing unacceptable behavior. This is 1 reason why we believe it is so essential to educate all nurses to be leaders/managers who understand and have the skills to address these situations. That third party is pivotal in setting the tone for the interaction; he or she is becomes a change agent in fostering a civil environment in the work setting.

Incivility in the Classroom

Medscape: The literature suggests that incivility is rampant not only in the clinical workplace, but also in the educational setting. Does this include students, teachers, or both? And what are nursing schools doing to address the problem of incivility?

Clark and Ahten: Much attention is being paid to uncivil behaviors in practice, but the less discussed reality is that these types of interactions may occur from the beginning of a nursing student's education, and extend beyond the classroom, into the student clinical setting and to the first nursing position after graduation. Griffin found that 60% of nurses new to practice leave their first positions within 6 months because of some form of lateral violence, often occurring between the new nurse and his or her preceptor.[6] Bartholomew also noted that negative organizational conditions, including incivility, can contribute a new nurse's departure within 6 months of hire.[7]

In our publication, *Beginning the Conversation: The Nurse Educator's Role in Preventing Incivility in the Workplace*,[3] we discuss in detail our suggestions and recommendations for preparing students from the beginning of their educational experience to recognize and address incivility in both the classroom and the practice setting. This process must begin early in the student's acculturation into the profession.

Faculty members have a dual role in addressing the problem of incivility. Although we teach and model civil, respectful behaviors to set expectations for students' professional behaviors, we also identify the behaviors students should expect from others in the workplace.[3] Uncivil behaviors in education likewise fall along a continuum. It is essential for students to clearly identify uncivil, unacceptable behaviors, especially the more subtle, corrosive behaviors on the left side of the incivility continuum, which have been labeled and tolerated for years with the cliché of "nurses eating their young." Nursing students must become familiar early in their education with the policies on uncivil behaviors in their clinical agencies.[3]

It is important for teachers to establish a safe, engaged learning environment, whether you teach in a live or virtual classroom. In either venue, several sound, fundamental teaching techniques will reduce student stress and anxiety when taking coursework. In our experience, it is a "short walk" from unresolved anxiety to incivility.

Medscape: Can you give us some examples of those teaching techniques?

Clark and Ahten: Certainly.

Cocreation of course norms. Norms should be actively created between faculty and students at the beginning of a course, and once agreed upon, are formalized in either a hard copy (for face-to-face classrooms) or a posting on a distance-delivery course site. These norms become contracts governing behaviors in student-student and faculty-student interactions. These are not static documents. Our beliefs are "revisit, revise, and reaffirm." When students and faculty develop these together, they are more apt to own and abide by them.

Transparency in course expectations. It is essential for students to know how to be successful in a course. A great source of stress and anxiety for students is the "not knowing" -- the ambiguity and guessing what the teacher expects. Students should have a clear understanding of how their work is evaluated and graded. This can be accomplished by liberal use of grading rubrics that outline how points are earned and what is required to achieve a certain score. A teacher should be explicit from the beginning of a course about teaching philosophy and performance expectations, both in syllabi and in dialogue with students. This conversation should be open, honest, and ongoing throughout the course. We use the word "conversation" deliberately, because this shouldn't be a one-way stream of information. Nursing education is a high-stress course of study. One of the roles of a teacher is to assist students in coping with stress. Student feedback and ongoing evaluation throughout the course are excellent ways to evaluate student coping skills and readiness for learning.

Behavioral course objectives. Include behavioral objectives as well as academic objectives within a course. Many instructors have had the experience of having a student who meets all academic objectives for a course, even excels in a course, while at the same time exhibits unprofessional or disruptive behaviors. This is the student who is chronically late, often engages in side conversations, is dismissive of classmates, openly challenges faculty credibility, or fails to meet agreed-upon responsibilities within learning groups. When students must meet a behavioral objective as part of the overall course objectives, they are being evaluated on the range of professional standards expected of a

registered nurse. An example of a behavioral objective used in a senior baccalaureate leadership course is, "Demonstrates accountability for one's own personal and professional behaviors and development, which reflect the professional values and ethical behaviors contained in the American Nurses Association Standards of Professional Practice."[8]

Although there appears to be a significant body of work investigating incivility in face-to-face interactions in nursing education and practice, we are currently investigating incivility in nursing education in an online environment and the impact of social networking.

Medscape: Can these techniques be adapted to the preceptor/new graduate nurse situation?

Clark and Ahten: These techniques can be adapted to any situation characterized by a mentoring or evaluating relationship. The preceptor and new graduate should sit down at the beginning of the partnership and negotiate role and performance expectations, communication and procedural norms, behavioral objectives, and the available resources to achieve those goals. Formalizing these elements minimizes the opportunity for miscommunication and misperception, reducing the anxiety and stress that can lead to uncivil behaviors. Particular attention should be paid to periodically reviewing and revising the goals, to be sure they continue to meet the needs of both parties.

Medscape: Whenever we publish articles about bullying, many nurses respond to say that they are not bullied by other nurses but by physicians and other healthcare colleagues. Do you see a role for coeducation with other healthcare professionals to establish mutual respect when both are students?

Clark and Ahten: Absolutely. This is a process that needs to begin early in the educational program for all healthcare disciplines. Our School of Nursing is currently engaged in this type of dialogue. At this time, nursing students in their first semester share clinical skills lab with students from respiratory therapy and radiological sciences. We see many potential areas of collaboration for students, including interprofessional simulations using realistic practice scenarios and using faculty across practice disciplines to team teach courses. Another possibility is using retired healthcare professionals in the community, such as physicians, managers/administrators, and practitioners outside of nursing, as actors in practice-based scenarios that focus on team building, conflict management, and conflict resolution.

This academic year, as part of the general orientation into the nursing program, all incoming students participate in a 90-minute workshop focusing on the importance of respectful behaviors, civility, and norms of behavior in the academic environment, including social media interactions. This provides the foundation for conversations about civility and professional behaviors that continues throughout their nursing program. This workshop could easily be a foundational course for all interprofessional students and be threaded throughout their individual curricula.

We both teach in senior baccalaureate leadership and management courses. We've discussed the potential of using community-based interprofessional student teams (nursing, kinesiology, and nutrition science students) collaborating on leadership projects to plan a wellness program at an elementary school. Another possibility could be partnering social work and nursing students to collaborate on a depression education program at a homeless shelter. Our leadership and management courses are

taken in the eighth semester, just prior to graduation and licensure. We have incorporated a series of scenarios using live actors on the civility-related topics of great interest to students entering practice: conflict negotiation as a new nurse and bullying in the workplace. These scenarios have broad implications beyond nursing and could again be a venue for interprofessional education and conversations.

Civility Matters

Medscape: What evidence supports your recommended approaches to civilityincivility?

Clark and Ahten: Our recommended approach to incivility is derived from the works of scholars in education, practice, organizational leadership, organizational management, psychology, and government data and reports. Clark has compiled an extensive reading list on civility and incivility that may be accessed at her "Civility Matters" Website.

We believe it is important to step outside of nursing scholarship to take a more interprofessional approach to this pervasive issue. It is congruent with the importance of coeducational experiences for healthcare discipline students. Our purpose in addressing incivility is to promote recognition, prevention, education, and intervention. All of these must be addressed to affect behavioral and organizational cultural change.

Final Words of Wisdom

Nurses who work long days and full weeks often spend more time with their coworkers than they do with family. The familiarity that results can make it all too easy to fall into a pattern of less than civil behavior under these stressful and trying circumstances, but the damage is not as easy to repair and threatens more than we might realize. Clark and Ahten emphasize the far-reaching consequences of incivility in the nursing profession:

"Incivility should be a concern for nurses across the spectrum of the profession, from students to educators to clinicians to managers to organizational administrators. Uncivil behaviors affect recruitment and retention in the profession. Students leave nursing programs, nurses leave the bedside, educators leave the classroom, and the profession suffers. Ultimately, the public suffers too."

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