

VNA Commission on Workforce Issues Lateral Incivility Workgroup

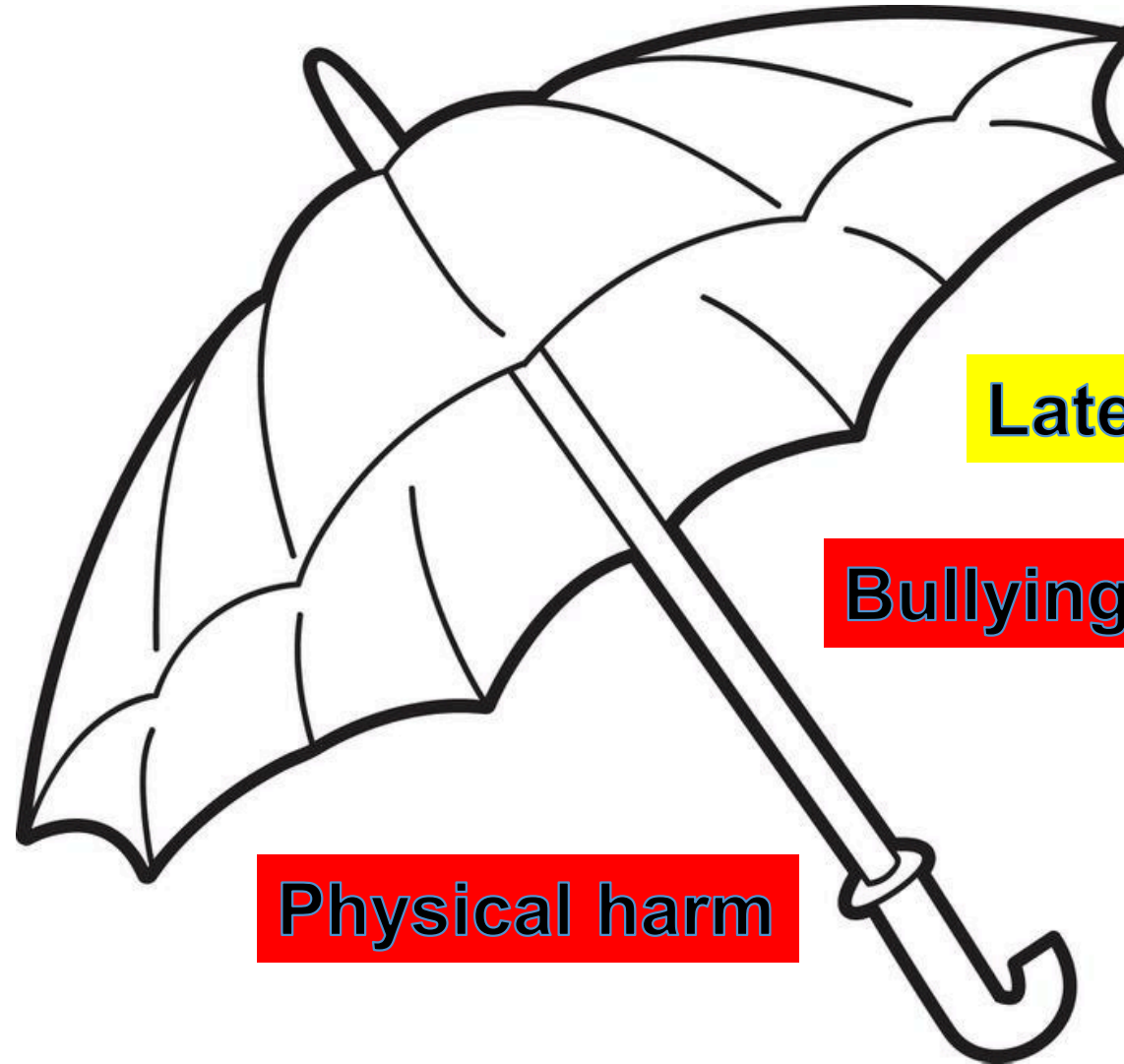


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Lateral Incivility Workgroup

- **Purpose:** Explore lateral incivility and bullying among Virginia's Professional Nurses
- Established 2018
- Members
 - Linda Thurby-Hay, DNP, RN, ACNS-BC, BC-ADM
 - Deborah B. Kile, DNP, RN, NE-BC
 - Ronnette Langhorne, MS, RN
 - Anita Skarbek, PhD, RN

Workplace Violence



Lateral Incivility

Bullying

Physical harm

Definitions

- **Incivility:** Low-intensity deviant behavior *with an ambiguous intent to harm*
 - Uncivil behaviors are characteristically rude, discourteous, display a lack of regard for others, and include gossiping, spreading rumors, and refusing to assist a co-worker
 - **Vertical Incivility:** Occurs between a person of authority and those in lower rank (e.g. provider-to-nurse, supervisor-to-staff nurse, nurse-to-CNA)
 - **Lateral Incivility:** Occurs between an individual or group members toward another individual or groups of members of the large group (e.g. nurse-on-nurse)

Definitions

- **Bullying:** *Repeated* unwanted, harmful actions **intended to humiliate, offend, undermine, degrade and cause distress**
- Bullying behaviors include hostile remarks, verbal attacks, threats, taunts, intimidation, and withholding of information



Can you share an example of lateral incivility that you experienced personally, and how you dealt with it?

Can you share an example of lateral incivility that you witnessed, and how it was dealt with in your workplace?

Impact of Nurse-to-Nurse Incivility

- Harmful to **patients** including increased medical errors, decreased quality of care, and negative patient outcomes (Nikstaitis and Simko, 2014)
- Devastating to **nurses**, affecting their performance, mental health, and intention to remain with an organization or even within the profession of nursing (Warner, Sommers, Zappa, and Thornlaw, 2016)
- Costly for **organizations** related to lost productivity, absenteeism, altered workload, and activity impairment (Levtak and Buck, 2008)

Lateral Violence in Nursing Survey

- **Aim:** Understand the current state of lateral incivility among Virginia nurses
 - Conducted by the Lateral Incivility Workgroup in November 2018
 - Results to be used to inform future efforts of VNA and this workgroup, including creation of programming and tools to help eradicate lateral violence impacting nurses of Virginia

Survey Results

- **326** professional nurses (less than 1% of Virginia's nurses) completed the survey
- **73%** worked in hospital settings
- **59%** worked on frontlines
- **52%** have between 6-20 years of clinical work experience
- **47%** have more than 21 years of experience

Survey Results

- When categorized as to generation, most of the respondents belonged to the *Baby Boomer generation*

Generation	Number (Percent) Virginia Nurses*	Number (Percent) Survey Respondents
Baby Boomers (over 55 years of age)	26,005 (31)	147 (45)
Generation X (Ages 40-54)	26,816 (31)	75 (23)
Millennials (under 39 years of age)	30, 335 (37)	104(32)

* Virginia's Registered Nurse Workforce:2017, compiled by the Department of Health Professions' Healthcare Workforce Data Center

Job Stress

- Vast majority (**81%**) indicated they were treated with courtesy and respect by their coworkers
- Less than **20%** attributed job stress and tension to lateral violence
- **41%** indicated incivility and bullying behaviors were either very serious or somewhat serious as a professional practice issue



What facilitates civil behavior in the workplace?

Uncivil and Bullying Behaviors, Workplace Support and Self-Assessment

- **53%** did not consider coworker behaviors such as losing patience and aggressive directing as either incivility or bullying
- **70%** indicated they had not personally observed uncivil or bullying behaviors towards another co-worker

Uncivil and Bullying Behaviors, Workplace Support and Self-Assessment

Of those who had been the recipient of uncivil behavior or bullying:

- **47%** viewed themselves as powerless
- **65%** were unwilling to stand up to the co-worker
- **49%** felt unsupported by others in the workplace

Uncivil and Bullying Behaviors, Workplace Support and Self-Assessment

- **42%** felt they **would not** be safe from retaliation, however they would report these behaviors
- **19%** felt they **would not** be safe from retaliation and would not report these behaviors
- **61%** indicated they **never** used behaviors that would be considered lateral violence towards a coworker
- **5%** indicated they **often or sometimes** demonstrated bullying or uncivil behaviors towards a coworker
- **58%** indicated incivility and bullying occurred among members of the interdisciplinary team
- **27%** indicated they had left a position because of lateral violence

Perceived Causes of Incivility and Bullying

Causes	Number (Percent) Survey Respondents
Stress related to inadequate staff and resources to handle the workload	168 (62.69%)
Leaders and coworkers not willing to intervene	112 (44%)
A decline in polite and respectful behavior in our society in general	109 (40.37%)
Major personality clashes among a few people	103 (39.2%)
Rude behavior is so common that coworkers adopt it	98 (32.28%)
Professional behavior is not stressed in this work area	67 (27.13%)
New nurses being tested to see if they can make it in this work area	50 (20.33%)
Misunderstandings caused by cultural differences	39 (14.34%)

Workplace Education

- **61%** believed something could be done to help solve problems related to incivility and bullying in the workplace
- **60%** reported receiving education on techniques for dealing with **rude or disrespectful persons**
 - 28% indicated the training was very effective
 - 52% indicated the training was somewhat effective

Incivility Toolkit

- ANA Position Statement
Incivility, Bullying and Workplace Violence
- ANA Book
Bullying in the Workplace: Reversing a Culture
- Additional Books
Enough: Eradicate Bullying & Incivility in Healthcare
Author: Dr. Renee Thompson





How can VNA help?

- Monitored blog for de-identified storytelling
- Educational workshops that inform and build personal strategies for individual nurses
- Forums for healthcare leaders to become aware of the issue and its impact on organizational outcomes, as well as support environmental change
- Liaison services that support use of organizational, e.g. Human Resources grievance processes, etc., and community resources