CPH News and Views
A semi-monthly column on emerging topics related to healthy workplaces

Issue # 17 Enhancing civility at work – with attention to the healthcare sector

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In July, 2008, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) passed Leadership Standard LD.03.01.01, which requires healthcare organizations to develop a code of conduct and processes to manage disruptive behaviors by physicians or other clinicians. One particularly common form of disruptive behavior in the healthcare sector is *workplace incivility*, which means such things as interruption, use of a condescending tone, and unprofessional terms of address with co-workers.

Workplace incivility may be subtle, but its effects are not. Research shows that employees who experience uncivil behavior – both within and outside the healthcare setting – are more distracted and experience psychological distress and low job satisfaction. For nurses, in particular, there is evidence that both physical violence and verbal abuse affect psychological well-being, intention to leave, and actual turnover rates. Fischer and colleagues (2006) showed that verbal abuse affects nurses' ability to work, according to their own perceptions. Both physicians and nurses report that disruptive behaviors reduce their concentration, communication and collaboration, This in turn can lead to a host of problems such as inadequately informed or wrong medical judgments, delayed medical care, and decrements in quality of care and patient satisfaction (Rosenstein & O'Daniel, 2005; Hutton and Gates, 2008). One study made a direct connection between providers' experiences of workplace incivility and failure to follow recommended operating room techniques (Haines et al., 2007). Errors in any type of workplace may affect production or employee safety; in the healthcare setting they have the potential to affect patient safety, as well.

Obviously it is important to reduce these negative individual and collective consequences. But incivility between individuals might seem difficult to do anything about. Organizations must be vigilant — preventing it where possible and, when it occurs, understanding its course so that effective interventions can be designed. Below is an outline of elements that are essential to establishing civil treatment among employees as the norm.

Setting the Stage

First, focus on enhancing civility, as opposed to correcting incivility. Setting up a constructive intervention that rewards desired behavior is much more likely to meet with employee cooperation than imposing consequences for negative behaviors. Creating a positive frame is also more likely to motivate employees to learn new skills, which itself predicts the success of a training program.

Second, recognize that positive interpersonal interactions do not occur in a vacuum; they appear in settings where employees are engaged, feel part of a cohesive unit, and feel and act supportive of one another. In a qualitative study of nurse managers, Mackoff and Triolo (2008) found connections between engagement and a "culture of regard." Martin (2008) suggested that a highly engaged work culture can be developed as a preventive tactic around dysfunctional behavior. People are considerably more likely to behave politely to each other in workplaces where they feel supported and where their psychological needs are attended to. In other words, trying to improve workplace civility might be a futile effort without attention to broader work climate factors such as team support and cohesion, people's participation in deciding how their jobs are done, and general concern for employee well-being.

Third, for an intervention to be successful, all members of the organization must be ready to make that change. There should be widespread and genuine buy-in to the change process and

goals from all key stakeholders, including strong, consistent support from administrators, unions, and any other relevant groups within the workplace, such as an advisory committee for the program. Developing this buy-in may be considerably more time-consuming than the intervention itself, so it is helpful to think about the change process itself as a crucial component of the program.

Improving Civility at Work

Civility interventions can take any number of forms and should be carried out on as many fronts as possible if there is a true commitment to improving the situation. Genuine organizational change is very time-consuming; it is important to assess what is needed within the organization, from all employees' perspectives, prior to developing the actual intervention. The intervention should be centered on employee involvement and based in people's own experiences. A pre-training organizational audit may prove helpful. Focus groups might be conducted with employees from all levels within the organization to examine the particular types of disruptions that are most frequent for various groups. Particularly within the healthcare sector, attention to power dynamics across different jobs (e.g., between nurses, physicians, and aides) is important.

The use of a train-the-trainer model for implementing a civility training intervention can be particularly effective. A training team composed of peers of the training recipients (e.g., nursing aides who will train other aides) can utilize people's situation-specific knowledge, making it more accessible and relevant. This approach is likely to enhance long-term acceptance of the program as it creates a physical reminder of the training (the presence of the trainers and other trainees) in the immediate proximity of workshop attendees, as well as explicitly creating "local experts" on the topic who essentially become part of a preventive infrastructure.

In addition, physical reminders of the value of civility should be present throughout the workplace. Posters, wallet-sized laminated workshop reminder cards, newsletter articles, and paycheck insertions have all been used; creativity is the only limiting factor on what could be done! If civility among individuals is not already part of the organization's performance appraisal system, this is a good time to include it. Above all, the program must be integrated into the larger values of the organization to be successful.

Recommended references:
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Haines, T., Stringer, B., Duku, E. (2007). Workplace safety climate and incivility among British Columbia and Ontario operating room nurses: A preliminary investigation. Canadian J Community Mental Health 26:141-52.
Hutton, S., & Gates, D. (2008). Workplace incivility and productivity losses among direct care staff. AAOHN Journal 56:168-175.
Mackoff, B.L., & Triolo, P.K., (2008). Why do nurse managers stay? Building a model of engagement. Part 2: Cultures of engagement. Journal of Nursing Administration 38:166-171.
Rosenstein, A. H., & O'Daniel, M. (2005). Disruptive behavior and clinical outcomes: Perceptions of nurses and physicians. American Journal of Nursing 105:54-64.

Recommended Readings:
Martin, W. F. (2008). Is your hospital safe? Disruptive behavior and workplace bullying. Hospital Topics: 86:21-8.
Olender-Russo, L. (2009). Creating a culture of regard: An antidote for workplace bullying. Creative Nursing 15: 75-81.

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