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Improving Workplace Incivility by Educating Frontline Nurse Leaders: The Charge Nurse

Temika Ford
tford1@gardner-webb.edu

DNP Project: Improving Workplace Incivility by Educating Frontline Nurse Leaders: The Charge Nurse

by

Temika A. Ford

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Submitted by:	Approved by:
_____	_____
Temika Ford, MSN, RN, NPD-BC	Dr. Yvonne H. Smith, DNP, RN-BC, CNE, NCSN
_____	_____
Date	Date

Abstract

The term workplace incivility is often replaced interchangeably with workplace bullying, horizontal/lateral violence, psychosocial harassment, intimidating behavior, and/or aggression (micro/macro). Workplace incivility in nursing has lasting effects on the profession through worsening the nursing shortage, contributing to low morale, negative working environments, safety issues for staff and patients, stress-related health problems, absenteeism, and decreased quality of patient care. Incivility can be from a variety of sources including: Nurse managers, clinical team leads, unit coordinators, physicians, patients, and other healthcare professionals. Buy-in by nursing executive leadership and evidence-based education for nurses is mandatory to address organizational incivility. The purpose of this DNP project is to equip unit nurse leaders with evidence-based practices to improve unit culture related to incivility, thereby enhancing patient outcomes, safety, and staff morale. The identified target population in this project were nurses who are training to be future charge nurses (CNs). The educational intervention facilitated enhancing future CNs' knowledge, skills and attitudes to shift unit culture to a more civil culture through an online learning module. Data was collected in qualitative and quantitative methods. Qualitative methods involved guided online forum posts at implementation conclusion, while quantitative data involved completion of the Clark Workplace Civility Index© (CWCI). Each method demonstrated future CNs increased their self-awareness and responsiveness by enhancing their knowledge, skills and attitudes toward workplace incivility. In conclusion, the implementation of the online learning module provided effective, successful education and may help in the eradication of workplace incivility for practicing and future nurses.

Keywords: incivility, workplace, bullying, nurse leaders, interventions, awareness, responsiveness, charge nurse, novice nurse, experienced nurse, education, spiral theory of incivility, theory of caring

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Problem Recognition

Identified Need

Approximately 15% of employees on a global basis are exposed to some level of workplace bullying (Nielsen et al., 2010). The 2017 RN Network survey reported 45% of nurses have been verbally harassed or bullied by other nurses, 41% have been verbally harassed or bullied by managers or administrators and 38% have been verbally harassed or bullied by physicians (RN Network, 2017). Although, the term workplace bullying has been selected to use for this project, it is often replaced interchangeably with workplace incivility, lateral violence, horizontal violence, with the most common term amongst nurses being "Nurses Eat Their Young" (Meissner, 1986, p. 52). This term was coined by Dr. Judith Meissner due to "educators weigh down the novice with unrealistic study loads, administrators expect 100% performance from day one and colleagues ridicule her idealistic approach to care" (1986, p.52). According to the American Nurses Association (2015), Position Statement on Incivility, Bullying, and Workplace Violence bullying is repeated, unwanted harmful, undermining, and degrading actions intended to humiliate, offend, and cause distress in the recipient. These actions can manifest through hostile remarks, refusing to help others, undermining personal values and beliefs, verbal attacks, intimidation, isolation, sabotage, sarcasm, rudeness, and threats (American Nurses Association, 2015; Center for American Nurses, 2008). Workplace bullying can have lasting effects on the nursing profession such as nursing shortage due to decrease in job satisfaction, low morale for the unit and facility from a negative working environment, safety issues for staff and patients, stress-related health problems for

victims, absenteeism, and decrease in the quality of care to patients, or nurses leaving the profession all together.

The facility's Professional Practice Model (PPM) and modified version of Dr. Kristen Swanson's Theory of Caring model states "Caring for Our Patients, Their Loved Ones, and Each Other; Integrity, Excellence, Innovation and Collaboration." (Facility Setting, 2016). During surveys and conversations with nursing leadership and administration to uphold the "Each Other" part of the PPM, the topic of workplace bullying has surfaced repeatedly. A taskforce formed by the Chief Nursing Officer (CNO) to determine professional attire verbalized the need to work on issues related to workplace incivility. During the nurse retention summit, this topic was mentioned again. Results from the 2018 educational needs survey showed a need for training on workplace incivility/bullying, managing conflicts, and best practices for critical communication. As part of the exit interview/survey, exiting staff are asked "How often did you experience or witness belittling or making hurtful remarks or nonverbal actions to or about coworkers in front of others, discouragement due to lack of positive feedback, or feeling bad about oneself because of the interactions with coworkers with answers varying between daily, weekly or monthly?" The feedback given for this question did not support the facility's PPM.

The facility's CNO continued to work with the taskforce focusing solely on workplace incivility. Nurse Recruitment and Retention formed a retention taskforce, as well, to combat issues identified with one being workplace incivility. Per organization policy, staff are expected to perform job duties and responsibilities in a manner that reflects the highest ethical and professional standards of conduct and performance, nor

will they not tolerate any type of workplace violence committed by or against staff (Facility Setting, 2006, 2013). These policies are for the entire organization. The nursing administration workgroup is currently working on a nursing policy for workplace bullying/incivility. This group has plans to survey the facility's nursing staff using an adopted tool with hopes of gaining a better understanding on the issues related to workplace issues.

Problem Statement

Polling of the Nursing Executive Leadership Team with supportive comments from exit surveys, revealed there is a need to educate the frontline nurse leaders serving as charge nurse (CN). Frontline nurse leaders consist of bedside nurses taking on additional task of charge nurse and/or preceptor. A workplace incivility online learning module is needed to increase awareness of the issue, identification of the perpetrator and victim, and techniques to diffuse incidents as they arise.

Scope of Problem

Incivility can occur in any setting where healthcare is provided. The cause of incivility can be from a variety of sources. Anyone, including nurses, nurse managers, clinical team leads, health unit coordinators, physicians, patients, and other healthcare professionals, can serve as the sources of incivility. The Joint Commission's (2016) Quick Safety report from the Occupational Safety and Health Administration (OSHA) described epidemic levels of bullying and violence in the nursing workplace reporting over 50% of nurses and nursing students were verbally abused, including bullying, within a 12-month period. The term incivility is used interchangeably with workplace bullying, horizontal/lateral violence, psychosocial harassment, intimidating behavior, and

aggression (micro/macro). Castronovo et al. 2015, p. 209 reports that nurse bullying has been the subject of research studies for over 25 years. Evidence of nurse bullying dates back to 1909 when The New York Times brought it to the forefront by stating that head nurses who "abuse their position of power," was an "outright persecution" inflicted on nurses ("The hospital tyrants", 1909, p.SM8). The American Nurses Association (2015) released a position statement on incivility, bullying, and workplace to "reinforce the need to create cultures of respect and provide recommended interventions for RNs and employers" (Grant, 2019, p.14). If the problem of incivility is not addressed, the consequences may impact patients and decreased retention rates.

Definitions of Terms: Incivility, Bullying, and Workplace Violence

The term incivility is used commonly in the literature with other related terms that describes the behavior. In order to fully understand the term incivility, one must know what it means to be civil. Merriam-Webster Online Dictionary (2020) defines civil as adequate in courtesy and politeness. As incivility is defined throughout the course of this paper continue to keep this definition in the forefront of thoughts concerning this topic. To counteract the term civil, Merriam-Webster Online Dictionary (2020) defines incivility in the social aspect as a rude or discourteous act.

Clark (2019), a leading expert in fostering civility and healthy work environments, defined incivility as "rude or disruptive behavior that can result in psychological or physiological distress for the people involved; if unaddressed, it may progress into unsafe or threatening situations" (p.44) In both stated definitions there are summative concepts used in research to illustrate a level of incivility related to

communicated threats, direct and blatant aggressions, or even volatile behaviors within the work environment.

In describing incivility there are descriptors that serve as wide-ranging to define the disruptive behaviors that are straightforward or indirectly affecting patient safety and outcomes. In 2008, The Joint Commission (TJC) released a Sentinel Event Alert that allowed the incivility to be used interchangeably with the terms horizontal (lateral) or vertical (top down) violence, psychosocial harassment, intimidating or disruptive behavior, and aggression (micro/macro). These behaviors include gossiping, spreading rumors, refusing to assist a peer, calling a peer out of their name, using a condescending tone or expressing public criticism. For example, intimidating or disruptive behaviors whether committed covertly or overtly can challenge patient safety (The Joint Commission, 2008). Due to incivility behaviors' concealed nature, it may occur more subtly than other forms of horizontal (lateral), vertical or microaggressions that go unidentified or reported in health care settings. There again putting patient's safety at greater risk due to those being victims of the act.

Bullying is on the far-right end of the continuum of incivility as incivility are on the far-left end overlapping in middle by behaviors worsening as outlined by Clark (2011). Included in the ANA (2015) position statement was also a definition for bullying defining it as "repeated, unwanted harmful actions intended to humiliate, offend, and cause distress in the recipient" (p.3). TJC (2016) released a Quick Safety guideline entitled *Bullying has no place in health care,* on the impact of workplace bullying, battling workplace bullying and safety actions to consider when tackling the issue. Incongruously, both incivility and bullying lead to workplace violence; the worsening

behaviors noted progressively on the continuum of incivility on the far left. The National Institute for Occupational Safety and Health (NIOSH) (2002) states that workplace violence consists of physically and psychologically damaging actions that occur in the workplace or while on duty. In addition to being seen as a harm to effective patient care, outcomes, and safety, it also has an impact on nurse retention, organization and employee wellbeing.

Introduction of Problem

Since Meissner first coined the phrase "Nurses eat their young," in 1986 (p. 52) national attention has been brought to workplace incivility and/or bullying with the goal of trying to eradicate the problem. Combatting this problem requires input, cooperation, commitment, and support from nursing executive and unit leaders. The key to eliminating or reducing this problem is educating the leadership on awareness and responsiveness on these destructive behaviors (Mills et al., 2019; Handzel, 2017; Townsend, 2016). Although there are realistic and available solutions and interventions, absent from the literature are research studies dealing with workplace incivility interventions for the frontline nurse leader serving as CN. Educating future CNs would be a starting point helping to combat this problem. They are often the in-between person for nursing staff and nursing leadership teams.

Purpose Statement

The purpose of this DNP project was to equip unit nurse leaders with evidence-based practices that will help to improve unit culture related to incivility amongst nursing staff, thereby enhancing patient outcomes and safety and staff morale. The identified target population is frontline nurses who are in the position identified as future charge

nurses (CNs) at an acute care bed academic tertiary care facility in an urban area in the Southeastern United States. The implementation site is comprised of hospitals with approximately 1,600 beds collectively, over 100 clinics and is currently expanding to house several hundred more beds. This proposed educational intervention will be done by enhancing future CNs' knowledge, skills and attitudes to shift the unit culture to a more civil culture through an online learning module.

Future CNs at the implementation site are required to complete a series of classes to serve in the role of charge nurse. The classes are The Effective Charge Nurse and Basics of Communication. Educating the future CNs class curriculum includes defining the CN role, descriptive competencies needed to effectively serve in the role, identifying clinical strategies needed to keep the nursing unit running, leadership styles, and labeling elements of self-awareness needed for good decision making. Throughout the course of the class, discussions involve various topics and scenarios, but do not address workplace incivility. Because the CN is considered a nurse leader and initial point of contact should problems arise, it is imperative they are educated on this problem. There are times when workplace incivility can start from top down, meaning the charge nurse can be a nurse leader who may be initiating the behavior (Dan & Thompson, 2020). Dan and Thompson (2020) described those serving in these roles have to be fully equipped and monitored to alleviate the assumption that they acting professionally at all times.

Needs Assessment

Literature Review

A literature review was conducted using EBSCO host with date limitations from 2011 to 2020. A search of the literature was completed using keywords: "incivility",

"workplace bullying", "horizontal violence", "nurse leaders", and combined with keyword "reducing incivility/workplace bullying". After detailed review approximately 20 articles were reviewed and the following themes were discovered frequency and health impact, alleviating the problem, and recognizing the change agents.

Frequency and Health Impact

Bambi et al. (2018) set out to detect the frequency of workplace incivility among nurses, as well as related factors. The related factors of prevalence and consequences based on workplace incivility, lateral violence, and bullying all have an impact on the psychological, physical and professional ranges of the victims. After reviewing an integrative literature review focused on workplace incivility amongst nurses, it was determined that workplace incivility among peers occurred 75% of the time (Bambi et al., 2018, p. 52). Related factors such as burnout, job efficiency, absenteeism, and resignation can be the outcome from the impact workplace incivility has on one's psychological and professional outcomes. Physical symptoms and illness caused by bullying are insomnia, stomach-ache, fatigue, headache, loss of appetite, and/or arterial hypertension (Bambi et al., 2018, p. 75). Psychologically workplace incivility can affect one to lose self-confidence, become depressed, have guilty feelings, or even have anxiety/panic attacks (Bambi et al., 2018, p. 75). It was determined that "there is lack of evidence about policies and programs to eradicate workplace incivility, lateral violence and bullying among nurses with prevention starting by spreading information inside" through the use of continued educational settings (Bambi et al., 2018, p.51).

Alleviating the Problem

The American Nurses Association (2015, p.1) released a position statement on incivility, bullying, and workplace violence for "individual and shared roles and responsibilities of registered nurses (RNs) and employers to create and sustain a culture of respect." This culture of respect should be practiced in all settings where RNs and employers are practicing in their perspective roles, for example hospitals/clinics, and schools. It differentiates the difference between the three topics: incivility, bullying, and workplace violence. The first topic, incivility, is demonstrated through rude and discourteous actions, gossiping and spreading rumors, and of refusing to assist a coworker portrayed through email, other online forums or face-to-face (ANA, 2015). The second topic is bullying behaviors by repeated, unwanted harmful actions intended to humiliate, offend, and cause distress in the recipient (ANA, 2015). These actions cause harm, undermine, and degrade the victim in the form of hostile remarks, verbal attacks, threats, taunts, intimidation, and offering no supportive to those in need. Lastly, workplace violence consisting of physical and psychological damaging actions that occur in the workplace or while on duty such as physical assaults (with or without weapons), written or verbal threats, physical or verbal harassment, and homicide (ANA, 2015). Additional sections include statements on the responsibilities of and recommendations for the RNs and employers in terms of primary, secondary and tertiary prevention for all three areas of concern.

Recognizing the Change Agents

Green (2019), recognized that Nurse Leaders can act as change agents when it comes to addressing workplace incivility. The correlation is made between those being

bullied and the effect it has on "their emotional and psychological well-being to those uncivil behaviors constituting disruptions to patient care when nurses are affected within the clinical environment, impacting retention and patient safety" (Green, 2019, p.51). For a nurse leader to be a change agent it is required for them to acknowledge there is an incivility problem, then make an intentional decision to engage staff in the change process. This can be a difficult decision due to the fact that the Nurse Leaders may be allies with the bullying employee (Green, 2019, p.51). Rebuking this type of behavior and "sharing viewpoints may potentially decrease staff members' fear and anxiety, facilitating honest discussion" (Green, 2019, p.52). Helpful tips are given, along with encouraging Nurse Leaders to educate themselves on ways to change the unit to a more civil culture are recommended. Tips such as ensuring all nursing staff is aware that incivility harms peers and impacts patient safety, use the actual terms of incivility, bullying, and violence when discussing these behaviors, or meet with the perpetrator and victim in private to maintain confidentiality (Green, 2019).

Mills et al. (2019) conducted a study that examined whether humor orientation styles of individuals and the manager's leadership styles can influence perceptions of bullying in the workplace. Two different definitions for bullying were identified in this study. They are "systematically subjected to aggressive behavior from one or more colleagues or superiors over a long period of time" or "repeated, health-harming, verbally abusive behavior" (Einarsen, 1999, p.16; Namie & Namie, 2009). The information revealed by the study was to explore factors that diminish perceptions of bullying, for example there are people that experience bullying more than others or why does

workplace bullying flourish in some environments and not others (Mills et al., 2019, p. 160).

The purpose for studying humor is to determine if some areas of humor (*humor recognition*, the ability to see humor in various situations; *humor appreciation*, the ability to enjoy humorous events and people; *humor production*, the ability to generate humorous moments through strategies such as telling jokes and funny stories; *coping humor*, used as an adaptive mechanism) are more important to understanding and responding to bullying than others (Mills et al., 2019). The purpose for studying positive leadership styles (transformational, transactional or management-by-exception) can alleviate the bullying culture. Those who have the ability to appreciate humor are less likely to see bullying comments or behaviors as bullying, by calling the behavior "teasing" or "joking" (Mills et al., 2019, p. 164). Leaders who follow transformational leadership style can "create a more positive work environments, which will in turn reduce mental and physical work-related strains" leading to a more relax and humorous environment (Mills et al., 2019, p.165).

Emotional Intelligence

Meires (2018) discusses using Emotional Intelligence (EI) to help rid bullying in the workplace by using case studies to identify different inappropriate behaviors and using role playing to develop a skill set to address the problem. EI is defined as being aware of ones' own thoughts and emotions by separating their own emotions from others emotions (Meires, 2018, p. 151). Those with EI are able to read verbal cues, interpret body language quickly while remaining calm during stressful events, when used as an

intervention can help stabilize incivility or bullying environments and protect the safety of all involved.

Members of Project Team

All project team members had graduate to doctoral degrees in their discipline, expertise in project development, and representation of upper levels of administration within the project setting and hospital system.

Population/Community

The identified population is frontline nursing staff selected by Nurse Managers to serve as future CNs on inpatient units or in the clinic settings.

PICOT Statement

Does participation and completion of an online learning module for future CNs improve awareness and responsiveness in addressing workplace incivility behaviors among staff that experience them?

Sponsors and Stakeholders

Stakeholders include future CNs taking the online learning module, human resources in the project facility, and nursing administration. Long term stakeholders and benefactors may include future employed nurses and those currently working in the facility setting, human resources and legal departments within the setting, and patients and their families receiving inpatient or outpatient care/services. The nursing profession also has a stake in elevation of professional behavior and improved role modeling of ethical professional communication.

SWOT Analysis

Strengths

- Unit and Clinic nursing staff culture for incivility identified in culture pulse survey
- Unit and Clinic nursing staff is currently providing high quality clinical patient care
- Unit and Clinic nursing staff identified incivility as a problem
- Numerous nurse managers and clinical team leads
- Facility values will be reinforced (Teamwork, Integrity, Diversity, Excellence and Safety)
- Facility is actively committed to Commit to Zero Harm

Weaknesses

- Decreased retention rates of unit nursing staff due to incivility
- Frontline CNs lack of knowledge, skills and attitudes towards incivility
- Potential lack of knowledge and awareness regarding current incivility actions taking place within unit

Opportunities

- Increase in Frontline CNs commitment to reducing incivility
- Increase in staff commitment to provide great patient care
- Improve patient outcomes and safety
- Increase retention rates

Threats

- Unit nursing staff dynamics are unstable

- Unit nursing staff may view incivility behaviors as non-existence or a small issue
- Unit nursing staff under pressure due to caring for patients during a pandemic

Available Resources and Cost/Benefit Analysis

Senior Nursing Leadership, including the CNO, serving as the DNP Practicing Partner, supported adding this training in the Effective Charge Nurse Class for future CNs. Future CNs, who are selected by Nurse Managers, will be paid up to four hours of educational pay rate for participating due to the class being offered online. The class will be offered in Sakai Online Learning System™ which is at no additional cost due to the implementation site having purchased a license previously. No extra staffing will be needed to complete the project in terms of unit coverage as future CNs can complete this online learning module off duty and will be reimbursed for their time.

Desired and Expected Outcomes

The expected outcome is, future CNs will provide safer and more positive unit culture affected by workplace incivility by enhancing their knowledge, skills and attitudes toward workplace incivility. Other expected outcomes such as improving retention, quality leadership at the CN level, and more demonstrated therapeutic communication between CN level nurses and bedside nurses are desired from this online learning module.

Mission Statement

This educational training project intends to increase retention rate, improve patient outcomes, and safety related to incivility on the nursing units. The mission of this project was to equip unit nurse leaders with evidence-based practices to improve unit culture related to incivility amongst nursing staff, thereby enhancing patient outcomes

and staff morale. This project seeks to reinforce the health systems core values of "caring for our patients, their loved ones, and each other" in conjunction with the nursing professional practice model of "Swanson's Theory of Caring: Integrity, excellence, innovation, and collaboration" (Facility Setting, 2017).

Scope of the Project

- This DNP project will contribute to gaps in practice regarding available evidence-based practice suggestions for educating CNs on incivility interventions.
- This DNP project will develop and implement a workplace incivility online learning module and present it to identified frontline nurses to serve in the role of CN.

Goals and Objectives

Project Goals

The goal for this project was to shift the unit culture affected by incivility by enhancing frontline nurses being trained to serve as future CNs' knowledge, skills and attitudes. Shifting the unit culture to a more civil culture will improve nurse retention, organization's outcomes, nurse's wellbeing and patient safety.

Objectives

The outcome objectives of this project were to:

1. Allow future CNs to reflect past experiences on prevention and management of incivility amongst nursing staff.
2. Improve future CNs' current level of knowledge, skills and attitudes to prevent and manage incivility amongst nursing staff through awareness

and responsiveness by decreasing incivility behaviors among nursing staff by 50%.

The education training objectives of this project were to:

1. Define workplace incivility and bullying.
2. Evaluate the effects workplace incivility and/or bullying have on staff, patients and families.
3. Acknowledge past experiences on prevention and management of incivility amongst nursing staff.
4. Improve knowledge, skills and attitudes to prevent and manage incivility amongst nursing staff.

Theoretical Underpinnings

The concept and behaviors of incivility, especially in the workplace, can be an extremely multifaceted problem that is difficult to comprehend and justify. The behaviors of incivility committed by the perpetrator stem from layers of problem within the workplace and/or themselves. Trying to understand why one would conscientiously or subconsciously commit these behaviors can be difficult to comprehend and justify. Exploring different educational theories from different professions have been reviewed to try to understand this multifaceted problem with hopes of trying to comprehend and justify the perpetrator's behaviors.

Within the nursing profession and medicine, the one thing that is constant is change. Even in nursing education, be it academia or clinical practice, the art and science of nursing is always evolving over time. As more Baby Boomers are exiting the profession and Millennials are entering the profession, the manner, content, and delivery

of nursing is requiring change. With patients being more acutely ill and having more access to health care information, the art and science of nursing is being challenged especially with the evolution of technology and communication. The qualities and characteristics that Baby Boomers exhibit may not be the same as Millennials and generations after, which makes it challenging for educators to provide creative and thorough education that will encompass the needs of these generations.

In a majority of the peer-reviewed journal articles on incivility, this writer's literature review did not reveal a specific theoretical framework that was used in their hypotheses or analysis of data. The most often acknowledged primary theory was Spiral Theory of Incivility. The most commonly used theoretical underpinning would be Swanson's Theory of Caring.

Spiral Theory of Incivility: Lynne M. Andersson and Christine M. Pearson

Spiral Theory of Incivility outlines the spiraling effects incivility has on the workplace from the perspective of the instigator, target, and observers (Andersson & Pearson, 1999). For the purpose of this project, the instigator is referred to as the perpetrator and the target will be called the victim. The uncivil, aggressive behaviors committed by the perpetrator towards the victim can start a spiraling negative affect that may stimulate the victim to reciprocate or depart the workplace once they have reached their tipping point (Torkelson et al., 2014; Andersson & Pearson, 1999). In addition to having this spiraling effect on the victim, it secondarily affects observers to engage in these negative behaviors. Andersson and Pearson (1999, p.457) defines workplace incivility as "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".

Torkelson et al. (2016) utilizes this conceptual framework to identify possible antecedents of workplace incivility. Their study focused on organizational antecedents and being a victim as a possible antecedent to perpetrating incivility. Organizational antecedents were defined as changes at work leading to possible downsizing, restructuring and mergers, job demands, and poor leadership resulting in low social support from supervisors and co-workers. Others such as lack of autonomy coupled with increased acuity leading to high workloads can be an organizational antecedent that would cause workplace incivility initiating the spiral effect (Torkelson et al., 2016). All of these along with other organizational antecedents "could increase the risk of a negative spiral occurring" (Torkelson et al., 2016, p. 118).

Being a victim as a possible antecedent to perpetrating incivility suggest that those who have been a victim of uncivil behaviors are more apt to perpetrate these behaviors towards others. The reciprocating aspect of the spiraling theory of incivility was substantiated when victims reciprocate actions towards the perpetrator who was once victimized and then blame the organization for allowing workplace incivility to take place and not controlling it (Torkelson et al., 2016; Bowling & Beehr, 2006). Gallus et al. (2014) discussed that when an organization may or may not tolerate incivility behaviors, those that experience and/or perpetrate these behaviors are critical in the planning of strategies to eliminate or intercede as rudeness spirals.

Doshy and Wang (2014) focused on how workplace incivility transpires in the workplace and how those that are targeted deal with the uncivil behaviors. The utilization

of Spiral Theory of Incivility framework in their study focused on the perpetrator's and target's position and personality, including the negative attributes of the perpetrator, what impact workplace incivility has on the victim and the organizations' willful blindness. All of these areas of concern can result from an unequal power structure, such as a perpetrator being a senior nurse on the unit, to victims being fearful of retaliation for retaliating against their perpetrator are supported by this conceptual framework. Incivility is a vicious cycle which can be triggered from a minor issue and escalate to severe coarseness spiraling out of control only to be controlled by creating a civil culture and climate in the organization (Doshy & Wang, 2014).

Middle Range Theory of Caring: Kristen M. Swanson

With the adoption of Kristen Swanson's Theory of Caring as the professional practice model used as a guide to achieve higher standards to support the overall mission, vision, and values of the health system (Facility Setting, 2016). Swanson (1993) developed The Theory of Caring through five caring processes of *knowing, being with, doing for, enabling, and maintaining belief.* Swanson (1993, p. 165) defines caring as "a nurturing way of relating to a valued other towards whom one feels a personal sense of commitment and responsibility through the process of*."* Once the health system received approval from Swanson, it was modified to the following caring processes: integrity, excellence, innovation, and collaboration. Excellence is supported by the following statement "Being the best at everything we do: nurses create a dynamic environment through compassionate, expert, and specialized care to achieve optimal outcomes" (Facility Setting, 2016). This can easily be applied to workplace incivility phenomenon being experienced by many.

Layne et al. (2019) explored Swanson's Theory of Caring while examining the different sources and how prevalent incivility can be amongst nurses in health systems that are deemed teaching hospitals. There is a likelihood that workplace incivility can obstruct how nurses care for each other while trying to embrace the *maintaining belief* concept. When addressing these perpetrated behaviors, it is not to demoralize labors but to engage in Swanson's Theory of Caring to help guide care for each other and patients.

Lillykutty and Samson (2018) defined caring as a nurturing way to show value towards whom one feels a personal sense of commitment and responsibility through the process of *knowing, being with, doing for, enabling, and maintaining belief.* Nurse Educators are responsible for onboarding of nurses, be it a new graduate or new to the organization. Being the initial person that new hires will contact allows the nurse educator to show them how much they are cared about and grateful they have joined the health system. The vulnerability of this population of nurses put them at risk for personal and professional issues leading them to leave their first position before having the opportunity to establish a career (Moffa, 2015).

Knowing is the first concept in Swanson's Theory of Caring (Lillykutty & Samson, 2018). Some important nursing behaviors for *knowing* are humanistic view of others, nurturing, understanding of his/her situation, analysis and interpretation, compassion, empathy and respect for individual differences and recognition of the other as a significant being (Lillykutty & Samson, 2018). We must meet our new hires where they are in their life. Moffa (2015, p. 64) stated it accurately in her study, "rather than expecting everyone to progress at the same rate, *knowing* the novice nurse as an individual allows them to adapt to their new environment at a pace that works for them."

The second concept, *Being with*, as well as being emotionally present conveys the message that nurses and their experiences are significant being displayed by showing mutual trust, availability, mutual linking, faithfulness, patience and compliance (Lillykutty & Samson, 2018). Moffa (2015) validated and provided a rationale for check-in routines on with nurses (young and seasoned), by stating that the nurse educator can have the novice relay stories about work experience and transition process. One of the questions asked is "How is this environment working out for you? Is it what you thought it would be?" The flood gates usually open with a wealth of information being provided. Demonstrating *being with* involves cheering for the nurse's accomplishments and offering encouragement and coaching during times of anxiety or low confidence (Moffa, 2015).

Swanson's concepts of *doing for* and *enabling* are interwoven when it comes to the novice nurse or nurse at any stage of their career. These concepts involve anticipating the needs of the ones being cared for. Performing these actions should be carried out in a way that preserves their dignity and focuses on their experiences, all while providing support, explanation, and validation of their feelings (Moffa, 2015). Whenever nurses start a new career, they usually revert back to being in the novice nurse state. This can be a detrimental time for the novice nurse who may be experiencing workplace incivility. Those who may have experienced workplace incivility should vow to be fair, protective, helpful and supportive of new hires.

Swanson's last concept of *maintaining belief* means to hold others in esteem, and believing in their ability to achieve their goal (Lillykutty & Samson, 2018). Throughout nursing school, student nursing does not fully paint a true picture of what it really means

to be a nurse. As novice nurses experience the transition from student to professional nurse, their self-confidence can increase or decrease several times throughout the transition (Moffa, 2015). A nurse educator must stay cued to the new hire's needs and provide adequate encouragement during their time of low self-confidence (Moffa, 2015).

Work Planning

Project Planning

The formal, written project proposal was submitted to the assigned DNP chair in June 2020. Individual face to face meetings were held during the months of July and August of 2020 with each member of the DNP team to present the final project proposal with the aid of Microsoft PowerPoint and Word programs and printed materials. At the end of each meeting each member agreed upon the direction of the project giving the DNP project official approval. Included in the approval was clearance to implement at the agreed upon project site within the health system.

Project Management Tools

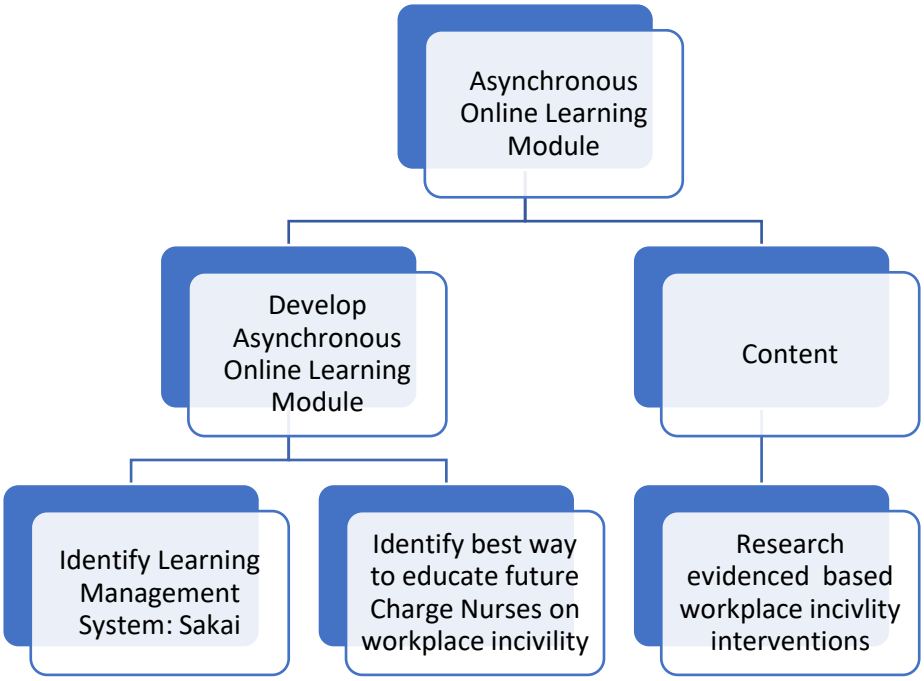
The members of the DNP team have extensive experience in nursing education and leadership. Throughout two of the team members careers they have worked in various roles in nursing including that of Charge Nurse. Both team members serve in leadership roles within the health system by working productively to support frontline staff and unit leadership in obtaining goals that sustain patient outcomes and effective nursing care. They have both contributed substantially to the needs assessment part of the DNP project by sharing information discussed in the entity, the workplace incivility taskforce. It was also suggested by these team members to use a tool in order to gauge the future charge nurse's awareness for when they are contributing and/or experiencing

incivility. A qualified third team member was chosen to be part of the DNP project to extract aggregated data from the tool used to assess charge nurse's awareness of incivility.

Microsoft PowerPoint™ and Word™ licensed personally to the DNP project leader was used to create the Sakai™ learning forum. Health system licensed Sakai Online Learning Systems™ and Qualtrics Survey™ Software was utilized to implement and capture data. Throughout the planning, developing and implementation of the DNP team was consulted on and involved in the content of the Sakai learning module with the project leader being the sole complier of the module (Figure 1).

Figure 1

Work Breakdown and Milestones



Due to it being a worldwide pandemic that called for a government mandated restriction, it was crucial to find the appropriate learning platform to deliver the learning

module to future CNs. Multiple ideas were explored by the team, such as a Zoom™ synchronous lecture with future CNs participation in scenarios. Also, during this Zoom lecture future CNs would participate using the breakout room option in case studies regarding workplace incivility creating various ways to respond to the workplace incivility behaviors. After multiple planning and brainstorming sessions, it was agreed upon that the future CNs needed to be provided with evidence-based techniques versus creating their own that could lead to ineffective awareness and responsiveness to workplace incivility. The team felt it was more suitable to develop a long-lasting online learning module that can become permanent course content for the Effective Charge Nurse class.

Finding the software that had the capability to incorporate video, audio, and visuals as well as allow students to respond to forums initially and respond to other participants was next part of the planning phase. The DNP project team consulted with the health systems Clinical Education and Professional Development department to inquire about what programs were being utilized to deliver content as face-to-face classes were dismantled due to government mandated restrictions. It was suggested to use Sakai™ Online Learning System that would accommodate an asynchronous online learning module. Development of the asynchronous online learning module was the last step prior to implementation of the approved final asynchronous online learning module in September and October of 2020.

Budget

Preparation work for the DNP project was completed outside and after work hours of the implementation site accruing no cost for the health system at all. DNP team

members, although employees of the health system, agreed to work on the project outside of work hours and on a voluntary basis, no compensation is given for participation.

Evaluation Planning

Evaluation of the DNP project was collected in three methods. The first method being qualitative data in the form of forum post within the Sakai online learning module at the conclusion of the project implementation. Collection of this data was based on future CNs responding to a forum question asking participants to reflect on a past experience when they had either been the perpetrator, victim or bystander of a workplace incivility behavior. In addition to sharing their experience, participants were asked to explain how they handled it based on their role. Lastly, they were asked to describe how they would handle this experience after completing the online module.

Second method of evaluating the DNP project involved future CNs volunteering to complete the Clark Workplace Civility Index© (CWCI) as the post-training survey. The index was chosen because it measures individuals' perceptions of workplace civility amongst themselves hoping to improve self-awareness and self-reflection as it relates to civil and respectful interactions with others (Clark et al., 2018). The authors' work was initially with nursing faculty and practicing nurses at an international and national conference. The CWCI consists of 20 items identified by 20 essential elements dealing with workplace civility and respecting coworkers (Clark et al., 2018). Answers provided by the participants were on a five-point Likert-type scale from 1 – 'never' to 5 – 'always' with a scoring range from 20 to 100 by totaling all items (Clark et al., 2018). Validity and reliability have been established by the authors using Cronbach's alpha; the instrument has a Cronbach's alpha greater than .70 (Clark et al., 2018; Furr & Bacharach, 2014).

Permission to use the tool was granted by Dr. Clark. Future CNs were only given the index as a post-training survey to solicit an unbiased, self-reflection after receiving the online learning module.

Quantitative and qualitative data were each collected. The quantitative data source involves assessing unit nursing staff on incivility. The forum post within the Sakai™ online learning module collected during the implementation phase of the DNP project and post-training survey will serve as a qualitative and quantitative data source utilizing a Qualtrics electronic survey tool.

The last method for evaluating the DNP project was the Effective Charge Nurse Class Evaluation which is required to be disseminated to all class participants. Qualitative data provided voluntarily by the participants will be aggregated into common themes to identify change or perceptions of participants' project experience, strengthen the current training sessions, and plan for future. The survey will be submitted anonymously through Qualtrics Survey Software™.

Implementation

Institutional Review Board Process

The implementation site does have an Internal Review Board (IRB) requiring a consent form for participants. The implementation site gave the project leader consent to implement the project along with the University's school of nursing per DNP-program requirement. An IRB application was submitted to the DNP student's University and implementation site per procedure and requirement. A letter of approval for the project proposal as exempt research was granted on June 22, 2020. The DNP student's

University granted approval of the DNP project via a letter of acceptance on July 10, 2020.

Threats and Barriers

The DNP project was on track to be implemented early summer of 2020, but due to the worldwide pandemic caused by COVID-19 the implementation date was pushed back. The COVID-19 restrictions mandated by state government and the implementing facility COVID-19 compliance adjustments were made to accommodate educational learning settings within the hospital setting. As part of these adjustments, all face-to-face classes were transitioned to an online format. An additional barrier was due to the more seasoned nurse participants having difficulty accessing and adapting to the Sakai Online Learning System™.

Incivility Intervention

The DNP project leader received permission to use the mnemonic device BE AWARE and Care from the Civility Tool-Kit: Resources to Empower Healthcare Leaders to Identify, Intervene, and Prevent Workplace Bullying© by the PACERS, 2012 Robert Wood Johnson Foundation Executive Nurse Fellows. During an asynchronous training session in the form of an online learning module with a narrated PowerPoint by the project leader, BE AWARE and Care was utilized. BE AWARE stands for **B**ullying **E**xists **A**cknowledge **W**atch **A**ct **R**eflect and **E**mpower. Future CNs had two weeks to explore the effects workplace incivility have on staff, patients and families. Information shared on the impact workplace incivility involved the following: retention rates, the organization, staff wellbeing, and patient outcomes. Additionally, the staff members training to be frontline leaders serving in the role of CN were instructed on how to

increase awareness and improve responsiveness towards workplace incivility. Participants were given the opportunity to ask questions as needed in the General Discussion Board under the Forum tab. The culminating activity asked participants to participate in a reflection Forum which was in Lesson 4, that required an initial post and responses based on provided instructions. Instructions are as indicated: In your initial post, answer the three questions in 100 words or more. Reply to two other participants with suggestions or comments in 50 words or more. The initial post and reply post word limits criteria were defined for the first three modules of The Effective Charge Nurse class, therefore the same criteria was adopted for this pilot training.

Monitoring of Implementation

The project implementation began in three sessions of The Effective Charge Nurse Class starting on August 24th, 2020, September 17th, 2020 and September 23rd, 2020. Subsequently, classes ended after being open for fourteen days on September 8th, 2020, October 1st, 2020 and October 7th, 2020. The online learning module and forum lesson was uploaded onto the Sakai Online Learning System™ account. Overall, the online learning module was made available to 55 future CNs participants. Those registered for The Effective Charge Nurse class were sent an initial e-mail two days prior to the beginning of each class making them aware of the workplace incivility awareness and responsiveness online learning module opportunity, desired participation and informed consent. On the official start date, registered participants in all three classes received informative emails with details on how to access the class, requirements to be successful, and end dates. Seven days after the start of each class a reminder email was sent to registered participants who had not started the online learning modules. The DNP

project leader interacted with each participant by reading their post and providing feedback for their initial responses. Each class closed on their respective dates within the Sakai Online Learning System™; all 55 participants completed the online learning module for a 100% response rate.

Project Closure

Based on the pre-set closure dates of September 8th, 2020, October 1st, 2020 and October 7th, 2020, each class was closed promptly at 5:00pm. Once closed, all 55 registered participants immediately received the Clark Workplace Civility Index© as the post-training survey via Qualtrics Survey Software™. Of the 55 registered participants 30 completed the post-training survey for a 55% response rate. After the close of the post-training survey, which remained open for five days, the class evaluation was sent out via Qualtrics. This survey captures qualitative data provided voluntarily by the participants to be aggregated into common themes to identify change or perceptions of participants' project experience, strengthen the current training sessions, and plan for future classes or trainings on workplace incivility.

Interpretation of Data

Qualitative Data

Throughout each class, qualitative data was collected in the form of initial response and feedback posts in the forum part of the online learning module. To receive credit for the class, future CNs were instructed to complete the lessons under the forum tab. Within the online learning module, participants were presented with information on how and why they should reflect on On-action (past), In-action (current) and For-action (possible future) experiences. The lesson for the workplace incivility awareness and

responsiveness online learning module was an On-action reflective writing assignment (Table 1). For the class with the start date of August 2020, there were 10 participants with a total of 30 responses. In the September 2020 classes, there were a total of 37 future CNs participants who collectively provided 148 qualitative responses. Each participant's initial post was different in their experience. The similarities came in their feedback on how to handle the situation if it should arise again. Participants congratulated each other on handling an experience well.

Throughout the initial posts future CNs verbalized the same experiences as found in the literature. For example, Future CN#1 from 9/17/2020, an experienced nurse with greater than 20 years of practice, shared her experience on returning back to bedside nursing after being in the academia setting, where she encountered workplace incivilities from younger nurses. Townsend (2016) discussed that not only do these behaviors happen to our younger nurses, but more experienced nurses are also being victims of these behaviors, as well. The future CN made mention of ageism being a problem in the post which is addressed in the literature as generational differences. Younger nurses may be trying to assert dominance in the profession and navigate the stressful and hectic workforce environment (Handzel, 2017). Currently, there are three different generations in the workforce requiring each generation to understand the other's work ethic, learning and processing of information style, and communication technique. Castronovo et al. (2015) reported the average age of nurses being the victim of workplace incivility is 50 years old, with at least 20 years of experience.

Other themes discussed in the literature review are recognizing the change agent and alleviating the problem. Nurse leaders are challenged with being change agents who

are often charged with working on problems. Unfortunately, the response from Future CN#5 from 9/23/2020 shared an experience where the nurse manager was the perpetrator of workplace incivility. In order to eradicate or reduce workplace bullying, nurse leaders must be committed to taking a stand on this issue by not committing or engaging in the behaviors, justifying or ignoring the behaviors, or being silent about the behaviors that may occur on their unit (Handzel, 2017). Nurse leaders determining what leadership style they want to employ will help to determine how they interact with staff and help to create a culture non-tolerant of workplace incivility (Green, 2019; Mills et al., 2019).

Table 1

Sample of Initial Post and Feedback Response from Online Learning Module

Initial Post Question Responses and Feedback Responses N=55
1. Reflect (describe) on past experiences related to workplace incivility and/or bullying that you may have encountered as a victim, perpetrator or bystander. Please explain how it made you feel. 2. Based on your role in the experience, how did you handle the experience? 3. From this experience, what take away could you use if you have to encounter a workplace incivility and/or bullying experience? Future CN#3 from 8/24/2020: "I encountered workplace verbal aggression with a member of the interdisciplinary team. It made me feel awful and made me question if what I was doing was wrong. Luckily, I had other nurses around me that had my back and agreed what I was doing was the best thing for the patient. While this member of the team was yelling at me

in front of the patient, I just explained that he was being disrespectful and that this shouldn't be happening in front of the patient. This situation taught me that it is never ok to have a conversation of that nature in front of the patient. I think it is best to not engage with someone who is being verbally aggressive towards you at that moment and try to have a conversation with management and that person at a different time."

Feedback to Future CN#3 from 8/24/2020: "I totally agree that are just certain types of things that do not need to be said in a place where patients, or even other staff members can hear! I'm so glad you felt supported by your co-workers in that moment- that's definitely the type of energy towards your team that you can (and do!) bring to the role of being in charge." "Having someone question your care is uncomfortable and harsh enough but to have someone do it in front of the patient just adds to the hurt. It's wonderful that you had such a great team behind your back to defend you. Having that conversation in a different setting and with management is a great solution."

Future CN#5 from 8/24/2020: "I think we have a charge nurse bullying problem on our floor. I have seen new charges get bullied by other older charge nurses often over trivial things. I try to reassure whoever this is happening to that they should remain positive, keep doing their best, and give an (sic) constructive feedback when possible. I want to make sure I

am creating an environment where people don't feel bullied at work and feel like they can learn, ask questions, and grow as a nurse. A charge nurse can often set a ton on a floor and I want to create a positive, collective, and team-oriented floor when I am in charge."

Feedback to Future CN#5 from 8/24/2020: I totally agree that your charge nurse sets the tone for the whole floor that shift. It's so unfortunate that some people continue to participate in this bullying behavior, but great that you recognize that pattern and are seeking to make a culture change on your unit! The "nurses eat their young" (even their charge nurse young!) way of thinking and behavior can be so damaging for unit culture."

Future CN#1 from 9/17/2020: "I've been a nurse for 27 years. I've been in academia for the last few years and I found that coming back to the bedside, I had to prove myself all over again. I had nurses with 2-5 years experience looking down on me, questioning me. Ageism was a factor here too. It wasn't because I was doing a bad job, it was because they felt they needed to "break" me. I'm so sick of this in nursing. It's not needed and despite all the research, conferences, PPTs, etc, I see it getting worse, not better. I ignore them. I don't need to prove myself to anyone but my patients- and my patients love me. I am comfortable with my skills, my degrees, my critical thinking skills.

I'd do the same thing again- I'd ignore it. Nurses who need to bully are doing so because THEY are insecure. I'm not."

Feedback to Future CN#1 from 9/17/2020: "I think it's great that you are comfortable enough with your skills and critical thinking skills enough to ignore the "bully's" on your unit and the need to prove yourself. However, a new grad nurse may not be as confident as you or have the knowledge to stand up for themselves. As a new grad I was aware of nurses eating their young but had a hard time truly understanding until it happened to me. I would encourage you to not ignore these things going on in your unit but instead address them directly because until these people are called out on their actions they will continue to belittle others. If we continue to ignore it, it isn't going to go away and you are right- it is only going to get worse." "I see that as well and I am sorry it happened to you. We need to have more nurses acting the way should and calling out those that are "eating their young" or acting in a way that is unbecoming of a nurse. We know that this is a hard but rewarding job and as such, should be building each other up. You are correct in not needing to prove yourself to anyone as it will show in the care that you provide for your patients. Instead of trying to be rude to you they should be trying to glean knowledge from you. We all have ways to help better one another and should use our time to do that versus tearing one another down. Thank you for sharing your experience with us."

Future CN#4 from 9/17/2020: “I have had experience with workplace incivility and bullying as both a victim and a bystander in the workplace. When I was new on my unit, I had a more experienced nurse come onto shift and yell at me in front of everyone at the nurses station, and act so gruff with me during report even though I had not done anything wrong (it seemed more of something in her personal life had come through the doors at work with her). At the time, I was so caught off guard, I ended up going into the charge nurse office during report and started crying. I reported her behavior to my manager at the time, and she was spoken to about her behavior – I never did have that same issue with her again.

I’ve also been a witness to it, and the perpetrator is notorious on our unit for bullying newer nurses. The nurse who did the bullying came into to charge report to tell me what she had said to the newer nurse and finished with, “your welcome, I just said what everyone else was thinking”. I told her I thought that was rude, and I did not agree with it. I then pulled the newer nurse aside later in the shift, and asked her how she was doing, and told her she should go to management about her experience. Unfortunately, she felt that nothing would be done, which is partially true, since this nurse has been reported on a multitude of times with zero consequence to her. I think in the future, based on this course, I will continue to report this type of behavior to management, but if management is not addressing the situation, I would consider using the other available resources within HR and Facility Setting's integrity line to address the issue. I also will continue to try to be upbeat and

positive on my unit. I try really hard to build others up, and I hate to see newer nurses being put down - especially knowing how it feels personally. I think it is a collective responsibility to change that work culture, and I'm eager to do my part."

Feedback to Future CN#4 from 9/17/2020: "Thank you for sharing. You did a great job standing up for that newer nurse who was being bullied; sometimes that is a difficult task. I'm sure that the new nurse felt supported and encouraged, even though she didn't take further action. Having supportive people in your life can make a world of difference!" "Thank you for sharing your experience. It's unfortunate that you had this experience. Good for you that you talked with your unit leadership about your perpetrator's actions and did not have another encounter. You were also correct in letting the perpetrator know that the comment made to the newer nurse was rude, remember you are considered frontline leadership in the role as charge nurse, and so if you encounter workplace incivility and/or bullying as a bystander or victim please report to unit leadership on your behalf or the victim's behalf."

Future CN#5 from 9/23/2020: "I had a former manager who created a hostile and negative work environment by constantly spreading rumors and gossiping about her employees. During my midyear evaluation with her, she began to tell me about mistakes that my coworkers had made and how she

felt like they weren't competent nurses. I sat quietly as she continued on and on. Because she was my manager, I felt like I could not say anything about how inappropriate the conversation was. I also did not have much of a relationship with her supervisor at the time and didn't feel comfortable taking my concerns up the chain of command. Once my evaluation was over, I vowed to myself to never engage in her negative conversations because I did not want it to reflect poorly on myself. Luckily, I began to develop a working relationship with her supervisor, and I was then comfortable enough to voice my concerns about all of the unprofessional and inappropriate conversations my manager was facilitating. Because of this experience, I am now comfortable with following the chain of command when incivility/bullying is taking place."

Feedback to CN#5 from 9/23/2020: "Navigating these situations can be difficult. I am glad that you found a way to bring your concerns to light. What was the response? Did your nurse manager's supervisor address your findings? I think situations like should be discussed more in hopes that managers understand the impact they have on work culture, comradery, and team work." "Following the chain of command can be very daunting especially when it means going over your direct supervisors head. I feel that managers should remain in a neutral state of mind regarding their employees. Managers should uplift their employees and foster a great work environment. I am glad you gained the courage to continue up the chain of

command." "I had a very similar experience as you when I just started at Facility Setting. Nurses were gossiping about other nurses that had made mistakes and just kept going on about it. I felt too new to start making waves but looking back I should have definitely stepped in and pointed out that the mistakes that were made show how more experienced nurses aka (the gossipers) were not taking the role as a mentor/teacher to better the new grad and overall, the unit. I too vow to never be that type of nurse. Thanks for sharing" "I can't even imagine if my manager were the perpetrator of bullying. It can be very difficult to report someone in a position of authority. Good job about being confident enough to follow the chain of command and let the right people know about this situation. It's also super great that you were able to take the approach of not engaging with her in these negative conversations." "Thank you for sharing your experience. It's unfortunate that you had this experience. In the module it was stated that ALL staff must be held accountable for modeling professional behaviors and their actions. If you noticed I put all in all caps, meaning leaders are not exempt from being accountable. As a frontline leader in the roll of charge nurse, one cannot justify, ignore or sweep workplace incivility under the rug."

Future CN#9 from 9/23/2020: "A week after I completed orientation, I was confronted by a provider on my unit about discharging a patient. I hadn't discharged the patient yet because he didn't speak English. I was trying to get a translator on the floor, but the provider wanted the patient out of the

hospital as soon as possible. She yelled at me over the phone that he should've been discharged already and didn't understand why it was taking so long. I explained that I was trying to get a translator to the floor so the patient understood discharge info. She told me that I should translate by talking to the patient's son at the bedside. I told her I wouldn't do that because he wasn't a certified translator. After being told I was being ridiculous, I told the provider I would use the blue phone and go over the discharge information the best I could using the blue phone. I felt like the provider didn't trust me to do my job and that I was incompetent. As a new nurse, I felt guilty that I didn't get the patient discharged on time and also flustered because I made the provider upset. I was very upset and felt like I did something wrong because the provider was angry with me. I talked to my charge nurse and one of the clinical leads on my floor and they assured me that I did my best by thinking about the patient's needs.

I think I learned that, although the provider might not have been the happiest with me, I did the right thing by advocating for my patient and using the blue phone. If a similar situation arises, I know now to stand up for myself and to use the support I have on the floor (other nurses, charge nurse, clinical leads) to make sure I am doing everything I can for my patients."

Feedback to Future CN#18 from 9/23/2020: "I am so proud of you that you thought about your patient and his need. This is exactly what we are supposed to do. As a registered nurse, we need to make sure the patient and

family understand the discharge instruction and the medication changes that had been done during hospitalization. Also, the provider needs to be approached by the charge nurse or the lead RN to ensure that they are using interpreter to assess and explain the test, assessment findings. I am so glad, as a new nurse in the unit you used your best judgement." "Thank you for sharing your experience. It's unfortunate that you had this experience. Rest assure you did right by wanting to use a translator to review the discharge instructions with the patient. Remember that family members are not allowed to translate any medical information for their loved ones. This would fall under workplace incivility impacting patient outcomes and safety especially if the family translated the wrong information. Remember as charge nurse or as a staff if you follow the protocols or policies you will never have to defend your actions."

Future CN#18 from 9/23/2020: "I would love to sit here and say bullying has never been a part of any team I've been on, but that would be a lie. While I don't think I've ever intentionally bullied someone, but I am sure that I am the villain in someone's story whether or not it was intentional. I think sometimes I get so focused my tone can come off as mean. I have been lucky enough to work with great people, but there have been times when I've felt bullied due to the cliques that existed before I started. It feels horrible to be laughed at or made fun of, especially when you're new and still learning. It made me feel like an outsider and like I didn't belong. I tend

to remove myself from the situation and take a step back to see what I am doing and how it could be perceived. I try to meet the individuals on their level or I will call them it out on what they are doing and how it's hurtful or mean. Having been a part of it, I try to stop any bullying I see on the spot. I will talk with anyone involved directly and let them know that what they are saying or doing is mean, disrespectful, and unhelpful. If it is gossip, I will do my best to dispel what is being said with truth and explanations. With bullying I will physically or verbally intervene and escalate the issue. I personally have a no tolerance policy for it."

Feedback to Future CN#18 from 9/23/2020: "Thank you for sharing your experience. It's unfortunate that you had this experience, but in your response, it sounds as if you have grown in your way of handling it. Keep doing what you do to combat the issue."

The Effective Charge Nurse class is a health system requirement for future CNs to be able to serve in the role. The facility's educational department who serves as the sponsor for the class voluntarily asked the participants to identify change or perceptions of participants' project experience, strengthen the current training sessions, plan for future planning sessions. The evaluation was disseminated through a secure, web-based systems, Qualtrics™, to all 55 future CNs that participated, with 25 responding. Participants answered in free text (Table 2) from the following questions, with a 45% response rate:

1. Please describe the impact of this activity on your knowledge, competence, and patient outcomes.
2. Please describe any clinical situation that you find difficult to manage or resolve that you would like to see addressed in future educational activities.

Participants stated that course content was relevant to the Charge Nurse role. Feedback ranged from participants feeling the information was informative, the program provided helpful tips on what is required of the role, and afforded then the opportunity to learn their leadership style. The one response from the participant wanting more content on incivility leaves the DNP project leader to consider what kind of content is wanted or lacking, as the response was non-specific. Are they wanting more information on the themes identified in the literature review: frequency and health impact, alleviating the problem, recognizing the change agents or emotional intelligence?

Table 2

The Effective Charge Nurse Class Evaluation

Questions	N=25
1. Please describe the impact of this activity on your knowledge, competence, and patient outcomes.	
• Very helpful to progress in the charge nurse role.	
• Reinforced skills and provided tools to think critically about what it means to be a good charge and How to accomplish that.	
• The class was very informative and gave good insight into the role. There were good communication techniques	
• This class taught me how to be a charge nurse efficiently, using resources appropriately, and how to handle/diffuse situations when necessary.	
• I now have a better understanding of resources that I have and skills that I can use.	
• How to act as a professional charge nurse with staff and patients	
• This class helped me be aware of my own leadership style, along with my strengths and weaknesses as a leader. It also helped me realize what I need from others when being lead.	

- I was reminded that we are all different and receive instruction differently. It has served to make me mindful of this fact.
- The training increased and improved my knowledge. I was able to recall my knowledge and experience and learn how to lead as a team
- I think that the activities about different leadership styles were interesting and helpful in thinking about how to coordinate different personalities
- It helped me to know what questions to ask my charge nurse preceptor will help me deal with difficult situations that may arise on the floor
- I feel that the discussion scenarios helped me to think differently about situations and see it from different viewpoints.
- I have not been a charge nurse at Facility Setting, yet. I am preparing and needed this training.
- I have a greater understanding of the role as charge nurse

2. Please describe any clinical situation that you find difficult to manage or resolve that you would like to see addressed in future educational activities.
    - More content on incivility
    - Communicating with other charge nurses about staffing
    - none that I can think of at this time.
    - I had a patient who was dying with R/R of 36 and is gasping. The ongoing RN gave her PRN rather than advocating for continuous infusion. I was able to educate her about the right time to advocate for patient to minimize pain and suffering.
    - None

Quantitative Data

This post-training survey was emailed to participants immediately after the course was closed. The Clark Workplace Civility Index© (Table 3 and Figures 2-5) was disseminated through a secure, web-based systems Qualtrics™, to future CNs to measure individuals' perceptions of workplace civility amongst themselves hoping to improve self-awareness and self-reflection as it relates to civil and respectful interactions with others (Clark et al., 2018). The index was used with written permission for subjective information to gauge the future CNs' self-perception of their potential to engage in uncivil acts.

The scale created for this index will "assess the perceived frequency of civil workplace interactions" (Clark et al., 2018, p. 402). Using this index as a post-training survey was an attempt to have future CNs think about their own involvement in uncivil behaviors, but the results appeared to display that participants rarely engaged in incivility behaviors (Table 3). Future CNs answered the majority of the questions with the choices of always and usually when questioned if they engaged in appropriate workplace civil behaviors (Table 3). Question seven, for example, shows on a scale of 1 – 5 that 4.8 future CNs answering they avoid abusing my position or authority, suggesting this may be considered a negative attribute of a leader that was different from the information shared in previous online learning modules that discussed the characteristics of a good charge nurse (Figures 2-5). Those characteristics are confident, leads staff not controlling, competent, communicates, fair and a role model. Taking a closer look at the responses, it appears there are a few areas of civil and incivility behaviors emerging. One of the emerging perceptions is shown in questions four and fourteen. The results suggest more participants admitted to the incivility behavior of gossiping and spreading rumors, on a scale of 1 – 5 a rating of a 4.1, and not speaking directly to the person with whom they have an issue with, on a scale of 1 – 5 a rating of a 3.9 (Figures 2-5). Ironically, the ratings for gossiping and spreading rumors supports the behavior and rating of not speaking directly to the person one may have an issue with. Not having crucial conversations with others can impact retention rates, the organization, staff wellbeing, and ultimately patient safety and outcomes (Clark, 2019; Green, 2019; Berry et al., 2016; Castronovo et al., 2015).

Overall, a total 93% of future CNs claimed to demonstrate very civil or civil behaviors most of the time, which was consistent with initial percentage obtained from the initial use of the CWCI percentage of 94% (Clark et al., 2018). The results of the civility index showed participants were still engaging on acts of workplace incivility. Clark et al. (2018) noted that people still have a lack of insight on their ability to engage in workplace incivility, thus meaning they potentially have a "lack of self-awareness" (p. 405). Based on these results, additional evidence indicated that future CNs would benefit from the education provided in the online learning module regarding their ability to become aware and respond to workplace incivility.

Table 3

Clark Workplace Civility Index©

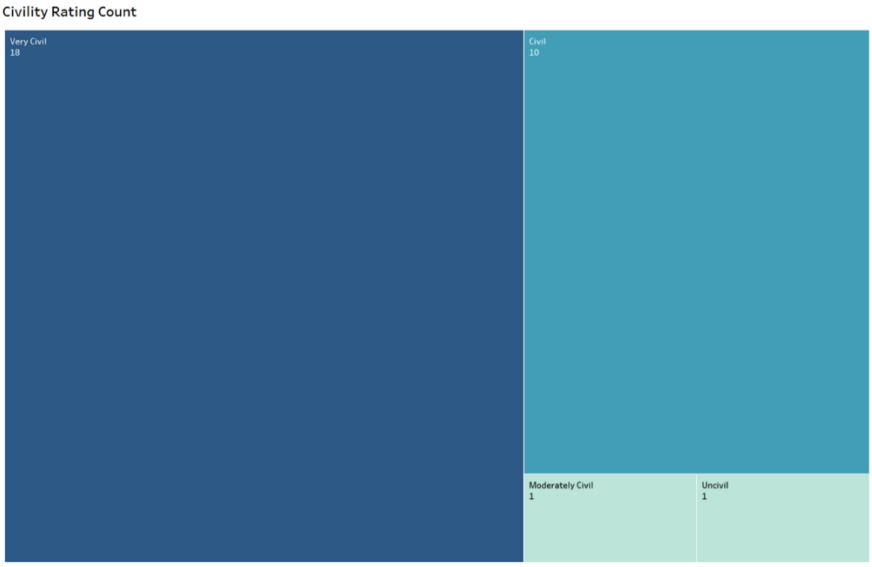
Questions N=30	Always	Usually	Sometimes	Rarely	Never
1. Assume goodwill and think the best of others	9	19	2	0	0
2. Include and welcome new and current colleagues	21	8	1	0	0
3. Communicate respectfully (by e-mail, telephone, Face-to-face) and really Listen	19	11	0	0	0
4. Avoid Gossip and Spreading Rumors	7	19	4	0	0
5. Keep confidences and respect others' privacy	19	11	4	0	0
6. Encourage, support, and mentor others	21	9	0	0	0
7. Avoid abusing my position or authority	25	5	0	0	0
8. Use respectful language (no racial, ethnic, sexual, age, or religiously biased terms)	27	3	0	0	0

9. Attend meetings, arrive on time, participate, volunteer, and do my share	17	13	0	0	0
10. Avoid distracting others (misusing media, side conversations) during meetings	11	17	1	0	0
11. Avoid taking credit for another individual's or team's contributions	24	5	0	0	0
12. Acknowledge others and praise their work/contributions	18	12	0	0	0
13. Take personal responsibility and stand accountable for my actions	24	5	0	0	0
14. Speak directly with the person whom I have an issue	7	19	2	0	0
15. Share pertinent or important information with others	20	1	8	1	0
16. Uphold the vision, mission, and values of my organization	23	6	1	0	0
17. Seek and encourage constructive feedback from others	15	12	3	0	0
18. Demonstrate approachability, flexibility, and openness to other points of view	16	12	2	0	0

19. Bring my 'A' game and a strong work ethic to my workplace	13	17	0	0	0
20. Apologize and mean it when the situation calls for it	20	8	2	0	0

Figure 2

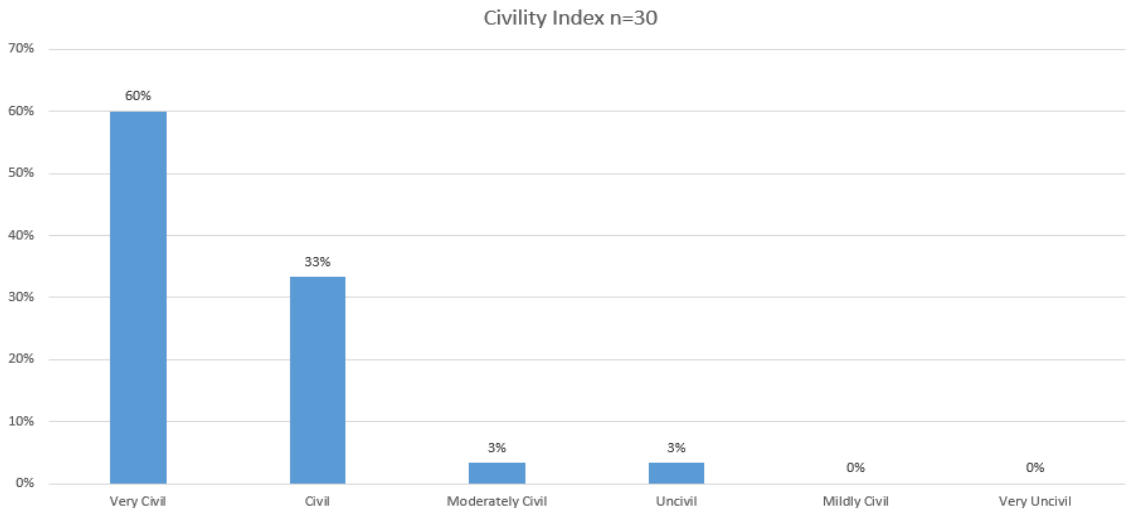
Civility Rating Count & Score

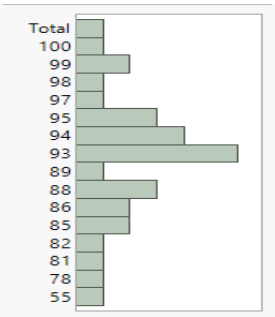


Score	Civility Rating
90-100	Very Civil
80-89	Civil
70-79	Moderately Civil
60-69	Mildly Civil
50-59	Uncivil
< 50	Very Uncivil

Figure 3

Clark Workplace Civility Index© Percentages Analysis





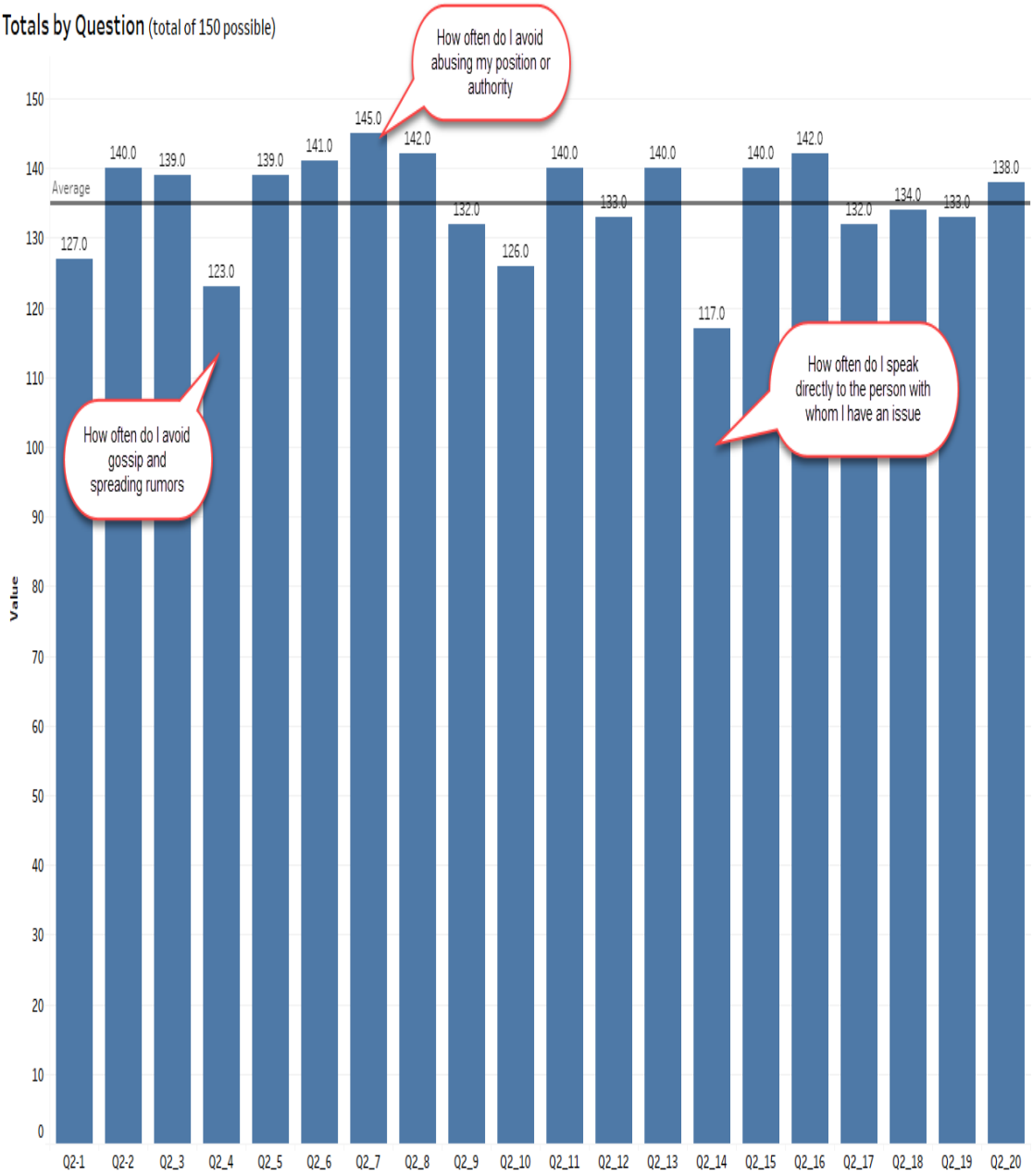
Frequencies

Level	Count	Prob
55	1	0.03226
78	1	0.03226
81	1	0.03226
82	1	0.03226
85	2	0.06452
86	2	0.06452
88	3	0.09677
89	1	0.03226
93	6	0.19355
94	4	0.12903
95	3	0.09677
97	1	0.03226
98	1	0.03226
99	2	0.06452
100	1	0.03226
Total	1	0.03226

Category	N	Pct. Of Total
Very Civil	18	60%
Civil	10	33%
Moderately Civil	1	3%
Uncivil	0	3%
Mildly Civil	1	0%
Very Uncivil	0	0%
Avg Score	90.1	Very Civil
Median Score	93	Very Civil
Outliers	55	no answer on 7 questions

Figure 4

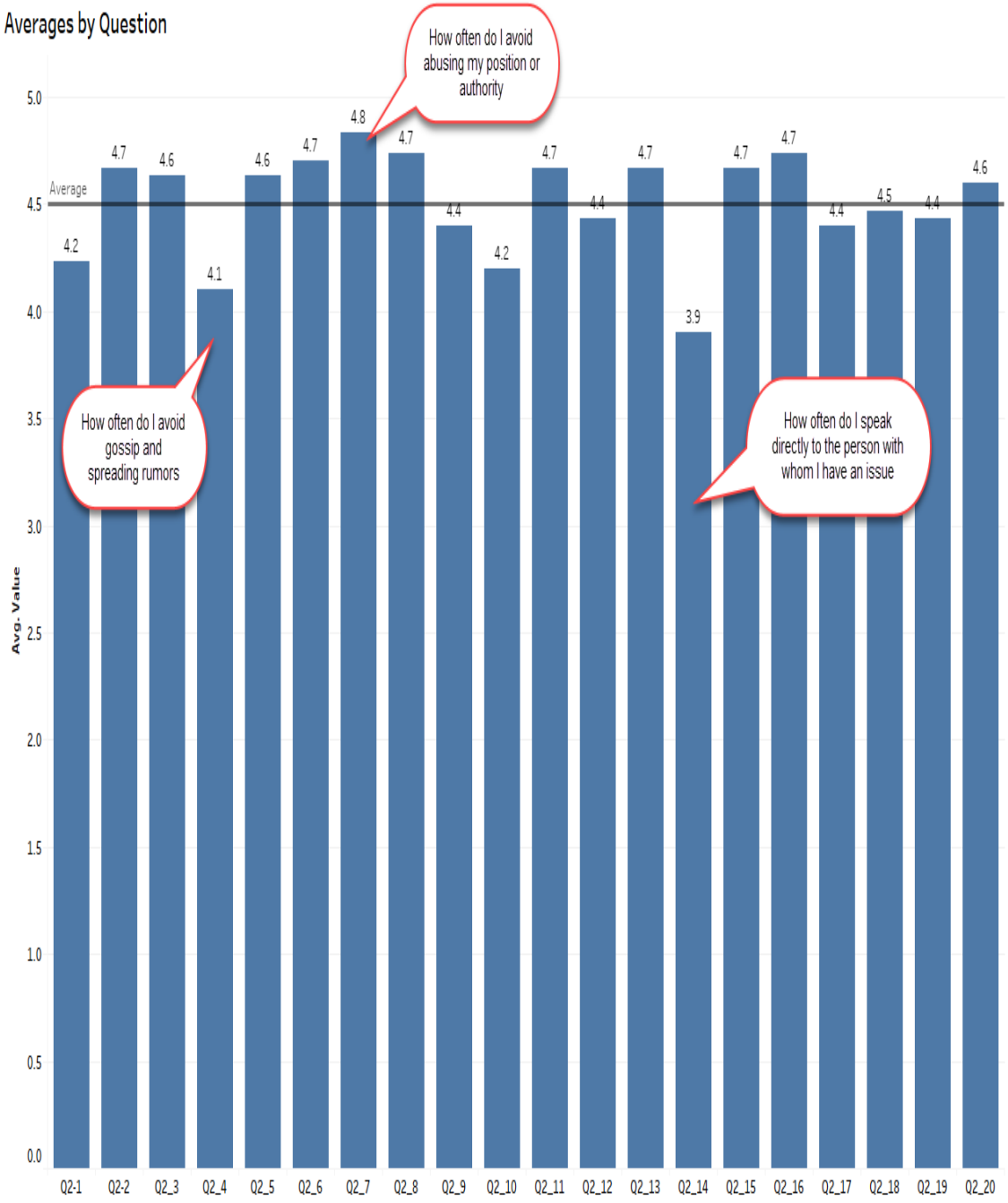
Clark Workplace Civility Index© Totals by Question



Note: Total of 150 Points Possible

Figure 5

Clark Workplace Civility Index© Averages by Question



Note: Scale of 1-5

Achievements

This was the first time an online learning module was successfully implemented dealing with workplace incivility awareness and responsiveness from the aspect of the charge nurse within the health system. The implementation site's nursing leadership have expressed their interest in the continued use of the online learning module as part of the training for frontline nurse leaders. Also, interest has been expressed, in the form of informal and formal conversations with a newly developed mentoring program for African-American/Black student nurses and nurses within the implementation site.

Recommendations for Improvement

The online learning module contained video scenarios, but could contain more specific scenarios to give future CNs more experience in handling workplace incivility behaviors that may occur. Adding the Clark Workplace Civility Index© as a pre-training survey would allow participants to have an insight on what behaviors might constitute workplace incivility. Being able to compare the pre-training and post-training results could possibly reveal those who scored high really were not as civil as they perceived themselves to be or vice versa, those that scored low were more civil. Optimally nurse leaders can embody the themes discussed in the online learning module for awareness and responsiveness to help create and maintain a civil culture within the workplace (Green, 2019; Mills et al., 2019). Providing education in the form of a more in-depth online learning module or training for nurse leaders would be the catalyst to foster a culture of civility and respect in the workplace (Clark, 2019).

Plan for Sustainability

The implementation site has stated interest in continuing the use of the workplace incivility awareness and responsiveness online training module during The Effective Charge Nurse Class. Depending on the state of the pandemic, the Effective Charge Nurse Class will either remain as an asynchronous class using Sakai Online Learning System™ or return to face to face class incorporating the workplace incivility module into the talk. Next steps would include workplace incivility training for all employees of the implementation site.

Utilization and Reporting of Results

The online learning module and results were met with interest at the implementation site. Outcomes from the engagement of the online learning module will be presented virtually in the form of a narrated PowerPoint on the project leader's Scholars Day and will be uploaded into ProQuest. Future presentations may include poster or podium presentations.

Conclusion

Workplace incivility within the nursing profession is a new term coined to describe nurses eating their young. It affects the novice nurse up to those in leadership position within the nursing profession. Buy-in by nursing executive leadership is mandatory for unit nurse leaders and frontline nurses to realize that incivility is a problem within an organization. Proper education how to become more aware and respond to the behaviors is key to combatting the problem. If not addressed, the nursing profession is at risk for long lasting damage that can inevitably affect nurses and ultimately patient outcomes. Health systems are challenged with providing more education for all

employees to help contest the problem. The workplace incivility online learning module can serve as a start for the implementation site to help provide effective education and help in the eradication of workplace incivility for generation of nurses to come. The impact incivility has on the organization can be detrimental to staff morale and productivity leading to decreased retention rates which can compromise patient safety and outcomes. This DNP project will hopefully reduce incivility acts to ensure that the health system lives up to the core values of "Caring for our patients, their loved ones and each other" (Facility Setting, 2017).

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