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Promoting a Culture of Civility Among Oncology Nurses in the Ambulatory Care Setting to Improve Patient Safety and Nurse Retention

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Promoting a Culture of Civility Among Oncology Nurses in the Ambulatory Care Setting

to Improve Patient Safety and Nurse Retention

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Abstract

INTRODUCTION: Nurse incivility is a well-documented phenomenon discussed in the literature and woven into the nursing lexicon. Nurse incivility results in negative consequences for nurses, patients and organizations. Adding to its complexity is the fact that nurses may be unable to identify and address covert uncivil behaviors and lack an effective tactic to mitigate situations.

AVAILABLE KNOWLEDGE: The nursing literature describes the existence of nurse-to-nurse incivility and its correlation with negative outcomes. Regulatory bodies such as The Joint Commission (TJC) also recognize the adverse outcomes resulting from civility and issued two alerts addressing workplace behavior. Additionally, the American Nurses Association (ANA) (2015) added their weight to the issue and clearly described expectations of professional behavior.

METHODS: Ambulatory oncology nurses were invited to participate in the study. The Qualtrics software platform supported the pre-test, Short Negative Acts Survey (S-NAQ), educational module and post-test. T-tests compared pre-test and post-test results and responses from Magnet/Pathway to Excellence versus non-Magnet/Pathway to Excellence employed nurses.

INTERVENTION: Participants accessed Qualtrics via an electronic device. Following completion of the initial elements, participants read two clinical vignettes illustrating the evidence-based cognitive rehearsal technique known as "I" message and completed a post-test.

RESULTS: Twenty-one ambulatory oncology nurses completed the Qualtrics module and the data demonstrate that nurses gained an understanding of incivility. The module length was modeled after Qualtrics metrics that facilitate maximum participation and completion.

CONCLUSIONS: For approximately half of the participants, cognitive rehearsal was new information. Pre-test and post-test results indicate that participants acquired new understanding of this evidence-based practice. According the S-NAQ results, participants reported a lower frequency of negative acts as compared to the literature.

Keywords: oncology ambulatory nurses, incivility, Short Negative Acts Questionnaire, cognitive rehearsal

Promoting a Culture of Civility Among Oncology Nurses in the Ambulatory

Care Setting to Improve Patient Safety and Nurse Retention

Introduction

Problem Description

Workplace incivility is a well-documented problem in nursing and its impact on nurses,

patients and health care organizations is recognized by professional organizations (Armstrong,

2017). More than a decade ago, The Joint Commission (TJC) (2008) issued a Sentinel Event

Alert urging health care organizations to take action against incivility and other forms of

aggressive behavior because they undermine a culture of safety. The Alert also reminded

accredited healthcare facilities of a pending Leadership Standard scheduled for implementation

January 1, 2009. The aim of this new standard was to assess an organization's management of

disruptive and inappropriate behavior. In a follow-up communication, TJC published a Quick

Safety (2016) bulletin entitled *Bullying has no place in health care.* In this document, TJC

identified civility as a system value that improves safety in health care settings.

The American Nurses Association (ANA) also responded to the prevalence of uncivil

behavior reported by nurses. In 2015, the ANA released a position paper establishing its

expectation that registered nurses in all settings collaborate to create a culture of respect that is

free of incivility. Specialty nursing organizations echo the ANA (2015) sentiment and

consistently identify communication as an evidence-based intervention applicable in situations of

incivility. For example, the American Association of Critical-Care Nurses publication entitled

AACN Standards for Establishing and Sustaining Health Work Environments: Journey to

Excellence (2016) identifies "Skilled Communication" as the first of six essential standards. The

prioritization of communication signifies its importance in the workplace. The role of

communication was again highlighted by Frankenfield (2019) in an Oncology Nursing Society

publication that recommended employing evidence-based communication in response to displays

of incivility in the clinical setting. Since there can be physical and/or psychological sequelae as

a result of nurse-to-nurse incivility, this topic demands more study.

　　　　Unfortunately, nurse-to-nurse incivility persists within oncology nursing, regardless of

nurses' professional role. This quality improvement initiative, aimed at the subset of oncology

nurses in the ambulatory care setting, is in alignment with the direction set forth by the ANA's

(2105) call to action that all clinical settings be free of incivility. This approach is further

supported by Taylor and Taylor (2018) who frame negative workplace behavior, in this case

horizontal violence, as a quality improvement issue. The goal of this specific project was to

educate oncology nurses about incivility, its effects, and teach an evidence-based mitigation

strategy known as cognitive rehearsal through the use of clinical vignettes, a popular approach

widely used online for continuing education.

　　　　Cognitive rehearsal is an evidence-based strategy that has been shown to be effective in

managing nurse-to-nurse incivility. Griffin (2004) published the seminal work on the topic of

cognitive rehearsal, focusing on the "I" message technique, as a method to open a

communication dialogue. By adopting this approach, "I" message frames the conversation and

focuses on the perceptions or beliefs of the speaker rather than attributes of the listener (Clark,

2019). Clark (2019) further states that by avoiding blame-shifting, "I" messages provide a

means to address conflict in a constructive manner and preserve relationships.

Available Knowledge

　　　　As mentioned, incivility is a well-known phenomenon that has been extensively

documented within the nursing profession. Meissner's (1986) landmark article coined the

question asking if nurses were "eating their young?" More than 30 years later, incivility

continues to inhabit the workplace and a large number of publications, both from the nursing

profession and other disciplines, describe the persistent behavior. Confirming the significance of

the issue, PubMed (U.S. Library of Medicine, 2018) recently added incivility as a MeSH

(Medical Subject Headings) term.

For the purpose of this quality improvement project, incivility was defined according to

Andersson and Pearson (1999), "Workplace incivility is a low intensity deviant behavior with

ambiguous intent to harm the target, in violation of workplace norms for mutual respect. Uncivil

behaviors are characteristically rude and discourteous, displaying a lack of regard for others"

(p.457). The definition that Anderson and Pearson (1999) published two decades ago is mirrored

in that used by MeSH. For example, MeSH (2018) describes incivility as "low-intensity deviant

behavior with ambiguous intent to harm the target, in violation of norms for mutual respect"

(para. 1).

Uncivil behaviors are linked to communication patterns that are characteristically

discourteous, and display a lack of regard for others. Behaviors range from overt displays such

as infighting among nurses, sabotage, eye-rolling, or verbal responses that are snide, rude and

demeaning to covert behaviors such as failure to respect confidences and privacy (Wilson et al.,

2011). It is estimated that 27% – 85% of nurses experience a form of incivility in the workplace

(Johnson & Rea, 2009; Wilson et al., 2011).

The impact of incivility is broad and affects not only the individual nurse but also the

patient and health care system. According to Clark (2019), preventing harm caused by incivility

is the next frontier for patient safety improvement. She concludes that many nurses in both

practice and academic settings fail to address the behavior because of a lack of confidence.

Additionally, when incivility is present, even at low rates, there is a perceived increase in patient

safety risk and poor patient care quality (Laschinger, 2014). TJC (2016) reinforced this finding

by stating that incivility leads to under-reporting of safety and quality concerns, while increases

in harm, errors, infections and costs can occur.

      The experience of incivility causes some nurses to question their role and intent to stay in

the job. Read and Laschinger (2013) report that workplace incivility is associated with job and

career dissatisfaction, lower work engagement, higher emotional exhaustion, poor physical and

mental health, and increased job and career turnover intentions.

      Research by Griffin and Clark (2014) demonstrates that workplace incivility also creates

a heavy financial burden on health care organizations. Lewis and Malecha (2011) found that the

failure to address workplace incivility costs hospitals on average $11,581 annually per nurse as a

result of lost productivity. Another sobering financial metric was reported by NSI Nursing

Solutions, Inc. (2019). According to their calculation, the average cost of nurse turnover ranges

from $40,300 to $64,000. These findings affirm the need to address workplace incivility in an

effort to promote nurse retention and maintain productivity.

      The intersection of nurse-to-nurse incivility on patient safety, nurse engagement and

intent to leave, and the associated financial burden attests to the fact that it is a topic deserving of

attention from a quality improvement perspective. Much of the existing quality improvement

work on nurse incivility in the United States has been conducted in hospitals and academic

settings. Interestingly, this experience mirrors the international perspective (Clark, 2019; Difazio

et al., 2018; Laschinger, 2014; Simons et al., 2011; Smith et al., 2018). This project will focus on

oncology nurses who care for cancer patients in the ambulatory care setting since there is little

discussion about this environment in the literature and ambulatory oncology care is a significant

proportion of oncology nursing.

Nurse-to-nurse incivility is often subtle and may be difficult for nurses to recognize,

resulting in a lack of early recognition and intervention (Schwartz & Leibold, 2017). As a result,

teaching nurses how to identify uncivil behaviors and apply an evidence-based tactic is an

essential component of minimizing risk for negative nurse, patient and/or organizational

outcomes.

An evidence-based intervention shown to be effective in mitigating incivility is cognitive

rehearsal. As described previously, the foundational work on cognitive rehearsal to address

incivility in nursing was published by Griffin (2004). She described the results of a descriptive

study involving a cohort of newly licensed nurses. Novice nurses learned cognitive rehearsal as

a tool to respond to incivility. Griffin concluded that this communication technique was highly

effective and enabled newly licensed nurses to address uncivil behaviors in the workplace. Since

its introduction almost two decades ago, cognitive rehearsal continues to be practiced by nurses

in a variety of roles, including those in academia, leadership and front-line positions. As such,

the merits of cognitive rehearsal are further supported by integrative and systematic reviews that

found it to be an effective mitigation strategy against nurse incivility (Armstrong, 2018; Phillips

et al., 2018; Stagg & Sheridan, 2010).

Within the domain of cognitive rehearsal is the specific technique known as "I" message.

The benefit of "I" message is that it enables the speaker to formulate their response and set the

stage for the listener to receive feedback. This project modeled clinical vignettes and "I"

message responses after Clark's (2109) published experience using "I" message as a method to

address conflict and preserve relationships. Again, following Clark's (2019) example, the "I"

message responses used to illustrate the behavior in this project started with a first-person "I"

statement. The intent of this approach was to provide concrete examples of how to initiate a

dialogue about incivility with a colleague.

Cognitive rehearsal is in alignment with the ANA's (2015) recommendation that nurses

participate in communication training. The intervention prepares nurses for potentially stressful

situations by anticipating and rehearsing ways to address the issue, thereby strengthening the

probability of a favorable outcome (Clark, 2019). According to Clark (2019), speaking with

confidence and using respectful expressions to address incivility can empower nurses and enable

them to address uncivil behavior.

A systematic review by Armstrong (2018) found that the most effective incivility training

programs include several elements. Key components were education about incivility and its

effects, communication training about how to address conflict in an assertive manner, and

practice responding to scenarios using either cognitive rehearsal or role-play. Interestingly, the

author found that the length of the program did not appear to influence the effectiveness of the

intervention.

This project consisted of an online module that required approximately 9 minutes to

complete. While developing the module, the Qualtrics software sent analytics to optimize

participation and completion of the tool. Feedback indicated that modules less than eight minutes

were ideal.

Rationale

This quality improvement project is grounded in Patricia Benner's (1982) Novice to

Expert theory. Benner (1982) describes the challenging journey of novice nurses as they master

the art and science of the profession. Difficulties with this trajectory may be exacerbated if

novices also must navigate workplace nurse-to-nurse incivility. As the literature clearly points

out, incivility has implications for nurse retention, patient safety and organizational financial

stability. As such, it is in the interest of both front-line nurses and nurse leaders to foster the

development of the novice nurse in an environment free from nurse-to-nurse incivility. Healthy

work environments support nurse retention and mastery of professional expertise. Ultimately,

fellow nurses, patients and organizations reap the benefits of nurses, regardless of their role, who

are competent and continue to develop their professional expertise.

Retaining and developing nurses is essential because according to Benner (1982), the

complexity and responsibility of nursing practice requires long-term and ongoing career

development. Experience is not defined by the passage of time or longevity but instead by the

refinement of preconceived notions through exposure to clinical situations that illustrate nuances.

Two added dimensions that contribute to professional development are support and mentoring

from peers. Both of these actions promote the transition from novice to expert. Finally,

recognition, reward and retention of the experienced nurse improves the quality of patient care.

A potential unintended consequence of nurse incivility is that a limited number of expert

nurses opt to remain after successfully navigating the workplace environment. If novice nurses

leave the profession early in their career and/or prior to completing the professional journey,

clinical expertise within health care systems may become limited. Failure to retain nurses, a

known consequence of workplace incivility, poses challenges in the clinical setting and is an

undesirable outcome for patients, nurses and the health system as a whole.

Building upon Benner's theory is the work of Lewis-Pierre et al. (2019). These authors

reinforce the concept that considering the unique needs of the newly licensed nurse, or novice as

defined by Benner (1982), is critical to a healthy work environment. Again, this is congruent

with the ANA's (2015) position paper outlining expectations for collaboration and the creation

of a respectful clinical culture. Unfortunately, acts of incivility have the potential to disrupt

clinical environments and negatively impact retention, professional growth and development.

       To summarize, patients benefit from expert nurses in the clinical setting because of their

depth of knowledge and expert skills. Benner's (1982) theory of Novice to Expert identifies the

underpinnings required to facilitate this outcome, regardless of the practice setting.   Therefore,

fostering the development of professional nurses along the continuum from novice to expert is

vital to patients, nurses and organizations. A potential barrier to achieving the intended outcome

is the existence of workplace incivility, which is known to be elusive and difficult to recognize

(Schwartz & Leibold, 2017).

Specific Aims

       The purpose of this quality improvement project was to define incivility as a way to raise

awareness and recognize uncivil behaviors, survey oncology nurses about their experiences using

the Short Negative Acts Questionnaire, and teach cognitive rehearsal, an evidence-based

intervention, to mitigate nurse-to-nurse incivility. This is a descriptive, non-experimental design

that incorporates a pre-test and post-test format.

Methods

Context

       The project used a convenience sample of registered nurses working in oncology

ambulatory care. The first cohort of participants attended the January 2020 Oncology Nursing

Society local chapter annual educational symposium in northern New England. Although 40% of

symposium attendees participated, the absolute number was low because of the small number of

total attendees. In an attempt to increase the sample size, oncology nurses working at two

regional infusion clinics, again located in northern New England and part of a National Cancer

Institute (NCI) designated cancer center, were invited to participate. Basic demographic

information about age, gender, educational preparation, practice setting, years of experience and

employment at a facility recognized as a Magnet Recognition Program or Pathway to Excellence

Program was gathered. Asking about accreditation as a Magnet Recognition Program or

Pathway to Excellence Program accreditation was included because research indicates that

incivility rates are lower in organizations with such designations (Lewis & Malecha, 2011).

Also, participants were invited to free-text their personal experiences with incivility.

The table below itemizes the project's budget.

Table 1.0

Project Costs

Item	Cost
Qualtrics Software	$0
$5 Coffee Gift Cards	$105
UNH Clinical Project Review Committee	$0
Dartmouth-Hitchcock Center for Nursing Excellence Review	$0
Dartmouth-Hitchcock Institutional Review Board	$0
Total	$105

Interventions

To determine if ambulatory care oncology nurses understand the concept of incivility, participants were asked three pre-test questions with multiple-choice answers. The first question tested knowledge about the impact of incivility. Using a true/false approach, the second and third question asked participants to identify uncivil behaviors and an "I" message intervention. The pre-test was followed by the S-NAQ (Notelaers et al., 2019).

The S-NAQ is the result of decades of investigation by researchers studying the effect of the workplace environment on its workers. The original survey tool, known as the Negative Acts Questionnaire (NAQ), was later revised to become the Negative Acts Questionnaire-Revised (NAQ-R) (Einarsen et al., 2009; Notelaers et al., 2019). The most recent version is known as the S-NAQ and meets the need to be practical and available online (Notelaers et al., 2019).

After completion of the S-NAQ survey, participants received didactic instruction about the definition of incivility. The educational session opened by defining incivility because it is known that nurses may not readily identify incivility because of its covert nature (Schwartz & Leibold, 2017). Next, two clinical vignettes, commonly encountered in the ambulatory care setting, were described. To illustrate how to manage an uncivil interaction, each vignette was followed by a cognitive behavioral example of "I" message. After the education module, participants completed a post-test. Results from this quality improvement project will be used to establish a baseline from which to design and implement future projects that target nurse-to-nurse incivility.

Measures

A variety of instruments and tools are available to measure negative behaviors in the workplace. Harris et al. (2019) performed a scoping review of validated assessment tools in

response to the fact that a universal one has yet to be adopted. Inclusion criteria for the review

included the instrument's psychometric properties, prior application with health care workers,

number and type of questions, measurement of an individual's incivility experience,

confidentiality and ability for consistent comparison over time. Five instruments met the

inclusion criteria. As such, the S-NAQ was identified as the superior, validated tool to measure

incivility in healthcare.

By way of context, the S-NAQ evolved from the original tool known as the NAQ

inventory tool. The NAQ consists of 22 questions as compared to the S-NAQ, which asks 9

questions and uses the Likert scale to score responses (Notelaers et al., 2019). Notelaers et al.

(2019) found the S-NAQ to be a valid measure of exposure to severe and occasional bullying and

respondents can be identified by the type and frequency of negative social behaviors. This tool

also supports the theoretical definition from the original tool regarding exposure to repeated and

systematic negative behavior. The researchers concluded that the tool is psychometrically sound,

easy to use and identifies targets exposed to varying degrees of workplace bullying.

Building upon this perspective, the S-NAQ was appealing for this project because of the

scoping review's endorsement and the tool's brevity. Although the tool does not claim to

measure incivility specifically, it has been used with success for decades in the international

setting, including the assessment of health care workers. As Einarsen et al. (2009) state,

exposure to bullying can range from incivility to severe victimization. Also lending support for

its use was the fact that several of the 9 S-NAQ questions are in-line with the project's definition

of incivility. For example, incivility is defined as failure to respect confidences and the S-NAQ

asks about gossip and rumors. All of these factors contributed to the author's decision that the S-

NAQ was a good fit. A permission request to use the S-NAQ for the purpose of this quality

improvement project was submitted and approved by the Bergen Bullying Research Group at the

University of Bergen, Norway.

Analysis

The survey components and educational module were loaded into the Qualtrics Survey Software

and reviewed by a University of New Hampshire (UNH) Department of Nursing staff member

with Qualtrics software expertise. Participation was voluntary and advertised to those attending

the Oncology Nursing Society Symposium on January 18, 2020. Data collection occurred from

January 18, 2020 through January 28, 2020.

Additional participants, consisting of oncology infusion nurses at two regional locations

of an NCI-designated academic medical center, were approached about participating on February

14, 2020 and data collection occurred between February 14, 2020 and February 20, 2020.

Data analysis utilized descriptive statistics such as percentages. Two t-tests were planned

including the comparison of Magnet and Pathway to Excellence organizations against those

without that distinction and a second one to measure change between pre-test and post-test

scores.

Ethical Considerations

The University of New Hampshire Nursing Clinical Project Review Committee and

Dartmouth-Hitchcock Center for Nursing Excellence reviewed and approved the project.

Following these approvals, the proposal was submitted for review to the Dartmouth-Hitchcock

Health Institutional Review Board (D-HH IRB) and was assigned a determination of *Not Human*

Research.

Participants received a letter explaining the quality improvement project as part of the

recruitment process and that IP addresses would not be collected. Participation was voluntary.

There was no consent form and completion of pre- and post-test indicated consent. The

investigator had no conflict of interest to report.

Results

The sample size included 21 female participants, all of whom practice in the ambulatory

oncology setting. Ages ranged from 20 – 69 years with the majority clustered in two decades,

30-39 years and 50-59 years of age, respectively. In addition to a cross-section of ages, years of

nursing experience was also diverse. Although all participants were minimally in the profession

for a year, two participants reported 1-3 years of experience. The largest cohort, representing

28.57% of the participants, consisted of nurses who had been in the field for 6-10 years.

Entry level into practice was skewed toward BSN preparation at 42.86% while a third of

participants were ADN graduates. Four of the five remaining participants had an advance degree

and one identified as "other." This description could denote a nursing diploma although there

was not an opportunity to gather specific information via free-text.

A t-test was used to measure association between employment at Magnet/Pathway to

Excellence institution against organizations that have yet to earn that recognition. The p-value of

the t-test was equal to .50, indicating no correlation between workplace incivility scores and

employment at Magnet/Pathway to Excellence institution. A second t-test evaluated the

correlation between pre-test and post-test scores. Again, the result showed there to be no

significance as the p-value was equal to .146 and not < .05, the threshold for significance.

Table 2.0

Participant Gender

Gender	Frequency	Percent
Female	21	100
Male	0	0

Table 3.0

Participant Practice Setting

Clinical Setting	Frequency	Percent
In-patient unit	0	0
Ambulatory clinic	21	100
Homecare/hospice	0	0
Other	0	0

Table 4.0

Participant Age

Age	Frequency	Percent
20-29 years	4	19.05
30-39 years	5	23.81
40-49 years	4	19.05
50-59 years	5	23.81
60-69 years	3	14.29
>70 years	0	0

Table 5.0

Participant Years of Experience

Years	Frequency	Percent
<1	0	0
1-3	2	9.52
4-5	3	14.29
6-10	6	28.57
11-20	4	19.05
21-30	3	14.29
>31	3	14.29

Table 6.0

Participant Educational Preparation

Degree	Frequency	Percent
ADN	7	33.33
BSN	9	42.86
MS/MSN	3	14.29
DNP/PhD	1	4.76
Other	1	4.76

Table 7.0

Participant Employment at Magnet or Pathway to Excellence Hospital

Magnet/Pathway Facility	Frequency	Percent
Yes	7	38.89
No	11	61.11

Pre-test results show that all participants successfully identified incivility's impact on patient safety, nurse retention and organizational financial health. Also, 90% of participants on the pre-test identified that incivility included eye-rolling, deep sighing or being ignored. Participants were less familiar with "I" messaging, an evidence-based cognitive rehearsal technique. According to the pre-test results, 57.14% of participants correctly identified the role of "I" messaging while 42.86% were either unsure or disagreed with the statement. On post-test, 95.24% correctly answered the question while one participant failed to identify that "I" message was an evidence-based technique used to mitigate incivility.

Table 8.0

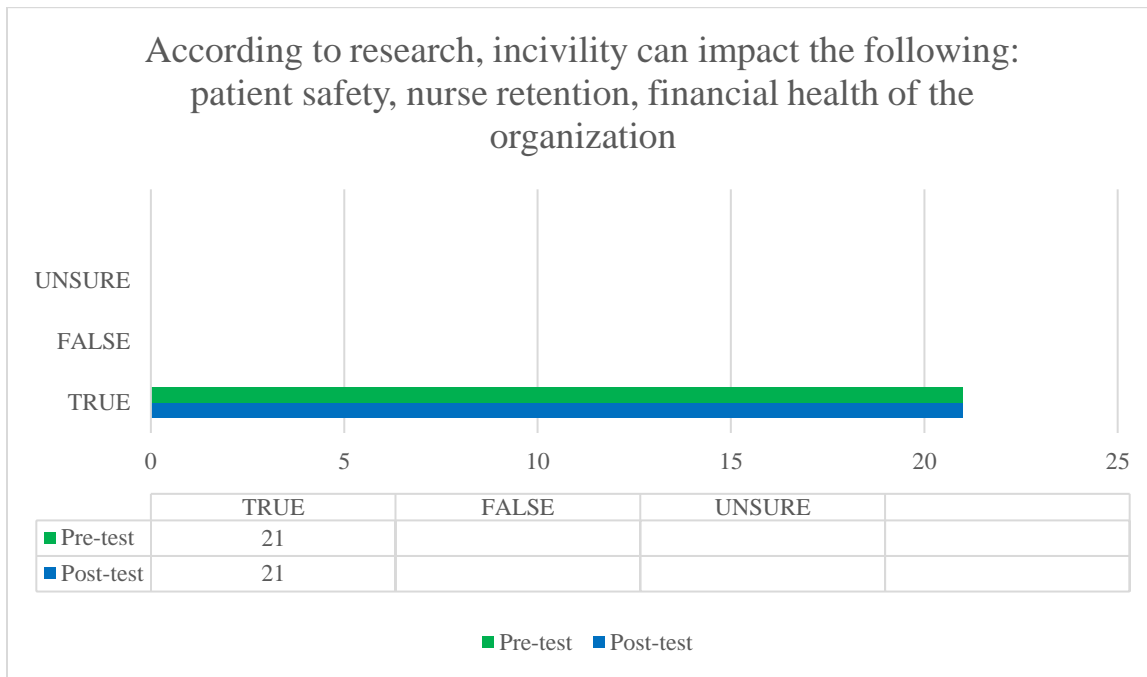*Q-1 Participant Pre-Test and Post-Test Results*

According to research, incivility can impact the following: patient safety, nurse retention, financial health of the organization

	TRUE	FALSE	UNSURE	
Pre-test	21			
Post-test	21			

Pre-test Post-test

Table 9.0

Q-2 Participant Pre-Test and Post-Test Results

Incivility includes eye-rolling, deep sighing or being ignored

	TRUE	FALSE	UNSURE	
Pre-test	19	0	2	
Post-test	21	0	0	
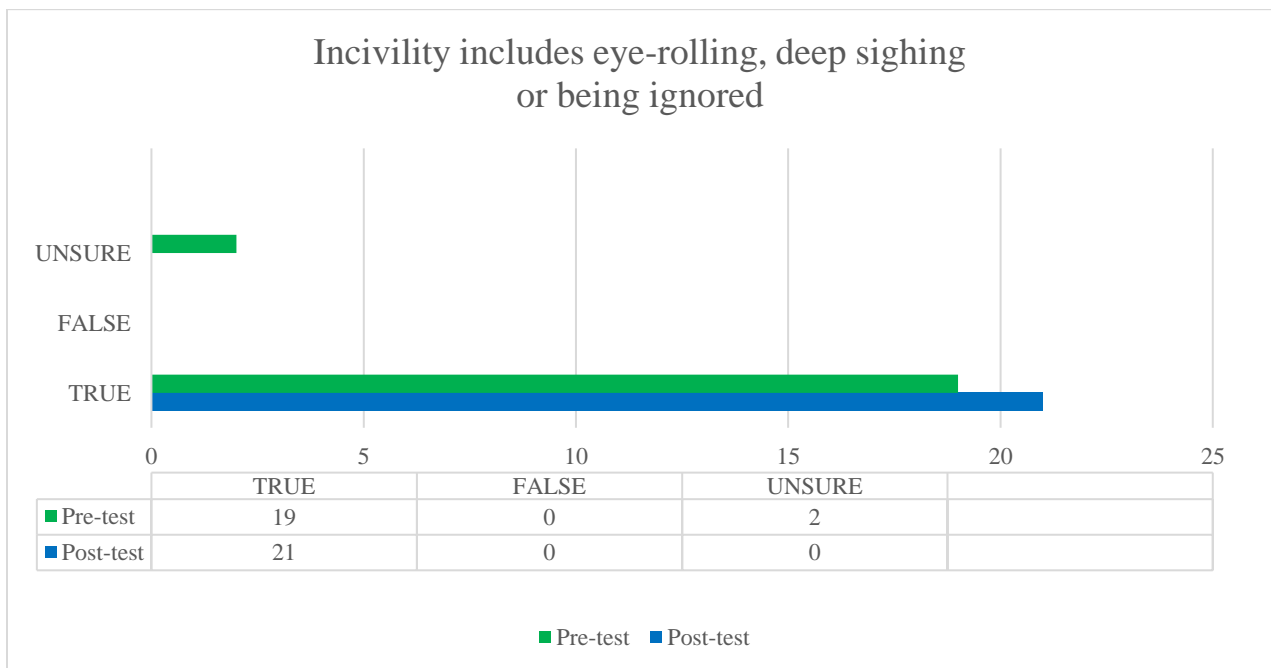
Pre-test Post-test

Table 10.0

Q-3 Participant Pre-Test and Post-Test Results

Cognitive rehearsal known as "I" messaging is an evidence-based technique that is effective in addressing incivility

	TRUE	FALSE	UNSURE	
■ Pre-test	12	1	8	
■ Post-test	20	1	0	

■ Pre-test   ■ Post-test
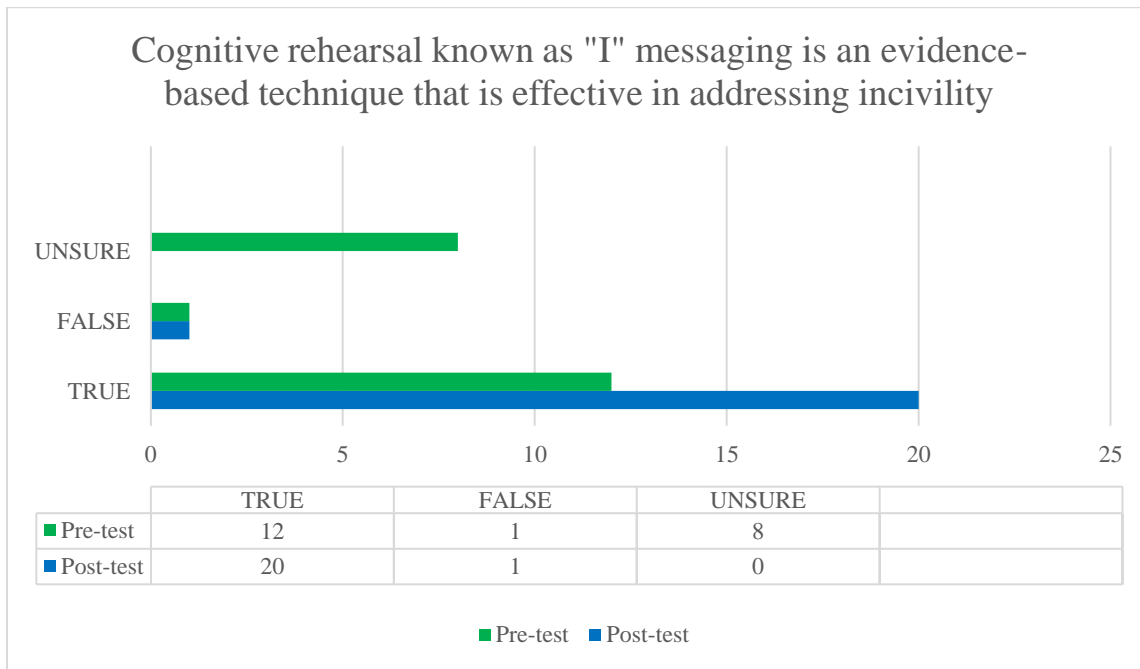
Participant responses to the S-NAQ, as seen in Appendix A, indicate that the majority of participants had experienced some type of workplace bullying. As such, there is overlap between the S-NAQ definition of bullying and the Andersson Pearson (1999) definition of incivility. Interestingly, a consistent number of participants, ranging from 23.81% to 80.95% depending upon the question, deny experiencing any negative behavior. This finding is inconsistent with reports in the literature.

At the conclusion of the S-NAQ, the survey asks three specific questions about bullying behavior in the workplace. Of the 21 total responses, one participant replied that it occurred "rarely" while two others labeled the frequency as "now and then." A single participant identified the perpetrator as their immediate supervisor. Two other participants established that colleagues initiated the uncivil behavior. All stated that the perpetrator was female.

Discussion

Summary

The aims of this quality improvement project were to explore the experience of nurse-to-nurse incivility for ambulatory oncology nurses. The first aim of teaching incivility and its impact was moderately successful. Most of the 21 participants were familiar with uncivil behaviors and their negative effect on individual nurses, patient safety and organizational financial stability. The cognitive rehearsal approach known as "I" message was less familiar according to pre-test results. Post-test scores showed an improvement for eight of the nine participants who originally selected an incorrect answer but this change was not statistically significant. Regardless of the p-value, it appears that additional education about cognitive rehearsal, and "I" message specifically, would be beneficial and may be applicable to a broader nursing audience.

Participants seemed to complete the Qualtrics module without difficulty. An unexpected negative outcome was the inability to identify participants via Qualtrics who agreed to receive an eGift for participation. Future projects would require additional Qualtrics expertise to avoid a repeat of this experience.

Interpretation

The implementation of a nine-minute module, available electronically for both Smartphones and electronic devices, is an effective way to reach practicing ambulatory oncology nurses. The data demonstrate that nurses gain exposure to new content using this method and were comfortable with the module's design.

Consistent with the nursing literature, analysis of the S-NAQ survey results shows that nurse-to-nurse incivility is present in oncology ambulatory care settings. It is interesting to note

that the experience of incivility appears to be less frequent for participants in this project as

compared to the incidence rate reported in the literature. Three of the 21 participants or 14%

report experiencing bullying as defined by the S-NAQ in the last six months. Two of the three

described the frequency as "now and then" while the third nurse reported that it occurred rarely.

Although the incidence of negative acts was relatively infrequent, the experience for individual

nurses may be described as demoralizing and can influence workplace psychological safety,

another key attribute that supports nurse retention and patient safety.

A tangible impact of the project on incivility and retention is not easily measured but

there is anecdotal evidence of general improvement in the environment of several nursing units.

For example, discussion among nurse managers and front-line staff about the expectation for

nurse-to-nurse civility appears to have increased over the course of the project. Behavior

standards are referenced more frequently and there has been sharing of information, websites and

references by a small number of staff. Additionally, nurse retention across the cancer center

improved from calendar year (CY) 18 to CY19. One specific unit with poor retention metrics

had 100% retention in CY19. This change may also be attributed to the departure of the low-

performing nurse manager and assistant. Both positions were replaced by novice nurse leaders

with emotional intelligence who have proven to be receptive to coaching. As a result, they are

evolving into high performers.

In looking ahead to possible next steps, this quality improvement project serves as a

springboard for broader inquiry and intervention. Projects applying evidence-based

interventions with a larger sample size of ambulatory oncology nurses, general ambulatory

nurses or licensed nursing assistants and/or medical assistants would be a reasonable next step.

Also, a priority for future projects would include additional training around cognitive rehearsal

as a way to minimize or eliminate nurse-to-nurse incivility. Finally, linking leadership

competencies to participant experiences with nurse-to-nurse incivility could inform gaps in

leadership skills and become the focus of professional development. The integrative review by

Crawford et al. (2019) supports this direction as it suggests strategies to support nurse leaders as

they tackle nurse-to-nurse incivility in the workplace. Additionally, Taylor and Taylor (2018)

discuss framing horizontal violence, a behavior associated with incivility, within the quality

improvement context of an organization and avoid the focus on individuals alone.

In closing, there is continued urgency to address nurse-to-nurse incivility through the

dissemination of evidence-based measures. The need to preserve the existing workforce of

talented, skilled nurses has never been more important with increasingly complex patients and

health care systems while Baby Boomer-aged nurses are simultaneously retiring.

Limitations

A limitation of this quality improvement project is the small number of participants and

their homogeneous nature. All participants were women, which is not surprising since this

largely reflects the nursing workforce. Additionally, none of the participants added their

personal stories or comments about incivility in the free-text area embedded in Qualtrics.

Learning about participants' experiences would have added a richness to the project and

potentially provided context for the S-NAQ survey responses. Arguably because few

participants identified frequent exposure to uncivil behavior, there may not be many stories to

share and a lack of reporting can be viewed as expected. The fact that the author did not educate

potential participants about the free-text opportunity may also be viewed as a limitation. Some

participants may have felt uncomfortable with describing individual situations and were

concerned about the confidentiality of the responses. Future projects will need to address this

issue proactively by messaging participants about the free-text opportunity and responding to concerns in real-time.

Also, the failure to ask about the definition of "other" when describing educational preparation is a limitation and would certainly have been of interest. The participants had no ability to free-text an explanation and this will be corrected in future project iterations.

Conclusions

This project demonstrates that oncology nurses in the ambulatory setting are receptive to participating in a professional activity launched from an electronic platform. Each participant completed the module. Although the sample size was small, the results suggest that nurses can learn new skills via this format. Ideally, one would follow-up with the participants weeks or months later to assess retention of this new knowledge and its actual use in the workplace. This intention will be incorporated into future projects, along with previously identified areas for improvement or enhancement.

One of the least anticipated results was the fact that S-NAQ responses indicated incivility to be both relatively infrequent and affecting a small number of total participants.   Further interpretation of these data is limited because of lack of context. None of the participants described their experience(s) in the available free-text field. Capturing nurses' stories as a component of future projects is a task that merits attention.

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Acknowledgements

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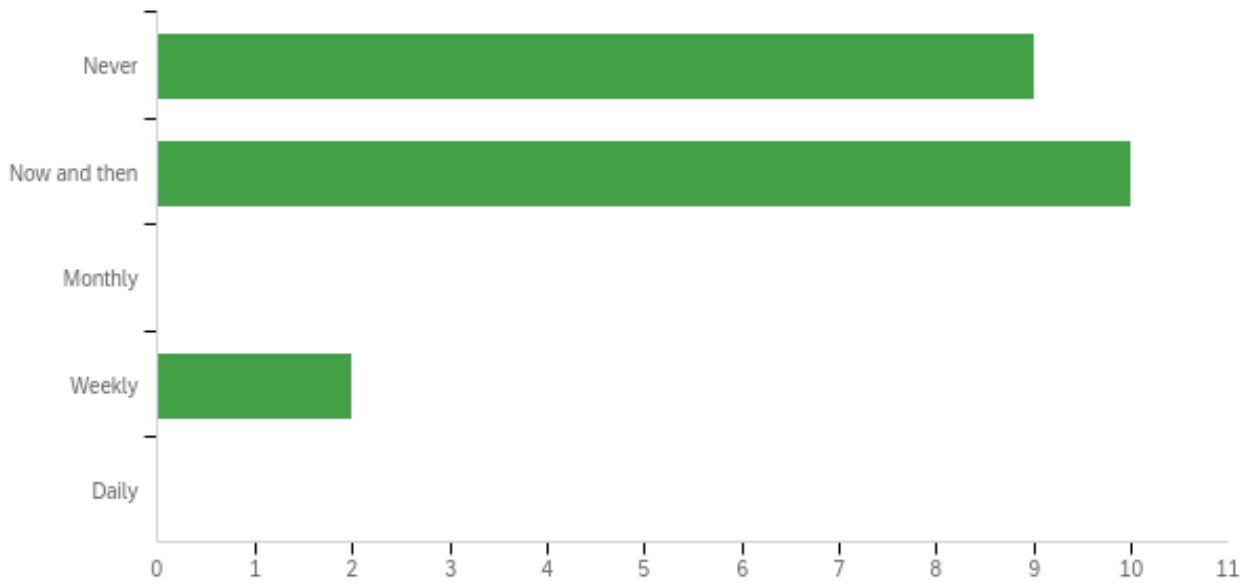*Administration, 41*(11), 453-458.

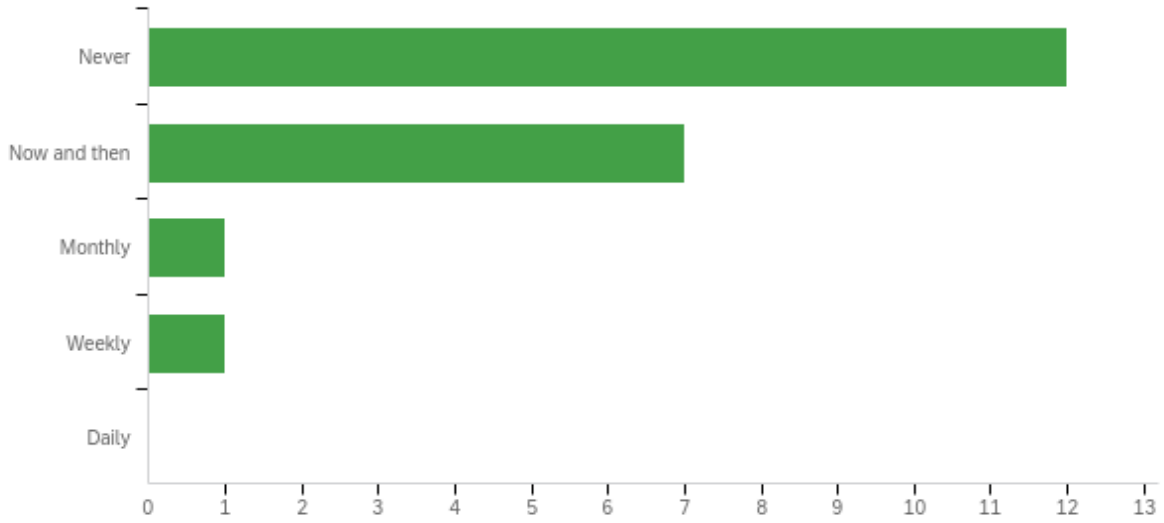Appendix A

Short Negative Acts Questionnaire

SNAQ #1 Someone withholding information which affects your performance
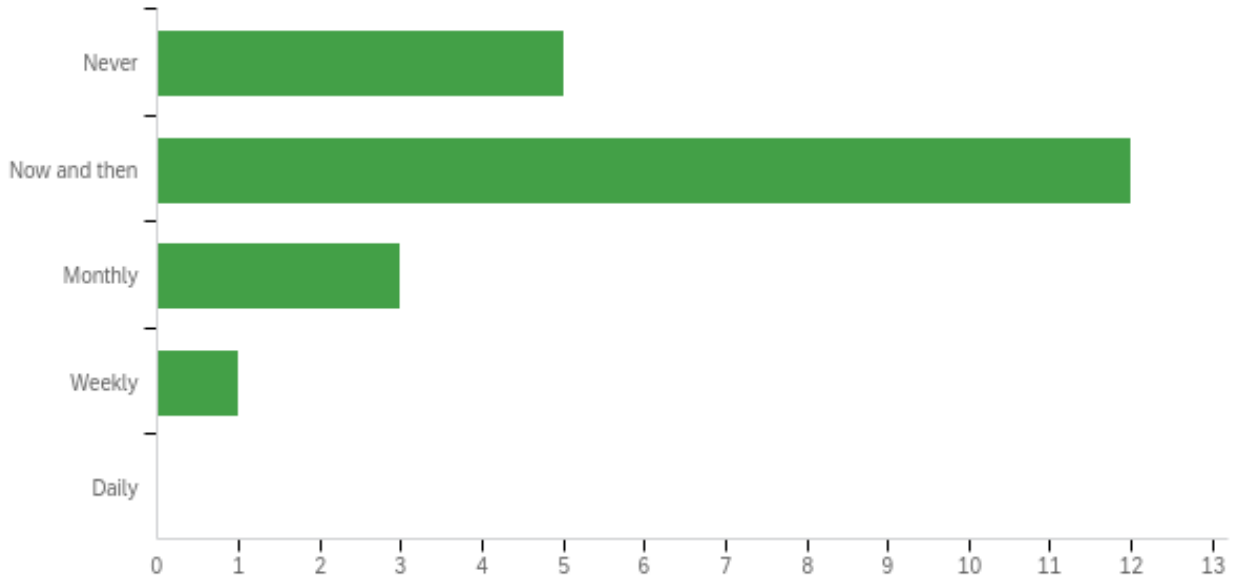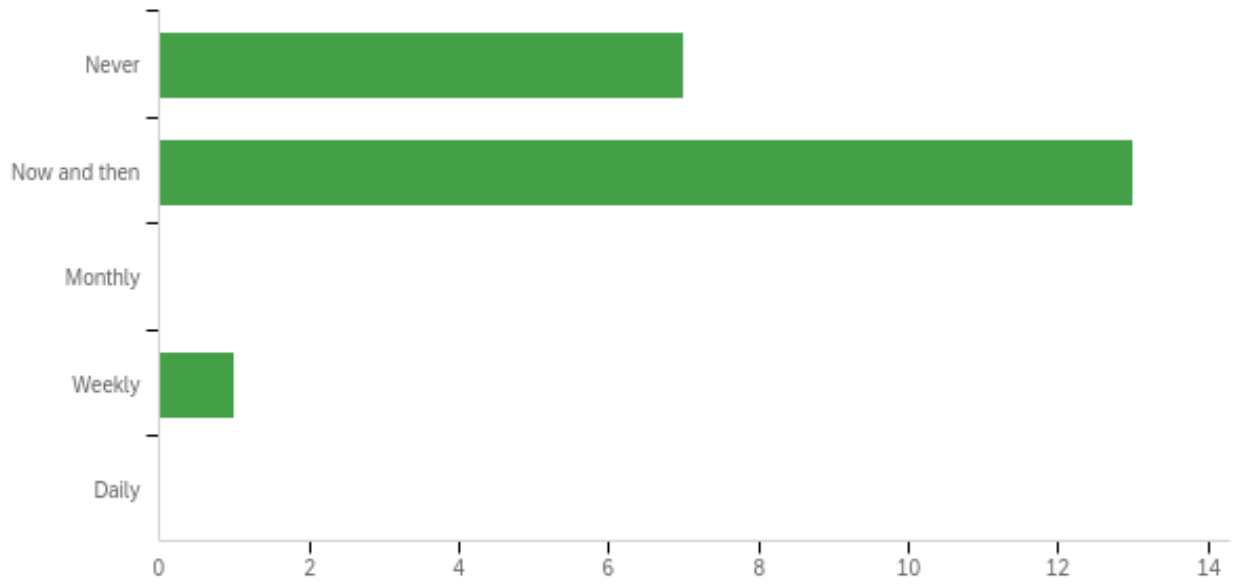

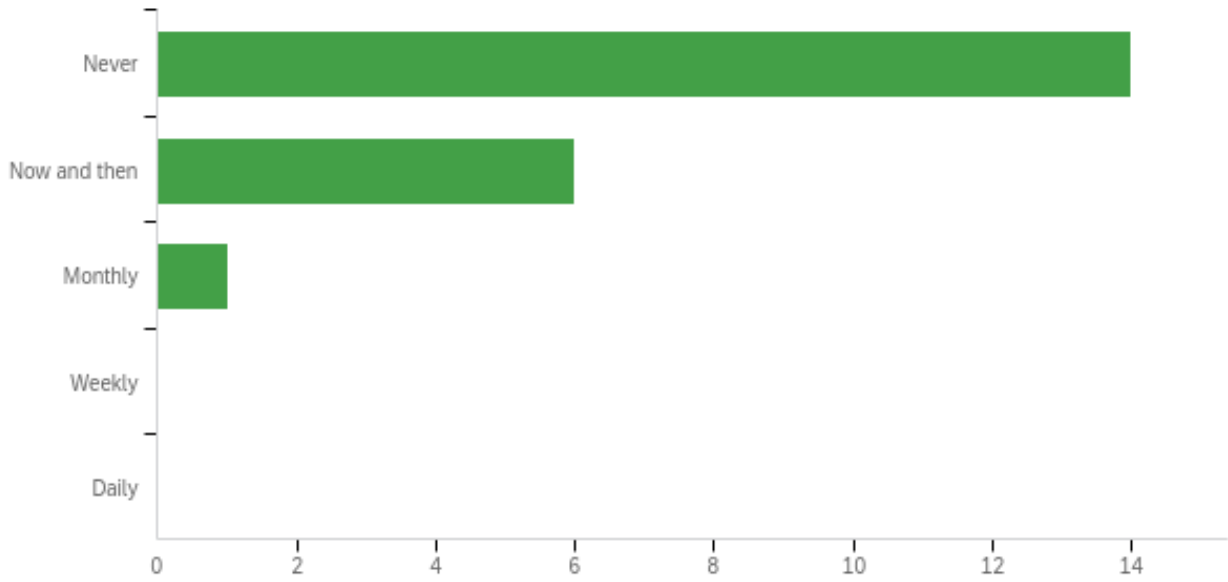SNAQ #2 Repeated reminders of your errors or mistakes

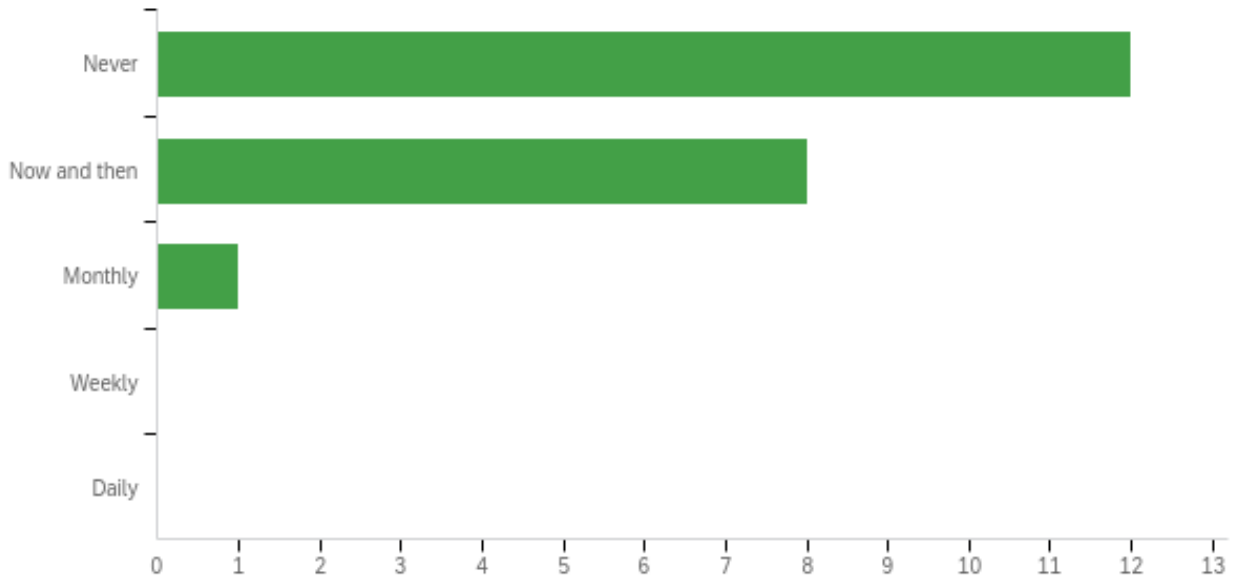SNAQ #3 Persistent criticism of your work and effort

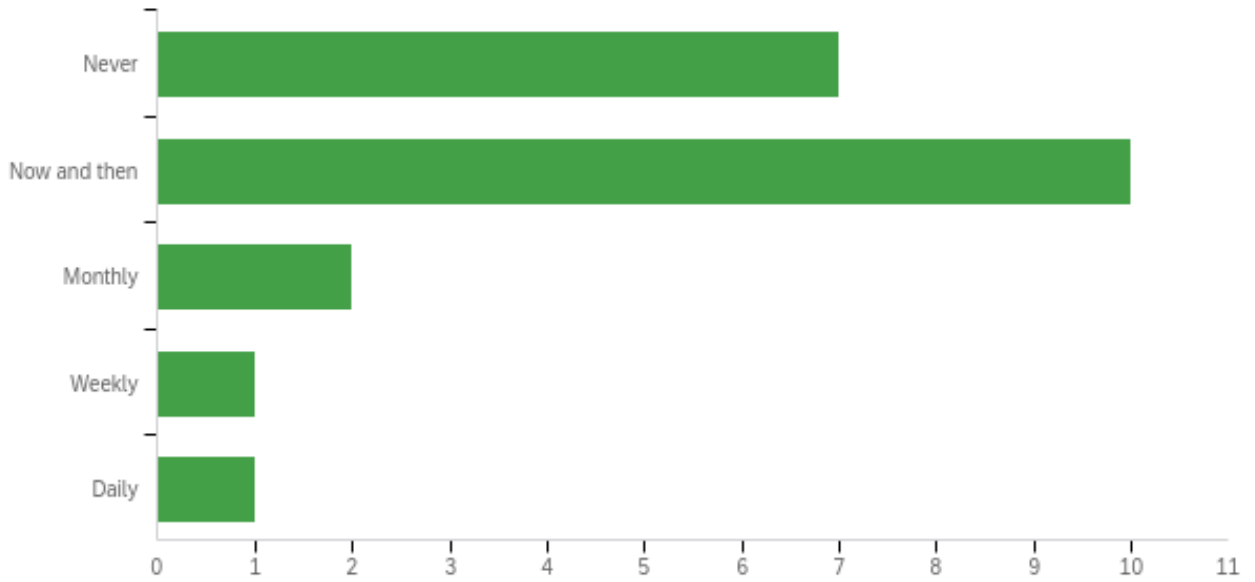SNAQ #4 Spreading of gossip and rumors about you

SNAQ #5 Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or private life
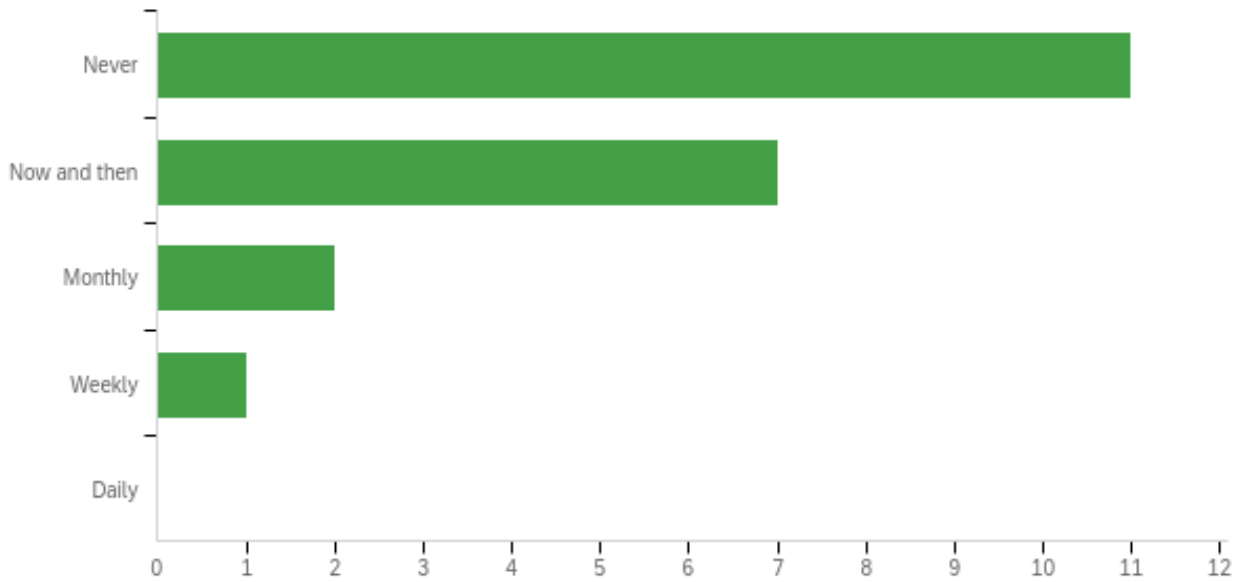

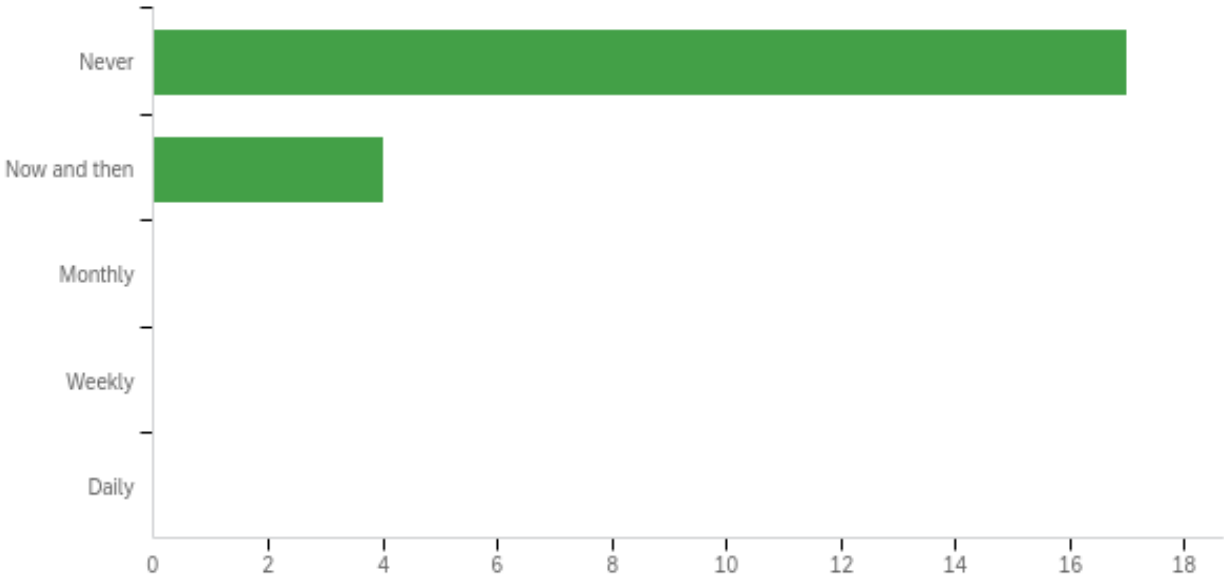SNAQ #6 Being shouted at or being the target of spontaneous anger (or rage)

SNAQ #7 Being ignored or excluded

SNAQ #8 Being ignored or facing hostile reaction when you approach

SNAQ #9 Practical jokes carried out by people you do not get on with

Q 1 - Have you been bullied at work? The Short Negative Acts Questionnaire (S-NAQ) defines

bullying as a situation where one or several individuals persistently over a period of time

perceive themselves to be on the receiving end of negative actions from one or several persons,

in a situation where the target of bullying has difficulty in defending him or herself against these

actions. S-NAQ does not refer to a one-off incident as bullying. Using the above definition,

please state whether you have been bullied at work over the last six months?
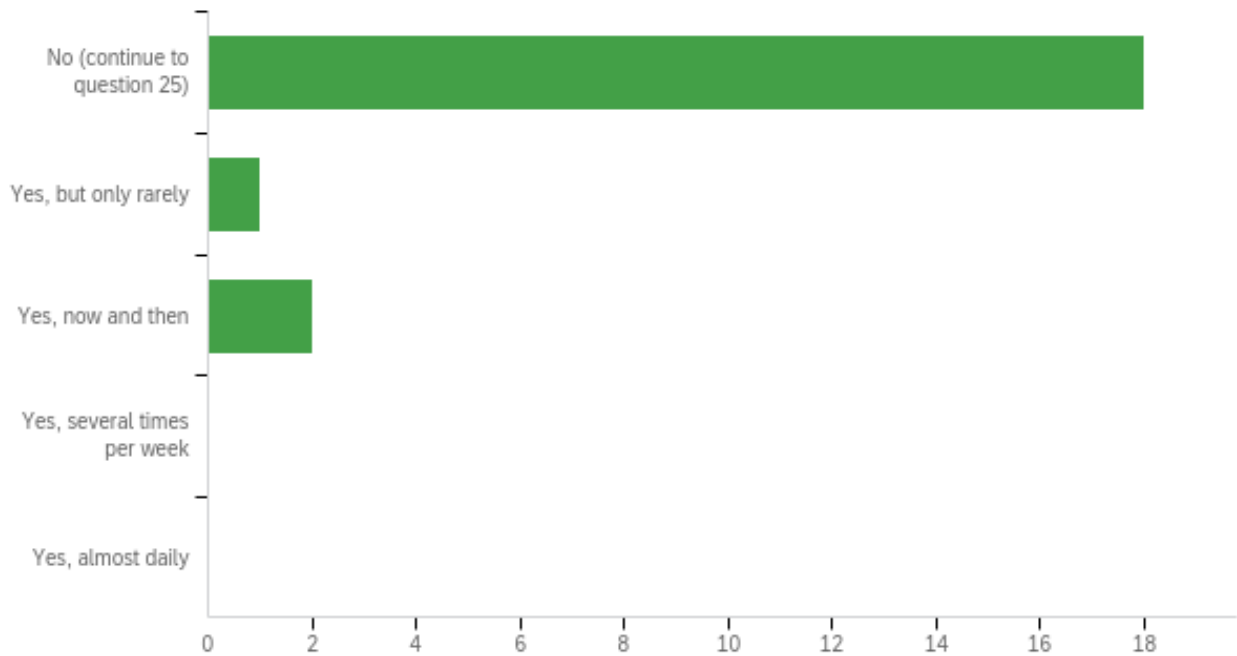
Q 2 - If your answer to the previous questions was "YES," please tick the appropriate boxes(es)

below to state who you were bullied by:
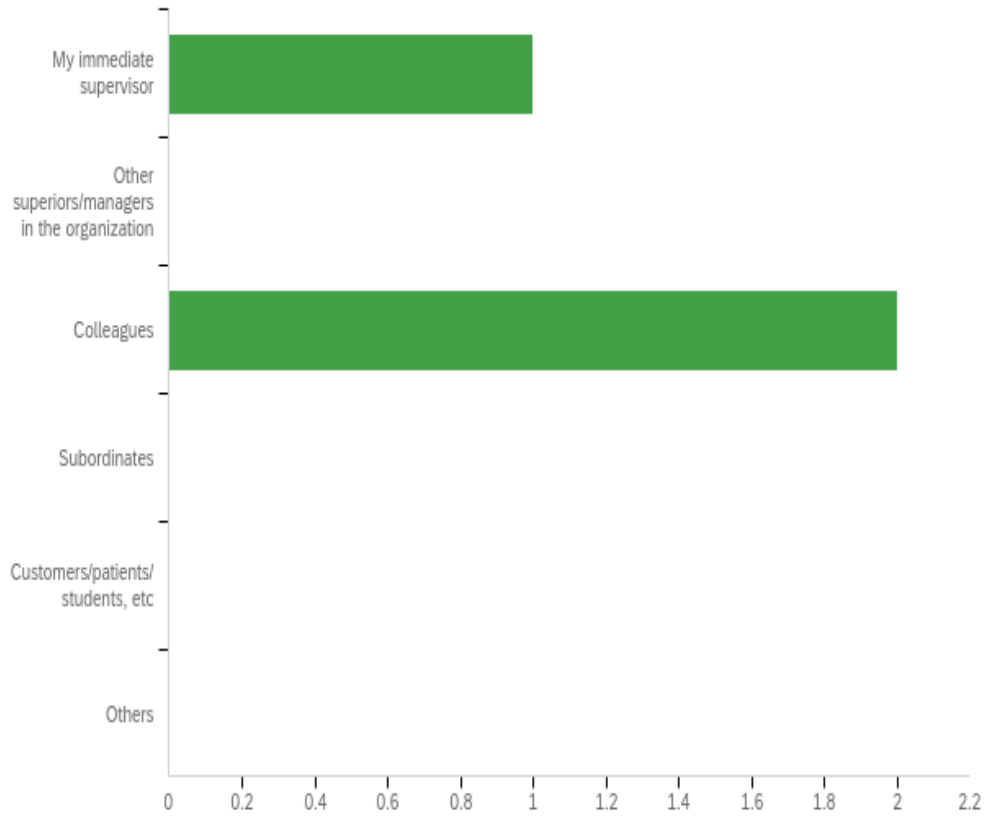
Q 3 - Please state the number and gender of your perpetrators:
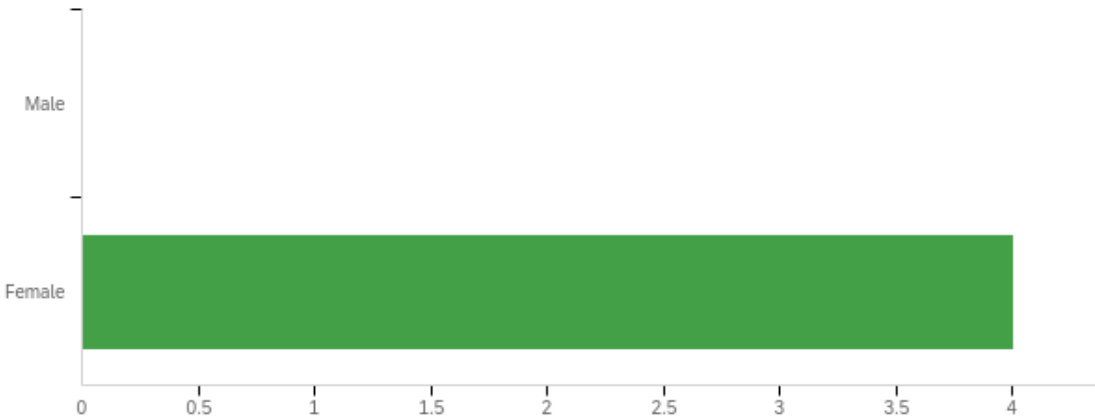
Appendix B

Qualtrics Quality Improvement Module

Q1 Dear Oncology Nurse Colleague:

I am a DNP student at the University of New Hampshire (UNH) and am conducting a quality improvement project on the topic of incivility.

Attached is a survey and educational module that will take about 9 minutes to complete. Your responses will provide valuable information.

IP addresses are not collected so all responses are anonymous and the data are managed by a UNH School of Nursing staff member.

Participants who complete the survey by February 20, 2020 at 11:59 PM will receive a $5 Starbucks or Dunkin' gift card. The gift cards are available in Natasha Schultz's office.

Thank you in advance for your time and participation! For any questions, please contact me at swe1002@unh.edu or 202-413-2624.

Kind regards,

Sheila Evans

Q2 Age

○ 20-29 years (1)

○ 30-39 years (2)

○ 40-49 years (3)

○ 50-59 years (4)

○ 60-69 years (5)

○ >70 years (6)

Q3 Gender

○ Male (1)

○ Female (2)

○ Non-binary/third gender (3)

○ Prefer to self-describe (4) _____

○ Prefer not to say (5)

Q4 Educational Preparation

○ ADN (1)

○ BSN (2)

○ MS/MSN (3)

○ DNP/PhD (4)

○ Other (5) _____

Q5 Practice Setting

○ In-patient unit (1)

○ Ambulatory clinic (2)

○ Home care/hospice (3)

○ Other (4) _____

Q6 Years of Experience

○ <1 year (1)

○ 1-3 years (2)

○ 4-5 years (3)

○ 6-10 years (4)

○ 11-20 years (5)

○ 21-30 years (6)

○ >31 years (7)

Q7 I work at Magnet or Pathway to Excellence hospital

○ Yes (1)

○ No (2)

Q9 Comments

○ Please add comments you would like to share: (1)

Q10 Pre-Test:

According to research, incivility can impact the following:

○ Patient safety (1)

○ Nurse retention (2)

○ Financial health of the organization (3)

○ All of the above (5)

Q11 Incivility includes eye-rolling, deep sighing, or being ignored.

○ True (1)

○ False (2)

○ Unsure (3)

Q12 Cognitive rehearsal known as "I" messaging is an evidence-based technique that is effective in addressing incivility.

○ True (1)

○ False (2)

○ Unsure (3)

Q13 The following questions are known as the "Short Negative Acts Questionnaire" or

SNAQ. This is a tool used worldwide to measure the experience of incivility in the workplace.

SNAQ #1 Someone withholding information which affects your performance

○ Never (1)

○ Now and then (2)

○ Monthly (3)

○ Weekly (4)

○ Daily (5)

Q14 SNAQ #2 Repeated reminders of your errors or mistakes

○ Never (1)

○ Now and then (2)

○ Monthly (3)

○ Weekly (4)

○ Daily (12)

Q15 SNAQ #3 Persistent criticism of your work and effort

○ Never (1)

○ Now and then (2)

○ Monthly (3)

○ Weekly (4)

○ Daily (5)

Q16 SNAQ #4 Spreading of gossip and rumors about you

○ Never (1)

○ Now and then (2)

○ Monthly (3)

○ Weekly (4)

○ Daily (6)

Q17 SNAQ #5 Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or private life

○ Never (1)

○ Now and then (2)

○ Monthly (3)

○ Weekly (4)

○ Daily (5)

Q18 SNAQ #6 Being shouted at or being the target of spontaneous anger (or rage)

○ Never (1)

○ Now and then (2)

○ Monthly (3)

○ Weekly (4)

○ Daily (5)

Q19 SNAQ #7 Being ignored or excluded

○ Never (1)

○ Now and then (2)

○ Monthly (3)

○ Weekly (4)

○ Daily (5)

Q20 SNAQ #8 Being ignored or facing hostile reaction when you approach

○ Never (1)

○ Now and then (2)

○ Monthly (3)

○ Weekly (4)

○ Daily (5)

Q21 SNAQ #9 Practical jokes carried out by people you do not get on with

○ Never (1)

○ Now and then (2)

○ Monthly (3)

○ Weekly (4)

○ Daily (5)

Q22

Have you been bullied at work? The Short Negative Acts Questionnaire (S-NAQ) defines

bullying as a situation where one or several individuals persistently over a period of time

perceive themselves to be on the receiving end of negative actions from one or several persons,

in a situation where the target of bullying has difficulty in defending him or herself against these

actions. S-NAQ does not refer to a one-off incident as bullying. Using the above definition,

please state whether you have been bullied at work over the last six months?

○ No (continue to question 25) (1)

○ Yes, but only rarely (2)

○ Yes, now and then (3)

○ Yes, several times per week (4)

○ Yes, almost daily (5)

Q23 If your answer to the previous questions was "YES," please tick the appropriate

boxes(es) below to state who you were bullied by:

○ My immediate supervisor (1)

○ Other superiors/managers in the organization (2)

○ Colleagues (3)

○ Subordinates (4)

○ Customers/patients/students, etc. (5)

○ Others (6)

Q24 Please state the number and gender of your perpetrators:

○ Male (1) _____

○ Female (2) _____

Q25 Nurses are not always familiar with the definition of incivility.
Anderson & Pearson (1999) describe incivility as low-intensity, deviant behavior with
ambiguous intent to harm that is outside typical work place norms for mutual respect.
Characteristic behaviors include infighting among nurses, sabotage, eye-rolling and snide,
demeaning or rude responses (Wilson, Diedrich, Phelps, & Choi, 2011).

Q26 The Joint Commission (2016) states that incivility leads to under-reporting of
safety and quality concerns, with increases in harm, errors, infections and costs.
Incivility can also result in some nurses questioning their role and intent to stay on the job.

Q27 An evidence-based technique effective in mitigating incivility is cognitive rehearsal
(Griffin, 2004). The following two vignettes illustrate "I" message, a type of cognitive rehearsal.

Q28 During the unit's staff meeting, Susie interrupted Haley multiple times.
An example of "I" messaging that Haley could use is:
  "I appreciate your enthusiasm during the staff meeting discussion but when I am interrupted, I
get off track and lose my train of thought. "

Q29 Rob is inexperienced with the electronic medical record (EMR).   As a colleague

sees Rob approach to ask for help, she enters a patient room to avoid him.

An example of "I" messaging that Rob could use is:

"When I can ask questions in real-time, I learn faster and become independent more quickly."

Q30 Post-test: According to research, incivility can impact the following:

○ Patient safety (1)

○ Nurse retention (2)

○ Financial health of the organization (3)

○ All of the above (4)

Q31 Incivility includes eye-rolling, deep sighing, or being ignored.

○ True (1)

○ False (2)

○ Unsure (3)

Q32 Cognitive rehearsal known as "I" messaging is an evidence-based technique that is

effective in addressing incivility.

○ True (1)

○ False (2)

○ Unsure (3)

Q34

Thank you for your participation!

To receive a Starbucks $5 eGift card as a token of appreciation, please check the "yes" button.

If you answer yes, you will be taken to a second survey so you can enter your email address.

○ yes (4)

○ no (5)