Managing Workplace Incivility

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Bullying, incivility and violence are serious workplace issues in the nursing profession and have been frequently reported to be widespread. The ANA has provided a number of methods to deal with bullying and incivility through enacting policies, allocating resources, and advocacy. The ANA’s position statement in this regard is clear that any workplace violence or incivility will not be tolerated, and all nurses are expected to collaborate together in order to foster a culture of respect (ANA, 2019). For this purpose, evidence-based strategies are recommended to be adopted in order to prevent bullying and incivility to help develop a clear process for mitigating it, by first understanding the causes his is done through understanding the causes, and prevalence and presenting evidence-based solutions accordingly.

Armstrong (2018) review some of recent studies on interventions to help manage incivility in healthcare settings to determine the most effective solutions with demonstrated efficacy. He found that that workplace incivility causes significant physical and emotional distress in victims and impacts the delivery and quality of care. A synthesis of available evidence suggests that employing active learning activities in which nurses are taught effective communication skills, along with education training on incivility and effective responses can help nurses enhance their abilities to manage workplace violence and incivility. Among these methods, the cognitive rehearsal method was found to be a highly effective response to incivility (Armstrong, 2018). The method consists of the nurse rehearsing mental responses to different case scenarios which involve incivility associated behaviors. This allows nurses a comfortable and safe environment to practice their communication techniques. Therefore Armstrong (2018) suggests that a combination of these experiential learning exercises with education about workplace incivility would prove to be effective intervention strategies.

A similar approach in this regard was suggested by Butler, Prentiss, and Benamor (2018) who study the perceptions of prevalence and frequency among registered nurses (RNs) regarding workplace bullying and also evaluate their experiences of being bullied by their coworkers, physicians, supervisors and patients. The study surveyed over 1000 RNs in a cross-sectional descriptive survey. The anaysis of data led Butler, Prentiss, and Benamor (2018)’s to suggest that workplace bullying continues to exist in health care institutions, and that there is a need for an aciton plan at an organizational level to eliminate the issue. The study also found that prevalence of bullying significantly correlates with increased nurse turnover. Moreover, it was found that the most frequent form of bullying was visitors and patients expressing their frustrations out on RNs. An unmanageable workload also correlated with experience of an unpleasant act. Butler, Prentiss, and Benamor (2018). Identifying these individual behaviors can help devise a solution which should aim for a cultural change. Educational programs, awareness campaigns, through videos and role playing, and development of procedures and policies to identify and address bullying behaviors are recommended.

In an earlier study in Greece, the relationship between the general health status of the clinical staff and the existence of workplace bullying was researched by Karatza, Zyga, Tziaferi, & Prezerakos (2016). The cross-sectional study in Athens found that over 30% of the respondents had been subject to psychological bullying within the last 6 months, in which 2% reported it to be occurring several times a week. Similar to Butler, Prentiss, and Benamor (2018), the current study also found unmanageable workloads to directly correlate with workplace bulling, often as a result of being subject to anger by others. Karatza, Zyga, Tziaferi, and Prezerakos (2016) propose that devising troubleshooting and prevention policies that address the key causes. Moreover, it was found that respondents who had adequate familial and social support could cope better and enjoyed better overall health, indicating the need for social support as a solution. The HR management should also specify criteia and behavior regarded as bullying to address behavorial issues.

Another related study in this regard was conducted by Sauer and McCoy (2018) who examined bullying behavior among RNs and its impact on turnover. The study also confirms earlier findings by Butler, Prentiss, & Benamor (2018) and Karatza, Zyga, Tziaferi, & Prezerakos (2016) to conclude that workplace bullying in the nursing profession remains a persistent problem. Over 40% of the nurses reported being bullied in the last 6 months. To prevent this, Sauer and McCoy (2018) suggest that nurses have to be empowered to optimize care in a workplace culture that encourages empowerment. In this regard, investments should be directed by administrators to train staff on commnication techniques through role playing opportunities in handling disruptive situations, and in enhancing overall workplace culture (Sauer & McCoy, 2018; Armstrong, 2018).

Another useful contribution in this regard is from Granstra (2015) who reviewed a number of studies over a decade to identify the causes and the corresponding solutions to the problem of workplace incivility and bullying. Effective solutions involve the entire healthcare infrastructure in order to create an environment where clinical staff feels equally respected and valued, the absence of which leads to incivility associated behavior (Granstra, 2015). Furthermore, education should be provided to nurses on treating others, and its focus should be on breaking the bullying cycle instead of treating it as something inevitable. Techniques should be taught to new nurses on appropriate steps on how to deal with a bullying incident, and mentors play a key role in providing these strategies along with emotional support. The organization’s bullying policies should reflect their aims to create an overall safe workplace environment in which corrective actions are clearly identified and implemented in each case of unacceptable behavior. In addition, awareness campaigns should be conducted in line with those policies. An important role in this regard is that of nurse leaders who should be responsible for modeling adequate professional behavior.

The proposed solution from the literature can therefore be summarized into the following solutions:

* Communication techniques and learning exercises, such as Cognitive rehearsal method
* Education training on identifying incivility associated behavior and its response
* Awareness programs for staff and patients, through role-paying, videos or other methods
* Organization policies and procedures to specify inappropriate behavior and fostering a culture of respect
* Model ideal professional behavior and mentor new nurses into dealing with bullying and incivility
* Provide social support to victims