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### Civility Promotion: How it Affects Workplace Incivility

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**Civility Promotion: How it Affects Workplace Incivility**

by

Shawanda Lang

A project submitted to the faculty of  
Gardner-Webb University Hunt School of Nursing  
in partial fulfillment of the requirements for the degree of  
Doctor of Nursing Practice

2020

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### **Abstract**

Incivility is also known as uncivil behavior, horizontal violence, or bullying. These terms are often used to describe the conduct an individual may display toward another that are deemed undesirable in healthcare organizations. Uncivil behavior has been an increasing topic in healthcare and has consequently gained the attention of organizations such as the American Nurses Association and regulatory agencies such as The Joint Commission. Incivility has the opportunity to affect teamwork, individual well-being, and patient safety. The aim of this project was to promote civility by bringing knowledge and awareness of the participants through an educational series. Although the pre and post-implementation scores revealed a decrease in scores which correlates to an increase in self-awareness of uncivil behaviors, the results are not considered statistically significant.

*Keywords:* civility, incivility, horizontal violence, bullying

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## **Introduction**

Merriam-Webster defines civility as “polite, reasonable, and respectful behavior” (Civility, 2019). Civility in the workplace has become important because of the influence it has on employee retention, production, and growth of a company. The Institute of Medicine (IOM), The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the American Association of Colleges of Nursing (AACN) have been leading organizations supporting civility in health care (Woodworth, 2016).

## **Problem Recognition**

Workplace incivility (WPI) is often referred to as bullying, horizontal/lateral violence, or harassment (Warrner et al., 2016). Organizational efficiency is the employees’ perception of how well work processes function in their workplace. Incivility has a negative impact on organizational efficiency. In 2015, the American Nurses Association (ANA) organized a Professional Issues Panel on Incivility, Bullying, and Workplace Violence to develop a new ANA position statement.

ANA’s Code of Ethics for Nurses with Interpretive Statements states that nurses are required to “create an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect” (ANA, 2015a, p. 4). Similarly, nurses must be afforded the same level of respect and dignity as others. Thus, the nursing profession will no longer tolerate violence of any kind from any source (American Nurses Association, 2015).

Within the last year, the University of North Carolina Medical Center (UNCMC) has experienced a significant loss of nurses and unlicensed assistive personnel (UAP). A major cause of turnover amongst nurses and UAP is related to an unhealthy and

unsatisfying workplace. Workplace incivility and bullying has been identified as reasons why many employees either left the work area or the UNCMC entity all together. While there was much anecdotal evidence that this may be the issue, there was little concrete fact.

### **Problem Statement**

The purpose of this project was to examine the influence of an educational intervention of civility promotion and how it affects workplace incivility.

### **Literature Review**

A literature search using MEDLINE, EBSCO host, and the Cumulative Index to Nursing and Allied Health Literature (CINAHL) databases with date limitations from 2010 to 2018 was conducted. A search of the literature was completed using keywords: “civility”, “incivility”, “workplace bullying”, and combined with keywords “incivility in healthcare”. The following articles were reviewed.

Guidroz et al. (2010) discussed the development of the Nursing Incivility Scale (NIS), which is designed to assess hospital nurses’ experiences with incivility according to specific sources-physicians, coworkers, patients, and direct supervisors. The NIS was developed using focus groups with nurses at a hospital in the midwestern United States and validated during a second survey administered to 163 hospital nurses. All subscales showed acceptable reliability and demonstrated acceptable convergent and discriminant validity with other variables. The results indicated that the NIS has good psychometric qualities and can be used by hospitals and health care administrators to assess the prevalence of incivility.

Lewis and Malecha (2011) conducted a study to investigate the impact of workplace incivility (WPI) on staff nurses related to cost and productivity. A postal survey was sent to 2,160 staff nurses. Of the mailed-out surveys, 659 were completed. The survey included the Nursing Incivility Scale and Work Limitation Questionnaire. Facilities that identified as healthy working environments (defined as Magnet, Pathway to Excellence, and/or Beacon Unit recognition) reported lower WPI scores. Nurses' perception of their manager's ability to handle WPI was negatively associated with WPI scores. Lost productivity as a result of WPI was calculated at \$11,581 per nurse per year.

Lim and Bernstein (2014) performed a literature review focusing on the exploration of Florence Nightingale's professional persona and experience, this article outlines various factors that contribute to incivility and workplace bullying and provides suggestions for curriculum design that may help preempt incivility in tomorrow's nurse. This article concludes that practice-based interprofessional collaboration interventions can improve healthcare processes and outcomes in workplace civility.

An interventional study was conducted to determine if training on incivility and cognitive rehearsal responses to such behavior influenced the awareness of levels of incivility (Embree et al., 2013). The study utilized a pre- and post-survey with educational training interventions between the surveys. To measure the respondent's sense of empowerment, the Nurse Workplace Scale (NWS) was used. A higher score on the NWS equates to a greater sense of empowerment. In this study, the total NWS scores increased slightly, although not statistically significant. However, the authors concluded that nurses felt more empowered when confronted with incivility (Embree et al., 2013).

Wilson and Phelps (2013) conducted a study in a 220-bed hospital to determine the perceived level of horizontal hostility (HH). The objective of the 28-item survey tool was to determine whether the threat or experience with HH influenced nurse behaviors directly related to patient safety. Over a 2-month period, 500 nurses were surveyed. Of the nurses who identified as having experienced HH, a high number reported performing interventions or actions that could compromise patient care/safety. These actions include failing to clarify an unreadable order, lifting, or ambulating heavy or debilitated patients without assistance rather than asking for help, using unfamiliar equipment without asking for clarification, and carrying out an order that the nurse did not believe was in the best interest of the patient, among other behaviors.

Abdollahzadeh et al. (2017) conducted a qualitative study aimed at determining how to prevent WPI from nurses' perspective. This study consisted of 34 nurses being interviewed individually. Each interview lasted 35-65 minutes each. The findings of his study indicated that a comprehensive and systematic attempt was needed to prevent incivility. Therefore, nurses, officials, and people as clients, need to be involved in this process. Nurses should try to improve their own nursing and communication skills. Teaching communication skills in in-service training courses, improving quality of nursing education, and introducing new methods of caring seems useful in this case. Showing the real image and position of nurses and hospitals to the public and improving public knowledge about hospitalization processes could also prevent WPI (Abdollahzadeh et al., 2017).

Literature suggests that education is an effective tool to increase awareness of incivility. Warrner et al. (2016) conducted a study consisting of three phases: a pre-

training survey, training sessions, and a post-training survey. All three phases were completed in a 12-week period. Training sessions utilized case studies, presented the literature regarding the effects of incivility, and provided recommendations for a healthy work environment. A total of 21 nurses completed all three phases of the study. The instances of incivility were perceived to be higher after the intervention (Warner et al., 2016).

## **Needs Assessment**

### **Target Population**

The aim of this project was to identify: In nurses and UAPs from clinic one and clinic two (P) how does introducing an educational training project that would be ongoing, (I) improve civility and psychological safety in the workplace for staff, (C) compared to staff continuing to feel unsafe and experience uncivil treatment from fellow staff members, (O) affect improved Workplace Employee Satisfaction (WES) survey scores and employee work relationships.

Clinic one consists of four UAP and 12 registered nurses (RN). Clinic two consist of two UAPs, one licensed practice nurse (LPN) and one RN. Clinic one has experienced a negative impact with recruitment and retention, especially amongst the nurse population. Clinic two has also reported concerns with incivility and retention. The nursing staff of clinic one is comprised of over 50% of nurses with one or less years of experience in oncology. This influx of new nurses is due to the high rate of nurse turnover and nurse shortage that this clinic has experienced within the two years. The nurse manager for clinic one reports that while the unit is fully staffed with nurses at this moment, she foresees vacancies due to request for transfers to other units and staff

request to go per diem. At the time of this report, clinic two currently has three vacancies and is going through a second leadership change. Previous surveys from these areas found that employees did not feel that there was civility in the work area and the staff experienced a decrease in psychological safety. This affects patient care and the employee retention rates.

### **Sponsors and Stakeholders**

Stressful, uncivil work environments contribute to poor morale, decreased productivity, increased absenteeism, and greater job turnover among nurses (Foronda et al., 2016; Guidroz et al., 2010; Lewis & Malecha, 2011). In order for this implementation project to be successful, it was important to have the support and assistance of those who would be affected and have an interest in this quality improvement project. Table 1 outlines the internal and external stakeholders.

**Table 1**

#### *Internal and External Stakeholders*

Project Team Member	Stakeholder (Internal or External)	Rationale for Choice
Project Team Lead	Internal Stakeholder	-Credentials: MSN, RN, CMSRN -Develop and implement project -Evaluate project results -Report project results to leadership
Project Chair	External Stakeholder	-DNP Project Chair -Credentials: DNP, RN -Dean, Associate Professor of Nursing
Director Adult Medicine	Internal Stakeholder	-DNP Practice partner -Credentials: DNP, CMSRN

Director Oncology Clinic Operations	Internal Stakeholder	-Committee Member -Credentials: BSN, RN, CNML, MHA
Nurse Manager of Unit A	Internal Stakeholder	-Committee Member -Credentials: BSN, RN, CPN -NM buy in is essential for project success. -NM can directly influence the behaviors of their staff. -Approves education time allowed
Research Project Manager	Internal Stakeholder	-Committee Member -A3 coordinator
Nurse Manager of Unit B	Internal Stakeholder	-Committee Member -Credentials: BSN, RN, OCN -NM buy in is essential for project success. -NM can directly influence the behaviors of their staff. -Approves education time allowed -Potential for modification of current policy.
Clinical Nurse Educator	External Stakeholder	-Provides guidance with education, engagement and implementation strategies.
Clinical Team Lead (CN1V) and Charge Nurses (CN)	Internal Stakeholder	-CTL: Committee member, co-chair of hospital wide retention committee -CTL and CN is in direct contact with frontline staff. -Reinforces practice change and behaviors.
Clinical nurses, nursing assistants (NAs) and certified medical assistants (CMAs)	Internal Stakeholder	-Frontline staff designated as champions of the practice change.

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## **Organizational Assessment (SWOT Analysis)**

Organizational assessments follow a system science approach to assess the dynamics at work in the sponsor's organization. The approach is to collect data and analyze factors that impact organizational performance to identify areas of strength as well as opportunity (MITRE Corporation, 2013). In order to assess the organization, data collection of issues that drives uncivil behaviors in the identified units was collected. The management and leadership team were interviewed to identify strategic changes, and development of an action plan was proposed to address change priorities.

Key external drivers were identified when speaking with the management and leadership team on civility in the workplace. Some of the identified external drivers were legal/regulatory factors, technological advancements, and social and cultural factors. Unit B team members were recently transitioned from a physician-based clinic to a hospital site clinic. With this change, came changes to the legal aspect of how the employees work within their defined scope of practice, who they report to, and regulation rules governed by the medical center.

The medical center that houses Units A and B has a clear vision and mission statement. After questioning the staff on the two identified units, it is unclear if the staff feels supported in their role and how their units align with the mission statement.

Unit A and B have recently experienced leadership changes. The medical center has lately presented a new organizational leadership change that will possibly affect these units more. Unit A team members voiced concerns with lack of leadership, while Unit B voiced constant change of leadership. When viewing the cultural climate, leadership was asked to share collective impressions, expectations, and feelings of staff. The nurse



manager from Unit A reported that behavioral complaints has been reported and that overall the staff has voiced low job satisfaction. Unit B staff reports low job satisfaction and expectations of having the adequate tools and staff to perform their job sufficiently.

Figure 1 outlines a Strengths, Weaknesses, Opportunities, and Threats (SWOT) identified.

### **Figure 1**

#### *SWOT Analysis*

<p style="text-align: center;"><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Staff teamwork improving</li> <li>• Staff is providing great patient care</li> <li>• New nurse manager</li> <li>• Facility values will be reinforced (Teamwork, Integrity, Diversity, Excellence and Safety)</li> <li>• Facility is actively committed to improving communication and cultural awareness</li> </ul>	<p style="text-align: center;"><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Staff teamwork needs further improvement</li> <li>• Environmental barrier: Unit B working space is overcrowded</li> <li>• Communication</li> <li>• New nurse manager</li> <li>• Some shifts staffed with float nurses/UAPs</li> <li>• Potential lack of knowledge regarding current policy of behavioral issues</li> </ul>
<p style="text-align: center;"><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Increase in staff commitment to promote civility</li> <li>• Improve communication</li> <li>• Improve work culture</li> <li>• Improve patient outcomes</li> </ul>	<p style="text-align: center;"><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Staff dynamics are fluid</li> <li>• Staff may view education sessions as punishment or reprimanding</li> </ul>

#### **Available Resources**

The facility has no defined policy for workplace bullying or incivility. Although there are corrective actions against personal conduct, no definition was placed on incivility. Available resources include educational sessions on culture and generational differences, effective communication, becoming a compassionate leader, and also a Peer to Peer counseling program.

**Desired and Expected Outcomes**

The desired outcome for this project was that clinical staff will report improvement in civility and psychological safety in the workplace following participation in educational sessions related to civility. The expected outcome is that post survey will show an increase in score that equates to a higher uncivil environment. The post higher survey score reflects to an increase in incivility awareness.

**Team Selection**

The individuals chosen to participate and contribute to the DNP Project included a variation of healthcare professionals including nursing directors, nurse managers, clinic staff, and team leads. In some capacity, each member contributed to the planning, implementation, and completion of the project.

**Cost/Benefit Analysis**

This project provided education sessions that took place during scheduled staff meetings in each clinic. This cost was one hour of the staff members pay for each session. This cost was covered under the payroll budget. Education material (i.e. paper and pens) was estimated at \$15 and was purchased by clinic one. Recommendation that any employee from either clinic that has been identified as having present or future personal conduct problems should be enrolled in a series of classes to correct this behavior. The cost was the staff members pay per hour times the hour of each class session. This was deducted from the education budget of that unit's cost center.

## **Goals, Objectives, and Mission Statement**

### **Goals**

The goal of this quality improvement project was to increase staff ability to recognize workplace incivility, increase civility, and to equip staff with tools to act against and report incivility through the implementation of a civility training program.

### **Process/Outcome Objectives**

The process objectives of this project were to:

1. Survey the healthcare team, RNs, Certified Medical Assistants (CMAs) and Nursing Assistants (NAs), on their view of civility.
2. Evaluate the healthcare team's, RNs and Nursing Assistants (NAs), current knowledge of the facilities behavioral policy.
3. Educate the healthcare team, RNs and Nursing Assistants (NAs), on civility, communication, teamwork, and classes offered at the facility.
4. Administer post-survey to healthcare team to evaluate education effectiveness.
5. Evaluate the healthcare team's behavior changes and project success.
6. Reinforce knowledge by incorporating effective communication methods (i.e. team huddle, promoting peer to peer conferences).

The outcome objectives of this project were to:

1. Determine the clinical staff knowledge on civility and incivility in the workplace.
2. Improve staff participation in workplace civility.

## **Mission Statement**

Workplace incivility is a problem in many healthcare institutions. This DNP Project's intent was to increase the awareness of incivility and promote civility through the implementation of evidence-based interventions that includes education, policies, and procedures. By providing awareness and support, the interventions are intended to increase civility and promote a healthy working environment.

## **Theoretical Framework**

The affective event theory (AET) and Bandura's (1977) social learning theory served as the theoretical framework used to guide this project. According to the "theory of emotional events" of Weiss and Cropanzano (1996), many events that occur in the work will affect the emotional reactions of employees, thereby affecting the employees' work attitudes and job satisfaction. AET is a psychological model designed to explain the association between emotions and evaluative judgment in the relationship between an individual's experiences and his or her behaviors (Carlson, 2011). AET emphasizes the role of affective response in the formation of work attitudes. Carlson (2011) notes "while affect refers to employees' moods and emotions, attitude is an evaluative, cognitive judgment based on affect" (p. 298). "Empirical research has supported the basic tenets of AET, as studies have demonstrated that emotional experiences explain how a number of workplace events influence job satisfaction, counterproductive work behaviors, and organizational withdrawal" (Carlson, 2011, p. 298-299).

Bandura's Social Learning Theory represents a cognitive-behavioral approach and emphasizes the importance of modeling or learning a behavior. Bandura's social learning theory is based on four observational learning processes: (1) attention of modeled

behaviors and/or observed actions; (2) retention of modeled and/or observed behaviors and actions; (3) reproduction of modeled and/or observed behaviors and actions; and (4) external and internal reinforcement and motivation. Employees pay attention to modeled behaviors of other employees. It is vital that behaviors deemed as inappropriate are addressed and corrected. External and internal reinforcement and motivation can positively or negatively affect learned behaviors and actions. Performance of this newly learned behavior follows, which facilitates the reinforcement of the learned behavior (Bahn, 2001). Bandura (1977) concludes that this reinforcement increases the likelihood of the individual adopting the behavior.

### **Work Planning**

#### **Timeline**

**Table 2**

*Timeline*

Week	Date	Activity
Week 1	9/25/2020	Introduction, daily huddle, dissemination of survey, CUSP training WebEx overview
Week 2	9/28/-10/2/2020 9/30/2020 10/2/2020	Daily huddle Check in with Manager Team building exercise 1
Week 3	10/5-10/9/2020 10/7/2020 10/9/2020	Daily huddle Check in with Director Civility Promotion Video Team building exercise 2
Week 4	10/12-10/16/2020 10/15/20 10/16/2020	Daily huddle Check in with Manager Communicating Through the Generations

Week 5	10/19-10/23/2020 10/23/2020	Daily huddle Team building exercise 4
Week 6	10/27/2020 10/29/2020 10/29/2020	Final call for survey return Meeting with manager and director Review pre and post survey results

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### **Evaluation Plan**

A pre-survey/post-survey design was used to determine if participation in daily huddles and educational teaching affect civility competency of staff in an outpatient clinic setting.

Participants were asked to complete the Workplace Civility Index (WCI) (Appendix A) before and after the educational sessions. The Workplace Civility Index is a 20-item questionnaire designed to measure the respondent's level of civility competence. Questions are rated using a 5-point Likert scale, with 1 = Never and 5 = Always. According to Clark (2010), "scores range from 20 to 100 and indicate the respondents' overall perception of civil workplace interactions: 90 to 100 = very civil; 80 to 89 = civil; 70 to 79 = moderately civil; 60 to 69 = minimally civil; 50 to 59 = uncivil; and less than 50 = very uncivil. A total score ranging from 20–100 is calculated by summing all items on the WCI to indicate the overall perceived level of civility." The tool has a reported Cronbach's alpha of 0.81, additional psychometrics were not available. Data from the surveys will be analyzed in aggregate form. Permission was received from the author (Appendix B).

Participants were asked to participate in daily huddles that included communication of kudos, methods, equipment and supplies, staffing, safety, and the plan of the day. This huddle lasted approximately 10-15 minutes that ask the staff to communicate on each category. Huddle boards were used to help with communication and assist with the daily plan for the clinic.

Participants also completed Comprehensive Unit-based Safety Program (CUSP) WebEx training. CUSP is a method that can help clinical teams make care safer by combining improved teamwork, clinical best practices, and the science of safety. The Core CUSP toolkit gives clinical teams the training resources and tools to apply the CUSP method and build their capacity to address safety issues. Participants logged on to the WebEx, where they followed along as the project leader presented the information via screen sharing to complete the training. The WebEx was recorded for any participant who needs to view the information at a later time. The lecture slides, facilitator information, and the Implement Teamwork and Communication module of the CUSP Toolkit are on the AHRQ's website at <https://www.ahrq.gov/hai/cusp/modules/implement/teamwork.html> . The information is available for public use.

During the huddles, participants also completed team building exercises. Participants viewed the presentation Civility in the Workplace during the staff meeting in week 3. This 15-minute presentation defined civility, describe civil and uncivil behaviors, and provide strategies and interventions to foster a civil environment.

Participants viewed the presentation, Communicating through Generations, in the clinic conference room after the huddle on week 4. This 8-minute presentation discussed

the different generations in the workplace, defined the different traits and characteristics of generations, the presentation will compare and identify differing feedback styles, and offer strategies for cross generation communication.

### **Project Implementation**

The Project Leader assisted the Nurse Manager in implementing daily huddles and huddle boards for the outpatient clinic. The daily huddles had already been trialed in other clinics associated with the healthcare facility. The huddles included information presented by the Nurse Manager related to the activities occurring in the clinic for the day. Following updates from the Nurse Manager, the Project Leader introduced topics related to the DNP Project. Daily huddles lasted approximately 10-15 minutes. Participation in the daily huddles and educational sessions was mandatory as it is part of new clinic practices; however, participation in the survey was voluntary. The project leader participated in the daily huddles each day. The staff works Monday through Friday and participated in the huddles daily.

In Week 1, at the conclusion of the Nurse Manager's updates in the daily huddle, the project leader introduced herself to the staff and explained the purpose of the DNP Project. Staff were provided a copy of the informed consent (Appendix C) and a copy of the Workplace Civility Index Survey to complete prior to any education. After distributing the informed consent and survey, the Nurse Manager and Project Leader left the room. To protect anonymity, staff were able to submit completed or blank surveys to an envelope located at the front of the room. Submission of a completed survey indicated permission to participate. A staff member was asked to come get the Project Leader once all surveys were returned to the envelope. Following return of the surveys, the Project



Leader returned to the room and explained to participants how to complete the Comprehensive Unit-based Safety Program (CUSP) WebEx training. The WebEx presentation link was emailed to the staff 3 days prior to the presentation day. Participants logged onto a workstation computer to view the presentation. The WebEx training was conducted on the Friday of week 1 during the 0730-0900 clinic time. Huddle took place at 0730. The presentation was presented from 0750-0850. The project leader shared her screen and presented the information in the module training. The WebEx presentation was recorded for any absent staff and for later viewing.

In Week 2, participants attended daily huddles. On day 5 (Friday), the staff participated in team building exercise 1. All staff were encouraged to participate in the team building activities regardless of participation in the study. The team building activity was administered by the project leader during the huddle time.

In Week 3, staff participated in daily huddles. On day 5 (Friday), staff viewed the Civility Promotion presentation that was presented during the staff meeting. This was presented at the end of the staff meeting and lasted approximately 15 minutes. Following the presentation, staff participated in team building exercise 2 and the daily huddle.

In Week 4, staff participated in daily huddles. On day 5 (Friday), staff viewed an 8-minute video on Communicating through Generations. This video was displayed on the clinic monitor in the conference room of the Surgical Oncology clinic. Following the presentation, staff participated in team building exercise 3 and the daily huddle.

In Week 5, staff participated in daily huddles. On day 5 (Friday), staff participated in team building exercise 4 and the daily huddle. Following completion of the team building exercise, the Project Leader distributed a copy of the informed consent and the

Workplace Civility Index Survey. After distributing the survey, the Nurse Manager and Project Leader left the room. To protect anonymity, staff submitted completed or blank surveys to an envelope located at the front of the room. A staff member was asked to come get the Project Leader once all surveys are returned to the envelope.

### Results

Approximately 23 staff members were handed surveys and informed consent. Twenty completed pre and post-implementation surveys were received. Although all invited members did not complete the surveys, all staff were welcomed to complete the education and team building exercises.

The survey comprised of 20 questions and participants were asked to rate how they perceived their actions were on a scale of 5-1, where 5 equals always and 1 equals never. At the end, each individual calculated their score to find the score index that correlated with their individual perception of civility level. Higher scores reflected a higher level of civility perception while a lower score reflected a low level of civility perception. The mean of each individual question were comparatively analyzed using descriptive statistics in Microsoft Excel. Results of the survey are displayed in Table 3.

**Table 3**

*Results of the Workplace Civility Index*

	Pre-Survey Number	Pre-Survey Mean	Post- Survey Number	Post- Survey Mean
1. Assume good will and think the best of others	20	4.4	20	4
2. Include and welcome new and current colleges	20	5	20	4.75

3. Communicate respectfully (by e-mail, telephone, face-to face) and really listen	20	3.85	20	3.75
4. Avoid gossip and spreading rumors	20	4.35	20	4.05
5. Keep confidences and respect others' privacy	20	5	20	4.85
6. Encourage, support, and mentor others	20	4.15	20	4
7. Avoid abusing my position or authority	20	4.15	20	4.1
8. Use respectful language (no racial, ethnic, sexual, age, or religiously biased terms)	20	5	20	4.85
9. Attend meetings, arrive on time, participate, volunteer, and do my share	20	4.9	20	4.75
10. Avoid distracting others (misusing media, side conversations) during meetings	20	4.65	20	4.6
11. Avoid taking credit for someone else's ideas/work/contributions	20	5	20	4.95
12. Acknowledge others and praise their ideas/work/contributions	20	4.9	20	4.8
13. Take personal responsibility and accountability for my actions	20	4.9	20	4.75
14. Speak directly to the person with whom I have an issue	20	4.75	20	4.2
15. Share pertinent or important information with others	20	5	20	4.95

16. Uphold the vision, mission, and values of my organization	20	4.7	20	4.55
17. Seek and encourage constructive feedback from others	20	4.85	20	4.55
18. Demonstrate approachability, flexibility, and openness to other points of view	20	4.1	20	3.7
19. Bring my 'A' Game and a strong work ethic to my workplace	20	4.05	20	3.85
20. Apologize and mean it when the situation calls for it	20	3.8	20	3.65
Overall Psychological Self-Care		4.575		4.3825

### **Interpretation of Results**

As a result of this project, staff members have a higher perception of their individual behaviors that may contribute to incivility in the workplace. The project implemented educational teachings along with team building exercises. The project highlighted areas for improvement and laid a foundation for the leadership team of the implementation area to conduct similar exercises.

The scale was used for this project in an attempt to get staff to think about their personal involvement in uncivil behaviors. The results appeared to show that pre-implementation, staff rarely admitted to engaging in uncivil behaviors. Although the survey showed that majority of the staff reported acting in civil behavior almost always or usually, there were answered questions that showed uncivil behavior being displayed in the workplace.

The statistical results of this project do not indicate an impact on incivility. Although the pre and post-implementation scores revealed a decrease in scores which correlates to an increase in self-awareness of uncivil behaviors, the results are not considered statistically significant. When comparing the t Stat result (Figure 2), 6.330486731, to the t Critical one tail of 1.729132812, the results are significant as the t Stat is greater than the t Critical one tail. However,  $p = 4.48318E-06$ , which is greater than 0.05, indicating the results are not statically significant.

## Figure 2

### *t-Test: Paired Two Sample for Means*

	<i>Pre-Survey Mean</i>	<i>Post-Survey Mean</i>
Mean	4.575	4.3825
Variance	0.179868421	0.208756579
Observations	20	20
Pearson Correlation	0.955055473	
Hypothesized Mean Differ	0	
df	19	
t Stat	6.330486731	
P(T<=t) one-tail	2.24159E-06	
t Critical one-tail	1.729132812	
P(T<=t) two-tail	4.48318E-06	
t Critical two-tail	2.093024054	

## **Limitations**

Due to COVID-19, the education format had to be changed to be conducted virtual when appropriate. Another barrier identified was the limitation to staff members. During the implementation phase, many staff members were working from home and did not have access to the team building exercises that were implemented on campus. Surveys were only distributed to staff that were available to participate in the virtual and non-virtual activities. The small sample size that responded to the survey may not be indicative of the entire staff.

## **Conclusion**

Civility in the workplace is an important concept because it helps facilitate a productive work environment. If not addressed, incivility can affect psychological safety of staff, organizational efficiency, and the overall culture of the workplace. This quality-improvement project intended to educate staff on uncivil behaviors in the workplace by promoting civility and teamwork.

Incivility can cause a breakdown in communication. If communication between team members is poor, there is likely an underlying reason that can lead to unnecessary tension and anxiety. It is imperative that staff are able to recognize poor communication, incivility, and the appropriate steps to report and challenge uncivil behavior. Although the findings of this project shows no statistical significance, the post-implementation survey and using Bandura's Theory suggests that staff members had a better perception of their own uncivil behaviors and had an increased perception in their ability to define, detect, and combat incivility. Proper education on ways to define, detect, and combat incivility ensures that leadership is doing their part to make sure that staff does not suffer

from long lasting effects of civility. Civility can promote employee satisfaction, patient safety and help prevent staff turnover.

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## Appendix A

### Clark's Workplace Civility Index



**SOURCE:** Clark, C.M. (2013). *Creating and sustaining civility in nursing education*, Indianapolis, IN: Sigma Theta Tau International Publishing.

*The Clark Workplace Civility Index© used herein is copyrighted property of Dr. Cynthia Clark. This material should not be reproduced in any form without Dr. Clark's expressed written permission.*

To complete the index, consider the 20 statements listed below. Read each statement carefully. Using a scale of 1- 5; (5) always, (4) usually, (3) sometimes, (2) rarely, (1) never, select the response that most accurately represents the frequency of each behavior by asking yourself...

#### How often do I...

	Always (5)	Usually (4)	Sometimes (3)	Rarely (2)	Never (1)
1. Assume goodwill and think the best of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Include and welcome new and current colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Communicate respectfully (by e-mail, telephone, face-to-face) and really listen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Avoid gossip and spreading rumors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Keep confidences and respect others' privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Encourage, support, and mentor others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Avoid abusing my position or authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always (5)	Usually (4)	Sometimes (3)	Rarely (2)	Never (1)
8. Use respectful language (no racial, ethnic, sexual, age, or religiously biased terms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Attend meetings, arrive on time, participate, volunteer, and do my share	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Avoid distracting others (misusing media, side conversations) during meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Avoid taking credit for someone else's ideas/work/contributions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Acknowledge others and praise their ideas/work/contributions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Take personal responsibility and accountability for my actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Speak directly to the person with whom I have an issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Share pertinent or important information with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Uphold the vision, mission, and values of my organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Seek and encourage constructive feedback from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Demonstrate approachability, flexibility, and openness to other points of view	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Bring my 'A' Game and a strong work ethic to my workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Apologize and mean it when the situation calls for it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subtotal					
<b>Add the scores for each column; Enter your TOTAL score in the column to the right</b>					

**Scoring the Clark Workplace Civility Index®**

90-100:	Very civil
80-89:	Civil
70-79:	Moderately civil
60-69:	Mildly civil
50-59:	Uncivil
Less than 50:	Very uncivil

## Appendix B

### Dr. Cindy Clark's Permission for Workplace Civility Index Survey

**From:** Cindy Clark [REDACTED]  
**Sent:** Saturday, May 2, 2020 7:31 PM  
**To:** Shawanda Lang <slang1@gardner-webb.edu>  
[REDACTED]  
**Subject:** Re: Workplace Civility Index Survey

CAUTION: This email originated from outside of the Gardner-Webb.edu domain. Do not click links or open attachments unless you verify that the links and/or attachments are safe.

Dear Shawanda, thank you for your interest in my work and for your civility pursuits. As requested, I have attached the *Workplace Civility Index*® along with an article describing its development and psychometric properties. Because the WCI is a copyrighted instrument, it can only be used with my expressed written permission (provided by this email) and with full citation/referencing (contained on the attached). If it is distributed in hard copy, all copies must be collected to protect the copyright. Please let me know if these parameters are acceptable to you.

Thank you,

*Dr. Cynthia Clark*

Cynthia Clark PhD, RN, ANEF, FAAN  
Professor Emeritus  
Boise State University  
[cclark@boisestate.edu](mailto:cclark@boisestate.edu)

**Civility Matters**® [research.boisestate.edu/ott/civility-matters-3](http://research.boisestate.edu/ott/civility-matters-3)  
*Author of "Creating and Sustaining Civility in Nursing Education"*



## Appendix C

### Informed Consent Form

**Title of Study:**

Civility Promotion: How it affects workplace incivility, organizational efficiency, and retention

**Researcher:**

Shawanda Lang MSN, RN, CMSRN  
DNP Candidate at Gardner-Webb University

**Purpose:**

The purpose of this study is to evaluate civility competency of staff in an outpatient clinic setting before and after participation in an educational teaching seminar. The literature review demonstrates evidence of how team building exercises and practice-based interprofessional collaboration interventions can improve healthcare processes and outcomes in workplace civility. This project will utilize team building activities, and educational presentations to nurses and unlicensed assistive personnel to educate on civility promotion. The goal of this project is to enhance teamwork and organizational efficiency, promote civility, and to promote a culture that improves retention.

**Procedure:****What you will do in the study:**

As a participant in this study, you will attend daily huddles and participate/view all educational materials. You will be asked to voluntarily complete an anonymous survey before and after these events to measure effectiveness of the training.

**Time Required:**

It is anticipated that the study will require an estimated total of 5 hours spread over 5 weeks. The daily huddles will be approximately 3 hours of time over a course of 10 minutes each day for five weeks. The completion of the online training will take approximately 1.5 hours. The completion of the survey should take approximately 5-10 minutes each.

**Voluntary Participation:**

Participation in this study is voluntary. You have the right to withdraw from the research study at any time without penalty. You also have the right to refuse to answer any question(s) for any reason without penalty. Once you submit a survey, it may not be withdrawn as all data will be submitted in a de-identified state.

**Confidentiality:**

Surveys will be completed on paper and will have no personal identifiers on them. Completed surveys will be stored and locked in a locked filing cabinet in the project

leaders locked office. The collected data and results will be retained by the Hunt School of Nursing for three years after completion of the study and then destroyed.

**Anonymous Data:**

The information that you give in the study will be handled confidentially. Your data will be anonymous which means that your name will not be collected or linked to the data.

**Risks:**

There are no anticipated risks in this study.

**Benefits:**

There are no benefits associated with participation in this study. The study may help enhance workplace culture and civility. The Institutional Review Board at Gardner-Webb University has determined that participation in this study poses minimal risk to participants.

**Payment:**

You will receive no payment for participating in the study.

**Right to Withdraw from the Study:**

You have the right to withdraw from the study at any time without penalty.

**How to Withdraw from the Study:**

There is no penalty for withdrawing. If you decide not to participate in the study, please do not complete the pre- and post-survey. Once your survey has been submitted, it may not be withdrawn as all data will be submitted in a de-identified state.

**If you have questions about the study, contact:**

Shawanda Lang  
Doctor of Nursing Practice (DNP) Student  
Gardner-Webb University, Hunt School of Nursing  
252-414-9744  
[slang1@gardner-webb.edu](mailto:slang1@gardner-webb.edu)

Dr. Tracy Arnold  
Hunt School of Nursing  
Gardner-Webb University  
Boiling Springs, NC 28017  
704-406-4359  
[tarnold@gardner-webb.edu](mailto:tarnold@gardner-webb.edu)

**If the research design of the study necessitates that its full scope is not explained prior to participation, it will be explained to you after completion of the study. If you have concerns about your rights or how you are being treated, or if you have**

**questions, want more information, or have suggestions, please contact the IRB Institutional Administrator listed below.**

Dr. Sydney K. Brown  
IRB Institutional Administrator  
Gardner-Webb University  
Boiling Springs, NC 28017  
Telephone: 704-406-3019  
Email: [skbrown@gardner-webb.edu](mailto:skbrown@gardner-webb.edu)

**Voluntary Consent by Participant**

I have read the information in this consent form and fully understand the contents of this document. I have had a chance to ask any questions concerning this study and they have been answered for me. By submitting this survey, I am voluntarily agreeing to participate in this study.