“CODE 911”

• 50-60% of New Grads have it

• 96% of all nurses have had it, or have witnessed it
96%!

• 70% of New Grads EXPECT it

• 60% of New Grads leave their first job within 6 months because of it
Nursing, the profession of caring and compassion, a higher calling, the #1 most trusted profession...

And we “eat our young?”

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For their attention to the issue, their commitment to address it, and their willingness to spread the word and share their work.
INCIVILITY IN NURSING

• Other names for it include:
  – Lateral Violence
  – Horizontal Violence
  – Nurse to Nurse Aggression
  – Bullying
  – Relational Aggression
  – "Professional Terrorism"
• No matter what you call it, it is not OK!

BUT FIRST! CIVILITY IS...

• Civility is an authentic respect for others requiring time, presence, a willingness to engage in genuine discourse, and an intention to seek common ground

INCIVILITY

• Disregard for others that creates an atmosphere of disrespect, conflict, and stress
• Rude behavior that results in emotional distress
• Behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect.
• Characteristically rude and discourteous, displaying a lack of regard for others
BULLYING

- Consistent pattern of inappropriate, abusive or aggressive behavior toward another person that is designed to intimidate, demean, devalue, and disrespect
- Escalation of incivility

EXAMPLES OF UNCIVIL BEHAVIORS

- Eye rolling
- "Back-stabbing"
- Favoritism
- Sabotaging
- Verbal offensives
- Non-verbal innuendo
- Excluding/marginalizing others (cliques)
- Sabotage/working up for failure
- Faultfinding
- Yelling
- Bullying
- Gossiping
- Persistent criticism
- Rudeness, offensive remarks
- Undermining
- Lack of collegial respect
- Being unapproachable
- Broken confidences
- Unfair assignments
- Others

WHY DOES IT HAPPEN?

- Possible causes include:
  - Burnout
  - Unhappy
  - Tired
  - Overworked
  - Feeling lack of control of own life
  - Bad day
  - Troubles at home
  - Forgot what it’s like to be a student/new grad
  - “It happened to me”
  - Other possibilities...
WHY DOES IT HAPPEN?

• Theory of oppression
  – Born out of the construct of nurses being part of an oppressed population
  – The manifestation of conflict is seen in the context of being excluded from the power structure
  – “It is contended that because nurses are dominated and by implication oppressed by a patriarchal system headed by doctors, administrators and marginalized nurse managers, nurses lower down the hierarchy of power resort to aggression among themselves” (Farrell, 1997, p. 482).

WHO IS AT RISK?

• Healthcare occupations have the highest rates of incivility

WHO IS AT HIGHEST RISK?

• Student Nurses
• New Grads
• Nurses who are new to the unit
• Ethnic minorities
• Gender minorities
HOW DOES IT AFFECT THE NEW NURSE?

• Crying
• Despair
• Fear
• Shame
• Anxiety
• Sleeplessness
• Stress
• Low self-worth, self-esteem

• Job conflict/lack of satisfaction
• Depression
• Emotional distress
• Somatic illness
• Errors and secondary victim syndrome
• Robs nurse of joy
• PTSD
• Suicide

HOW DOES IT AFFECT PATIENT CARE?

• Nurses who feel powerless are less likely to seek help & advice from coworkers
• Nurses who are fearful of being bullied are afraid to ask questions
• Disruptive behaviors lead to:
  – potentially preventable errors
  – adverse events and outcomes
  – compromise in patient safety and quality
  – patient mortality
• Lower rates of nurse retention
• Lower patient satisfaction

WHAT IF I WITNESS BULLYING?

• Lead by example
  – Role model professional communication
  – Don’t gossip or talk about others
  – Leave the situation. Just walk away
  – Reach out to the bullied nurse
  – Speak to the bully in private, using learned techniques:
    – Keep calmness, poise, patience
    – Help others
  – Treat everyone with respect
  – Do your share of the work
  – Work cooperatively
  – Be positive
  – Speak up for the one not in the room
  – Don’t criticize publicly
I'M BEING BULLIED.....WHAT DO I DO? HOW DO I STOP IT?

- You basically call them on it!
  - Use evidence-based approaches
  - You must stand up and give them an assertive response
- Learning approaches to address incivility equip nurses with the skills to respond to situations and protect themselves and their patients
- Several possible approaches including:
  - Cognitive Rehearsal
  - "CUS" Model
  - Heart-Head-Heart Model
  - Caring Feedback Model
  - Casperson's Framework
  - Others

COGNITIVE REHEARSAL

- Technique that provides a proactive strategy for nurses to take a stand against incivility and bullying in the workplace.
- One way to mentally prepare yourself to address threats from incivility or bullying.
- Allows you to prepare to respond to unprofessional behavior in a manner that’s not construed as retaliatory
- Promotes communication and respect

COGNITIVE REHEARSAL

- Rather than responding immediately or emotionally to unprofessional remarks or behavior, you hold and process them, which allows you to think about the potential situation and what the most appropriate response might be.
- Memorizing responses is designed to prevent acting impulsively
- Using a planned, rehearsed response, you acknowledge the situation and create an opportunity to communicate expectations for appropriate behaviors and future interactions
COGNITIVE REHEARSAL

• Here’s how:
  1. Pause and process what just happened
  2. Identify the uncivil behavior
  3. Formulate and respond with a pre-prepared rehearsed statement
     1. Do it after you’ve had time to process, but must be the same shift!
     2. Do it in private

• This is a skill that must be practiced!

COGNITIVE REHEARSAL

• “It appears by the way you responded to my request for help that you have something you would like to say to me. Please communicate directly with me.”

• Might be used for:
  - Eye rolling
  - Sighing
  - Throwing hands up
  - Making a face
  - Refusing to help
  - Negative statement about your abilities
COGNITIVE REHEARSAL

• “I would not have asked for help unless I really needed it. Things go so much better for both the patients and each other when we work together. I will gladly return the favor when you need it.”
• Might be used for:
  - Resistance or refusal to help
  - Negative statement about your needing help

COGNITIVE REHEARSAL

• “I feel devalued and disrespected by what you shared openly in front of my patient (or colleague). If you have a concern about my abilities as a new nurse, please share those concerns with me directly and in private, not in front of my patients (or colleagues).
• Might be used for:
  - Verbal affront
  - Gossiping
  - Broken confidence
  - Insults

COGNITIVE REHEARSAL

• “It appears by the way you’re looking at me you have something to say. It’s OK to speak to me directly.”
• Might be used for:
  - Dirty looks
  - Eye rolling
  - Making faces
COGNITIVE REHEARSAL

• "I called (or asked) because I had a concern about the patient. Your tone of voice is needlessly harsh and I don't deserve to be treated like this."
• Might be used for:
  – Angry provider
  – Phone call to another department
  – Sarcasm remark about your knowledge base, or question you asked during report

COGNITIVE REHEARSAL

• "It sounds like this is really bothering you. Have you talked to Sue about it?"
• Might be used for:
  – Gossiping about another nurse
  – Backstabbing
  – Scapegoating

COGNITIVE REHEARSAL

• "I don't talk about people when they are not here to advocate or respond for themselves. Please stop."
• Might be used for:
  – Gossiping about another nurse
  – Backstabbing
  – Scapegoating
  – Excluding/marginalizing others
LET'S PRACTICE...

• Situation: You are giving report to a seasoned nurse. She does not look at you, is not writing anything down, is tapping her foot, and she keeps fidgeting and looking at her watch.

(from KeithRN)

LET'S PRACTICE...

• Situation: You are preparing to insert your first NG tube and are a little nervous. You ask a fellow nurse to come with you for moral support and assistance if you need it. The nurse rolls her eyes, sighs, and stomps into the room with you. Once there, she says to the patient: “Your nurse is a newbie and has never inserted an NG tube. I'm here to make sure she does it right!”

(from KeithRN)

LET'S PRACTICE...

• Situation: It is the end of your third shift off orientation. You were able to complete all of your patient care except to change a central line dressing and finish documenting. When you report off, you mention that the dressing still needs to be changed. The oncoming nurse slams her clipboard down and yells, “That’s not MY responsibility! I shouldn’t have to pay for your lack of competence!”
LET’S PRACTICE...

Situation: As you enter the break room, you hear your preceptor say, “...and she didn’t even know how to use the pump,” followed by laughter. When the group sees you come in, the laughter abruptly stops and everyone seems uncomfortable.

LET’S PRACTICE...

Situation: You call the provider because you have a concern about your patient’s falling BP, rising pulse rate, and low urine output. You have collected other data relevant to this clinical concern, and have it at the ready to communicate it to the provider. Before you can communicate fully, the provider snaps “Why are you calling me now to tell me this? Can’t you see it’s dinner time?? What do you want from me??”

“CUS” MODEL

C = Concern
U = Uncomfortable
S = Safety issue

“Sure, I am CONCERNED about and am UNCOMFORTABLE about . Since this is a SAFETY ISSUE, I think .”
OTHER THOUGHTS

• Focus on the positive
• Don’t engage back
• “Kill them with kindness”
• Be a helpful resource and team player
• Do not best drama with drama
• Use “I” statements

OTHER THOUGHTS

• “I don’t like the way you’re talking to me – I’m going to leave. We can talk about it later when we’re both more calm and level-headed.”
• “I hear you but your tone of voice is inappropriate. I deserve more respect than that.”
• “You know, I’m not going to respond to that.”
• “Susie, I have always tried to treat you with the respect you deserve. If I have done something to lose your respect and consideration please communicate that to me so I may have the opportunity to grow.”
• “I am offended by that comment.”

IF WORSE COMES TO WORST

• Document incidences of bullying
  — Include date, time, specific situation, actions you took (cognitive rehearsal response), witnesses.
• Report to Manager & file complaint with Human Resources
  — You will have a record of documenting a complaint
  — Keep records of reports/complaints
• Develop your skills to deal with the bully
• Engage in continuous professional development
• Join the movement to a healthy workplace! Seek other new grads and supportive seasoned nurses to talk to and associate with
• Last but not least, if the above is not effective, take a position on another unit or agency. You don’t deserve to be treated like that!
IF WORST COMES TO EVEN WORSE

- Establish a lifeline
- Get help
- Do not hurt yourself
- Do not turn to drugs or alcohol
- Seek counseling
  - Bullying can cause PTSD
  - Suicide has occurred

BE THE CHANGE!
IT STARTS WITH US

NOW LET'S REMEMBER, NEW NURSES ARE FRIENDS, NOT FOOD!

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QUESTIONS!