Incivility in Nursing
[VIDEO TRANSCRIPT]

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Hello. My name is Doctor Anne Dabrow Woods and I'm the Chief Nurse of Wolters Kluwer and this is from the desk of the chief nurse. Today I'm happy to have Lisa Bonsall who's a nurse practitioner and also the senior clinical editor for Nursing Center with me today. Thanks for having me Anne. Good to see you. Good to see you as well Lisa. Today we're gonna talk about incivility in nursing. Now I've been a nurse for over 30 years, you've been a nurse for over 20 years. I think we can both say that we've seen incivility in nursing since we've been invested in this profession and in ways it just hasn't gotten better. So, the whole idea of incivility in nursing is also known as a lateral violence, horizontal violence and workplace bullying and it really is a result of disruptive and inappropriate behavior in the workplace by one employee to another of equal or maybe higher rank or lower rank. What we know, the research has shown, is that nursing is the primary occupation where lateral violence does occur and we know that it affects 44 to 85 percent of nurses and 93 percent of nurses have been affected by it. So it's actually a real problem. So, talk to me a little bit about how you see it presenting in the workplace today. So incivility can occur in any number of ways. It can be almost as simple as somebody being rude or condescending in their tone or their behavior is right out bullying, hazing, aggression, and it causes a real problem because somebody who's being bullied or suffering from incivility can develop health problems. They're not sleeping, maybe they become depressed, low self-esteem. It really disrupts their own health and everyday life, and their satisfaction with their job. And certainly I would expect those nurses would be more apt to leave the environment where they're being bullied to go to a situation that would be better. You know when we look at the cost of replacing a nurse who leaves because they're being bullied or having this incivility it's really a huge amount of cost to the health care system. And in fact to replace a medical surgical nurse that's about ninety-two thousand dollars to do that and to replace a specialty nurse such as someone who's working in critical care or emergency department it's about a hundred and forty-five thousand. So certainly we're talking about a lot of money that has a

negative impact on the healthcare system because incivility is really tolerated. Now when we look at the whole idea of incivility we see some themes cropping up. I was wondering if you could expand a little bit on some of the themes we see around incivility in the workplace. Sure, so when incivility occurs sometimes those behaviors aren't recognized by management or you know whoever's in charge a lot of times it can be dismissed if there's a certain individual who is bullying, it could be dismissed, "oh well that's just Sally" or you know it's "that's just how she is" like you have to learn to deal with it but that's not okay and if that occurs then people aren't going to report it. People become afraid, they don't know what's gonna happen to them if they report a bully. They may avoid situations, they may avoid certain nurses and then start to feel isolated in their workplace because they're afraid of what's gonna happen and they're trying to stay away from certain people and then they may suffer from a feeling, a lack of respect and support from their colleagues and then it just leads to organizational chaos. There's a complete breakdown in communication and if somebody is feeling isolated there's going to be that fear of reporting. There's going to be an increased potential for errors because maybe they won't say "oh you know what, I'm not sure what you meant by that, could you clarify?" because they're afraid of what's going to come back to them. So, it really can break down the whole organization or the whole unit setting. I remember when I first started in nursing over 30 years ago, I started a night shift like (moan) many of us started on and there was a nurse who worked night shift who was really a bully and she did not like new graduate nurses coming on to the unit who she felt were not as up to speed on the latest practice. The truth was, we did know somethings and did bring some outcomes to the table that could change how practice was being delivered but she wasn't really accepting of that and it caused a lot of incivility on the units to the point where I actually decided to leave medical surgical nursing. I did go to critical care because I needed to get off that unit, so I think it's a huge problem that we're seeing and I'm sure you've had similar situations as well. Yes, and it's so unfortunate because especially if it's a new grad who maybe is a little bit younger and lacks that confidence to speak up. I can just remember being afraid to give report to certain nurses because you knew the questions were going to be coming and if you weren't prepared to answer them you would hear about it. And I think there are certain strategies that I wish I knew then that I could employ to feel more comfortable and to kind of stand up for myself. Well that's a good segue way, how do we actually look at addressing this whole idea of incivility and lateral violence in the workplace. What are some of the suggestions that are out there?

First and foremost, you have to recognize that it's there. It can't be dismissed. You know if it exists, we need to address it. A code of conduct for your unit needs to be established if it's not already and enforced. There should be a process in place to manage disruptive behaviors because that's what it is. It's disrupting the flow of the unit. It's disrupting patient care and disrupting staff satisfaction. And I would say eventually it could certainly impact patient safety as well. Absolutely, absolutely. Coaching and mentoring would be beneficial. Education of nurses and leaders, communication strategies are huge. You know we've learned so many communication strategies in nursing schools, so we can communicate with patients but we don't employ them with each other and I think that it would be a huge step in making progress in this problem. And the other thing I like to think about is what is civility? You know, just to be civil, it's pretty simple, it's pretty straightforward. We are there for a common purpose. We need to engage with each other, respect each other. Sometimes it can be as simple as common courtesy that can really break down some of those barriers. Absolutely, I totally agree with you. So, if you are experiencing incivility on your unit and you want to help make a change, what are some of the strategies that can be employed to help do that? What can nurses actually do now. I think that nurses can seek out other nurses who are nurturing, who are more helpful, and I think we need to speak with confidence. You know I wish now that I knew if I was giving report to that same nurse and maybe I had a very busy shift and I might not know the patient's whole history. I wish I knew now to say "I know you're gonna have questions let me give you everything you need to know for right now. I'll go back maybe when I'm here the next time, I'll try to get a better picture of the history but this is what you need to know right now. Let me give you a report. Ask me the questions. If I don't have the answer, let's find them together". I think that's a really good suggestion. Well I think that incivility is something that we need to work on as individuals to change on our units and to keep our own behaviors in check because certainly when things get crazy on a unit it's very easy to kind of slip back into the old ways of doing things. But I think that we need to make sure that we're looking at ourselves as much as we're looking at others related to incivility. That's a great point. That's a great point because we all have bad days and sometimes are a little shorter with each other. But yeah, we absolutely need to recognize behaviors in ourselves. So thanks Lisa for being my guest today. You know incivility starts with each of us. It starts with me and it starts with you. We need to all take a look at our own behaviors before we start pointing fingers at others and we need to make sure that we're seeking success, meaning we need

to be committed to our patients and their outcomes.

Thank you very much.

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