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2022

Exploring Workplace Incivility and Bullying Experiences among Hospital Healthcare Providers

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Exploring Workplace Incivility and Bullying Experiences among Hospital Healthcare Providers

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BACKGROUND/SIGNIFICANCE

- Bullying and incivility among healthcare providers is prominent in healthcare
- ANA Incivility Position Statement: "Registered nurses and employers need to create and sustain a culture of respect, free of incivility and bullying"
- Negative impact of bullying/incivility on staff, patients (patient safety), organization, and nursing profession
  - Low morale, decreased productivity, increased absenteeism, increased turnover
  - Low job satisfaction, physical and psychological symptoms, burnout
- Studies also conducted to examine strategies for combatting the behavior
  - Increasing bullying/incivility awareness is an effective strategy for preventing and decreasing incidences
  - Building and sustaining an organizational culture of "Zero Tolerance"

PURPOSE

To explore hospital healthcare providers' experiences with bullying and incivility according to specific sources and to provide with the ultimate goal to provide structured training and education to identify and employ acquired skills to prevent and manage disruptive behaviors

METHODS

- **Study Design:** Cross-sectional, quantitative descriptive
- **Sample & Setting**: Convenience sample of HCPs at South Miami Hospital; minimum target sample size = 300
- **Recruitment:** Email invitation; reminders sent every 2 weeks
- **Survey/Instrument:** Participants completed demographic information and the Nursing Incivility Scale (NIS) (5 subscales);
  - NIS subscale (5 subscales) reliability range: Cronbach's α = .872 to .963
  - Completion time approx. 15-20 minutes
- Completion of the survey indicated consent to participate
- **IRB Approval:** January 13, 2020
- **Data Collection:** March 2021 through June 2021

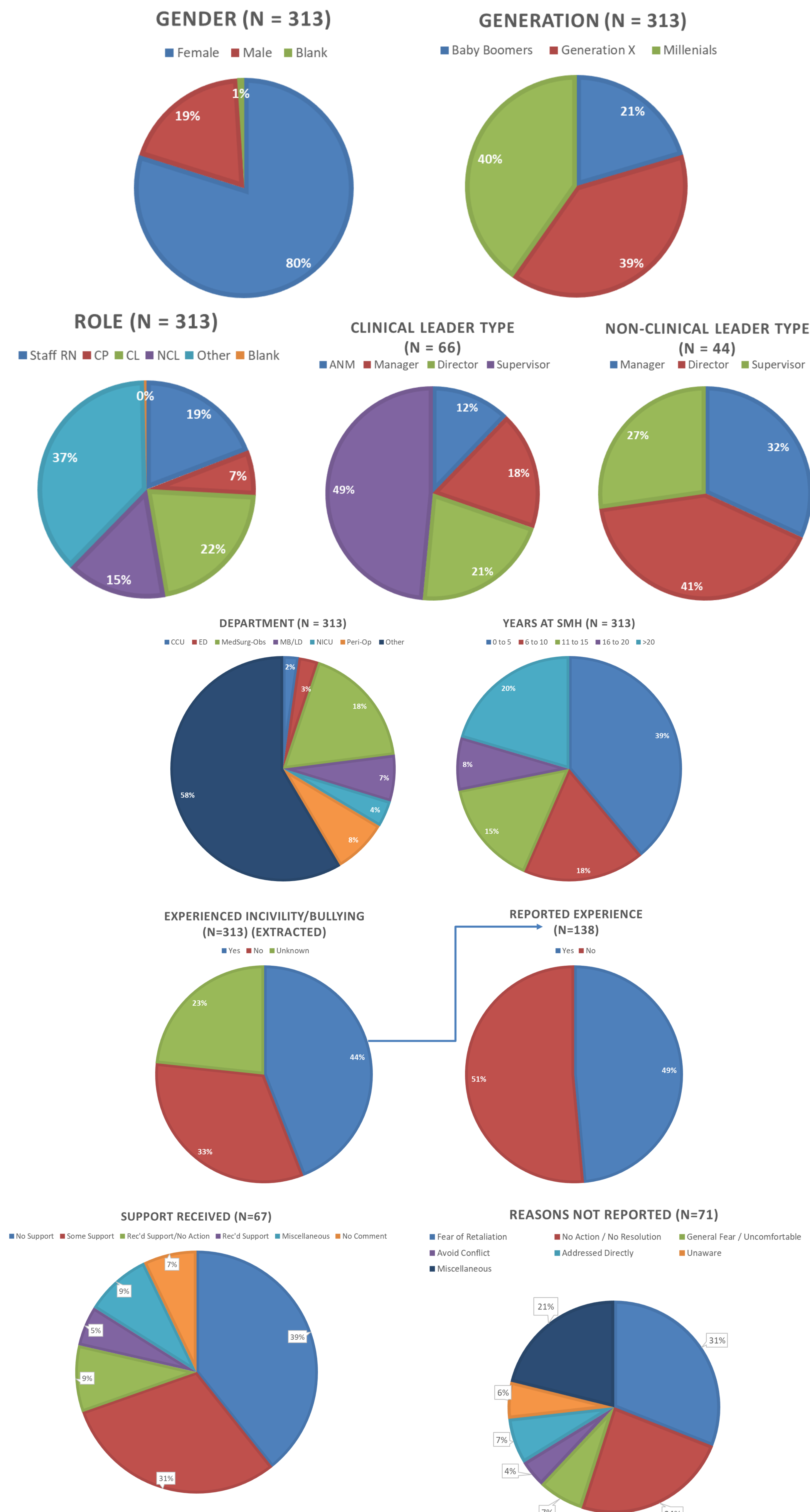References available upon request | NadaW@BaptistHealth.net

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RESULTS

Participant Characteristics (n = 325)

GENDER (N = 313): Female 80%, Male 19%, Blank 1%

GENERATION (N = 313): Baby Boomers 21%, Generation X 39%, Millenials 40%

ROLE (N = 313): Staff RN 37%, CP 19%, CL 7%, NCL 22%, Other 15%, Blank 0%

CLINICAL LEADER TYPE (N = 66): ANM 49%, Manager 18%, Director 21%, Supervisor 12%

NON-CLINICAL LEADER TYPE (N = 44): Manager 32%, Director 41%, Supervisor 27%

DEPARTMENT (N = 313): CCU, ED, MedSurg-Obs, MB/LD, NICU, Peri-Op, Other 58%, ...

YEARS AT SMH (N = 313): 0 to 5 39%, 6 to 10 18%, 11 to 15 15%, 16 to 20 8%, >20 20%

EXPERIENCED INCIVILITY/BULLYING (N=313) (EXTRACTED): Yes 44%, No 33%, Unknown 23%

REPORTED EXPERIENCE (N=138): Yes 49%, No 51%

SUPPORT RECEIVED (N=67): No Support 39%, Some Support 31%, Rec'd Support/No Action 9%, Rec'd Support 5%, Miscellaneous 9%, No Comment 7%

REASONS NOT REPORTED (N=71): No Action / No Resolution 31%, General Fear / Uncomfortable 24%, Avoid Conflict 7%, Addressed Directly 4%, Unaware 7%, Miscellaneous 6%, [21%]

RESULTS

Nursing Incivility Scale Score Averages by Subscale

General 25.11 / 45 = 56% | Nurse 26.05 / 50 = 52% | Supervisor 12.78 / 35 = 37% | Physician 17.38 / 35 = 50% | Patient 22.91 / 50 = 46%
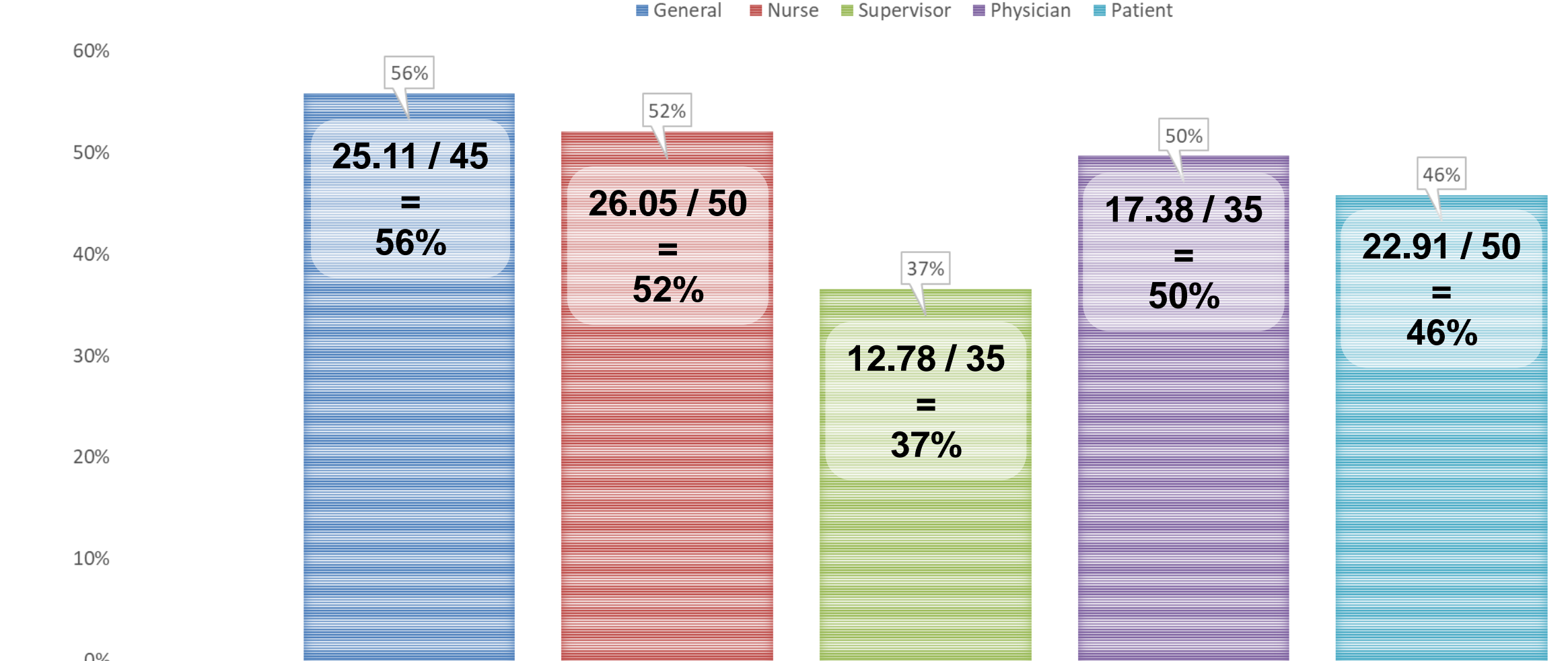
Statistically Significant Relationships (Pearson's Correlation Coefficient)

Variable 1	Variable 2	r	p	Interpretation
Gender	Experienced Bullying	-.212	< .001	Low to moderate negative relationship
Generation	Report of Bullying	-.140	.013	Weak negative relationship
Years at SMH	Report of Bullying	.126	.026	Weak positive relationship
Generation	NIS Physician Incivility Subscale	.147	.041	Weak positive relationship
Years at SMH	NIS Physician Incivility Subscale	-.112	.041	Weak negative relationship
Experience of Bullying	NIS General Incivility Subscale	.250	< .001	Low to moderate positive relationship
	NIS Supervisor Incivility Subscale	.251	.002	Low to moderate positive relationship
	NIS Patient Incivility Subscale	.255	< .001	Low to moderate positive relationship
	NIS Nurse Incivility Subscale	.469	< .001	Moderately strong positive relationship
Role	NIS Physician Incivility Subscale	-.224	.002	Low to moderate negative relationship

Statistically Significant Mean Differences (One-Way ANOVA)

Subscale	Participant Characteristic	ANOVA F(df)	p	Highest M Score	Lowest M Score	Mean Difference
NIS Physician Incivility	Specialty	2.706 (6, 188)	.015	22.56 Peri-Op	16.32 Other	6.426 (p = .012)
NIS Physician Incivility	Role	2.635 (4, 194)	.027	19.56 Staff RN	15.75 Other	3.810 (p = .042)
NIS General Incivility	Years @ SMH	2.688 (4, 258)	.032	28.22 6-10 years	23.87 0-5 years	-4.355 (p = .013)
NIS Patient Incivility	Years @ SMH	3.174 (4, 258)	.015	25.34 6-10 years	19.53 11-15 years	5.182 (p = .071)

DISCUSSION / CONCLUSION

- Bullying and Incivility is not uncommon in Healthcare settings
- Healthcare leaders have an obligation to prepare and provide their staff with tools and resources to handle Incivility and Bullying experiences through proper education and zero tolerance policies

Key findings:

- Incivility/bullying experiences are underreported due to fear of retaliation or perceptions that action will not be taken.
- Overall participants scored higher on the **General NIS** subscale and **lower on the Supervisor** subscale.
- **CPs** experienced more bullying from **nurses** and **nurses** experienced more bullying from other nurses.
- **Females** experienced more bullying than males.
- **RNs** experienced more incivility related to interactions with **physicians**
  - More specifically, **peri-operative nurses** experienced the most incivility related to interactions with physicians than nurses in other specialties
- **Newer nurses** (0-5 years) experienced the most incivility in general
- Participants with **6-10 years of experience** reported more experienced with **patient incivility** than any of the other age groups

Implications for practice:

Disseminated results at all staff and leadership meetings at facility to increase awareness.

Training/Education for all Workplace Violence Council members and SMH senior leaders using: https://wwwn.cdc.gov/WPVHC/Nurses/Course/Slide/Home

New procedure/debriefing/Signage rolled out facility wide with staff education.

Integrated Bullying/Incivility/Assault reporting as a category in Incident Reporting platform