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Territoriality as a Factor in Nursing Incivility

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This is to certify that the doctoral study by

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Walden University
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Abstract

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MSN-Ed, Walden University, 2011

BSN, Bethel College, 1995

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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February 2021

Abstract

Incivility and hazing in health care results in unsafe environments, not only for the nurse but also for the client, facility, and other health professionals. The project site, a privately owned medical clinic, has a high employee turnover rate with exit interviews indicating bullying and incivility from long-term nursing staff toward new employees as critical reasons for employee resignation. The literature offers minimal information regarding territoriality, a concept associated with aggressive (i.e., alpha) behaviors in animals and humans and incivility in nursing. The purpose of the project was to identify whether territoriality was a behavioral factor that may have contributed to negative behaviors and actions in this non-acute care setting. The practice-focused question asked if there was an issue with territoriality among nursing staff in the independent medical practice. In this project, the social cognitive theory and the social psychological model were used to identify specific behaviors and frequency of uncivil behaviors existing within the clinic. Data collection was accomplished with the Short-Negative Acts Questionnaire, a 12-item scale designed to measure incivility exposure in the workplace environment. Quantitative analysis was used to measure the direct and indirect exposure to negative behaviors and actions within the current work environment as well as the frequency of instances showing a link between incivility and territoriality. The results of this measurement revealed all nursing staff, including the office manager, stated they had experienced or were currently experiencing workplace bullying. Addressing territoriality as a factor in nurse incivility may lead to positive social change by creating a better team environment and higher quality of care for patients.

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Dedication

This project is dedicated to my husband and children who have helped follow my dream and make it a reality. To my father, Leon Randolph, who only completed sixth grade and unfortunately could not read, nor write much more than his signature; he was able to overcome this hurdle in his 40s and see all his children graduate from college. Unexpectedly, he passed away in February 2018 in the middle of my doctoral studies, never getting to see his daughter receive her Doctoral Degree. I know you gave me strength to go on every day since leaving us. To my mother for always pushing us children just a bit further to accomplish more than we ever thought we could and taking the time to make sure to instill the "never say you can't" attitude, which has guided our lives to this date. Dan and Evalyn Wright, you both believed in me and supported me through this journey. Thank you for lending me words of encouragement and support along with helping me maintain my focused on the end. I love the both of you!

Acknowledgments

Brian, my life partner, soul mate, and the person who has laughed with me, cried with me, and encouraged me to continue when I thought I would never make it through the tough times we have experienced. Our love is never-ending, and the support you have provided to me through this process has only done one thing, brought us closer together in a knot that will never be untied. To our four daughters. All of you had grown up watching your mother go from homeless to obtaining my BSN and still loved me enough to support me when I decided to earn my master's degree and go further and attain my Doctoral Degree. Did you ever think back to when I first decided to become a nurse and think you would be seeing your mother with a Doctorate Degree? This has been a lesson to all of you, if you are ever told you cannot do something, take a deep breath, close your eyes and hear me say, "oh yes you can." For me the end is here. It has finally come true, and I pray my accomplishments will guide all of you and your children towards greatness knowing that no matter what the adversities you experience in life, as long as you learn from them, anything is possible. I love all of you and your families so very much.

Lastly, to my mentors Dr. Kim Davies M.D. and Dr. Garner. You have been tough on me when I needed it and had kind words for me when I was not believing in myself. Dr. Garner, you are an amazing educator and will always hold a special place in my heart. Without your knowledge, support, and patience, I would not have made it. Thank you for being you.

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Section 1: Territoriality as Factor in Nursing Incivility

Actions that do not demonstrate practiced civility have significantly increased in the workplace, causing unrest within the health care community (Crawshaw, 2009). Incivility and hazing in health care results in unsafe environments, not only for the nurse but also for the client, facility, and other health professionals (Etienne, 2014). While there are many hypotheses in the medical community as to where incivility may originate, researchers have yet to show its origination point. In this project, I explored whether territoriality is a factor in a private practice that has seen high turnover among newly hired nurses. Their chief complaint was incivility and bullying by longer-term nursing staff. When incivility is not addressed, acts of incivility flow over into the practice areas causing unstable work environments and potentially increasing the shortage of nurses (Jackson et al., 2014). The nursing profession has identified a practice concern focused on the need for change involving incivility and bullying within the workplace environment (Cortina et al., 2001).

The utilization of evidence-based interventions promotes efficacy in the clinical setting, contributing to superior nursing care (Olds, 2006). Nursing educators can take a proactive approach and teach civility early in the nursing profession; however, this does not address the issue in settings where the nursing unit is well established. The ability to unite in practice provides much-needed cohesiveness, awareness, and early interventions concerning incivility in the future of nursing (Etienne, 2014). In a survey, Rosenstein and O'Daniel (2008) asked nursing staff and doctors at a hospital if they witnessed certain health care providers exhibiting disruptive behaviors in a hospital setting, and 65% of

respondents reported disruptive behaviors in their hospital, resulting in adverse events. Workplace bullying is gaining attention as nurse leaders, managers, and directors are being named as the perpetrators (Johnson & Rea, 2009).

Problem Statement

According to the practitioner, the project site, a privately owned medical clinic, has a high employee turnover rate, with exit interviews indicating bullying and incivility from long-term nursing staff to new employees as critical reasons for employee resignation (K. Davies, personal communication, April 27, 2017). Incivility demonstrates similar traits as territoriality does by actions shown through hostility towards others (Edney, 1974). The extant literature offers minimal information regarding territoriality, a concept associated with aggressive (i.e., alpha) behaviors in animals and humans, and incivility in nursing. Territoriality reflects behavioral patterns showing ownership which projects both verbal and nonverbal cues, such as posture or oral communication (Baldwin, 2007).

The concept of territoriality as a prelude to unfavorable behaviors may add a new dimension to the literature on understanding the causes of incivility and bullying. The stressors of nursing practice combined with long clinical hours tend to overflow into the clinical area, causing a genuine concern for the health, welfare, and safety of the clients, staff, and stakeholders (Cortina et al., 2001). Research has shown a correlation between the lack of education concerning incivility and acts of incivility within the clinical environment (Cortina et al., 2001, p. 66). Improving the communication in the nursing profession and developing an understanding of the impact that incivility and bullying has

on the nursing practice may help with what the Institute of Medicine (2003) explained as a need for the restructuring of all health professionals' formal education to decrease a system catastrophe in health care. As nurses and medical professionals are entering the field, they should be aware of issues they may encounter during their professional jobs and have access to strategies helping them deal with unprofessionalism in professional settings (Etienne, 2014).

Purpose Statement

The purpose of the project was to identify whether territoriality is a behavioral factor that may contribute to negative behaviors and actions in this non-acute care setting and to suggest strategies for improvement and sustainability if this is a problem. Bullying not only happens laterally, but more than one third of the incidents involving incivility within an organization occur in higher levels of management (Institute of Medicine, 2003, p 64). Incivility occurring within higher levels of management points to a need for evidence-based education to address the problem of unprofessionalism within the workplace (Achterberg et al., 2008). In the clinic environment, safe and effective care must be practiced, so the client receives attention utilizing evidence-based practice that is driven by proven research interventions (Drenkard, 2013). There is a great deal of literature regarding incivility among nurses in acute care and academic settings; however, little is known about incivility among nurses in small, independent practices. Nursing leaders outside of acute care settings are often without evidence-based tools to use in documenting and correcting behaviors related to incivility. Leaders in small, independent practices do not have the corporate resources available within a more extensive health

system with access to human resource departments. Determining the cause, effect, and outcomes of territoriality in uniquely specific to smaller clinics can contribute to planned interventions and changes in current policies and procedures.

With the current shortage of nurses and the potential for harmful effects on clients, anecdotal or traditional application of interventions are not the most effective or cost-effective practices because there is no well-founded data of support. The utilization of evidence-based interventions promotes efficacy in the clinical setting, making nursing care superior and not one of being substandard (Olds, 2006). The ability for a small clinic community to identify the need for addressing and educating professionals within their practice will lessen the existing gap in practice. The ability to unite in practice provides much-needed cohesiveness, awareness, and early interventions concerning incivility in the future of nursing (Etienne, 2014). The real concern comes if there are no incivility interventions, which could result in the nursing practice becoming unsafe, leading to a potential decrease in the quality of care provided to the patient and a more significant gap in practice.

The practice-focused question that guided this project was: Is there an issue with territoriality among nursing staff in the independent medical practice?

If territoriality is found as a factor among nurses cited by peers as practicing incivility towards others, this issue can be addressed directly. Actions could include education, individual counseling, or a change in work rotations by human resources. This insight would add to the literature on the relationship between territoriality and incivility.

Nature of the Doctoral Project

The setting for this project was a privately owned health care clinic. This primary care clinic demonstrated a 64% employee turnover rate in 2017, causing a financial burden on the practice to hire and continually train new staff, according to the practitioner. Although defining incivility as a problem was imperative to the success of this project, it was crucial to approach the issue of incivility in a clinical setting by establishing a defined project methodology to be implemented to assure a smooth and successful flow towards successful implementation of evidence-based interventions. I conducted a literature review to identify the problem in the health care profession and community, potential causes of the horizontal violence, evidence-based interventions, and other research data related to plausible reasons for employees taking negative actions towards one another.

I collected data for this project through the distribution of the Short-Negative Acts Questionnaire (S-NAQ) by the office manager to the staff in the clinic setting. This data collection plan was approved by the practice administration before collection commenced. The leadership personnel required, as the employer of record, all nursing employees to complete the questionnaire via Survey Monkey, which de-identified the data. The S-NAQ is a 12-item scale designed to measure incivility exposure in the workplace environment (CITE). The S-NAQ was developed to establish a tool that has been found to be reliable and valid and can be adapted within different occupations measuring personal-related, work-related, and physical intimidation without using "bullying" or "harassment" in the questionnaire (Einarsen et al., 2009). Measurement of

the S-NAQ produced a Cronbach's alpha of 0.93, which establishes high internal consistency (Carter et al., 2013). The S-NAQ was developed to measure both direct and indirect exposure to incivility (Einarsen et al., 2009, p. 27). Although incivility has been well documented in the nursing literature, territoriality as a cause of projected negative acts has not been addressed. This study can assist in identifying the need for specific evidence-based interventions in a clinical setting.

The project site organization requested that this analysis be conducted on its employees to help identify possible reasons for high employee turnover rates, poor employee satisfaction scores, and employee-identified lack of staff cohesiveness within the clinic. Ethical considerations addressing human subject protection for this project consisted of the survey de-identification of participants, a data use agreement signed by the practice administration, and receiving approval from the Walden University Institutional Review Board. No other ethical issues arose during implementation of this project.

I aligned the project through the establishment of the problem statement, purpose, patient-focused question, and project approach. Human resources in the clinic identified that bullying and incivility is a factor in the high nursing and staff turnover rate over the past few years with exit interviews indicating incivility as a cause of poor work environments. The core group that remains has been with the practice for several years, suggesting that territoriality may be a factor in this behavior. I used a validated tool (i.e., the S-NAQ) for measuring territoriality to identify whether this is indeed a contributing factor. The results were used to inform human resources and the nursing director

regarding both contributing factors to territoriality and the use of evidence-based actions to address this behavior with the nursing staff.

Significance

Incivility is a topic that has drawn a lot of research attention over the past few years (Shandwick, 2013). In a survey of nurses and doctors evaluating the impact of disruptive behaviors on patient safety, Rosenstein and O'Daniel (2005) determined that 67% of the respondents stated that disruptive behaviors had a direct correlation to the study results of 71% medical errors and 27% patient mortality.

The Joint Commission (2008) identified problems occurring in the medical profession due to disruptive behaviors resulting in the following: stress/conflict, increased medical errors, ineffective care delivery, compromised patient safety, and inadequate patient outcomes. Incivility affects many stakeholders, leaving room for individual interpretations of what is a cause of negative behavioral patterns.

Social change is imperative when negative behavioral patterns produced by territoriality adversely affect the teamwork in a medical practice. Incivility in nursing affects not only the direct patient care provided but can lead to a shortage of nurses, a decrease in productivity, and financial consequences for an organization (Logan, 2016). The identification of triggers or individual communication of ownership that triggers incivility can lead to the implementation of interventions for practice change and improving health care. The gathering of information to assess behavioral changes in the clinic practice can result in targeted efforts to improve nursing practice in the primary care arena. Positive social change, in the form of enhanced nursing professionalism, can

result in a better team environment and higher quality of care for patients in the primary care setting.

This doctoral project is of significance to the promotion of positive change in the clinic and the nursing profession. Through the broader evaluation of an individual's behavioral acts related to protecting their territory, interventions targeted at addressing these unfavorable behaviors can be developed.

Summary

Taking each individual identified cause of incivility and addressing them as a whole leads to a better understanding of how to decrease its incidence. By implementing strategies to reduce future acts of territoriality, the clinic can decrease the turnover rates of staff and, therefore, improve the clinic environment, increase the satisfaction rates of current professional nurses, and potentially increase the likelihood of new nurses joining or staying in the nursing profession. Although identifying the existence of a problem was the beginning point, this project resulted in a deeper understanding of the underlying concept of territoriality as a factor in incivility. Practice improvements, including educational support materials, development of an incivility policy, and scheduling of staff work teams, may decrease incidents and improve the knowledge of the causes of incivility. Addressing territoriality in the clinic may provide a healthier and safer environment for the development of a stronger nursing community.

Section 2: Background and Context

The project site, a privately owned medical clinic, has a high employee turnover rate, with exit interviews indicating the bullying of and incivility towards new employees by long-term nursing staff as critical reasons for employee resignation. The purpose of the project was to verify the validity of the practice-focused question (i.e., Is there an issue with territoriality among nursing staff in the independent medical practice?) and suggest strategies for improvement and sustainability if this issue was identified. Validity was determined by identifying whether territoriality is a behavioral factor that may contribute to negative behaviors and actions in this non-acute care setting. If territoriality was identified as a factor among nurses cited by peers as practicing incivility towards others, this could be addressed directly with the proposed strategies.

In this section, the concepts, models, and theories are discussed; the relevance to nursing practice; the local background and context; and the role of the Doctorate of Nursing Practice (DNP) student.

Concepts, Models, and Theories

Territoriality

Territoriality and dominance in the animal community is a process used to establish social relationships with other animals and their environment (Archer, 1988). In relation to human behavior, through the establishment of individual space through dominating actions and aggressive behaviors towards newcomers in the nursing profession, long-term or more experienced nurses show a tendency to maintain their established territory from those seen as “intruders.” The demonstration of uncivil verbal

and physical actions in nursing has become a concern for many, leading to a need for an intervention to combat these unwanted, disrespectful acts (Crawshaw, 2009). Unprincipled behaviors present a more significant challenge when ethical concerns are not dealt with by administrative leaders, resulting in more dissatisfaction and the increased potential for human error (DeDreu et al., 2001). Signs of dominance and territoriality in nursing produces an unsafe environment, not only for the nurse, but also for the consumer, facility, and other health professionals requiring intervention to alleviate and decrease the incidents of incivility.

The identification of human territories leads to an identification and possession of physical space that can be identified as primary territories, secondary territories, public territories, and physical self or body territories (Edney, 1974). Projected human patterns of attitudes and behaviors protecting their particular territory from other humans may extend into the social psychological view as to how territoriality infringements may occur within nursing with or without intent. Although taking over the current owner's workplace may not be the intent, infringement upon this space may lead to the nurse's response, whether intentional or involuntary, to protect what is perceived to be their territory. This perception of territory infringement can lead to projecting individual behaviors and unfavorable characteristics.

Social Cognitive Theory

The social cognitive theory (SCT) structure suggests that identifying the individual's past and present influence person's own actions. People may model actions they observe with others along with their own actions (Bandura, 1998). According to

Glant (2001), a human can change and adapt to their environment through goal setting and behavior monitoring to become both the change agent and change responder (Bandra, 1989, p. 1176).

Social Psychological Model

In this project, I used the social psychological model (SPM), which is a theory-based framework for identifying the personal, interactive, and environmental factors determining social behaviors within the recognized organization (see McLeod, 2007). The SPM consists of attitude, social influence, perceived behavior control, and habits that are established from sustainable values and behavioral intentions (CITE). Social psychology helps to identify why humans behave in a particular way and identifies plausible reasons certain actions might be occurring, thus leading to an overall influence on positive change. A more inclusive understanding of the role of territoriality and its relationship to incivility in nursing could lead to the development of guidelines for decreasing acts of dominance or incivility in the work environment. The theory and model help to establish possible and plausible health promotion interventions to address the triggering acts being demonstrated.

This project aligns with the SPM by providing direction for the person to reflect on their own actions and experiences. Once the relationships of behaviors are identified within the clinic environment, the SPM focuses on the principle that individuals learn from other behaviors and through observing others (Smith & DeCoster, 2000). Utilization of the SPM can help to identify ways to influence changes of people's behavior in the clinic practice through implementing interventions focused on the needs of a small,

privately owned clinic rather than a large, institutional organization. Social psychology can help to understand and identify behavioral difficulties, individual thoughts and beliefs, and how the actions occur and influence individuals' actions/reactions with others (McLeod, 2007). A broader understanding of the process in which territoriality influences relationships with others in the nursing environment can lead to the development of a proposed framework for addressing these issues. A better understanding of the psychology behind territorial behaviors and the perceptions of the staff are needed to develop actions and interventions so that acts of incivility can be addressed and possibly prevented before they take place, creating change within small, independently owned clinical practices. A more thorough understanding of the problems existing in the clinic can be utilized to design interventions and to provide ongoing support for staff collaboration with an overall goal of improved nursing practice and patient care.

Relevance to Nursing Practice

Quality and Safety Education for Nurses guidelines have challenged those with the ongoing task of preparing nurses within the profession to improve the quality and safety of the environment in which they work (Cronewett et al., 2007). Actions that do not demonstrate practiced civility have significantly increased, causing unrest in the health care community (Crawshaw, 2009). When job stress, personal issues, and long hours are coupled with personally directed negative actions in the environmental setting, a definite concern and the need for change involving incivility and bullying within the workplace arises (Cortina et al., 2001.

According to Hayter (1998), nursing care needs an individual evaluation of personal and physical space in an attempt to provide security, autonomy, privacy, and self-identity towards the maintenance of the patient's territory and the role of the nurse. The scenario of a patient leaving an established territory or personal space, such as their home, and entering the hospital due to illness creates stress and anxiety for the patient. The patient desires and needs a certain level of care from the nursing staff to promote healing and well-being, which can be diminished should there be the presence of incivility due to an experienced nurse's perceived invasion of their territory by a new nurse. This incivility not only affects the working conditions of the nurses and their colleagues, but it diminishes the overall level of care provided to the patient.

In a study to assess rehabilitation nurses' knowledge of proxemics and territoriality as well as their acknowledgement and support of a patient's personal space during treatment, McLaughlin et al. (2008) found that the nurse determines the patient's personal space, meaning the area in which the nurse works, is the nurse's proximity or personal space and not the patient's. The researchers went on to explain the importance of the patient needing their own defined personal territory to foster autonomy, health, and wellness. If incivility between nurses is introduced within the patient's defined personal territory, a situation arises that is not promoting the environment needed by the patient for optimal care and recovery. Unfortunately, the lack of understanding of this concept by health care professionals leads to an angry and irritable care environment for the patient (McLaughlin et al., 2008, p. 146). In an environment where the nurse is already stressed, working long hours, or feeling disrespected, other stressors on the nurse may lead to a

decrease in the quality of nursing care provided and present as workplace violence with other health professionals or lack of proper patient care (American Nurses Association, 2015).

In an environment where health care professionals view their space as being their own domain, possessing or defending their territory from others who are perceived as a threat is identified as “the territorial imperative” (Baldwin, 2007). Although animals have been long associated with the concept of maintaining territories and boundaries within a physical space, humans do not limit territory as being only a physical space but have expanded the classification of what is considered as being territorial to property, possessions, space, business, politics, and other items that may be of importance to the individual involved (Baldwin, 2007, pp. 98–99). Nursing professionals may also demonstrate territoriality regarding hierarchical levels within the workplace. When a new nurse or graduate nurse starts working in an already established territory and crosses existing boundaries established by the current health care professional, disputes and potential actions may be displayed, causing a negative impact on the care being provided and decreasing the health, wellness, and safety of the nurse in the work environment (Mammen et al., 2018).

Although larger organizations have the monetary and staffing resources available to address and monitor for incivility among their employees, many small clinics, such as the one this project was focused on, fall short of having these available resources. Lack of resources can lead to unstable work environments, high turnover rate, and potentially a deficiency of patient-centered care, as identified in the project clinic.

Local Background and Context

The project site, a privately owned medical clinic, has a high employee turnover rate, with exit interviews indicating the bullying of and incivility towards new employees by long-term nursing staff as critical reasons for employee resignation. The health care clinic is located in a Midwestern suburban community on the outskirts of a metro area. Recently, larger, corporate-based, and patient-centered health care facilities in the area have expanded their networks into the smaller suburbs, providing the residents with access to more health care services by appealing to patient convenience. The number of small, physician practices within this community have declined over recent years, making survival of the business dependent on the tight control of profit and loss, which includes staff retention and positive patient satisfaction. Incivility in health care produces unsafe environments that do not promote positive patient or professional outcomes (Etienne, 2014). In 2016, a benchmark survey on physician practice ownership in the United States showed that only 47.1 % of the physicians were practice owners (American Medical Association, 2016). A continuing high staff turnover rate, as identified by this project clinic, can contribute to financial hardships and the loss of additional private practices, thereby further decreasing the numbers of physician-owned clinics.

Staff at the project clinic consist of three nursing staff, one office manager, one administrative personnel, one laboratory technician, one scheduler, and one physician. The clinic also has an information technology specialist who is contracted per hour as needed for programming and information technology issues. To date, the project practice has seen 212 patients with 153 of these having visited the clinic within the past 2 years.

Upon my review of the policy manual and discussion with the office's physician, it was noted that the clinic policy and procedural (P&P) manual has not been updated for over 6 years. It was also noted that there has not been a policy specifically addressing the actions of staff towards other employees or the consequences for projecting incivility. After reviewing the employee retention, patient retention, and P&P, current recommendations from the office manager are actions to help identify issues, offer guidance towards educational interventions, and work with the office manager to rewrite the P&P to address misconduct. This P&P misconduct policy was identified to be rewritten to address employees' behavior while representing the clinic as an employee, both on the clinic's property and outside of the physical address.

Role of the DNP Student

As a DNP student, leadership in the nursing organization takes different roles and identifies areas that may improve patient care. One example would be this project where identification of territoriality being a contributing factor to the prevalence of incivility in this clinic has allowed me to obtain knowledge of the internal workings of the clinic and to understand the change process needed to implement any change. The declining numbers of nurses entering the nursing profession combined with the projected numbers of nurses from the baby boomer generation starting to retire from the field, magnifies the criticality to identify factors in which we can improve the nursing profession, or risk a tsunami of issues to hit the profession due to complacency.

As a nurse leader, I was able to monitor the clinic from an outsider's perspective, identify areas of concern needing to be addressed and monitor the change process during

the implementation process. Through the years in my nursing profession, I have experienced incivility upon myself by other nurses, and sadly through my research I am able to identify situations in my earlier years as a nurse where I have unintentionally been territorial when a new nurse was introduced into the area in which I had already established my routine. The recognition of my own projection of territoriality as a nurse has left me to wonder if other nurses have experienced the same feelings of fighting for their territory as I had once had.

In the current nursing profession, there has been a perceived separation of the Associate Degree Nursing (and), Bachelor of Science Nursing (BSN), Nurse Practitioners (NP), Master of Science Nursing (MSN), and Doctoral Degree (Ph.D). prepared nurses. The DNP is a higher level of clinical practice focused on models for change. Identification and implementation of change models, including evidence-based practice in the health care professions is improving the outcomes of health care delivery to the general population. As a model for change is implemented specific to the change needed to occur, resistance will be part of the process. Opposition to change from employees, stakeholders, and clients is expected and should be planned for in a way that does not overwhelm the ones where the changes are being implemented. In an already stressed profession where there is a predicted shortage of nurses by the year 2025 of more than 92,810 RNs, unorganized and unstructured change can discourage individuals from becoming nurses, adding to the nursing shortage in the future (Timothy, 2016). The importance of my role as the DNP leader is greater when reviewing this topic than at any other time in my nursing career.

Summary

With the projected number of nurses needed increasing as the baby boomer population continues to retire, the issue of nurse retention is a problem that cannot be ignored. Although there are many causes for nurses leaving the profession, incivility can be a contributing factor towards unwanted turnover. With territoriality indicated as being a possible reason for the acts of incivility being demonstrated in the small clinic setting, specific identification and focus related interventions can help provide the answer for this clinic and improve the current high rate of turnover this clinic is experiencing. In the animal world, territoriality has been recognized as a way of sustaining life in their lifecycle. In the human world, we do not need to protect our territories to sustain the human lifecycle. Territoriality exhibited in the nursing profession may lead to projected harmful acts towards others in the nursing profession resulting to a potential decline in the care provided.

Section 3: Collection and Analysis of Evidence

The project site, a privately owned medical clinic, has a high employee turnover rate, with exit interviews indicating the bullying of and incivility toward new employees by long-term nursing staff as critical reasons for employee resignation. The purpose of the project was to answer the practice-focused question (i.e., Is there an issue with territoriality among nursing staff in the independent medical practice?) and suggest strategies for improvement and sustainability if this issue were identified. In this section, I discuss the sources of evidence as well as the analysis and synthesis of the data.

Sources of Evidence

This privately owned clinic initially used a subjective method of measurement to help identify possible reasons for their office showing a high employee turnover rate in the past year. The former office manager witnessed ongoing questionable communication among seven nursing staff members, two registered nurses and four licensed practical nurses, that was perceived as inappropriate by the manager but was not covered by the existing policies and procedures. The office manager documented the communications, responses, person(s) involved, date, and time. One-on-one discussions with each employee were held to discuss concerns in a private atmosphere. The office manager gave the participants the definition of bullying and then asked if they saw themselves as being a victim of workplace bullying. Reported results of this quantitative measurement revealed two of the nursing staff and all four of the general staff, including the office manager, stated they had or were currently experiencing workplace bullying. Initial data collected in the clinic resulted in the request for me to collect data to identify the clinic's needs and causes of workplace incivility.

The S-NAQ has been found to be a reliable and valid instrument and can be adapted within different occupations to measure personal-related and work-related physical and emotional intimidation without using the terms "bullying" or "harassment" in the questionnaire (Einarsen et al., 2009). Measurement of the S-NAQ produced a Cronbach's alpha of 0.93, which demonstrated high internal consistency (Carter et al., 2013). The questionnaire was developed with a scale measuring both direct and indirect exposure to incivility (Einarsen et al., 2009, p. 27).

The S-NAQ was developed using behavioral terms, carefully avoiding the term bullying. The questions within the S-NAQ use short statements that describe negative acts experienced for 6 or more months in the workplace by the person responding to the questionnaire. In this project, once the data were collected to identify bullying or harassment in the work environment, further investigation will be conducted by the office manager through the one-on-one, subjective interviewing of all employees to determine if territoriality could be a factor leading to incivility within the clinic.

I sent a request for permission to use the S-NAQ tool to the University of Bergen, Bergen Bullying Research Group by email on January 3, 2020, receiving their permission to use the tool for this project on January 12, 2020. According to Bergen Bullying Research Group, the S-NAQ is free to use for noncommercial research projects as long as the data collected are provided to the NAQ research group to analyze and expand information measurements across different studies and different national cultures.

Ethical Issues

Data collection was accomplished through the distribution of the S-NAQ by the office manager to the clinic staff in an email that explained the project and included a link to the S-NAQ. The questionnaire was housed on SurveyMonkey.com with the questions presented exactly as they are written on the S-NAQ. Participants were required to check the box prior to completing the survey that states, “I consent to taking the following questionnaire.” After the box is checked, in an effort to assure measures to maintain confidentiality, each participant chose a random number to which their questionnaire was

associated. The random numbers were input at the beginning of the survey by the participant to prevent the ability to identify responses with a particular person.

Although the S-NAQ is not used for the purpose of diagnosing environmental incivility, in this project I used it to measure the existence and frequency of workplace bullying. Walden University provided Institutional Review Board approval, 03-13-20-0146494, for proceeding with the project.

Analysis and Synthesis

Once all data were collected and compiled, I conducted a quantitative analysis. The analysis of the data was accomplished using the SurveyMonkey.com software. I compiled an evaluation of direct and indirect exposure to the negative behaviors and actions within the current work environment and the frequency of instances (on a 1–5 scale of never, now and then, monthly, weekly, or daily).

I constructed a narrative synthesis of the data obtained through the questionnaire for the clinic manager and physician. The synthesis included how this project contributes to the overall project hypothesis relating to the practice-focused question of whether an issue with territoriality among nursing staff existed in this independent medical practice. The results of the questionnaire were summarized, and a recommended plan of action was created comprising clinical interventions consistent with the literature that have showed success in similar organizations. I presented the results and recommended plan of action to the office manager and the practice-owning physician to provide evidence of best practices.

Summary

The privately owned medical clinic project site has a high employee turnover rate, with exit interviews indicating bullying and incivility as key reasons for employee resignation. Actions that do not demonstrate civility have significantly increased in the workplace, causing unrest within the health care community (Crawshaw, 2009). Incivility and hazing in health care result in unsafe environments, not only for the nurse, but also for the clients, facility, and other health professionals (Etienne, 2014). Territoriality reflects behavioral patterns showing ownership that projects both verbal and nonverbal cues, such as posture or verbal communication (Baldwin, 2007). The literature offered minimal information regarding territoriality, a concept associated with aggressive (i.e., alpha) behaviors in animals and humans, and its correlation to the undesirable outcome of incivility in health care. Through this project, I identified incivility and interventions to address the relationship between territoriality and incivility to improve the overall satisfaction of employees in the project site work environment, improve patient satisfaction, and decrease high employee turnover rates in the future while minimizing the cost to the clinic.

Section 4: Findings and Recommendations

The small, privately owned, clinic project site has encountered issues with nursing turnover over the years, citing lateral hostility and bullying as perceived underlying causes. A healthy work environment allows professionals to provide a high quality of care for their patients. One of the issues encountered among nurses has been territoriality, which is defined as defending space or the ownership of a territory as shown in animals

when they reject intruders of their own species (Baldwin, 2007). Territoriality is also described as a situation where people use nonverbal or verbal communication to show control or possession of an area or possessions (Edney, 1974). With the uncertainty of the economic future of health care, territoriality may be a contributing factor as to why incivility is predominant within nursing.

Incivility is a long-term issue within the nursing profession (Armstrong, 2018). As the number of baby boomers reaching retirement increases, the need for more nursing professionals is estimated to increase (Timothy, 2016). Nurses working in an environment where incivility exists leads to an increase in the loss of nurses, resulting in an overall shortage (Stagg et al., 2013). The purpose of this project was to assess and analyze the nurses' perspectives related to the practice-focused question (i.e., Is there an issue with territoriality among nursing staff in the independent medical practice?) and to recommend evidence-based strategies to improve the work environment if an issue were identified.

I obtained data for this project through use of SurveyMonkey.com to which every project site staff member was given a URL to login and complete the S-NAQ survey anonymously (see Appendix A). The participants answered questions with a numerical response from 1 to 5, with 1 being *It Never Happens* and 5 being *It Happens Daily*. The results for each survey question measured the nurse's perception of negative acts towards them and referenced how they viewed territoriality, by definition, as being a plausible cause for these acts being committed. One hundred percent of project site nursing staff completed the questionnaire. The office manager collected the data from the survey and conveyed the data to me through a method where staff chose numbers to represent their

participation in the survey. All data were graphed and analyzed by me, the physician, and office manager in an attempt to identify if incivility, by way of territoriality, occurred and if it did, how to educate and evaluate trainings and policy changes to decrease the number of incidences.

Participants

I gathered data from two RNs and four LPNs working in the project site clinic. One hundred percent of the staff participated in the online survey. No previous staff were surveyed for the project. The participants' professional years of nursing practice ranged from 2 to 17 years. Nursing staff education included bachelor's in nursing, associate degree in nursing, and the LPN degree.

In the state the project site is located in, as of October 2020, there were 59,780 licensed RNs and 10,835 LPNs, according to the statistical data gathered by the National Nursing Data Base (2020). Gathering data from the two RNs and four LPNs who were working in the project site clinic resulted in the percentage of the total RN workforce sampled in the state being 0.005% and the total LPN workforce sampled in the state being 0.037%.

Results

Prior to the survey and on the morning of the survey, the clinic manager gave the participants a paper with the following definition of territoriality: "a: persistent attachment to a specific territory, b: the pattern of behavior associated with the defense of a territory" (Merriam-Webster, n.d.). The clinic manager asked the participants to read the definition and encouraged them to ask any clarification questions. No questions were

asked. Survey participants were then asked to take the definition of territoriality into the room with them when completing the survey so they could read the definition and relate it to the questions being asked while responding to the survey questions. Each nurse stated they understood the method by repeating to the clinic manager how to interpretate the questions with the definition being provided.

The S-NAQ survey questionnaire was administered via Survey Monkey on the date established by the clinic, which allowed each participant to complete the survey at a time of their choosing so as to maintain individual autonomy. The validity of the S-NAQ survey to identify incivility has been demonstrated in numerous previous studies (Einarsen et al., 2009; Nielsen et al., 2011). The survey contained 12 questions with the answer format ranging from 1 to 5 for questions from 1 through 9. These questions used a 1 to 5 frequency scale format with the responses of never, now and then, monthly, weekly, and daily. The last three questions were of a different format but were included in the overall project summary. The first of the three questions provided the definition of bullying and territoriality. The question then asked if given the provided definitions, does the participant feel like they were bullied and if so, how often. The second of the three questions asked by whom, not using names but positions within their organization. The final question asked if the participant was male or female.

Quantitative analysis was used to describe the numeric variable. On the survey, response Number 1 would be the desired outcome, showing the nurse never experienced incivility related to territoriality from their peers at the clinic. Out of the 12 questions

presented, 11 questions showed some level of exposure to territoriality as defined in this project (see Appendix B).

I used Cronbach's alpha to determine the reliability and consistency of internal score obtained from the sample. Analyzing the questions asked and relating the question answered to the definition of territoriality given to participants, I established a definite linkage between territoriality and incivility. The evaluation of the first nine questions answered resulted in a total of 54 responses. One participant answered never on one question, 27 participants answered now and then, 14 participants answered monthly, 12 participants answered weekly, and no participants answered that incidences happened on a daily basis. The data gathered for this project helped identify that incivility in relation to territoriality does exist within this small clinic with 98.14% of participants stating there was some level of incivility related to territoriality in the clinic environment among nursing staff. This finding justified the need for the current project because territoriality does seem to exist in the project site as a precipitator of incivility and bullying.

In the project, I identified unanticipated limitations prior to the presentation of the survey. One such limitation was how to assess that the participant had a thorough understanding of territoriality in relationship to actions of incivility measured through the survey. Through a simple definition of territoriality and verbally having the participant reinforce their understanding of the correlation of the survey to territoriality, this project limitation was mitigated sufficiently to proceed with the survey.

Implications

The first step of change is to identify if a problem exists. The findings of this DNP project suggest that territoriality may be a factor in incivility towards colleagues and supports the need for additional research on this topic. Identifying territoriality as a problem provides direction towards change in educational development within communities, institutions, and health care systems. According to the findings of this project, it is important that all levels of nursing address this issue and change the situation by improving the growth of the professional nursing field and suggesting ways to improve incivility in the nursing environment. There is a wider need for all levels of nurses to work together and develop training programs directed towards the early identification and development of therapeutic programs to improve relationships. In a smaller health care organization, it is particularly important to assess for territoriality and incivility because the loss of one or two nurses could mean the demise of a small clinic.

On a larger level and projecting these findings into the medical community as a whole, an important starting point would be educating nurses on the topic of incivility in their initial orientation into nursing through nursing school (Clark, 2019). Early education as to the plausible causations of incivility and the early identification of incivility in nursing education can decrease the extent of these negative actions in the nursing environment (Clark & Ritter, 2018). At a minimum, working in a positive environment starts to improve the overall patient outcomes, provides lower employee turnover rates, and increases nurses' professional satisfaction in a profession where trust and knowledge plays an important part in the healing process (Armstrong, 2018).

In this DNP project, I identified a current issue, showing a need for change in all aspects of employee interactions, behaviors, and relationships in the attempt to transform their work environment. After identifying the correlation between territoriality and incivility, this clinic will need to improve teamwork among nurses to increase productivity and staff retention and satisfaction, which would have a positive impact on patient care. In the long run, the positive social change will be an improvement of the overall effectiveness of the professional nursing care provided for patients in the primary care setting. This study provides further information with which to address the broader problem of nurse incivility.

Strengths and Limitations

The strengths of this project became obvious when I analyzed the data and arrived at the findings. One of the major strengths of this project was the collaboration between the management and owner of the clinic to identify the existence of an issue within the clinic and then work with me to recognize and address the findings post project. Another strength was the staff's desire to improve their work environment by providing transparent answers during the survey process and work towards change in the clinic with a focus on improving the patient care environment.

Future projects can be identified now that staff are involved with the change process. Identification of another project came about through the staff's ability to present their work concerns to management in their monthly group meetings and one-on-one meetings. Through the practice of maintaining a transparent work environment, other clinical practice gaps are being identified and addressed for change.

Some limitations to this study also exist. One limitation was that this study was done in a small, private practice and cannot be generalized to other practices, health care organizations, or nursing as a profession. Another limitation was the small sample size. Using a larger sample size that includes other small, privately owned clinics could increase the accuracy of the data gathered and the likelihood of having a representative sample.

Recommendations

Identification of present acts of incivility in the clinic can be addressed by presenting the findings of this project to the staff and physician, which would increase their awareness that behavioral change is needed. Addressing incivility among the nursing staff must be done in a way that will not threaten or accuse any individual nurse employed there but rather promote self-awareness and improve the overall environment (Armstrong, 2018). The use of tools for fostering positive interpersonal relationships and healthy work environments related to zero tolerance of incivility should ensure that the nursing staff are familiar with workplace policies and procedures. Through these tools, nurses experiencing negative actions will have a way to alert others when they feel threatened. Educators may need to include curriculum on the prevention of incivility in schools of nursing. Employers and nursing staff can offer and organize work groups to discuss ways to develop strategies for conflict resolution and offer the nursing staff strategies for stress management (American Nurses Association, 2015). Another recommendation is that an exit survey should be required for every nurse terminating

their position to evaluate the reason for the dissolution. The clinic should also repeat the S-NAQ survey on a quarterly basis (see Liu et al., 2017).

I identified another issue in this project that showed a need to develop a survey discovering the potential link between the two elements of incivility and territoriality. Additional research is needed to develop a survey that identifies territoriality specifically within the questions. Territoriality and an individual's actions projected to protect their territory may result in perceived acts of incivility, providing an assumption for the reasoning as to why incivility may be occurring within nursing. Research and studying territoriality could help in the understanding of how to identify and develop interventions to prevent incivility in the future.

Section 5: Dissemination Plan

The plan for dissemination of this project includes presenting the findings to the management team and the nursing staff of the clinic. This clinic is part of a larger integrated delivery system with small, outreach, community hospitals and clinics and local, urgent care clinics where the small number of staff would be similar to the original project site. Presenting to the leadership of the delivery system could sensitize them to the issue.

Over the years, the National League for Nursing has taken a stand against incivility in nursing, calling for greater civility among the nursing community. The National League for Nursing Summit is a possible venue for me to present the findings of this study through a poster presentation. Presenting the project findings there would show

nursing professionals that territoriality is a probable link to incivility within any organization.

Analysis of Self

Undertaking this project, from initiation to completion, has allowed me to identify a previously unknown desire to continue with research and develop as a health care professional in the community. During the initial phase of project development, my increased understanding of change and change management was one of the factors helping me to recognize and analyze how organizational change occurs. Acquiring the knowledge of the process for change provided me with the tools to implement change in my workplace and association, which was consistent and well developed by following the plans to implement change. This recently acquired knowledge of change has provided me with the tools to incorporate advanced leadership into my practice.

Because Walden's DNP program emphasized the DNP Essentials, it was apparent the depth of knowledge I gained in implementation of evidence-based practice, leadership, research, advocacy, transformation of health care, and social change has propelled me to a greater understanding of the nursing profession. Where once I lacked the knowledge to research and help change the nursing profession, now I am confident in my abilities to accomplish such a task. Change is possible through increasing health care employee's awareness of the nursing profession on a higher level.

Summary

Further studies are needed to analyze the correlation between incivility and territoriality in nursing, not only in smaller health care organizations, but expanding into

the larger health care networks as well. It is important to work with smaller, privately owned clinics in the surrounding communities and develop a collaborative project analyzing incivility and territoriality with a larger population than used in my study as they have limited funds, and resources available to them. The gathering of data for this project and future projects will help aid efforts to address territoriality and incivility in nursing. Positive change through nurses' self-awareness of their actions can change the overall future of the entire health care system.

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Appendix A: S-NAQ

Short – Negative Acts Questionnaire (S-NAQ)

The following behaviours are often seen as examples of negative behaviour in the workplace. Over the last six months, how often have you been subjected to the following negative acts at work?

Please circle the number that best corresponds with your experience over the last six months:

1	2	3	4	5
Never	Now and then	Monthly	Weekly	Daily

1)	Someone withholding information which affects your performance	1	2	3	4	
2)	Repeated reminders of your errors or mistakes	1	2	3	4	
3)	Persistent criticism of your work and effort	1	2	3	4	
4)	Spreading of gossip and rumours about you	1	2	3	4	
5)	Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life	1	2	3	4	
6)	Being shouted at or being the target of spontaneous anger (or rage)	1	2	3	4	
7)	Being ignored or excluded (being 'sent to Coventry')	1	2	3	4	
8)	Being ignored or facing a hostile reaction when you approach	1	2	3	4	
9)	Practical jokes carried out by people you don't get on with	1	2	3	4	

10. Have you been bullied at work? We define 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. We will <u>not</u> 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 at question ?) □
- Yes, but only rarely □
- Yes, now and then □
- Yes, several times per week □
- Yes, almost daily □

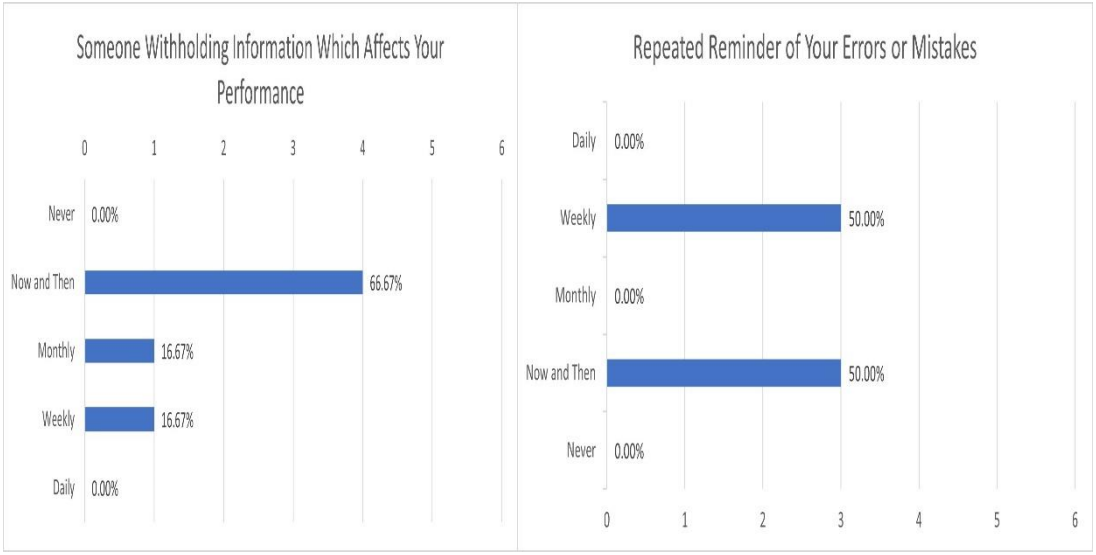
11. If your answer to the previous question was «Yes», please tick the appropriate box(es) below to state who you were bullied by:

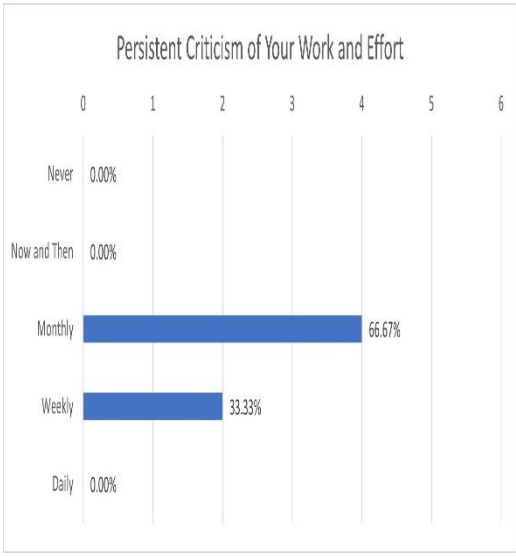
- My immediate superior □
- Other superiors/managers in the organisation □
- Colleagues □
- Subordinates □
- Customers/patients/students, etc. □
- Others □

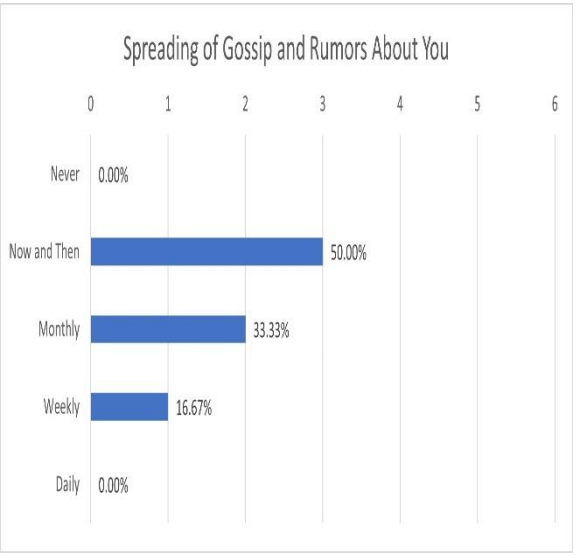
12. Please state the number and gender of your perpetrators:

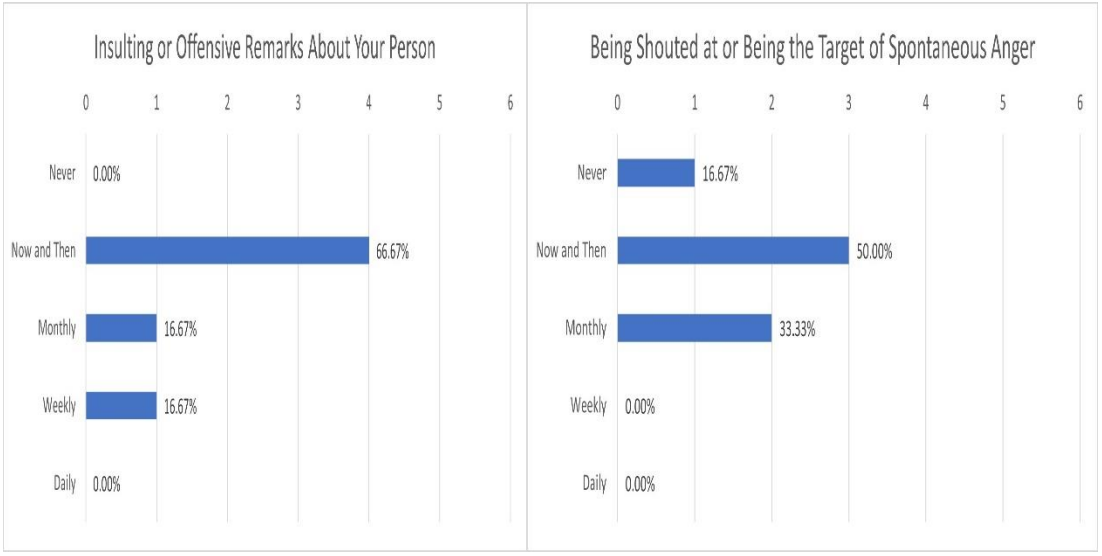
- Male perpetrators _____
- Female perpetrators _____

Appendix B: Results

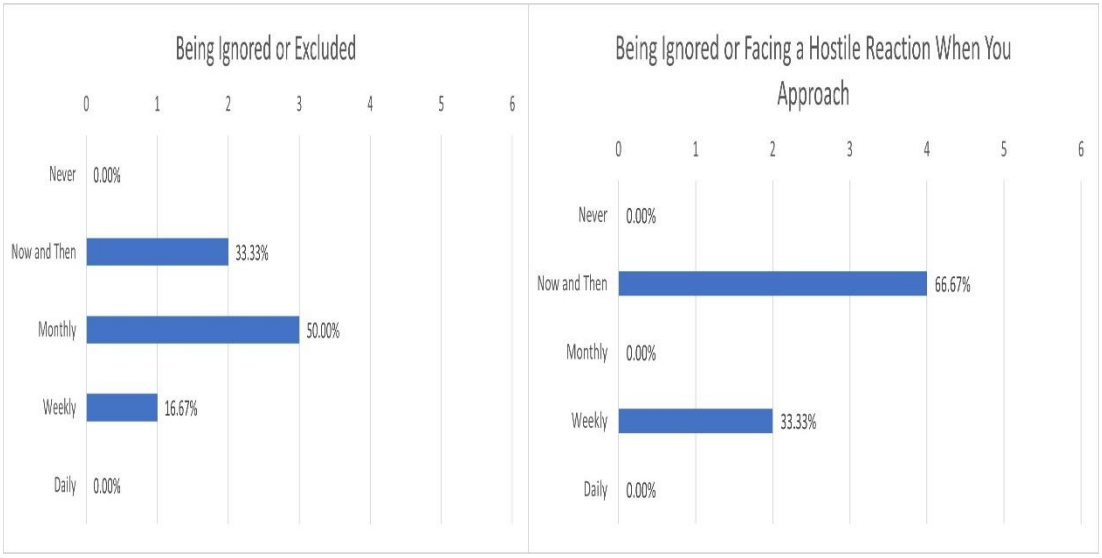




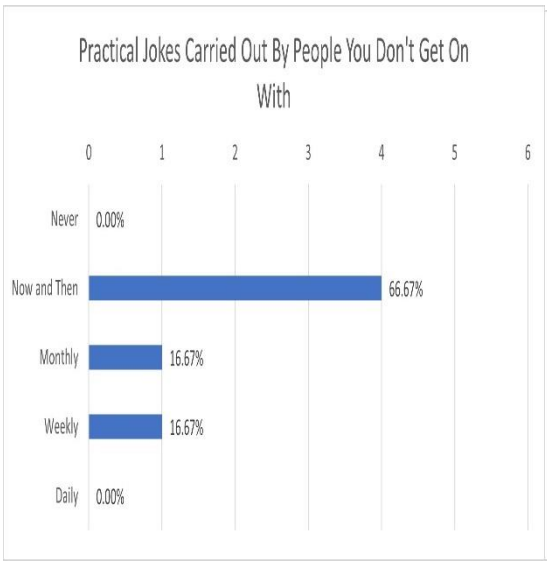


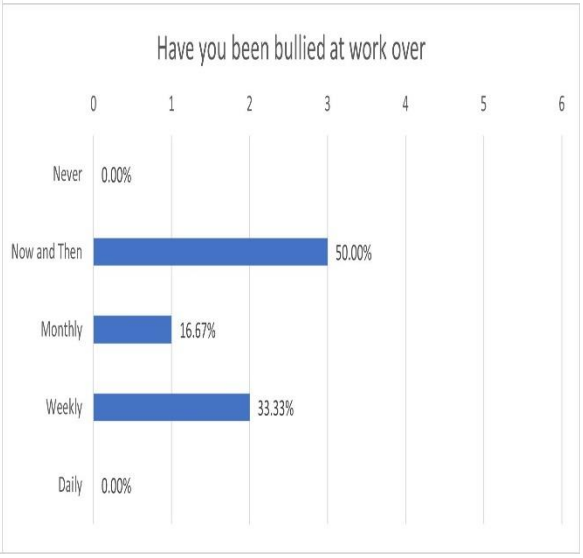

Insulting or Offensive Remarks About Your Person
0
1
2
3
4
5
6
Never
0.00%
Now and Then
66.67%
Monthly
16.67%
Weekly
16.67%
Daily
0.00%

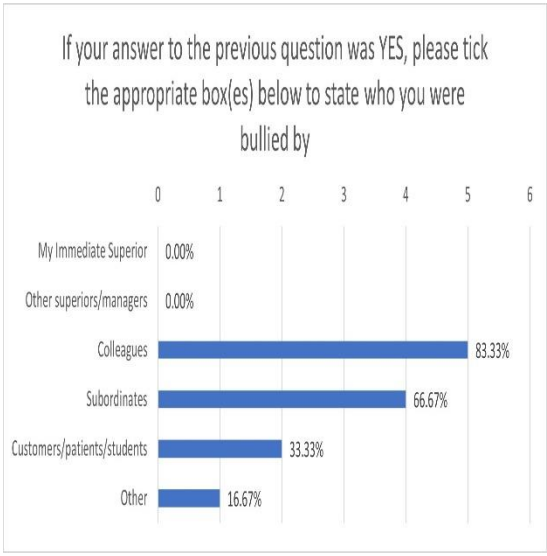
Being Shouted at or Being the Target of Spontaneous Anger
0
1
2
3
4
5
6
Never
16.67%
Now and Then
50.00%
Monthly
33.33%
Weekly
0.00%
Daily
0.00%

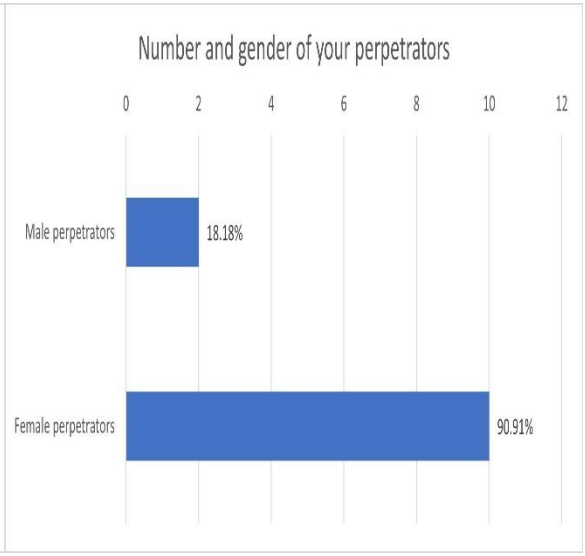

Being Ignored or Excluded
0
1
2
3
4
5
6
Never
0.00%
Now and Then
33.33%
Monthly
50.00%
Weekly
16.67%
Daily
0.00%

Being Ignored or Facing a Hostile Reaction When You Approach
0
1
2
3
4
5
6
Never
0.00%
Now and Then
66.67%
Monthly
0.00%
Weekly
33.33%
Daily
0.00%


Practical Jokes Carried Out By People You Don't Get On With
0
1
2
3
4
5
6
Never
0.00%
Now and Then
66.67%
Monthly
16.67%
Weekly
16.67%
Daily
0.00%


Have you been bullied at work over
0
1
2
3
4
5
6
Never
0.00%
Now and Then
50.00%
Monthly
16.67%
Weekly
33.33%
Daily
0.00%


If your answer to the previous question was YES, please tick the appropriate box(es) below to state who you were bullied by
0
1
2
3
4
5
6
My Immediate Superior
0.00%
Other superiors/managers
0.00%
Colleagues
83.33%
Subordinates
66.67%
Customers/patients/students
33.33%
Other
16.67%


Number and gender of your perpetrators
0
2
4
6
8
10
12
Male perpetrators
18.18%
Female perpetrators
90.91%