DEVELOPMENT OF A NURSE INCIVILITY INFOGRAPHIC TO ENHANCE AWARENESS AND RECOGNITION OF INCIVIL BEHAVIORS

By © Casey A. Dunn

A report submitted to the School of Graduate Studies in partial fulfilment of the requirements for the degree of

Master of Nursing

Faculty of Nursing

Memorial University of Newfoundland

July 2021

St. John's, Newfoundland and Labrador

Abstract

Background: Nurses experience high rates of incivility in the workplace that can negatively affect their work life and patient health care outcomes. Incivility is negative, rude, or discourteous behaviors that are intentional or unintentional. Despite efforts to mitigate nurse workplace incivility many nurses lack an awareness about what constitutes incivil behaviors, their participation in incivility, and strategies to address it. **Purpose:** The purpose of this practicum project was to develop a resource (i.e., infographic) that will help nurses address nurse incivility through an increase in knowledge and recognition of incivil behaviors. **Methods:** Three methods informed the practicum and the development of the infographic. An integrative literature review, key stakeholder consultations, and an environmental scan of existing resources related to nurse incivility. Knowles' Theory of Andrology and Bandura's Social Learning Theory informed the infographic development. **Results:** The literature review and stakeholder consultations identified nurse incivility as a problem. They provided background as to the contributing factors to nurse incivility, its impact and strategies to address it. The environmental scan confirmed the lack of resources that specifically address nurse incivility. As a result, an infographic was designed and an implementation and evaluation plan proposed. **Conclusion:** This project demonstrates an application of the advance nursing competencies including education, research, leadership, and communication and collaboration. An evidenced educational resource was developed that can decrease nurse incivility and improve patient health care outcomes in the process.

Key Words: incivility, nurses, Knowles Theory, Bandura, infographic

Acknowledgements

First, I would like to give a special thank you to my practicum supervisor, Dr. April Pike, for her unwavering support, guidance, encouragement, feedback, and commitment in order for me to complete this project and achieve my goal.

To all of my key stakeholders and consultants who so willingly agreed to participate in the making of this project, I am in awe of how your contributions contributed to the success of the projects development.

I would also like to say a special thanks to my family, specifically my parents, Janet, Francois, Paul, and Joanne, for your endless support, whether it was an encouraging ‘keep going’ or babysitting my two girls.

Finally, to my fiancé, Jesse and our two girls, Anna and Rylee, I love being your mom and value your patience while I completed my education. Jesse, for always believing in me and taking on extra duties to ensure I could complete my work.

Table of Contents

Introduction

Incivility in the workplace has been shown to negatively impact nurses' job satisfaction, increase nurses' stress levels, reduce retention rates, and result in poor patient health care outcomes (Laschinger et al., 2010). An estimated 85% of nurses' report experiencing or witnessing some form of incivil behaviors throughout their careers (Warrner et al., 2016). Incivility is defined as a low-intensity, disruptive behavior that prevents a cohesive work environment, violating workplace standards and codes of ethics (D'Ambra & Andrews, 2014). Incivility differs from bullying, in that it can be intentional or non-intentional behaviors. These behaviors take many forms, such as verbal abuse (e.g., yelling, swearing, and gossiping) and non-verbal abuse (e.g. eye-rolling, excluding from conversation, and glaring). Passive-aggressive behaviors are also prominent, which may entail a lack of support, guidance, and consistent disagreeing with, complaining and resentment of others (Kile et al., 2019); often focused towards the novice nurse (NN). NN's are nurses with two years or less experience in the profession; senior nurses are those with more than two years of experience. Incivility is one of the main reasons why NN's leave the profession. Sixty-percent of NN's reported leaving within the first six months of starting their position due to a lack of support and guidance or other incivil behaviors (Edmonson & Zelonka, 2019).

Although there is a growing body of evidence that identifies senior nurses as the main perpetrators of incivility (Berry et al., 2012; Rosi et al., 2020; Rush et al., 2014; Vogelpohl et al., 2013), there remains a gap in the literature that as to interventions that can help this cohort reduce incivil behaviors. Low staffing ratios, working with inexperienced nurses, inadequate resources, high stress, and burnout have been shown to precipitate senior nurse incivility towards NN's (Berry et al., 2012). Research also suggests that senior nurses may lack the insight or awareness of what incivility is, its impact on the NNs' practice, and the cost to the health care

system (Tang & Hudson, 2019). Moreover, when relationships between nurses are strained there is an increased likelihood of incivil behaviors that can negatively influence patients' health (e.g., medication errors, falls, and infections) (Alquwez, 2020).

With NNs entering the workforce during these unprecedented times related to the COVID-19 pandemic, support and guidance is critical to ease this stressful transition. Civility in nursing is important for nurse and patient well-being. Absent from the literature is readily available, visual nursing interventions aimed to reduce incivility in the workplace by increasing awareness and recognition of such behaviors; specifically, interventions aimed at the senior nurse. Research suggests that education and recognition of incivility can decrease these behaviors, ultimately leading to ongoing, continuous support and guidance for the NN (Stagg et al., 2013) and foster a positive work environment.

There is little to no discussion on nurse incivility throughout nursing undergraduate and graduate programs, and once you become a Registered Nurse (RN), the discussion remains void. This was the motivation for the practicum project and the development of an informative, infographic to increase nurses' awareness and recognition of incivil behaviors. This infographic will act as an initial step in helping nurses recognize and understand what constitutes incivility. It offers strategies to address incivility, and can 'open the door' for further discussions, policy change, and education on nurse incivility.

Objectives

The overall goal of this practicum was to develop an educational resource to reduce nurse incivility. The practicum objectives were:

1. To explore senior and novice nurses' experiences with incivility in the workplace;

2. Identify and implement strategies that will reduce nurse incivility in the workplace;

3. Demonstrate application of the advanced nursing practice competencies (education, research, leadership, and communication and collaboration);

4. To develop an infographic to address nurse incivility based on the review of the literature and key stakeholder consultations.

Overview of Methods

Three methods of data collection were used to achieve the objectives of this practicum project. This included a literature review, consultations with key stakeholders, and an environmental scan of existing resources related to incivility. An integrative literature review was completed using certified databases to search and identify relevant articles to increase my knowledge on nurse incivility and help identify existing strategies to address incivility among nurses. To evaluate the quality and strength of quantitative studies and systematic reviews, the Public Health Agency of Canada (PHAC) (2014) critical appraisal tool kit was used to appraise nineteen quantitative (n=19) studies. The Joanne Briggs Institute (JBI) (2017) critical appraisal checklist for qualitative research was used in order to appraise five (n=5) studies.

The project consultations and environmental scan were conducted simultaneously. Four senior and four novice nurses were consulted in order to understand how incivility presents itself through different behaviors and actions of nurses. Additionally, the 7E SCMH unit manager and nurse educator were asked to provide their thoughts as to the nature of incivility on the unit and information regarding incivility policies and/or programs available within the health authority. Last, nurse experts from the Faculty of Nursing (FON) and College of Registered Nurses of Newfoundland (CRNNL) were invited to share their research and knowledge on nurse incivility. External websites such as the Canadian Nurses Association (CNA), the CRNNL, and surrounding healthcare authorities (i.e., Eastern Health, Central Health, Western Health, and

Labrador-Grenfell Health) were searched to identify any existing educational resources that address nurse incivility. All methods used were considered when developing the education resource and an implementation and evaluation plan.

Summary of the Literature Review

In order to develop an evidence based resource to address nurse incivility a literature review was completed. The literature search was conducted in two parts, reflecting my two separate objectives of interest discussed below. Peer reviewed systematic reviews, qualitative and quantitative studies written in English were included in the search. Fifty-nine (n=59) abstracts were reviewed to search for relevance by identifying the phenomena of interest, methodology, and target population; further reading was granted if the study met inclusion criteria. In total 24 articles were included in the literature review. See Appendix I for the full version of the integrative literature review

To achieve objective one of this practicum, I sought to answer the question, ‘What are the experiences of nurses who have experienced or witnessed incivility in the workplace?’ I used a combination of search terms such as "novice nurses', 'new nursing graduates', 'inexperienced nurse', 'incivility', 'horizontal bullying'. Truncation was used to account for both 'bullying' and 'bully'. Twelve studies were identified as relevant to address objective one. For the second objective, I sought to answer the question, ‘What strategies/interventions have been used to reduce incivility among nurses?’ To do so, I used a combination of search terms including 'novice nurse', ‘new nurse’, ‘inexperienced nurse’ in combination with ‘AND’ ‘strategy' OR 'intervention' OR 'program' 'AND' ‘senior nurse’, ‘experienced nurse’ and ‘nurse leader’ ‘AND’ incivility’, ‘incivil’ and ‘uncivil’. This search yielded few relevant articles, therefore, inclusion criteria specific to this question was expanded to include terms such as ‘mentor’, ‘informal

mentor', 'leader' and 'communication'. Twelve studies met criteria for inclusion for objective two.

I searched the Current Index to Nursing and Allied Health Literature (CINAHL), google scholar, pubMED, and Memorial University Library to address objective one and two. Three consultations took place with the librarian to formulate key questions and search terms. An ancestry approach was used to review reference lists of strong relevance to the topic within the past two decades and include them in my review. This section of the practicum report summarizes key findings from the literature review as they related to objective one and objective two.

Objective One: Findings

In order to get an understanding of the phenomena of nurse incivility it was important to examine what incivility actually looks like, who the perpetrators are, contributing factors and its impact. Two main themes emerged from the literature: the scope of workplace incivility and the impact of incivility. Identifying the scope of incivility provided a foundation of knowledge as to its defining characteristics, contributing factors and impact.

The Scope of Workplace Incivility

Incivility has been reported throughout the nursing literature for over two decades with several defining characteristics and contributing factors. The perpetrators of incivil behaviors has been noted to be the more experienced/senior nurse (Berry et al., 2012; Rosi et al., 2020; Rush et al., 2014; Vogelpohl et al., 2013). Despite the fact that four observational studies, rated as having 'weak study designs' found that a large percentage of incivil behaviors towards NNs were instigated by senior nurses (63%, 63.9%, and 90%), this cohort did not consider their actions as

constituting incivility (Berry et al., 2012; Griffin, 2004; Smith et al., 2010; Vogelpohl et al., 2013). In fact, many senior nurses were of the frame of reference that their behaviors were a 'rite of passage' as you enter the nursing profession.

Threaded throughout the literature is the idea that incivility presents itself as a disguise that goes unnoticed. Incivility exists through several verbal and non-verbal characteristics. Verbal acts of incivility include gossip, snide remarks, withholding of information, excessive teasing/sarcasm, and inappropriate humor (Armstrong, 2018; Griffin, 2004; Kile et al., 2019). Non-verbal acts of incivility include ignoring, exclusion, eye-rolling, and a lack of support/guidance (Berry et al., 2012; Oyeleye et al., 2013). Although a majority of these study designs were weak, they provided quality evidence and support into how subtle, incivil acts can humiliate and gravely impact a nurse.

Several studies have identified some contributing factors that causes incivility (Berry et al., 2012; Laschinger et al., 2010; Oyeleye et al., 2013; Smith et al., 2017; Vogelpohl et al., 2013). Factors include nurse burnout, stress, and lack of awareness, miscommunication, high patient acuity, and inadequate staffing levels. While may be causative factors as to why incivil behaviors may occur, they do not give merit to accept, promote, or tolerate these behaviors. Collectively these behaviors and factors all contribute to nurse incivility and has a negative impact on many aspects of nurse's care.

The Impact of Incivility

Incivility in the workplace has been found to decrease nurses' work productivity, their psychosocial and physical well-being, retention rates, perceived ability to access support, and negatively impact patients' health.

Decreased Work Productivity. In numerous studies, rated as having moderate strength (PHAC, 2014) or high credibility as per JBI (2017), incivility resulted in a reduction in nurses' workplace productivity (Berry et al., 2012; Kerber et al., 2015; Kile et al., 2019; Laschinger et al., 2010; Rush et al., 2014; Smith et al., 2010; Smith et al., 2017;Vogelpohl et al., 2013). For example, in one study by Berry et al. (2012) reported a 46.7% loss of productivity by nurses experiencing incivil behaviors. Loss of productivity in another study was noted to have a significant financial impact with losses of upwards of $11, 381 US dollars per nurse annually (Smith et al., 2010). A loss of productivity for some nurses has been associated with a decline in their cognitive and critical thinking abilities, the inability to handle their workload, and increased frustration and fear resulting in an increase in medical errors and accidents (Rush et al., 2014).

Psychosocial and Physical Impact. Evidence has demonstrated that incivil behaviors can lead to psychosocial distress (D'Ambra & Andrews, 2014; Smith et al., 2010; Vogelpohl et al., 2013). In several studies incivility was linked to workplace absenteeism often stemming from poor psychosocial health and coping (e.g., fatigue, poor communication, impaired concentration and functioning, and mental illness) (Berry et al., 2012; Kerber et al., 2015). Incivility has also been associated with poor physical health, including gastrointestinal upset, poor sleep-quality, and headaches (Kerber et al., 2015; Rosi et al., 2020).

Decreased Nurse Retention. There is a consensus in the literature as to the importance of having a positive work environment and supportive nurse colleagues as a means to retain nurses (D'Ambra & Andrews, 2014; Fox, 2010; Rush et al., 2014; Stagg et al., 2013). Incivility is a major cause of nurses leaving the profession. Although Smith et al. (2010) is a weak study design, results coincided with Vogelpohl et al. (2013) in reporting that 60% of NNs leave their

first nursing position within the first six months, with 20% of NNs leaving the profession altogether.

Lack of Support. Despite the fact there is a body of evidence that suggests a supportive work environment is key to retaining nurses and reducing incivility, it remains a major issue throughout the nursing profession (Kerber et al., 2015). The NN is often expected to assume an expanded role, with unfamiliar expectations and beginning competencies (Rush et al., 2014). Evidence has shown that NN's who lack the proper supports experience feelings of being unprepared and powerless to respond to what is already a stressful situation (Berry et al., 2012).

Impact on Patients. Several studies' authors concluded that stressful work environments may negatively impact patients' well-being (Kerber et al., 2015; Warrner et al., 2016). Moreover, when nurses disengage from their work, this can lead to poor patient outcomes (e.g., medical errors, falls) (Kile et al., 2019). In fact, several studies have associated nurse incivility with a decrease in patient satisfaction, unmet patient needs, and an increase in errors (Kerber et al., 2015; Kile et al., 2019). One study found a 32.8% increase in adverse events (e.g., death, missed patient care, reduced patient satisfaction) related to workplace incivility (Smith et al., 2017). Based on the above, it is evident that incivility can negatively impact patients' health and well-being.

Conclusion: Objective One

All studies were deemed '*included'* as per the qualitative critical appraisal checklist (JBI, 2017) and based on their credibility there is confidence in the truth of the findings. Quantitative studies were appraised and critiqued as per the PHAC (2014) critical appraisal toolkit. All studies featured a low to moderate study design, with a low to medium quality. All authors

validated incivility as an ongoing issue in nursing practice, and deemed the impact of these behaviors as detrimental to both nurses and patients well-being. The literature has identified that limited resources, inadequate staffing levels, and nurses' burnout and stress are all factors contributing to incivility. Alarmingly, there is a lack of awareness of incivil behaviors and that these behaviors continue to go unnoticed. It is also clear that incivility has wide-reaching implications for nurses' work productivity, their clinical judgement, psychosocial and physical well-being, retention, patient safety, and significant costs to healthcare organizations. Despite these implications there are no strategies specifically designed to help the senior nurse identify and manage incivil behaviors. A lack of interventions and early recognition/awareness continues to perpetuate incivil behaviors in the workplace as the unit 'norm'.

Objective Two: Findings

In this section of the review, interventions to address workplace incivility, including recommendations for future studies were examined. These interventions include formal/informal mentor programs, educational programs (e.g., cognitive rehearsal and CREW), communication programs, and printed resources.

Mentoring Programs: Formal and Informal

Three studies (Ferguson, 2011; Fox, 2010; Madison, 1994) differentiated between formal and informal mentoring programs. Mentors are experts who exhibit positive role-modelling behaviours to acquaint the NN with the traditional norms, resources, and values of an organization (Madison, 1994). Formal mentorship programs involve a carefully articulated, well-documented commitment to the professional relationship, lasting for a pre-specified period of

time (Ferguson, 2011). Informal relationships develop naturally or through a relational connection (Ferguson, 2011; Madison, 1994).

Although both (Fox, 2010; Madison, 1994) are weak study designs, they had similar findings in that mentorship provides a safe work environment for NN's and increases nurse (95% and 100%) retention rates. All cited studies (Ferguson, 2011; Fox, 2010; Madison, 1994) supported both formal and informal mentoring programs as a means to reduce incivility between senior and novice nurses. This relationship was noted to help develop a NN's professional identify and critical thinking, unit integration, while fostering a sense of self-awareness and self-efficacy (Ferguson, 2011; Fox, 2010; Madison, 1994). As such, NNs are able to provide better patient care and improve patient satisfaction (Fox, 2010).

Educational Programs

There is strong evidence suggesting that educational activities can increase nurses' perceptions and strategies to manage incivility. Six studies discussed educational programs as a means to address incivility (Armstrong, 2018; Griffin, 2004; Howard & Embree, 2020; Kile et al., 2019; Stagg et al., 2013; Warrner et al., 2016). Of those, three of the study designs were rated as moderate (Howard & Embree, 2020; Kile et al., 2019; Warrner et al., 2016); two were rated as weak (Griffin, 2004; Stagg et al., 2013). One systematic review (Armstrong, 2018) was rated as medium quality because the included studies were of low quality. Despite differences in rating, all studies found that education programs are an effective method to increase incivility awareness and recognition. All studies (Armstrong, 2018; Griffin, 2004; Howard & Embree, 2020; Kile et al., 2019; Stagg et al., 2013; Warrner et al., 2016) support the use of cognitive rehearsal (CR) as a means to reduce incivility. A Civility, Respect, and Engagement in the Workplace (CREW) program and a non-experiential education session (Howard & Embree, 2020) were also noted to

be effective in reducing workplace incivility. All programs trained nurses to respond effectively to workplace incivility through education, team building exercises, and rehearsal practice. All studies showed statistical significance in using CR and CREW techniques as an effective strategy in reducing incivility.

Communication Programs

Communication is a basic nursing skill, however, when a nurse experiences incivility they seem to lack the specific communication strategies to address it (Ceravolo et al., 2012). Evidence suggests the need for improved communication in order to decrease incivil behaviours in the workplace. Two studies (Ceravolo et al., 2012; Howard & Embree, 2020) evaluated an incivility workshop to improve communication between nurses. Both studies were rated as having moderate study designs (PHAC, 2014) with poor post-survey follow up. Similar findings were found in both studies (Ceravolo et al., 2012; Howard & Embree, 2020) as authors reported reduced incidences of incivility and nurses were able to use at least one conflict management strategy to enhance positive communication amongst one another.

Printed Resources

There is a dearth of peer-reviewed studies outlining the effectiveness of visual interventions and reminders (e.g., posters, screen savers, and infographics). This was unexpected, given that research suggests that proper recognition and reminders serve as effective strategies in reducing incivility in the workplace (Armstrong, 2018; Kerber et al., 2015; Smith et al., 2010). For example, Kerber et al. (2015) recommended the use of screen savers and other visual aids to encourage incivility awareness, recognition, and reminders to unit staff about the importance of civil behaviours. Similarly, Smith et al. (2010) noted that visual aids are a cost effective

approach to reduce incivil behaviours. Recognition is critical in order to improve and combat workplace incivility. The literature supports a need for improvement of recognition and awareness of these behaviours (Howard & Embree, 2020; Kerber et al., 2015; Kile et al., 2019; Stagg et al., 2013; Rush et al., 2014).

There is a lack of literature that specifically focuses on using an infographic as a knowledge translation tool in healthcare. Martin et al. (2018) however, conducted a cross-sectional study examining the role of an infographic in displaying healthcare literature. Sixty-one healthcare workers were surveyed and participants showed a preference for infographics ($p<0.001$). Results also showed lower perceived mental effort when viewing infographics ($p<0.001$).

Conclusion: Objective Two

The quality of evidence examined in objective two is varied. Most studies feature a moderate study design, with statistically significant evidence illustrating effective strategies to eliminate workplace incivility (Kerber et al., 2015; Madison, 1994; Rush et al., 2014; Smith et al., 2010; Stagg et al., 2013; Warrner et al., 2016). No intervention however specifically targeted senior nurses. Considering this research it was determined that different types of strategies could be used to increase awareness and recognition of senior and novice nurse incivility. This is achieved through both formal and informal mentorship programs, educational, and communication programs/workshops, as these programs provide effective strategies to confront and respond to incivil situations. Many of the studies warranted further research with more rigorous study designs, such as randomized controlled trials (RCT) or controlled before-after (CBA) to determine the effectiveness of specific strategies to reduce incivility.

What remained consistent throughout the literature was the need for further education, awareness, and recognition of incivility and incivil behaviors. The literature is saturated with educational interventions (i.e., CR, CREW) as a way to increase awareness and recognition of incivility, while also promoting effective communication in handling incivil encounters. These programs are a step in the right direction, however, they can be time consuming, non-mandatory, and costly. Moreover, much of the literature supported using a variety of printed resources as an effective strategy to increase awareness and recognition of behaviors. A major gap in the literature is the lack of evidence as to the effectiveness of visual interventions (i.e., infographics) as being effective, efficient, cost appropriate methods to raise awareness about and decrease workplace incivility. Without proper recognition and understanding of incivility, civility is not likely to be achieved.

Summary of Consultations

The overall goal of completing the consultations was to gain additional information on the topic of incivility within the nursing profession. Specifically, how it is experienced by senior and novice nurses and what educational resources currently exist or could be put in place to address it. This information was used to inform the content, delivery, and implementation of the infographic to address incivility and increase awareness and recognition of nurse incivility. A copy of the completed consultation and environmental scan report can be found in Appendix II.

Consultations were done with four key cohorts. The cohorts included 7 East (7E) senior nurses, 7E NNs, 7E nurse manager and nurse educator, and two nurse experts. The setting for senior and novice nurse consultations was the inpatient unit of St. Clare's Mercy Hospital (SCMH) 7E. Each cohort was emailed a copy of the survey requesting input surrounding nurse incivility, and on perceived learning needs for nurses working on busy acute care units. Given

that the literature review revealed that senior nurses are the perpetrators of incivility, it was important to get their perspectives as to why they enact these behaviors and identify any strategies to mitigate workplace incivility. Consultation with NNs was also paramount, as they are most likely to experience incivility in the workplace.

All twelve stakeholders returned the voluntary survey. The surveys were specific to each cohort and involved demographic information and open-ended questions. Descriptive statistics were used to analyze and describe both senior and novice nurses, and thematic analysis was completed. The Health Research Ethics Authority Screening Tool (HREA) was used to determine if review by an ethics board was necessary. Using this tool, it was deemed that review by the ethical board was not necessary. See completed screening tool in the appendix of the consultation report in Appendix II.

Novice Nurses

There were three common themes found from the consultations. They identified the perpetrators of incivility, the impact, and strategies to promote civility in the workplace.

Perpetrators and Portrayals of Incivility

All four novice nurses revealed witnessing or experiencing incivility in the workplace and reported the perpetrators as the senior nurse. Nurses described incivil behaviors as being mostly 'passive aggressive'. Passive aggressive behaviors are behaviors that present themselves in a subtle or indirect way (Cerit et al., 2018) and leave nurses feeling uncomfortable on the unit. These behaviors included constant criticizing, being uncooperative, being excluded from conversations, and an overall lack of support and guidance. Three of the NNs reported 'ignoring' the conflict and removing themselves from the situation when they witness incivility.

Impact of Incivility

All NN responses were in alignment with the literature and reported that incivil behaviors negatively impact their work life. Feelings of belittlement, undervalued, and a lack of confidence were recounted. Two NNs felt they were unable to ask questions and felt they were constantly second-guessing their abilities. This further resulted in feelings of being unable to care for acutely ill patients, and one NN questioning her career choice.

Strategies of Promoting Civility

All NNs believed education and awareness was key in reducing nurse incivility. A common theme was the use of a visual aid to increase recognition of incivil behaviors. This was seen as an easy, effective way to raise awareness of behaviors as nurses often lack the time to sit down and read manuals and/or policies.

Senior Nurses

There were three key themes from consulting with senior nurses. These include the portrayal of incivility, factors contributing to incivility, and strategies promoting civility.

Portrayal of Incivility

All senior nurses lacked insight with their participation in incivility and believed the behaviors as 'harmless' acts. Two nurses reported participating in incivil behaviors on the unit, while one reported witnessing it between different nursing units. One nurse described witnessing behaviors such as eye-rolling and gossiping, but recalled not participating in the act of incivility.

Factors Contributing to Incivility

Acute workload, miscommunication, burnout, and stress were noted to precipitate incivility in the workplace. Nurses spoke about the increase in patient acuity and workload compounded by the inexperience of the NN as main factors contributing to their stress and potentially leading to incivil behaviors. One senior nurse stated that it was the inability of NNs to

manage their workload that contributed to their frustration and may have led to acts of incivility. Some nurses believed a lack of awareness and knowledge of incivility contributed to incivil behaviors on the unit. No senior nurse reported or recognized this population as being the most common perpetrator of incivility.

Strategies Promoting Civility

Most nurses believed incivil behaviors should initially be addressed amongst one another. All nurses thought that effective communication is essential for conflict resolution and a key way to mitigate incivil behaviors. Senior nurses identified that a visual resource increases self-reflection and awareness as to incivil behaviors would be a key strategy in reducing incivility. All senior nurses were open to having increased education on the topic of incivility through visual aids (i.e., posters, infographics), and up-to-date knowledge on the available online resources.

Key Stakeholders

Nurse Educator and Manager

Both 7E nurse educator and manager agreed that senior nurses are most often perpetrators of nurse incivility. Findings from stakeholders were similar to the literature, indicating incivility can happen when there is high patient workload/acuity, miscommunication, and inadequate staffing levels. Stakeholders suggested reporting and addressing incivil behaviors as soon as possible would be most effective in resolving the issue. Increased education surrounding incivility was thought to be an effective approach to address incivility. Both stakeholders supported the use of an infographic and believed it could act as an effective reminder as to what constitutes incivility and its impact. Stakeholders believed education is important to raise awareness and an infographic could act as a reinforcement of civil behaviors. They felt that that

an infographic should be ‘eye catching’, concise, and colorful in order to attract attention.

Nurse Experts

Two nurse experts agreed that incivility is an ongoing issue in nursing. They identified the surmounting amount of stress senior nurses are under and how they remain unaware of how the stress impacts their behaviors. Both nurse experts deemed a visual resource (i.e., infographic) as a beneficial, gentle reminder to increase awareness of incivil behaviors. Noted throughout the consultation was the lack of knowledge, resources and policies available to nurses experiencing incivility. Both stakeholders suggested statistics, images, and a list of available online resources as useful tools for an infographic.

Summary of Environmental Scan

An environmental scan was conducted to scope out any available resources on nurse incivility, specifically focusing on the senior nurse. The websites that were scanned included EH *Intranet*, other regional health authorities (Central, Western, and Labrador-Grenfell), Canadian Nurses Association (CNA), and CRNNL. Following a review of EH *Intranet,* it was determined there are no policies or programs/resources readily available for nurses to address incivility in the workplace. EH did launch a ‘Civility and Respect Campaign’ in 2019 in order to promote and show they value employee psychological health and safety, with a goal to improve employee wellness. Although unbeknownst to many staff members, EH has an e-learning ‘Conflict Management and Respectful Workplace’ seminar. The authority hosts an Employee and Family Assistance Program (EFAP) where assistance is provided in many different areas, specifically any personal or workplace conflict, problems, or stress (Eastern Health, 2020). The Western Health (WH) authority had similar results to EH. They both have interactive, online resources such as ‘Bridge the gApp’, ‘Breathing Room’, and ‘Mindfulness Training’ where you can

connect with a support system, or learn to better manage stress and burnout. Visual campaigns are utilized throughout the EH authority. Infographics were available to view on the website, however none addressing nurse incivility.

The CNA has resources and information pertaining to bullying, however resources specifically related to incivility are not available. The CNA website holds a position statement on nurse bullying, demonstrating their support for violence-free workplace. Available on the CNA website was a variety of infographics addressing many different topics, however none pertaining to nurse bullying or incivility. The use of infographics on the website supports the use of infographics as an effective means for disseminating information to nurses.

Following a review of the CRNNL website, the entry-level competencies document stated that nurses must use conflict resolution strategies to promote healthy relationships between colleagues. Another important resource available on the CRNNL website was the support of a nurse consultant. These nurse consultants play an important role in guiding nurses to collaborate, solve problems, and develop conflict resolution strategies.

Overall, the findings from both the consultations and the environmental scan support the use of an infographic as an initial step in increasing and promoting civility in the workplace. Key stakeholders overwhelmingly support the existence of nurse incivility between novice and senior nurses and the need for increased awareness and education on nurse incivility. While the environmental scan found that EH has initiated a civility and respectful workplace initiative, they did not specifically address senior nurses as the perpetrators of incivility- the focus population of this practicum project. While the infographic will target senior nurses it will by nature spark awareness about incivility for the NN. The review of the CRNNL website reinforced the significance of using conflict resolution strategies in promoting a positive workplace

environment. The key stakeholders raised communication as a potential strategy to address incivility.

Theoretical Framework

The resource developed for this practicum project is an infographic designed with an aim to increase senior nurses' awareness and recognition of nurse incivility. Incivility in nursing will act as a driving force for behavioral changes among nurses. The infographic is informed by Knowles' Theory of Andragogy (1973) and Bandura's Social Learning Theory (1977).

Knowles Theory of Andragogy

The first theoretical framework used to guide the formation of the infographic is Knowles' Theory of Andragogy (1973). This theory focuses on the art and science behind adult learning. It infers that adult learners have surpassed the traditional didactic learning environment and best learn through visual resources, simulations, and role play (Knowles et al., 2005). Knowles' (1973) developed the andragogy adult learning theory with five assumptions in mind for adult learners. These assumptions are self-concept, past learning experience, readiness to learn, orientation to learning, and motivation to learn (Leigh et al., 2015). Based on these assumptions, we should consider adults as facilitators and directors for their own learning. Adults are considered 'practical' thinkers and are looking for the most effective, 'practical' way to approach and solve a problem (Leigh et al., 2015). It is important for educators to maximize adult learning using their own experiences and present learning needs.

The assumption of self-concept assumes the adult learner to be independent, self-directed, and responsible for their own learning (Knowles et al., 2005). According to Knowles' (1973) self-directed learning occurs when adults take initiative in identifying their own learning needs, formulating their own objectives, and evaluating their outcomes. This information was

used to help inform the development of the infographic. A majority of the consults from the senior nurses validated the findings from the literature stating senior nurses lack the ability to recognize their own participation in incivility. All senior nurses alluded to the fact that simple, easy education is always beneficial and will increase awareness and the ability to recognize incivility. The infographic acts as a self-directed learning resource, it is the responsibility of the nurses to take the time to read and educate themselves on incivility. The knowledge gained from the infographic will help nurses foster an increase in self-awareness and reflection into their own behaviors. It is anticipated that new insights gained will induce positive behavior changes in nurses and make a more cohesive working environment.

The identified characteristics of incivility (i.e., eye-rolling, gossiping) in the infographic are those that have been deemed the most common in the literature and consultations. This infographic will be visually appealing and strategically placed in high traffic areas visited by the RNs'. Through the consultation process, the nurses have identified key content that they would like to be included in the infographic. The infographic was returned for feedback. Content included prevalence, online resources, important statistics, imagery, and eye-catching colors.

The assumption of past learning experiences is based on the adult learners' ability to reflect on past learning experiences. Adults are able to connect their learning and life experiences in order to enhance their present learning needs (Knowles et al., 2005). The ability to develop the infographic was completed through the aid of both senior and novice nurses learning needs. Consultations provided clear direction on what type of resource would be beneficial in regards to nurse education. Nurses agree that quick, easy accessible resources, with a clear message and strategies to address incivility were preferred given the fast-paced work environment. The infographic will enhance self-reflection on past experiences of participating or witnessing

incivility in the workplace, and act as a driving force for behavior change. Currently there are little resources available for nurses to avail of if experiencing or witnessing incivility within EH. Nurses can reflect on past learning experiences as they continue to increase their awareness and recognition of incivility.

Readiness to learn is an important assumption according to Leigh et al. (2015). Adults need to have the desire to learn and must believe the information will be beneficial and of use to them in their nursing practice and day to day lives (Knowles et al., 2005). Through the literature review, and consultations, it was determined that incivility remains a strong presence throughout the profession and nurses are ready to learn strategies to mitigate them. An increase in awareness and recognition was sought to benefit both senior and novice nurses, in turn bettering patient care. The strategies outlined in the infographic (i.e., communication, mentorship, education, and report) are easy, viable approaches nurses can incorporate in their daily lives to improve their patient care and relationships within the workplace. These strategies are based on the literature, key stakeholders feedback, and environmental scan.

Orientation as an assumption throughout Knowles' theory (1973) identifies the shift in adult learning from a content focus to a problem-solving focus. It is important for nurses to feel their learning will have a positive impact on their practice, the safety of their patients, and professional lives. The literature review, consultations, and environmental scan identified incivility as a problem and that strategies are needed to address the issue. All supported the development and aided in the content of the infographic focusing on nurse incivility. The literature and consultations highlighted the importance of education and communication strategies to improve incivil behaviors, while indicating that incivility often goes under reported. Therefore, information gathered from the literature and consultations helped to guide the

development of the infographic. The infographic will enhance nurses' knowledge on incivility, improving nurse relationships and patient care through this knowledge and education.

Last, the assumption motivation to learn is important in assuming the full learning experience (Leigh et al., 2015). Nurses are more likely to engage in learning and retain information when they are motivated to do so. Based on the consultations, it clear that nurses are motivated to change and are invested in strategies to accomplish this. Adults are motivated to learn by both internal and external factors. Internal factors give the nurse their own reason to want to learn and become better at managing conflict. Some internal factors include frustration, stress, and poor job satisfaction. External factors are decrease nurse retention and negative patient health care outcomes. These factors are important to address, as they are essential for learning and once addressed, can improve incivility in the workplace. The infographic is a reminder that is visible in the workplace. The information provided in the infographic will create an increase in self-awareness into incivil behaviors, and prompt nurses to reflect on their actions and recognize the need for change.

Bandura's Social Learning Theory

Bandura (1977) emphasizes the importance of observational learning and stated that most human behavior is done through observation, followed by modeling (Bahn, 2001). Bandura's theory represents a cognitive-behavioral approach. The focus of the cognitive aspect in Bandura's theory addresses the interaction between how we think and how we act (Bahn, 2001). Behaviors are greatly influenced by social and personal characteristics. Based on the literature review and consultations, it is clear that NNs often find themselves enmeshed in a unit culture that accepts incivility as the norm. Unfortunately, in effort to become part of the nursing team or to be accepted by other nurses, the NNs may start to model incivil behaviors. The infographic

provides different strategies that nurses can model (i.e., positive communication, mentorship) to combat nurse incivility. Instead of modelling incivil behaviors, with the help of the infographic, nurses can better communicate during incivil situations, report incivil behaviors, and educate nurses about acceptable behaviors. The infographic was developed with an intent to increase awareness of incivil behaviors, igniting how and what we think about incivility, while promoting acceptable strategies to eliminate incivil behaviors. The infographic has drawn attention to the statistics surrounding incivility, indicating that it does exist.

Self-efficacy is a core construct in Bandura's theory (Bandura, 1977). Self-efficacy is the belief and confidence in one-self to execute certain behaviors that lead to a desired outcome (Fida et al., 2018). Self-efficacy helps maintain healthy behaviors and eliminate unhealthy behaviors and/or practices, in an environment that is supportive and positive. Nursing is a demanding profession that requires an ability to deal with unpredictable stressful events. NNs' with high self-efficacy will have an increase in self-control and confidence to perform at a higher level, therefore reducing the stress placed on the senior nurse. A low self-efficacy prohibits the ability to self-regulate different psychological and emotional states, prevents effective coping during challenging workplace events, and increases the likelihood of leaving the nursing profession (Fida et al., 2018). Incivility has the potential to lower a NNs' self-efficacy, causing severe emotional exhaustion, and increasing nurse turnover rates (Fida et al., 2018). A poor self-efficacy in NNs can result from the burnout and stress experienced by a senior nurse. A senior nurse performing incivil behaviors unknowingly, may have a poor self-efficacy, as self-efficacy plays an important role in how one behaves in a variety of situations (Bahn, 2001). With an increased knowledge surrounding incivility, senior nurse awareness and self-efficacy will improve. The knowledge gained from the infographic will enhance their ability to recognize poor

self-behaviors and aid in fostering a civil environment.

The infographic has the ability to increase self-efficacy among nurses as it will act as an initial step in recognizing incivil behaviors among nurses and promote acceptable behaviors. An important part of increasing self-efficacy is having the knowledge and skills to act. The infographic will hold the attention to the issue of incivility with different statistics and providing strategies to combat it. The different strategies including communication, education, mentorship, and reporting are within the scope of an RN, therefore they hold the skills to enact these behaviors. Contact resources are also available through the infographic. Nurses can avail of these resources to seek help, education, and skills surrounding incivility. Self-efficacy in the NN can be fostered with the support from the available resources in infographic. With an increase in incivility education and awareness, incivil behaviors should be eliminated, as the NN will not be facing the effects of incivility.

Summary of the Resource

After conducting an integrative literature review, consultations, and an environmental scan, I was able to develop an infographic for both senior and NNs to help reduce nurse incivility. Considering theories of adult learning, various learning strategies proved important, as did being able to capture the attention of busy nurses while also engaging and educating them in complex situations. This aligned with Knowles' Theory of Andragogy (1973), as it suggests adults are self-directed and motivated to learn through their preferences and personal experiences. An infographic is a visual product that can tell a complex story, in a simple, visual way that can be extremely useful in the exchange of information, providing a myriad of benefits (Balkac & Ergun, 2018). The infographic was returned to five stakeholders for feedback and all comments were taken into consideration, editing took place where required. The completed

infographic is available in Appendix III.

The infographic has six components. The first component is a title that grabs the readers' attention so they would continue to read. Having the words 'nurse incivility' bolded, large, and in an eye catching color, will draw attention towards the infographic. Color choice was important, as it highlights the key message. Also, font selection was a consideration in the infographic design. According to Balkac and Ergun (2018) font should be readable, legible, and easy to understand. I used a variety of font sizes, the font selected was chosen as it was not 'elaborate', therefore, legible and non-distracting.

Second, I wanted to draw attention to the significance of the issue and to increase nurses' awareness of the incidence of incivility in nursing. As per Knowles' Theory of Andragogy (1973), understanding the prevalence of the issue is vital to fostering nurses' motivation to learn. To do so, I included statistics that highlighted the prevalence of nurses experiencing and witnessing incivility.

The third component was based on the literature review and consultations. Findings revealed that nurses often do not recognize when they are enacting incivil behaviors or they do no perceive their actions as constituting incivility. As such, it was important to clearly identify these negative behaviors and draw continuous attention to them, before these behaviors become modelled and viewed as acceptable. The characteristics of incivility highlighted in the infographic were based on the most common citations of incivil behaviors noted in the literature review and the consultations. This included verbal and nonverbal behaviors, and associated feelings of incivility.

For the fourth component, the contributing factors of nurse incivility are discussed. These findings were uncovered throughout the literature and consultations. As incivility often goes

unrecognized, it was critical to identify and educate nurses on different situations when incivil behaviors can occur. These behaviors can increase nurses' self-awareness and aid them in becoming more mindful when these situations arise. With an ultimate goal of eliminating these behaviors and creating a positive, cohesive work environment, 'combating' these behaviors was a key strategy.

The fifth component focuses on raising nurses' knowledge and awareness as to the negative outcomes of incivility is labeled incivility 'facts'. Here the harmful effects that incivility can have on patient safety (e.g., errors), and on nurses' psychosocial and physical well-being (e.g., reduced confidence, productivity) are captured. Being aware of the potential negative outcomes of incivility can prompt nurses to think about the requisite skills that they possess or need to develop in order to manage incivility. This can also help foster their sense of self-efficacy being that the have the ability to improve their workplace environment and the health outcomes of patients, aligning with Bandura's theory (1977).

Although not an outcome, an important fact to make a note of is the most common perpetrator and recipient of incivility. The explanation that NNs or inexperienced nurses are the common recipients of incivility will hopefully allow the senior or experienced nurses to become more self-aware of their behaviors, without directly 'pointing fingers' at the senior nurse. This information coincides with the findings from the literature and the consultations in stating that the senior nurses are the likely perpetrators of incivility.

Last, the sixth component included the strategies to combat nurse incivility that were identified through the literature review, consultations and environmental scan. Incorporating a variety of strategies (i.e., mentorship, education, communication, and reporting the incident) will provide nurses with a variety of options to address incivility. This section includes a list of

available resources (internal/external) that nurses can avail of if needed. This ensures that nurses have access to ongoing help to manage workplace incivility.

Infographics are excellent resources for raising awareness, changing and challenging attitudes, engaging nurses, and calling for a 'change in action' (Scott et al., 2016). The infographic proposed was developed to help reduce nurse incivility. In doing so, it demonstrates the application of advanced nursing practice competencies.

Advanced Nursing Practice Competencies

The CNA (2019) has developed advanced nurse competencies (ANP) that allow a nurse to better provide health, and healthcare, with a focus on holistic models of care. These competencies act as a guide for nurses and facilitate their role in providing safe, competent, and ethical patient care. An advanced practicing nurse (APN) has the ability to read, use, apply, and develop knowledge and evidence that is essential in meeting the needs of the population and other individuals (CNA, 2019). This practicum allowed me to achieve competence in four (education, research, leadership, communication and collaboration) ANP competencies as defined by the CNA (2019). Examples of these ANP competencies are as follows.

Education

In order to achieve the competence of education as an APN, the nurse must be committed to professional growth and learning, involving patients', families, and novice and student nurses. This was demonstrated through the development of the infographic that was created as a way for nurses to increase their awareness and recognition of nurse incivility. The CNA (2019) indicates the APN must disseminate new knowledge, while identifying the learning needs of healthcare providers while developing a program/resource (p.15). This was achieved by conducting a thorough literature review, consulting key stakeholders and identifying pivotal learning needs

during the consultation and environmental scan. The results were used to aid in the infographic development that will reduce incivility, mitigate factors causing incivility, and improve nurse work life. As an APN, an important educational competency is to optimize colleague learning by creating new learning opportunities, enhance knowledge, all while improving client care (CNA, 2019). Raising awareness of nurse incivility will not only improve relationships between colleagues, but cause self-reflection into behaviors, enlightening one self. Simultaneously, improving patient care and outcomes.

Research

It is required of an APN to have the ability to generate, synthesize, critique, and apply research-based evidence (CNA, 2019, p. 32). In order to complete this practicum project I completed an integrative review of the literature surrounding nurse incivility, to identify and the knowledge gaps of nurses about incivility. To do this, I critically appraised qualitative studies using the JBI (2017) critical appraisal toolkit and the PHAC (2014) to critically appraise quantitative studies. The literature informed the development of the infographic. While completing the research, I conducted consultations and an environmental scan that were used to help analyze data and uncover learning needs of nurses. This allowed me to evaluate current practice of nurses in order to develop strategies to address incivility in the workplace.

Leadership

According to CNA (2019) APNs' are viewed as change agents, who look for innovative ways to positively impact the delivery of care and ways to improve nursing practice. Being a leader means advocating for change, and identifying the learning needs of nurse colleagues. This competency has been met as I was able to identify strategies to decrease nurse incivility as a mode for change. Different learning needs were uncovered through consultations with key

stakeholders. Two theoretical frameworks; Knowles' Principles of Adult Learning (1973) and Bandura's Social Learning Theory (1977)) helped inform the development of the infographic and acted as the first step in initiating change to address incivil behaviors in nursing. Advocating for behavioral change was done to enable and foster a positive, healthy work environment for both senior and novice nurses. To facilitate the implementation of the change in incivil behaviors, I developed an implementation plan guided by Graham's et al. (2006) Knowledge-To-Action Framework, see in Appendix IV.

Communication and Collaboration

The CNA (2019) believes effective communication with patients', families, healthcare providers, team members, and other stakeholders are important aspects of an APN (p.33). APN must collaborate and consult with key stakeholders (i.e., colleagues, management) across many different health authorities and organizational levels. Throughout my practicum project I have continuously had open-communication with my project supervisor, Dr. Pike. I conducted consultations with colleagues and other members of the healthcare team across the organization of EH. I was able to use these consultations to recognize the importance of civility among nurses and all consults were used to aid in the development of the infographic. Simultaneously, I conducted an environmental scan where sources were searched across the EH organization and at a provincial and national level. These results helped to inform the infographic.

Next Steps: **Implementation and Evaluation Plan**

The proposed implementation plan for the infographic will be led by Jacqueline Brockerville, manager of 7E SCMH. Brockerville was identified as the contact person for this practicum project from its inception, hence is well versed with respects to its relevance to nursing practice and patient well-being. As the manager of 7E, Brockerville is well positioned to

implement the infographic. The implementation and evaluation plan will follow the implementation toolkit as outlined by the Registered Nurses Association of Ontario (RNAO) (2012). The RNAO toolkit is based on Graham's et al. (2006) Knowledge-to-Action (KTA) Framework (see Appendix IV for the KTA Framework). The framework allows for a structured approach in making change and transitioning knowledge into practice (RNAO, 2012). The KTA framework is a six-step action cycle informed by multiple change theories that focus on the deliberate, best practice change in healthcare (RNAO, 2012). See appendix V for a detailed action-plan for the implementation of the infographic.

Identify the Problem

In order to effectively transition knowledge into practice and make effective change, the problem must first be identified. Based on my experiential knowledge working on 7E and conversations with nurses, incivility in the workplace was identified as a concern. Furthermore, it appeared that NNs were often the focus of acts of incivility. In order to gain a fuller understanding of what is known about incivility and current practice I did a literature review, consultations with key stakeholders, and an environmental scan (see Appendices I and II).

The literature review highlighted the prevalence of incivil behaviors between senior and novice nurses. It reiterated how incivility can negatively influence patients' health outcomes, nurses' physical and psychosocial well-being, work productivity and retention rates. Consultations with key stakeholders (7E nurses, managers, nurse experts/educators) confirmed that incivility is an issue and identified common incivil behaviors. The environmental scan found limited resources exist within EH in order to help nurses increase their awareness and recognition of incivility within the workplace. The findings from the above activities confirmed that incivility is a problem for nurses and that senior nurses were often the perpetrators of incivil

behaviors. Moreover, there is a gap in knowledge surrounding incivility in the workplace and limited resources to address this problem.

Adapt Knowledge to Local Context

Implementing a new practice can be quite complex. Assessing the value and usefulness of the new 'knowledge' will help with the implementation and sustainability (RNAO, 2012). Addressing contextual factors (i.e., unit culture and available resources) must also be considered (RNAO, 2012). Once incivility was identified as an issue, a printed resource (i.e. infographic) was identified as a strategy to help address the problem.

In the development of the infographic, the context of the resource was considered. To ensure uptake of a resource one must consider how it aligns with the values of the organization and its applicability to the local context. The infographic reflects the values held by EH primarily caring, collaboration, and respect (Eastern Health, 2020). In order to reduce nurse incivility it is important for nurses to maintain a caring and respectful attitude not only towards patients and families, but also towards their colleagues. Nursing is characterized by teamwork and collaboration hence, this infographic will help to reduce factors that can fragment nursing working relationships and provide strategies to strengthen collaborations.

Adapting the infographic to the local context is important for effective knowledge translation (RNAO, 2012). Feedback on the infographic was positive and the nurses indicated that they were ready to engage in strategies to reduce nurse incivility. Stakeholders perceived the infographic as a cost effective way to disseminate information and increase their knowledge and confidence in addressing incivility. For many it was the first step in reducing incivility on a busy unit with time constraints. Brockerville will build on this units' sense of readiness to ensure smooth implementation of the infographic. Brockerville needs to meet with key stakeholders

(e.g., administration) within EH and follow the institutions approval process for implementing new initiatives (See Appendix VII for meeting agenda).

In order to implement the infographic Brockerville will need to meet with nursing's professional practice division, the divisional manager for the medicine program, the two program managers for the medicine program and the SCMH communications department to present the developed infographic. Key to the success of the implementation of the infographic is to discuss the benefit of the resource to each department. It is anticipated that professional practice would see a reduction in professional practice issues (e.g., patient errors). The divisional manager would benefit from lower nurse turnover rates, and an overall positive unit culture that reflects EH values of caring, respect, and collaboration. At these meetings, Brockerville will explain the purpose of the infographic (e.g., to address nurse incivility in the workplace), describe potential barriers (see the next section 'assess barriers/facilitators to knowledge use' for examples), and the benefits of implementing the infographic (e.g., increased positive working relationships, nurse retention, decreased sick leave, turnover rates, and improved patient and nurse physical and psychosocial well-being).

Once Brockerville has gained approval for the infographics implementation, she will consult with the communications team at the SCMH site. The role of this team is to make any announcements and bulletins pertaining to the delivery of new information and policies. The communications team is also responsible for the printing of any resource implemented into practice. A member of SCMH medicine program will post the infographic where it is most visible under the direction of Brockerville (i.e., nursing station, breakroom, and bathroom).

Assess Barriers/Facilitators to Knowledge Use

Identifying barriers and facilitators is essential for knowledge translation. Potential barriers include lack of knowledge as to the existence of nurse incivility, skepticism related to the effectiveness of the infographic to reduce incivility, and a lack of support. Consultations with key stakeholders confirmed that the main barrier to any educational resource was time to review education materials on a busy unit and that nurses prefer quick accessible resources. See the next section 'Select, Tailor, Implement Interventions' for specific examples on how to mitigate potential barriers for the implementation of the infographic.

Facilitators are essential in implementing practice changes. Facilitators are defined as factors that help promote and implement new practice policies and/or behaviors (RNAO, 2012). Facilitators for the implementation of the infographic include organizational and financial factors (e.g., EH vision and values, relevancy and cost), accessibility, efficiency, leadership support, and the use of a 'champion'. As noted previous the infographic is in alignment with EH's vision and values. The infographic is highly relevant to the cohort setting of the 7E unit. All nurses were in favor of a printed resource to address incivility that was easily accessible and quick to read. The infographic is a one-page resource that will be placed in highly visible areas and is easily accessible to nurses. As such, an efficient approach to knowledge dissemination. Furthermore, the infographic is a cost effective approach. The infographic costs approximately $1.00 CAN for a 12x18, waterproof, colored sheet.

Having support from influential leaders is important as they will set the expectations and help to identify the changes that are required in order to implement the resource. Having a designated champion (i.e., nurse educator) will facilitate ongoing support of the infographics implementation and can aid in promoting and maintaining a positive unit culture. As such,

Brockerville will need to meet with the nurse educator and discuss the implementation plan in detail. Knowing the barriers and facilitators can help select, tailor, and implement interventions.

Select, Tailor, Implement Interventions

At this stage it is critical to select, tailor, and implement strategies to mitigate barriers to the proposed intervention. Throughout the literature review researchers suggested proper reminders and strategies to address nurse incivility and to increase incivility knowledge and awareness. Printed resources were proposed as a key strategy to target knowledge deficits and reduce incivil behaviours in a cost effective manner (Smith et al., 2010). When discussing implementation plans with key stakeholders, it was thought that a printed resource would serve as an effective, initial step in addressing nurse incivility.

To address the above barriers (knowledge and skepticism), Brockerville will need to meet with EH administration to gain approval to implement the resource as outlined in the previous section entitled, 'Adapt Knowledge to Local Context'. She will then need to meet with the nurses on 7E to inform them of the plan to implement the infographic. She will hold a 30-minute information session to discuss the findings of this practicum project, including the relevancy of the infographic, the existence of nurse incivility, and its impact on nurses and patient care. Brockerville will be provided an outline of key points to discuss with the nurses of 7E (See Appendix VII).

The barrier of a lack of support was identified and will be alleviated through ongoing engagement and support from leaders (i.e., Brockerville, divisional manager) and the nurse educator as 'champion'. With leaders and nurses' high commitment to change, a change initiative is more feasible. Being that Brockerville and the nurse educator are both highly visible

on the unit, they can observe changes in behaviors and act as a resource person to answer any questions that nurses might have about the infographic and strategies to reduce incivility. Additional supports can be found in section six of the infographic.

Threaded throughout the literature and key stakeholder consultations was the barrier of time to engage in educational opportunities. This is a common barrier for nurses due to various reasons (i.e., patient acuity, workload, inadequate staffing). The infographic is designed to act as an efficient, quick resource that can effectively mitigate incivil behaviors. It will be placed in high traffic areas (e.g., hallway, staff bathrooms, breakroom, and in the nursing station), with consistent, eye-catching colours that will easily identify the key message, using readable, legible font.

Prior to the infographics implementation, the two program managers under the direction of Brockerville will be responsible for the delivery of a pre-survey. The program managers within the medicine program at SCMH are responsible for issuing surveys, collecting and analyzing data, and distributing results. The survey will assess nurses' knowledge and awareness surrounding incivility, to identify incidences of incivility on the unit, and to determine nurses' confidence in addressing incivility (See Appendix VI). Program managers will be responsible for the collection and analysis of data from the surveys. Surveys will be in the form of a 5-point Likert Scale with a range of: (1) strongly agree; (2) agree; (3) neither; (4) disagree; (5) strongly disagree and four multiple choice questions with one select all that applies. Surveys will be distributed via an online survey software program (i.e., survey monkey). The link will be provided through internal email, it will be available for two weeks and a reminder will be sent automatically after seven days. The survey will be efficient in regards to time and budget. Responses will be kept anonymous, no identifying information will be provided. Nurses will be

asked to provide a code, therefore allowing the program managers to link the responses from the pre and post survey. The code will consist of the year they graduated from nursing school and their middle and last name initial (i.e., 2015AD). Descriptive statistics (i.e., median) will be used to analyze and summarize the data in numerical form.

Monitor Knowledge Use and Evaluate Outcome

The implementation of the infographic is designed to facilitate the uptake of specific knowledge and behavioral changes. Consistent with Bandura's theory (1977), behaviors are modelled through observation. Hence, an environment that is free of incivility, supportive, and positive will be modelled as new nurses become acquainted to the unit. 7E will serve as the initial cohort for implementation. After six months, the initial implementation plan on the unit of 7E will be completed and effectiveness will be measured and evaluated.

Once an intervention has been implemented it is important to assess and monitor knowledge and behaviors that may have been impacted by the implementation and evaluate the outcomes. Six months post infographic implementation, the nurses on 7E will be prompted again to do a self-reported post-survey. See survey in Appendix VI. The link for the survey (i.e., survey monkey) will be sent via internal email and be available for two weeks. An email reminder will be sent once after seven days. The same code (i.e., 2015AD) will be used to keep anonymity. Survey data will be interpreted through a 5-point Likert Scale with a range of: (1) strongly agree; (2) agree; (3) neither; (4) disagree; (5) strongly disagree and four multiple choice questions with the option for single/multiple answers. Descriptive statistics (i.e., median) will be used to analyze and summarize the data in numerical form. Open-ended questions will also be provided for the nurses where they can provide feedback and recommendations to improve the infographic.

Results will be presented to Brockerville, the program lead. Brockerville, the 'champion' (i.e., nurse educator), and the two program managers will meet and discuss the results and revise the infographic as needed. If nurses report an increase in knowledge about incivility, an increase in confidence to address nurse incivility, and a decrease incidence of incivility this will merit the implementation of the infographic across EH. Overall, the evaluation process will provide an opportunity to discuss the benefits and practicalities of the infographic, generating further discussions for revisions and the implementation on other nursing units.

Sustain Knowledge Use

In order to sustain knowledge, an ongoing monitoring plan must be in place (RNAO, 2012). Ongoing education is important for knowledge sustainability. In this case, the nurse educator will introduce the infographic during ongoing nursing orientation. The infographic will be uploaded as a PDF on the internal website of EH the '*intranet*', where a link will be available for all associated resources and references. Every six months to one year program managers will review the infographic for an update as needed as per EH policy.

Conclusion

The purpose of this practicum project was to identify and develop a resource to reduce nurse incivility. Based on a literature review, consultations, and an environmental scan an infographic was designed to increase nurses' awareness and recognition of incivility in the workplace. Throughout the process of developing the infographic, I incorporated APN competencies. The implementation phase is guided by both the RNAO (2012) implementation toolkit and Graham's et al. (2006) KTA framework. The implementation of the infographic will be lead by Jacqueline Brockerville, the manager of the unit 7E. The infographic will become the

initial step on the road to civility within nursing. Nurses that are equipped with the knowledge to recognize incivility will have an increased self-efficacy and better able to navigate incivility in the workplace. This high self-efficacy may foster a healthy work environment, promote nurses' well-being, and improve patient health care outcomes.

References

Alquewez, N. (2020). Examining the influence of workplace incivility on nurses' patient safety competence. *Journal of Nursing Scholarship, 52,* 292-300. doi.org/10.1111/jnu.12553

Armstrong, N. (2018). Management of nursing workplace incivility in the healthcare settings. *Workplace Health and Safety, 66,* 403-410. doi.org/10.1177/2165079918771106

Bahn, D. (2001). Social learning theory: It's application in the context of nurse education. *Nurse Education Today, 21,* 110-117. doi:.org/10.1054/nedt.2000.0522

Balkac, M., & Ergun, E. (2018). Role of infographics in healthcare. *Chinese Medical Journal, 131,* 2514-2517. doi: 10.4103/0366-6999.243569.

Bandura, A. (1977). Social learning theory. New Jersey: Prentice Hall.

Berry, P., Gillespie, G., Gates, D., & Schafer, J. (2012). Novice nurse productivity following workplace bullying. *Journal of Nursing Scholarship, 44,* 80-87. doi: 10.1111/j.1547-5069.2011.01436.x

Canadian Nurses Association. (2019). Advanced practice nursing: A pan-Canadian framework. https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/advancedpractice-nursing-framework-en.pdf

Ceravolo, D., Schwartz, D., Foltz-Ramos, K., Castner, J. (2012). Strengthening communication to overcome lateral violence. *Journal of Nursing Management, 20,* 599-606. doi: 10.1111/j.1365-2834.2012.01402.x

Cerit, K., Keskin, T., & Ekici, D. (2018). Development of an instrument of bullying behaviors in nursing education based on structured equation modeling. *Asian Nursing Research, 12,*

245-250. doi.org/10.1016/j.anr.2018.07.002

D'Ambra, A., & Andrews, D. (2014). Incivility, retention and new graduate nurses: An integrated review of the literature. *Journal of Nursing Management, 22,* 735-742. doi: 10.1111/jonm.12060

Eastern Health. (2020). *Employee and family assistance program.* Retrieved from http://www.easternhealth.ca/WebInWeb.aspx?d=2&id=1592&p=1747

Edmonson, C., & Zelonka, C. (2019). Our own worst enemies: The nurse bullying epidemic. *Nursing Administration Quarterly, 43,* 274-279. doi: 10.1097/NAQ.0000000000000353

Ferguson, L. (2011). From the perspective of new nurses: What do effective mentors look like? *Nurse Education in Practice, 11,* 119-123. doi: org/10.1016/j.nepr.2010.11.003

Fida, R., Laschinger, H., & Leiter, M. (2018). The protective role of self-efficacy against workplace incivility and burnout in nursing: A time-lagged study. *Health Care Management Review, 43,* 21-29. doi: 10.1097/HMR.0000000000000126

Fox, K. (2010). Mentor program boosts new nurses' satisfaction and lowers turnover rate. *The Journal of Continuing Education in Nursing, 41,* 311-316. doi: 10.1080/10376178.2014.11081909

Graham, I., Logan, J., Harrison, M., Straus, S., Tetroe, J., Caswell, W., & Robinson, N. (2006). Lost in knowledge translation: Time for a map. *Journal of Continuing Education for Health Professions, 26,* 13-24. doi.org/10.1002/chp.47

Griffin, M. (2004). Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. *The Journal of Continuing Education in Nursing*, 35, 257-263.

Howard, M., & Embree, J. (2020). Educational interventions improves communication abilities of nurses encountering workplace incivility. *The Journal of Continuing Education in Nursing, 51,* 138-144. doi: 3928/00220124-20200216-09

Joanna Briggs Institute. (2017). Critical appraisal checklist for qualitative research. Retrieved from http://joannabriggs.org/assets/docs/critical-appraisaltools/JBI_Critical_AppraisalChecklist_for_Qualitative_Research2017.pdf

Kerber, C., Mann-Woith, W., Jenkins, S., & Astroth, K. (2015). Perceptions of new nurses concerning incivility in the workplace. *The Journal of Continuing Education in Nursing, 46,* 522-527. doi:10.3928/00220124-20151020-05

Kile, D., Eaton, M., deValpine, M., and Gilbert, R. (2019). The effectiveness of education and cognitive rehearsal in managing nurse-to-nurse incivility: A pilot study. *Journal of Nursing Management, 27,* 543-552. doi: 10.1111/jonm.12709

Knowles, M. (1973). The Adult Learner: A Neglected Species. Houston: Gulf Publishing Company.

Knowles, M. S., Holton, E. F., & Swanson, R. A. (2005). The Adult Learner: The Definitive Classic in Adult Education and Human Resource Development. Boston: Taylor & Francis Ltd.

Laschinger, H., Grau, A., & Wilk, P. (2010). New graduate nurses' experiences of bullying and burnout in hospital settings. *Journal of Advanced Nursing, 66,* 2732-3242. doi: 10.1111/j.1365-2648.2010.05420.x

Leigh, K., Whitted, K., & Hamilton, B. (2015). Integration of andragogy into preceptorship. *Journal of Adult Education, 42,* 9-17. https://files.eric.ed.gov/fulltext/EJ1072924.pdf

Madison, J. (1994). The value of mentoring in nursing leadership: A descriptive study. *Nursing Forum, 29,* 16-23.doi: 10.1111/j.1744-6198.1994.tb00170.x

Martin, L., Turnquist, A., Groot, B., Huang, S., Kok, E., Thoma, B., van Merrienboer, J. (2018). Exploring the role of infographics for summarizing medical literature. *Health Professions Education, 5,* 48-57. doi.org/10.1016/j.hpe.2018.03.005

Oyeleye, O., Hanson, P., O'Connor, P., and Dunn, D. (2013). Relationship of workplace incivility, stress, and burnout on nurses' turnover intentions and psychological empowerment. *The Journal of Nursing Administration, 43,* 536-542. doi:10.1097/NNA.0b013e3182a3e8c9

Public Health Agency of Canada. (2014). Critical appraisal tool kit. Retrieved from http://publications.gc.ca/collections/collection_2014/aspc-phac/HP40-119-2014- eng.pdf

Registered Nurses' Association of Ontario (2012). Toolkit: Implementation of best practice guidelines. Retrieved from https://rnao.ca/sites/rnaoca/files/RNAO_ToolKit_2012_rev4_FA.pdf

Rosi, I., Contiguglia, A., Millama, K., and Rancati, S. (2020). Newly graduated nurses' experiences of horizontal violence. *Nursing Ethics, 27,* 1556-1568. doi.org/10.1177/0969733020929063

Rush, M., Adamack, M., Gordon, J., and Janke, R. (2014). New graduate nurse transition programs: Relationships with bullying and access to support. *Contemporary Nurse, 48,* 219-228. doi: 10.1080/10376178.2014.11081944

Scott, H., Fawkner, S., Oliver, C., & Murray, A. (2016). Why healthcare professionals should know a little about infographics. *The Journal of Sport & Exercise Medicine, 50,* 1104-1105. doi: 10.1136/bjsports-2016-096133

Smith, L., Andrusyszyn, M., & Laschinger, H. (2010). Effects of workplace incivility and empowerment on newly-graduated nurses' organizational commitment. *Journal of Nursing Management, 18,* 1004-1015. doi: 10.1111/j.1365-2834.2010.01165.x

Smith, J., Morin, K., and Lake, E. (2017). Association of the nurse work environment with nurse incivility in hospitals. *Journal of Nursing Management, 26,* 219-226. doi: 10.1111/jonm.12537

Stagg, S., Sheridan, D., Jones, R., & Speroni, K. (2013). Workplace bullying: The effectiveness of a workplace program. *Workplace Health and Safety, 61,* 333-338. doi:10.3928/21650799

Tang, J., & Hudson, P. (2019). Evidenced-based practice guideline: Nurse retention for nurse managers. *Journal of Gerontology Nursing, 45,* 11-19. doi: 10.3928/00989134-20191011-03

20130716-03

Vogelpohl, D., Rice, S., Edwards, M., and Bork, C. (2013). New graduate nurses' perception of the workplace: Have they experienced bullying? *Journal of Professional Nursing, 29,* 414-422. doi.org/10.1016/j.profnurs.2012.10.008

Warrner, J., Sommers, K., Zappa, M., & Thornlow, D. (2016). Decreasing workplace incivility. *Nursing Management, 47,* 22-30. doi: 10.1097/01.NUMA.0000475622.91398.c3

Appendix I

Literature Review Report

Nurses and Incivility: An Approach for Change

An Integrative Literature Review

Casey Dunn

Memorial University of Newfoundland Faculty of Nursing

Senior Nurses and Incivility: An Approach for Change

Incivility in the workplace has been shown to negatively impact nurses' job satisfaction, increase nurses' stress levels, reduce retention rates, and result in poor patient health care outcomes (Laschinger et al., 2012). An estimated 85% of nurses reported experiencing or witnessing some form of incivil behaviors (Warrner et al., 2016). Incivility is one of the main reasons a novice nurse (NN) will leave their first nursing position (Edmonson & Zelonka, 2019). Sixty-percent of NN reported leaving within the first six months of starting their position due to a lack of support, guidance, and other uncivil behaviors (Edmonson & Zelonka, 2019). Incivility are intentional behaviors, which may be discourteous and rude, emphasizing the lack of respect within the nursing profession (Bambi et al., 2017). These behaviors insidiously present themselves, with ambiguous intent. In an alarming survey discussed in Armstrong's (2018) systematic review, 76% of nurses from a variety of backgrounds and experience levels had experienced incivility in the workplace.

Evidence points to the fact that senior nurses are the main perpetrators of incivility towards NN (Berry et al., 2012). Low staffing ratios, inexperienced nurses, inadequate resources, high stress, and burnout have been shown to precipitate senior nurse incivility towards NNs (Berry et al., 2012). Although some research has been completed, there remains a gap in the literature that focuses on incivility precipitated by the senior nurse and interventions that can resolve incivility. Research also suggests that senior nurses may lack the insight or awareness of what incivility is, as well as its impact on the NN practice, the cost to the health care system, and patient's health (Tang & Hudson, 2019). Effective communication is a key strategy to mitigate incivility between NN and senior nurses to provide the best, safest patient care. When relationships between nurses are strained there is an increased likelihood of incivil behaviors that has been found to negatively impact patients' health (e.g., medication, falls, and infections)

(Alquwez, 2020).

Background

Incivility is counterproductive, and can disrupt the workplace "norm" of mutual respect (Laschinger et al., 2012). In 2005, the Canadian National Survey of the Work and Health of Nurses conducted a survey that reported 44% of female and 50% of male nurses experienced uncivil behaviors in the workplace (Statistics Canada, 2009). Many terms have been used to describe the ongoing phenomenon surrounding uncivil behaviors. These terms include lateral violence (LV), horizontal violence (HV), incivility, and bullying (Griffin, 2004; Kerber et al., 2015; Laschinger et al., 2010; Oyeleye et al., 2013; Rush et al., 2014; Smith et al., 2017; Vogelpohl et al., 2013;Warrner et al., 2016). Incivility however, has three defining characteristics (a) they represent a norm violation, (b) have an ambiguous intent, and (c) are of low intensity (Lim et al., 2008). Incivility is defined as low-intensity, disruptive behaviors. Incivility prevents a cohesive work environment, while violating workplace standards and codes of ethics (D'Ambra & Andrews, 2014). Incivility differs from bullying in that it lacks conscious intent. These behaviors take many forms, such as verbal abuse (e.g., yelling, swearing, and gossiping) and non-verbal abuse (i.e., eye-rolling, excluding from conversation, and glaring). Passive-aggressive behaviors, which entail a lack of support or guidance are prominent (Kile et al., 2019).

The high prevalence of incivility is concerning given its detrimental effects on patients, healthcare organizations, and the physical, mental, and emotional health of nurses. Berry et al. (2012) reported 21.3% of nurses experience incivility daily, while 44.7% identified themselves as being a target of these behaviors, and 17.3% have witnessed an incivil behavior. Incivility can negatively impact nurses' practice and patient's health; all at a cost to the health care system. For

example, incivil behaviors can increase nurses' psychological and emotional distress and cause a poor nursing performance (i.e., medication errors), reduce nurse retention rates, and increase patient harm (Berry et al., 2012; Ceravolo et al., 2012; D'Ambra & Andrews, 2014). A large sample of nurses (n=415) faced emotional exhaustion when faced with incivility, causing a negative effect on self-efficacy, further reducing performance and productivity (Laschinger et al., 2010). Moreover, incivility has shown to drain a nurses overall motivation and enthusiasm when interacting with staff and patients and performing nurse-related duties (Rosi et al., 2020). Nurses face many challenges in their work environments. Inadequate nurse staffing levels, illness, stress, high acuity, and burnout are all legitimate issues. Disruptive behaviors can add an abundance of stress to an already challenging environment. Addressing incivility can be problematic for various reasons. Incivil behaviors often go unreported and unrecognized (Smith et al., 2010). Whether or not it is at the forefront of management and nurses minds, it has a direct impact on the workplace. Strong leadership is foundational to a healthy work environment. Leaders are competent performers who easily influence and undertake responsibility for their colleagues (Lawson et al., 2017).

With an anticipated shortage of RN's, the high turnover rates of NN remains problematic for healthcare organizations and patient care on a global scale. Kerber et al. (2015) found incivility caused decreased satisfaction in the care patients received, and greater patient mortality. D'Ambra & Andrews (2014) reported a 30%-60% turnover rate of NN, as they are increasingly susceptible and vulnerable to incivil work environments and behaviors. These nurses become accustomed to the unit norm of uncivil behaviors, therefore, leading to a decrease in workplace productivity. With reduced cognitive abilities, nurses who experience incivility are less likely to handle an acute, full patient load (Berry et al., 2012). Incivil behaviors in the

workplace have been continuously linked to outcomes such as poor job satisfaction, which is a driving factor in turnover rates.

Findings suggest there are also financial impacts of incivility in the workplace on the health care system (Armstrong, 2018; Stagg et al., 2013; Warrner et al., 2016). In 2018-2019 over $5.5 million was paid to RN's in overtime within the EH health authority (Eastern Health, 2014). Overtime has been found to reduce a nurse's well-being, increase burnout, and retention (Witoski et al., 2012). Inadequate staffing and poor well-being are key factors noted in the literature to precipitate uncivil behaviors (Rosi et al., 2020; Smith et al., 2017; Witkoski et al., 2012). Nurse retention remains an issue in all of Newfoundland (NL), as monetary bursaries are continuously being offered and available for mandatory 1-2 year postings throughout NL (Gov of NL, 2019). In the year 2015, only 80% of new graduates reregistered for a practicing nursing license in NL, compared to 83% in 2014 (Gov of NL, 2019). Throughout Canada, a reduction of Registered Nurse (RN) employment diminished from 1.9% to 1.5% throughout the years 2018-2019 (Canadian Nurses Association, 2020). High turnover rates related to incivility costs a healthcare organization approximately $4.4-$7 million annually (Edmonson & Zelonka, 2019). On average, Warrner et al. (2016) reported that healthcare organizations spend at least $33,000-$100,000 per year on each employee experiencing incivility. This includes loss of retention, absenteeism (i.e., burnout, annual, family, and sick leave), decreased work performance, and any psychological/mental health resources.

Within the healthcare organization there are many key players that engage in incivility. In nurse-nurse incivility, senior nurses are the main perpetrators, with NN being the target. Berry et al. (2012) reported 63% of incivility perpetrators were senior nurses. NN were noted to be at an increased risk of incivility due to their lack of experience, knowledge and dependence on senior

nurses for support and guidance (Berry et al., 2012). This dependence was found to add to the stress of senior nurses who may already be experiencing burn out. Of particular concern is the high number of senior nurses in leadership positions that enact incivility. For example, Stagg et al. (2013) reported that 28% of NN experienced incivility from nurse leaders who role modeled these behaviors to the NN. As such, fostering incivility as a part of the unit culture and norm.

The College of Registered Nurses of Newfoundland and Labrador (2019) (CRNNL) governs standards of practice for RN's practicing within the province. Nursing incivility conflicts with the code of ethics and standards of practice. RN's are accountable for their actions and held to a moral and ethical standard as independent practitioners. Professional duties include creating a supportive work environment free from violence, bullying, and incivility, supporting colleagues and students by sharing knowledge and expertise by acting as a role model or mentor, and recognizing the expectations of professional behaviors (CRNNL, 2019). Employees of Eastern Health (EH) Regional Health Authority must abide by the core values recognized by their employer. These values include respect, integrity, fairness, connectedness, and excellence (Eastern Health, 2014). It is imperative that these values be integrated and prioritized into nursing practice in effort to reduce incivility in the workplace.

The need to address nursing incivility is warranted. Much of the literature pertaining to nursing incivility is solely focused on the instances and consequences of the behaviors with respect to the novice nurses' practice. For example, studies (Berry et al., 2012; D'Ambra & Andrews; Ebrahimi et al., 2016) focused on the role incivility played on transition into the nursing profession for the NN, NN productivity, and emotional and physical needs of a NN. Interventions that can be implemented in the workplace to address incivility among nurses specifically, the behaviors of senior nurses are absent. Strategies that address uncivil behaviors

of senior nurses are needed given that evidence points to the fact that this cohort are the perpetrators of incivility towards NNs. Senior nurses are often the nurse leaders and in a position to enact proper communication skills to address incivility in the workplace. Effective communication leads to a positive work culture and can create a safe patient care environment (Howard & Embree, 2020). Senior nurses are in a position to be professional role models and support NN in hopes that novice nurses will mimic these behaviors and break the cycle of incivility. The knowledge generated from this literature review will inform the development of a resource for senior nurses to help them recognize and address incivility in the workplace.

Search Strategy

The literature search was conducted in two parts, reflecting my two separate objectives of interest. I searched the Current Index to Nursing and Allied Health Literature (CINAHL), google scholar, pubMED, and Memorial University Library for both literature review objectives. A consultation took place with the librarian to formulate key questions and search terms. An ancestry approach was used to review reference lists of strong relevance to the topic within the past two decades and include them in my review (Polit & Beck, 2017). Inclusion criteria involved studies written in English, peer-reviewed, qualitative and quantitative designs, and systematic reviews. Fifty-nine abstracts were reviewed to search for relevance by identifying the phenomena of interest, methodology, and target population; further reading was granted if the study met inclusion criteria. Finally, to evaluate the quality and strength of quantitative studies and literature reviews, the Public Health Agency of Canada (PHAC) (2014) critical appraisal tool kit (See Appendix B) was used to appraise nineteen quantitative (n=19) studies. The Joanne Briggs Institute (JBI) (2017) critical appraisal checklist for qualitative research (See Appendix C) was used in order to appraise five (n=5) studies.

To achieve objective one of this review, I sought to answer ‘What are the experiences of nurses who have experienced or witnessed incivility in the workplace?” I used a combination of search terms such as: "novice nurses', 'new nursing graduates', 'inexperienced nurse', 'incivility', 'horizontal bullying', while truncation was used to account for both 'bullying' and 'bully'. A total of ten (n=10) studies (i.e., cross-sectional, phenomenological and grounded theory design, systematic and literature reviews) were deemed applicable for the focus of part one. The strength of the study designs were rated from moderate to weak, and the quality of evidence in the studies ranged from medium to low. A summary of these studies can be found in Appendix A in this integrative review.

For the second objective, I sought to answer, "What type of strategies/interventions have been successful in reducing incivility among nurses?” To do so, I used a combination of search terms including 'novice nurse', ‘new nurse’, ‘inexperienced nurse’ in combination with ‘AND’ ‘strategy' OR 'intervention' OR 'program' 'AND' ‘senior nurse’, ‘experienced nurse’ and ‘nurse leader’ ‘AND’ incivility’ and ‘uncivil’. This search yielded few relevant articles, therefore, inclusion criteria specific to this question was expanded to include terms such as ‘mentor’, ‘informal mentor’, and ‘communication’. A gap in the literature exists surrounding incivility interventions focusing on the senior nurse, therefore, the search was broadened again to include incivility and the experiences of the NN. While intervention studies retrieved in objective two were of varying lengths and modes of delivery, they were all relevant to the key objectives of this literature review. A total of fourteen (n=14) studies (i.e., cross-sectional, mixed-method designs, uncontrolled-before-after, qualitative content-analysis) were deemed applicable for the focus of objective two. The strength of the study designs were rated from strong to weak, and the

quality of the evidence in the studies ranged from medium to low. A summary of these studies can be found in Appendix A.

Literature Review

This literature review is divided into two sections that report on the findings of objective one and objective two.

Objective One: Findings

In order to get an understanding of the phenomena of incivility throughout the nursing profession, it was important to examine what incivility actually looks like, who the perpetrators are, and its impact. Two main themes emerged from the literature: the scope of workplace incivility and the impact of incivility.

The Scope of Workplace Incivility

Incivility has been reported throughout the nursing literature for over two decades, narrowing down the perpetrators of incivil behaviors to the more experienced/senior nurse (Berry et al., 2012; Rosi et al., 2020; Rush et al., 2014; Vogelpohl et al., 2014). Seniority is dictated differently throughout health authorities. Within EH, a senior nurse is ≥ 2 years and a NN is < 2 years. In two studies (Berry et al., 2012; Vogelpohl et al., 2013) both exploratory, cross-sectional designs, over half of study participants (63% and 63.9%) reported incivil behaviors experienced were from senior nurses who were also nurse colleagues. A cross-sectional study by Smith et al. (2010) reported 90.4% of participants felt incivil behaviors from senior nurse colleagues. Rosi et al. (2020) conducted a phenomenological study where all participants reported a common theme of incivility perpetrators, the senior nurse as ‘the enemies’. The authors defined the main perpetrators as those with more clinical experience/senior nurses and illegitimate authority.

Several studies have shown that senior nurses believed incivil behaviors were part of a 'rite of passage' as you welcome the NN into the nursing profession and did not view them as acts of incivility (Rosi et al., 2020; Rush et al., 2014; Vogelpohl et al., 2013) but rather as part of the initiation into the field. One uncontrolled-before-after (UCBA) study in an acute care hospital reported senior nurses lacked awareness of incivility in nursing, therefore they were unable to recognize that they were contributing to the problem or the harmful effects these behaviors have on other nurses (Griffin, 2004).

Five studies (Berry et al., 2012; Laschinger et al., 2010; Oyeleye et al., 2013; Smith et al., 2017; Vogelpohl et al., 2013) reported nurse burnout, stress, and inadequate staffing levels as causes of nurse incivility. Adding to this is the fact that the senior nurse often finds themselves overseeing a NN, who has a lack of experience, hands on skills, and knowledge. These concepts are viewed as stressors for a senior nurse and have proven to increase incivility in the workplace (Berry et al., 2012). In the study by Oyeleye et al. (2013) nurses reported relationships between the variables of incivility and stress and burnout, both reaching statistical significance respectfully at ($p=0.001$ and $p=0.005$).

Threaded throughout the literature is the idea that incivility presents itself as a disguise that goes unnoticed by those who are being incivil towards others. Despite this, incivility has been aligned with several key behaviors such as withholding of information, eye-rolling, turning away, snide remarks, inappropriate communication, ignoring, and refusing to provide guidance and support (Armstrong, 2018; Griffin, 2004; Oyeleye et al. 2013; Kile et al. 2019; Vogelpohl et al. 2013). In a cross-sectional study by Vogelpohl et al. (2013) incivil behaviors were associated with feelings such as humiliation/ridiculed ($p=0.0083$), being reminded of mistakes ($p=0.004$), excessive teasing/sarcasm ($p=0.031$), and unruly allegations ($p=0.0015$). Moreover, in the same

study nurses reported being ignored, secluded, given an unmanageable workload, and working in hostile environments. Similarly, in a study conducted by Kile et al. (2019) incivility behaviors such as inappropriate jokes (p=0.003), displaced frustration (p=0.042), and a lack of respect (p=0.003) were reported. Collectively these actions can have a grave impact on the NN practice.

The Impact of Incivility

Incivility in the workplace has been found to decrease nurses' work productivity, their psychosocial and physical well-being, retention rates, perceived ability to access support, and negatively impact patients' health.

Decreased Work Productivity. Incivility in the workplace has been linked to a reduction in nurses' productivity (Berry et al. 2012; Kerber et al. 2015; Kile et al. 2019; Laschinger et al. 2010; Rush et al. 2014;Smith et al. 2010; Smith et al.2017;Vogelpohl et al. 2013). Berry et al. (2012) reported a 46.7% reduction in the productivity of the NN related to incivility. Similar findings were noted by Smith et al. (2010) who noted that there was an annual loss of $11, 381 US dollars per nurse as a direct result of lost productivity. This reduction was associated with NN declining cognitive abilities and the ability to handle their workload. Two studies (Kerber et al. 2015; Rush et al. 2014) noted that participants experienced frustration and fear when help or support was unavailable, resulting in an increased number of errors, accidents, and an overall inability to deliver safe patient care. Others reported a 31% reduction in job performance and the ability to think critically due to workplace incivility (Vogelpohl et al. 2013). Nurses are critical thinkers and deal with potential life and death situations in highly stressful environments. Incivility can negatively impact a nurse's clinical judgement and productivity.

Psychosocial and Physical Impact. In three studies emotional exhaustion related to incivility has been associated with unproductivity and inefficacy in managing and coping with perceived stressors, and challenging relationships with nurse colleagues (D'Ambra and Andrews, 2014; Laschinger et al. 2010; Oyeleye et al. 2013). Incivility has been shown to cause long term psychosocial distress accounting for feelings of emotional neglect in 32% of nurses (D'Ambra and Andrews, 2014). These feelings are often aggravated by incivility that resulted in nurses becoming disengaged in their work manifested by a lack of concern for their patients' well-being and in some cases, unable to provide care. Similarly, Laschinger et al. (2010) reported that incivility left nurses with high levels of emotional exhaustion that had a significant impact on nurses self-efficacy to provide care (β=-0.27). Despite the fact that the above studies demonstrated a positive correlation between incivility and psychological health, Oyeleye et al. (2013) reported no correlation or significance between incivility and psychological empowerment (p=0.315). However, three cross-sectional study results (Oyeleye et al. 2013; Smith et al. 2010; Vogelpohl et al. 2013) found the most damaging psychological effects on NNs came from fellow nurses pointing to the fact that strategies to address incivility of senior nurses are needed. The physical impact from incivil behaviors contains a wide-range of effects, including gastrointestinal upset, poor sleep-quality, and headaches (Kerber et al., 2015; Rosi et al., 2020). In order to mitigate these negative consequences it is important to recognize the psychosocial and physical impact of incivility on nurses' work life.

Decreased Retention. Incivility is a major cause of nurses leaving the profession. The ability to retain nurses remains a huge concern throughout nursing literature. Some nurses believe there is no escape from these types of behaviours and are left with no other choice but to leave nursing. Smith et al. (2010) discussed the prevalence of the 'revolving door' of nursing

staff, indicating that NN leave the profession as quick as they enter it. Smith et al. (2010) reported the prevalence of 'the revolving door' to be true, when 60% of NN leave their first nursing position within six months, and 20% leave the profession altogether. Similar to Smith et al. (2010), Oyeleye et al. (2013) conducted a cross-sectional study that reported a statistically significant ($p=0.005$) correlation between incivility and nursing turnover. D'Ambra & Andrews (2014) and Vogelpohl et al. (2013) both reported 30-60% of NN leave their first position within a year due to incivil behaviors. A supportive environment and colleagues benefit patient outcomes and the experiences of NNs. When the working environment is positive, and nurses have access to support and resources, they will feel empowered and accomplish their work in a meaningful way (Laschinger et al., 2010).

There is also strong evidence showing that incivility (i.e., a lack of support and guidance) increases the nurse's intent to leave a position and results in high absenteeism rates because of mental health issues (Berry et al. 2012; Kerber et al. 2015; Rush et al. 2014; Smith et al. 2017). Efforts to address poor retention rates have primarily focused on trying to create a supportive environment that facilitates a healthy and positive transition for a NN into practice (Ceravolo et al. 2012; D'Ambra & Andrews, 2014; Ebrahimi et al. 2016). There is a consensus in the literature as to the importance of having a positive work environment and supportive nurse colleagues to decrease workplace stress as a means to retain nurses (D'Ambra & Andrews, 2014; Ebrahimi et al., 2016; Ferguson, 2011; Fox, 2010; Rush et al., 2014; Stagg et al., 2013). Berry et al. (2012) predicted by 2015 there would be a global nursing shortage, and that utilizing the senior/experienced nurses to mentor and support the NN would be crucial in order to successfully retain nurses. Statistical significance was reached when participants were asked

about work environment and incivility, a positive environment was inversely correlated with incivility ($p<0.01$) (Smith et al., 2017).

Lack of Support. Despite the fact there is a body of evidence that suggests a supportive work environment is key to retaining nurses and reducing incivility, it remains a burning issue. Furthermore, it is interesting that a profession based on caring and support has issues related to these fundamental principles amongst colleagues. Evident in the literature is the fact that lack of support by senior nurses is a key factor contributing to incivility in the workplace (Kerber et al., 2015). A lack of physical and social support were felt by 17% of nurses, and 46% felt a lack of supervision by senior nurses (D'Ambra & Andrews, 2014). Having an effective mentor for nurses, one who is supportive (Ferguson, 2011), is important to retain nurses and help them manage job expectations.

The novice nurse (NN) is often expected to assume an expanded role, with unfamiliar expectations and competencies (Rush et al., 2014). Evidence has shown that NN who lack the proper supports experience feelings of being unprepared and powerless to respond to what is already a stressful situation (Berry et al., 2012). Several studies concluded that a lack of supervision and support resulted in the NN experiencing feelings of isolation, abandonment, and neglect (Berry et al., 2012; D'Ambra & Andrews, 2014; Rush et al., 2014). Moreover, NN's have reported that they have experienced a lack of respect and acceptance related to their needs of continuing development (Rush et al., 2014; Smith et al., 2017). This was deemed problematic as the literature supports the fact that senior nurses are the main perpetrators of workplace incivility and these are the individuals that NN's look to for support and mentorship (Berry et al., 2012). Kanter's Theory (1993) acted as the theoretical framework in two studies (Smith et al., 2010; Laschinger et al. 2010) and uncovered workplace engagement is highly dependent on the

presence of support. Both studies determined a supportive environment and colleagues benefit patient outcomes and the experiences of the NN. When the working environment is positive, and nurses have access to support and resources, they will feel empowered and accomplish their work in a meaningful way (Laschinger et al., 2010).

Impact on Patients. Stressful, antagonistic work environments pose a very real threat to patient's well-being (Kerber et al. 2015; Warrner et al. 2016). In four studies, participants believed incivility harmed patients and patient care by impeding the ability of the nurse to concentrate on complex tasks (Kerber et al., 2015; Rosi et al., 2020; Rush et al., 2014; Vogelpohl et al., 2013). An increase in medical errors, endangering patients, unmet patient needs, and a decrease in patient care satisfaction have been noted to be a direct result of an incivil workplace environment in two studies (Kerber et al., 2015; Kile et al., 2019). Kerber et al. (2015) reported NNs would avoid consulting with colleagues or report medication errors out of fear of retaliation. Another study found a 32.8% increase in adverse events (e.g., death, missed patient care, reduced patient satisfaction) related to workplace incivility (Smith et al., 2017). One study identified unsafe nursing practices related to incivility to include ignoring an order needing clarification, ambulating/moving a patient independently, and not using nursing judgement with an unclear order thought to jeopardize patient care (Warrner et al., 2016). Based on the above, it is evident that incivility can negatively impact patients' health and well-being. In order to reduce this impact it is important for organizations to retain highly qualified nurses.

Summary of the Evidence

The literature dictates the main perpetrators of incivility (i.e. senior nurses). Smith et al. (2017) and Warrner et al. (2016) noted that breakdowns in the line of communication between nurses and management surrounding the lines of adequate staffing levels appeared to be most

salient when it comes to incivility in the workplace. Moreover, it is possible with limited resources, increased patient acuity, and inadequate staffing levels, nurses felt they were unable to offer support to the NN, resulting in incivil environments (Laschinger et al., 2010). Incivility has wide-reaching implications for healthcare organizations, nurses' work productivity, psychosocial and physical well-being, retention, and patient safety. The loss of workplace productivity due to nursing incivility is concerning for the health organization and continues to impede a nurse's clinical thinking and judgement. The dysfunction of a nurse's self-efficacy to perform their duties, has a deep psychosocial impact, negatively impacting all aspects of oneself (i.e., emotional, physical, psychological). The inability to retain nurses is a direct burden resulting from incivility. The difficulty it presents in retaining nurses, will likely only increase these behaviors as nurses will continue to experience high amounts of burnout, stress, and inadequate staffing. The lack of motivation and eagerness to learn related to uncivil behaviors, stems from a lack of guidance and support, which is identified as a main component of incivility. Incivility and the consequences it produce's will continue to have a negative impact on the health and safety of patients (Armstrong, 2018; Stagg et al., 2013). Furthermore, safety and quality patient care is consumed around teamwork and collaboration. A NN holds valuable knowledge that can benefit the nursing profession, when adequate guidance and support is fostered. Therefore, it is crucial to employ strategies that increase awareness and recognition of incivility in order to decrease these behaviors and foster a positive unit culture.

Quality of Evidence: Objective One

The quality of evidence examined in objective one was supportive of continuing with the literature review, it gave me a fuller understanding surrounding the issue of incivility within the nursing profession, between the senior and novice nurse. I was able to identify a gap in the

literature indicating a lack of strategies specifically for the senior nurse. All studies were deemed '*included'* as per the qualitative critical appraisal checklist (JBI, 2017). Most studies featured a moderate study design as per the PHAC critical appraisal toolkit (PHAC, 2014). Bias was potential in all studies as only nurses who experienced incivility may have participated. All authors validated incivility as an ongoing issue in nursing practice, and deemed the impact of these behaviors (i.e., gossiping, eye-rolling, unsupportive) as detrimental to not only nurses, but patient outcomes as well. While these behaviors are deemed never appropriate, I was able to uncover throughout the literature in objective one, specific rationales as to why these behaviors may occur. Highlighting the important role senior nurses play in the healthcare system and drawing attention to their role in reducing incivility will hopefully allude the issues surrounding burnout, high stress, and inadequate staffing levels, therefore, decreasing some of the main reasons why incivility in the workplace is still taking place.

Objective Two: Findings

In this section of the review, interventions to address workplace incivility, including recommendations for future studies were examined. These interventions include formal/informal mentor programs, educational programs (e.g., cognitive rehearsal and CREW), communication programs, and printed resources.

Mentoring Programs: Formal and Informal

Mentorship provides a safe work environment for nurses. Mentors are experts who personalize positive role-modelling behaviours to acquaint the NN with the traditional norms, resources, and values of an organization (Madison, 1994). Mentors provide valuable information and offer support, guidance, and time, with the goal of inspiring other nurses. Formal and

informal mentor relationships are viewed as a means of reducing incivility among nurses (Madison, 1994). Ferguson (2011) identified the characteristics of an effective mentor as being friendly, welcoming, supportive, a strong leader, respectful, willing to educate, and practicing holistic nursing. Three studies (Ferguson, 2011; Fox, 2010; Madison, 1994) discussed below, differentiated between formal and informal mentoring programs. In the above three interventional studies, all were descriptive or qualitative in nature.

Formal Mentorship. Mentorship programs are an effective means to retain highly qualified nurses. Fox (2010) reported that only 5% of nurses who were mentored resigned, compared to a staggering 35% of those non-mentored. Formal mentorship programs involve a carefully articulated, well-documented commitment to the professional relationship, lasting for a pre-specified period of time (Ferguson, 2011). The partnership is typically pre-determined and occurs without a relational connection.

Formal mentorship programs can increase nurse's sense of self-efficacy. Bandura's self efficacy theory (1977) lends itself to the fact that self-efficacy and self-awareness are essential for productive human functioning. Self-efficacy is important in order to help boost confidence and competence, in turning increasing productivity, and will help reach desired patient-care outcomes (Armstrong, 2018). The ability to attain strong self-efficacy can act as a protective factor against incivility. Two studies conducted by Fox (2010) and Madison (1994) reported that engaging in a formal mentor relationship increased self-efficacy and self-awareness by 65% within study participants. This is inherently valuable. Madison (1994) discussed the value and effects a formal mentor has on a NN through a descriptive, exploratory study design. Through a survey, nurse participants reported a 75% increase in self-confidence, and common characteristic themes that a mentor provided were enhanced thinking, risk taking, increased self-esteem, and

job fulfillment. Fox (2010) conducted a UCBA where pairs were able to attend an education session pertaining to the mentor-mentee relationship, where they signed a 1-year contract for the mentorship program. Throughout the study, nurse participants completed evaluation forms and a measure of success survey at the end of the mentorship program. All feedback remained positive, 100% of NN were retained, and nurse turnover rates improved from 16.6% to 32% (Fox, 2010).

Informal Mentorship. Informal relationships occur organically between people, often a more experienced nurse and a NN. These relationships develop naturally or through a relational connection (Ferguson, 2011; Fox, 2010; Madison, 1994). Researcher findings support the fact that although a majority of mentoring relationships occurred informally they were most effective in creating a connection, and securing guidance and support (Ferguson, 2011; Fox, 2010; Madison, 1994). In the above three interventional studies, NN reported that the senior nurses' guidance and support was imperative in helping them to develop their professional identity (Ferguson, 2011; Fox, 2010; Madison, 1994). In a cross-sectional descriptive study design (Gemberling et al., 2011), (n=415) nurses evaluated the effectiveness and impact of a new clinical resource specialist (CRS) role on education and support. When the survey was conducted, participants scored the overall value of the CRS as 3.25 on a 4-point Likert scale and 3.75 in the category of decreasing nurse anxiety. This is strong evidence that the CRS acted as an informal mentor to nurses and provided extra guidance and support when needed. However, further studies would need to be conducted in order to generalize the findings of nurse educators as an effective informal mentor.

Informal mentors (IM) have been shown to positively influence the work life of NN. Evidence points to the fact that the support and guidance of an IM to NN improves their job satisfaction, fosters integration into the unit culture and practices, helps their professional

growth, and can improve retention rates (Ferguson, 2011; Lawson et al., 2017). IM were able to develop and build a trusting-therapeutic relationship with the NN and attained a higher job satisfaction (p=0.007) (Lawson et al., 2017). Similarly, Ferguson (2011) reported several key themes throughout her study, including the ability of an IM to integrate the NN into the workplace culture by sharing knowledge and supportive behaviors. However, one study (Lawson et al., 2017) reported that while IM had no significant relationship on patient satisfaction (p=0.53) they believed that IM held a sense of responsibility for nurse colleagues and will intercept any uncivil behaviors in order to achieve desired organizational goals including patient satisfaction.

Educational Programs

There is strong evidence suggesting that educational activities can increase nurses' perceptions and strategies to manage incivility. Many studies supported the use of educational sessions with a focus on experiential learning (Griffin, 2004; Kile et al., 2019; Stagg et al., 2013; Warrner et al., 2016). Experiential learning is learning by doing, such as role play or modeling behaviors (Chmil et al., 2015). A single study used an asynchronous e-learning educational activity called *Bullying in the Workplace: Solutions for Nursing Practice* to increase nurses' awareness and knowledge of incivility (Howard & Embree, 2020). Cognitive rehearsal (CR), Civility, Respect, and Engagement in the Workplace (CREW) programs, and non-experiential education sessions were other programs used (Armstrong, 2018; Griffin, 2004; Kile et al., 2019; Stagg et al., 2013; Warrner et al., 2016). All educational sessions were aimed to help raise awareness and help nurses reduce workplace incivility.

Cognitive Rehearsal. CR is a form of cognitive practice that is used to train nurses to respond effectively to workplace incivility through education and rehearsal practice (Armstrong,

2018). Griffin's (2004) quasi-experimental uncontrolled before-after (UCBA) study, Stagg et al.'s (2013) cross-sectional design, and Kile et al.'s (2019) mixed-method UCBA and grounded theory study all examined the impact of CR on managing and reducing nursing workplace incivility. In these studies nurses were educated about incivility and given practice cue cards and CR techniques to manage common forms of workplace incivility. Participants were coached as to the appropriate responses to incivility. In Griffin's (2004) study CR was shown to have a positive effect on incivil behaviours, with 100% of participants reporting the behaviours stopped. Furthermore, 100% of participants directly or indirectly continued to use information from education sessions and cue cards in response to incivility in practice. Stagg et al. (2013) found that nurses had an increase in knowledge, awareness, and ability to report incivil behaviours post CR intervention; 70% of participants recognized the change in their behaviours, while 40% reported a reduction in workplace incivility. Kile et al. (2019) described a statistically significant reduction after the intervention in displaced frustration ($p=0.042$), inappropriate jokes ($p=0.003$), and lack of respect ($p=0.003$). However, no significance in how nurses dealt with nurse to nurse incivility pre-post intervention was reported. A key theme post intervention was increased awareness and self-awareness, with 25% of participants reporting attempting to monitor body language, halting or minimizing uncivil behaviours, all enhancing nurses' ability to recognize and confront these uncivil behaviors. Warrner et al. (2016) reported a statistically significant ($p=0.00$) decrease in nurse incivility two months post CR training. Furthermore, a slight increase in awareness was also present with an increase in mean (M 2.73-2.75), however, it was not statistically significant.

Crew. The CREW program was developed by the US department of veteran affairs to help nurses manage workplace incivility in a variety of settings (Armstrong, 2018). In the systematic

review by Armstrong (2018) the CREW program was noted as an effective approach to help nurses recognize ($p= 0.021$), respond ($p=0.002$), and modify ($p=0.002$) incivility in a number of studies. Similarly, Laschinger et al. (2012) used CREW to improve access to supports for nurses in the workplace ($p<0.05$). Like CR, the CREW program involves team-building exercises, education sessions focused on recognizing and responding to workplace incivility, and role-playing scenarios (Armstrong, 2018).

Non-Experiential Learning Education. A single study focused on the educational aspects of incivility that did not facilitate any experiential learning. In a pretest-post test quasi-experimental, mixed-method design, nurses (n=21) in the intervention group participated in a 2.5 hour e-learning educational activity designed to encourage positive, effective communication strategies for those experiencing incivility in the workplace (Howard & Embree, 2020). When compared to nurses in the control group (n=28), the intervention group workplace incivility index (WCI) scores increased (M 91.6-95, $p=<0.00001$). All of the interventional nurses (n=21) reported using at least one conflict management strategy, including appropriate reactions when difficult conversations are had, the ability to create a trustworthy environment, and using effective responses. Productive communication is key to a civil workplace, and strategies must be developed in order to improve nurse communication.

Communication Programs

Communication is a basic nursing skill, however, when a nurse experiences incivility they seem to lack the specific communication strategies to address it (Ceravolo et al., 2012). Evidence suggests the need for improved communication in order to decrease incivil behaviours in the workplace. Patient care can be negatively influenced when nurses are unable to effectively communicate (Kerber et al., 2015). Ceravolo et al. (2012) evaluated an incivility workshop to

improve communication between nurses. Findings showed that post-incivility workshop there was a decrease in verbal abuse at work from 90% to 72%, an increase in positive working relationships from 65% to 78%, and an increase in workplace incivility (WI) awareness from 42% to 63%. There was also a reduction in turnover rates from 8.9% to 6.0% respectively.

WI has also been looked at using qualitative methods. For example, Howard and Embree's (2020) mixed-methods study that evaluated nurses' communication skills revealed that nurses felt more comfortable having conversations with those who had exhibited incivil behaviors towards them, after completing the e-learning educational activity. Evidence also points to the fact that incivility can present itself through non-verbal behaviors. A qualitative content-analysis study showed that creating a sense of relaxation with body poses and a soft-tone, reduced unpleasant work experiences and created mutual, trusting relationships (Ebrahimi et al., 2016). Attending to body language reassured NN's that feelings of fear, anxiety, and uncertainty were normal (Ebrahimi et al., 2016).

Printed Resources

There were surprisingly few peer-reviewed studies outlining the effectiveness of visual interventions and reminders such as posters, screen savers, and infographics. This was unexpected, as many researchers suggested in the literature that proper recognition, reminders, and strategies are required with consistent follow-up (Armstrong, 2018; Kerber et al., 2015; Smith et al., 2010). Kerber et al. (2015) suggested the use of screen savers and other visual aids to encourage incivility awareness, recognition, and reminders to unit staff about the importance of civil behaviours. However, the authors did not measure their effectiveness in their own study. Visual aids can serve as a key strategy and may hold the power to unite staff and improve or eliminate uncivil behaviours in a cost effective manner (Smith et al., 2010). While the overall quality of the evidence is

somewhat low, as no study was conducted evaluating the effectiveness of such interventions/strategies, the data on the importance of awareness and recognition of incivility is promising. Infographics are a cost effective means of drawing attention to an issue.

Detecting the prevalence of WI is difficult as it is often under-recognized (Warrner et al., 2016). Recognition is critical in order to improve and combat WI. The literature supports a need for improvement of recognition and awareness of these behaviours (Fox, 2010; Howard & Embree, 2020; Kerber et al., 2015; Kile et al., 2019; Stagg et al., 2013; Rush et al., 2014). In a cross-sectional study design, Stagg et al. (2013) that examined the effect of a CR program on nurse incivility and the ability to increase recognition and awareness. The authors reported a common theme of *awareness,* and 90% of nurses reported an increased recognition of incivility in the workplace. Ceravolo et al. (2012) and Howard and Embree (2020) both concluded that in order to achieve civility in the workplace, recognition is crucial. Visual aids have been long recognized as an easy, effective way to disseminate information.

There is a lack of literature that specifically focuses on using an infographic as a knowledge translation tool in healthcare. However, Martin et al. (2018) conducted a cross-sectional study examining the role of an infographic in displaying healthcare literature. Sixty-one (n=61) healthcare workers were surveyed and participants showed a preference for infographics ($p<0.001$). Results also showed lower perceived mental effort when viewing infographics ($p<0.001$). Infographics are excellent resources for raising awareness, changing and challenging attitudes, engaging nurses, and calling for a 'change in action' (Scott et al., 2016). A second study by Mangold et al. (2018) showed a statistically significant result ($p<0.01$) in the preference of learning styles by practicing nurses. Visual learning took precedence over traditional didactic teaching and learning environments and other learning styles. Overall, infographics are preferred

over text-only resources and have been proven to be helpful in communicating key messages where behavior and attitudes are destined to be changed.

Quality of Evidence: Objective Two

The quality of evidence examined in objective two was varied. Most studies featured a moderate study design, with statistically significant evidence illustrating effective means to eliminate WI (Kerber et al., 2015; Madison, 1994; Rush et al., 2014; Smith et al., 2010; Stagg et al., 2013; Warrner et al., 2016). Included studies emphasized education through informal and formal mentoring programs, CR and CREW programs, communication programs, and printed resources as effective ways to decrease workplace incivility. Both formal and informal mentoring programs helped foster nurturing relationships between a senior and novice nurse. These relationships were built on trust and support. However, greater evidence was available to support the natural connection of an informal mentor and its ability to increase one's' self-confidence and retention (Fox, 2010). Experiential learning has proved to be a formative intervention in reducing WI. The ability to practice appropriate, effective responses in a safe, respectful environment increases nurses confidence and efficacy during incivil encounters (Armstrong, 2018). Furthermore, while limited evidence was found as to the effectiveness of visual interventions specifically pertaining to workplace incivility, research alludes to visual interventions such as infographics, as being an appropriate method to raise awareness about significance issues.

Gaps in the Literature

It is clear from the literature review that there are gaps in the current paradigm of care for nurses experiencing incivility in the workplace, leaving many nurses feeling defeated, unsupported, and having poor job satisfaction. Workplace incivility also can result in negative

patient health care outcomes and be costly to health care organizations as they struggle with retention of nurses. Many participants verbalized that perpetrators were those with 'experience', also known as experienced or senior nurses. However, the gap in the literature is an understanding of why senior nurses are incivil towards NN's. Of particular concern is that nurses may not recognize or view themselves as being incivil towards other nurses. Evidence points to the fact that senior nurses experience their own work life challenges (e.g., high workloads, high patient acuity, and overtime) that can foster incivility towards others. All nurses reported ineffective measures to combat incivility, and all demanded education, recognition, and awareness are essential.

Despite the challenges facing senior nurses, incivility towards other nurses is not acceptable for several reasons. First, these behaviours are in defiance of the Standards of Practice for Registered Nurses and Nurse Practitioners (CRNNL, 2019). These standards articulate the minimal duty or performance required of an RN in Newfoundland (NL). Nurses are responsible for advocating for programs, policies, and practices that will better nursing practice. They must share knowledge and expertise with colleagues, and engage in informal and formal nursing leadership (CRNNL, 2019). Yet, despite these requirements, incivility remains a phenomenon throughout the nursing profession. An effective, educational approach to facilitate recognition, awareness and strategies to combat civility are long overdue.

Summary

A significant number of nursing participants who were interviewed in the studies reported experiencing incivility. Nurses reported their nursing practice and quality of care had been negatively impacted when they experienced uncivil behaviors. Both NN's and new graduate nurses were designated as the most common victims of incivility, often reporting that they

experience this type of behaviour on a daily or weekly basis. Senior nurses play a pivotal in the functionality of a workplace. They cultivate important knowledge, leadership, and skills that many nurses look up to. Senior nurses as the main perpetrators of incivility remains problematic. These behaviors are exacerbated by high patient acuity, inadequate staffing, and a lack of support (Rush et al., 2014). The impact of these unintentional, disguised behaviors is profound on the NN. Reducing workplace productivity, in turn negatively effecting patient care and outcomes, further contributing to inadequate staffing levels as incivility decreases retention of nurses (Madison, 1994).

The findings in part two of this literature review provide some insight into what must be done to produce an effective, civil workplace. The literature provides moderate-quality evidence that suggests that education in the form of a visual resource will increase nurse awareness and recognition of incivility, in the hopes of altering the perceptions of nursing actions, and eventually change the behaviours of senior nurses. The majority of evidence supported education and communication programs or workshops, leadership, and visual/awareness campaigns to increase awareness and combat incivil behaviours. There are no resources available that targets the senior nurse.

Education is important in nursing, and considering various learning styles is also important when guiding nursing professional development. However, tailoring educational styles to individuals would be virtually impossible. Capturing the attention of a busy nurse, making complex situations understandable, and engaging nurses is important when thinking about educating these professionals (Balkac & Ergun, 2018). An infographic is a visual product that can tell a complex story, in a simple, visual way that can be extremely useful in the exchange of

information, providing a myriad of benefits (Balkac & Ergun, 2018). These types of visual presentations have been used to educate nursing staff, patients, families and management.

Conclusion

With an increase in patient care acuity and inadequate nursing staff, the need for support and guidance for the NN remains at an all-time high. A pandemic that has affected the world globally throughout the year 2020-2021 has called on the most senior and experienced nurses and has proved to accumulate a significant amount of stress and burnout on these nurses. Inadequate staffing, a lack of personal protective equipment (PPE), and a lack of support and guidance have all contributed to a significant reduction in civil workplace environments (Kerber et al., 2015). All of these concepts contribute to incivility in the workplace. Incivility has the potential to cause emotional and physical distress and will undeniably affect the care provided. Absent from the literature is readily available, nursing interventions aimed to reduce incivility in the workplace. Specifically, interventions aimed at the senior nurse. It is clear from the literature that such a resource should address appropriate communication strategies to reduce incivility. Research suggests that education and recognition of incivility will decrease these behaviours, ultimately leading to ongoing, continuous support and guidance (Stagg et al., 2013). This may include, but is not limited to educational or communication workshops and targeted visual awareness and recognition campaigns through infographics. Apart from key stakeholder consultations, and an environmental scan, the findings from this literature review can be used in the development of an effective strategy or intervention to reduce workplace incivility between nursing staff and improve job satisfaction, patient care, and retention rates.

References

Armstrong, N. (2018). Management of nursing workplace incivility in the healthcare settings. *Workplace Health and Safety, 66,* 403-410. doi.org/10.1177/2165079918771106

Bambi, S., Guazzini, A., De-Felippis, C., Lucchini, A., & Rasero, L. (2017). Preventing workplace incivility, lateral violence, and bullying between nurses: A narrative literature review. *Acta Biomed for Health Professions, 88,* 39-47. doi: 10.23750/abm.v88i5-S.6838

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84,* 191-215. doi.org/10.1037/0033-295X.84.2.191

Balkac, M., & Ergun, E. (2018). Role of infographics in healthcare. *Chinese Medical Journal, 131,* 2514-2517. doi: 10.4103/0366-6999.243569.

Benner, P. (1982). From novice to expert. *American Journal of Nursing, 82*, 402-407. doi.org/10.2307/3462928

Berry, P., Gillespie, G., Gates, D., & Schafer, J. (2012). Novice nurse productivity following workplace bullying. *Journal of Nursing Scholarship, 44,* 80-87. doi: 10.1111/j.1547-5069.2011.01436.x

Braungart, M., Braungart, R., & Gramet, P. (2020). Applying learning theories to healthcare practice. (2nd e.d.). *Health professional as educator: Principles of teaching and learning*. (pp. 45-76) Location: Burlington, Massachusetts: Jones & Bartlett Learning

Ceravolo, D., Schwartz, D., Foltz-Ramos, K., Castner, J. (2012). Strengthening communication to overcome lateral violence. *Journal of Nursing Management, 20,* 599-606. doi: 10.1111/j.1365-2834.2012.01402.x

Chmil, J., Turk, M., Adamson, K., & Larew, C. (2015). Effects of an experiential learning simulation design on clinical nursing judgement development. *Nurse Educator, 40,* 228-232. doi: 10.1097/NNE.0000000000000159

College of Registered Nurses in Newfoundland and Labrador. (2019). *Standards of practice for Registered Nurses and Nurse Practitioners.* https://crnnl.ca/sites/default/files/documents/Standards_of_Practice_for%20RNs_and_NPs.pdf

D'Ambra, A., & Andrews, D. (2014). Incivility, retention and new graduate nurses: An integrated review of the literature. *Journal of Nursing Management, 22,* 735-742. doi: 10.1111/jonm.12060

Eastern Health. (2014). *Accountability for reasonableness: An ethics and values based framework for planning, priority setting, and allocation of resources.* http://www.easternhealth.ca/Professionals.aspx file:///C:/Users/Admin/Downloads/FW_Ethics%20and%20Values%20Accountability%20for%20Reasonableness_2014_06_27.pdf

Ebrahimi, H., Hassankhani, H., Negarandeh, R., Gillespie, M., & Azizi, A. (2016). Emotional support for new graduated nurses in clinical setting: A qualitative study. *Journal of Caring Sciences, 5,* 11-21. doi:10.15171/jcs.2016.002

Edmonson, C., & Zelonka, C. (2019). Our own worst enemies: The nurse bullying epidemic. *Nursing Administration Quarterly, 43,* 274-279. doi: 10.1097/NAQ.0000000000000353

Fox, K. (2010). Mentor program boosts new nurses' satisfaction and lowers turnover rate. *The Journal of Continuing Education in Nursing, 41,* 311-316. doi: 10.1080/10376178.2014.11081909

Ferguson, L. (2011). From the perspective of new nurses: What do effective mentors look like? *Nurse Education in Practice, 11,* 119-123. doi: org/10.1016/j.nepr.2010.11.003

Government of Newfoundland. (2019). *Annual performance report.* https://www.gov.nl.ca/hcs/files/Eastern-Regional-Health-Authority-Annual-Report-2019-20.pdf

Griffin, M. (2004). Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. *The Journal of Continuing Education in Nursing*, 35, 257-263.

Howard, M., & Embree, J. (2020). Educational interventions improves communication abilities of nurses encountering workplace incivility. *The Journal of Continuing Education in Nursing, 51,* 138-144. doi: 3928/00220124-20200216-09

Kerber, C., Mann-Woith, W., Jenkins, S., & Astroth, K. (2015). Perceptions of new nurses concerning incivility in the workplace. *The Journal of Continuing Education in Nursing, 46,* 522-527. doi:10.3928/00220124-20151020-05

Kile, D., Eaton, M., deValpine, M., & Gilbert, R. (2019). The effectiveness of education and cognitive rehearsal in managing nurse-to-nurse incivility: A pilot study. *Journal of Nursing Management, 27,* 543-552. doi: 10.1111/jonm.12709

Laschinger, H., Grau, A., & Wilk, P. (2010). New graduate nurses' experiences of bullying and burnout in hospital settings. *Journal of Advanced Nursing, 66,* 2732-3242. doi: 10.1111/j.1365-2648.2010.05420.x

Lawson, D., Tecson, K., Shaver, C., Barnes, S., & Kavli, S. (2019). The impact of informal leader nurses on patient satisfaction. *Journal of Nursing Management, 27,* 103-108. doi: 10.1111/jonm.12653

Lim, S., Cortina, L. M., & Magley, V. J. (2008). Personal and workgroup incivility: Impact on work and health outcomes. *Journal of Applied Psychology, 93*, 97-107. doi: 10.1037/0021-9010.93.1.95

Madison, J. (1994). The value of mentoring in nursing leadership: A descriptive study. *Nursing Forum, 29,* 16-23.doi: 10.1111/j.1744-6198.1994.tb00170.x

Mangold, K., Quinonez, M., Tenison, A., Kunze, K., & Taylor, L. (2018). Learning style preferences of practicing nurses. *Journal for Nurses in Professional Development, 34,* 212-218. doi: 10.1097/NND.0000000000000462

Martin, L., Turnquist, A., Groot, B., Huang, S., Kok, E., Thoma, B., & van Merrienboer, J. (2018). Exploring the role of infographics for summarizing medical literature. *Health Professions Education, 5,* 48-57. doi.org/10.1016/j.hpe.2018.03.005

Meissner, J. E. (1986). Nurses: Are we eating our young? *Nursing, 16*, 51–53. doi: 10.1097/00152193-198603000-00014

Oyeleye, O., Hanson, P., O'Connor, P., & Dunn, D. (2013). Relationship of workplace incivility, stress, and burnout on nurses' turnover intentions and psychological empowerment. *The Journal of Nursing Administration, 43,* 536-542. doi:10.1097/NNA.0b013e3182a3e8c9

Polit, D. F., & Beck, C. T. (2017). Nursing research: Generating and assessing evidence for nursing practice (10th ed). Philadelphia: Walters Kluwer/Lippincott Williams & Wilkins.

Rosi, I., Contiguglia, A., Millama, K., & Rancati, S. (2020). Newly graduated nurses' experiences of horizontal violence. *Nursing Ethics, 27,* 1556-1568. doi.org/10.1177/0969733020929063

Rush, M., Adamack, M., Gordon, J., & Janke, R. (2014). New graduate nurse transition programs: Relationships with bullying and access to support. *Contemporary Nurse, 48,* 219-228. doi: 10.1080/10376178.2014.11081944

Scott, H., Fawkner, S., Oliver, C., & Murray, A. (2016). Why healthcare professionals should know a little about infographics. *The Journal of Sport & Exercise Medicine, 50,* 1104-1105. doi: 10.1136/bjsports-2016-096133

Smith, L., Andrusyszyn, M., & Laschinger, H. (2010). Effects of workplace incivility and empowerment on newly-graduated nurses' organizational commitment. *Journal of Nursing Management, 18,* 1004-1015. doi: 10.1111/j.1365-2834.2010.01165.x

Smith, J., Morin, K., & Lake, E. (2017). Association of the nurse work environment with nurse incivility in hospitals. *Journal of Nursing Management, 26,* 219-226. doi: 10.1111/jonm.12537

Stagg, S., Sheridan, D., Jones, R., & Speroni, K. (2013). Workplace bullying: The effectiveness of a workplace program. *Workplace Health and Safety, 61,* 333-338. doi:10.3928/21650799-20130716-03

Tang, J., & Hudson, P. (2019). Evidenced-based practice guideline: Nurse retention for nurse managers. *Journal of Gerontology Nursing, 45,* 11-19. doi: 10.3928/00989134-20191011-03

Vogelpohl, D., Rice, S., Edwards, M., & Bork, C. (2013). New graduate nurses' perception of the workplace: Have they experienced bullying? *Journal of Professional Nursing, 29,* 414-422. doi.org/10.1016/j.profnurs.2012.10.008

Warrner, J., Sommers, K., Zappa, M., & Thornlow, D. (2016). Decreasing workplace incivility. *Nursing Management, 47,* 22-30. doi: 10.1097/01.NUMA.0000475622.91398.c3

Witkoski, A., Sloane, D., & Aiken, L. (2012). The longer the shifts for hospital nurses, the higher levels of burnout and patient dissatisfaction. *Health Affairs, 31,* 2501-2509. doi:10.1377/hlthaff.2011.1377

Name, Author, Date, Study Objective	Sample/Groups (Size, Setting, Characteristics)	Design and Methodology	Key Results and Findings	Strengths/Limitations	Conclusion
Management of nursing workplace incivility in the healthcare setting (Armstrong, 2018) **Objective**: To critique and summarize interventions to help nurses manage workplace incivility (WI)	• Inclusion criteria articles 2010-2018 • English language • Faculty and student related incivility excluded • Search terms included	Systematic Review • N=10 studies included • N=2 NRCT • N=4 quasi-experimental study designs • N=1 time series design • N=1 mix-method • N=2 pretest-posttest design • Abstract and title reviewed for inclusion • Strength of each study scored using levels of evidence hierarchy developed by Melnyk and Fineout-Overholt (2011)	<u>Key Interventions:</u> 1. Education about WI • Length of program did not alter outcomes • Discussions 2. Effective communication technique training • Cognitive rehearsal • CREW (civility, respect, engagement in the workplace) • Both managed WI 3. Active learning strategies • Role play to practice communication techniques 4. Combined Elements (education, active learning, communication techniques) • N=6 improved self-efficacy in responding to WI	**Strengths:** • Psychometrical tested instruments • Interventions easy to produce, little risk • Appropriate databases used for review **Limitations:** • Low quality studies included • Reduced ability to generalize results	• Study quality: **Medium** (PHAC, 2014) • Incivility training programs including education, training, and practice are essential • Cognitive rehearsal or role play allow for an increase in self-efficacy • Increased recognition in uncivil behaviors is key in order to address incivility • Education, visual reminders and active learning best to help nurses respond to WI

			• N=9 increased recognition of WI		
Name, Author, Date, Study Objective	**Sample/Groups (Size, Setting, Characteristics)**	**Design and Methodology**	**Key Results and Findings**	**Strengths/Limitations**	**Conclusion**
Novice nurse productivity following workplace bullying (Berry et al., 2012) **Objective**: To determine prevalence and effects of workplace bullying (WPB) on workplace productivity in novice nurses (NN)	**Setting**: Ohio, Kentucky, Indiana, US **Subjects**: • N=197 (91.4% female, 8.6% male) • Practice 2 years or less • Stratified random sampling • Minimum sample of 100 needed for effect size of .05	Exploratory, descriptive cross-sectional study <u>Data Collection:</u> • Eligible NN were mailed with an invite to the study's URL • Participants described WPB event that was witnessed or directly occurred within the last 30 days • Healthcare productivity survey (HPS) to measure changes in productivity after stressful event (valid and reliable) • Negative Acts questionnaire (NAQ) to measure perception of WPB (reliability achieved) • Demographic survey (race, age, sex, education) not	<u>Prevalence:</u> • N=43 (21.3%) NN experience WPB daily • N=88 (44.7%) self-identified being a target of WPB • 63% of WPB from senior nurses • NAQ questionnaire identified 87% WPB • >75% of participants experienced WPB in last 30 days • N=34 (17.3%) NN witnessing WPB <u>Productivity:</u> • N=92 (46.7%) decrease in productivity • Correlation between WPB and negative work	**Strengths:** • Consent • Appropriate measurement tools **Limitations:** • Risk of selection bias (monetary incentive) • Strength of design: **Weak** (PHAC, 2014) • Provided only limited evidence • Potential bias as only those who experienced WPB could have participated	• NN with a lack of experience or hands on skills causes increased stress for senior nurses, leading to increased WPB events • WPB major concern among nursing • When NN see senior nurses performing WPB, becomes unit norm • Nurses who experience WPB have decreased cognitive abilities and unable to handle patient load • Quality of study: **Medium** (PHAC, 2014)

		tested for validity or reliability Data Analysis: • ANOVA commuted to measure changes in productivity • SPSS 17 nurse demographics	productivity significant ($p<.01$)		

Name, Author, Date, Study Objective	Sample/Groups (Size, Setting, Characteristics)	Design and Methodology	Key Results and Findings	Strengths/Limitations	Conclusion
Strengthening communication to overcome lateral violence (Ceravolo et al., 2012) **Objective**: To demonstrate a respectful workplace environment by reducing lateral violence (LV) between nurses through communicative workshops	**Setting**: 5 hospitals in North-Eastern, US • 203 workshops and data collected from 2008-2011 **Subjects**: • N=4032 nurses • Nurses working in inpatient and outpatient clinics included • Management included	Uncontrolled before and after (Quasi-experimental design) • 60-90 min sessions • Goal to enhance assertive communication and raise awareness • Focused on healthy conflict resolution • Acronyms as memory aids were given and practiced Data Collection: • Verbal abuse survey (VAS) conducted pre **(W1)** and post	• Verbal abuse decreased from W1 90%-W2 76% • Respect increased W1 78%-W2 88% • Support increased W1 75%-W2 87% • Problem-solve through direct communication increased W1 49%-W2 57% • Respected opinions increased W1 65%-W2 74% • Positive working relationships increase W1 65%-W2 78% • Safer environment increased W1 52%-W2 65%	**Strengths:** • Addressed validity of survey tool in scholarly work • Ethic approval **Limitations:** • Study design: **Weak** (PHAC, 2014) • No formal psychometric instrument testing • Lack of control group • Risk of selection bias • Lower response rate on post-survey (34%-23%) • Low generalizability	• Recognition and awareness of impact of LV is important for workplace respect • Study quality: **Moderate** (PHAC, 2014) • Corroborates previous study findings • Culture change towards respectful work environment is possible if nurses focus on reducing LV • Assertive communication has positive organisational impact

		workshop **(W2)** • 9-item survey, 5 point likert scale <u>Data Analysis:</u> • SPSS 19.0	• <u>Increased awareness</u> of LV increased W1 42%-W2 63% • <u>Turnover rates</u> decreased from W1 8.9% to W2 6.0%		

Name, Author, Date, Study Objective	**Sample/Groups (Size, Setting, Characteristics)**	**Design and Methodology**	**Key Results and Findings**	**Strengths/Limitations**	**Conclusion**
Incivility, retention and new graduate nurses: An integrated review of the literature (D'Ambra & Andrews, 2014) **Objective**: To evaluate the role incivility plays on novice nurses (NN) throughout the transition experience	**Setting**: Multiple countries including Canada, New Zealand, Australia, and US **Subjects**: 13,577 novice nurses • 6000 RN's who completed a residency program • 13 NN interviewed prior to employment and 1,6 months post-employment • Majority 20-30 years of age • 612 nurses of variety experience	Integrative Literature review • Articles included between 2002-2012 • N=16 • N=13 studies discussed NN transition programs • N=6 studies longitudinal, n=2 phenomenological, n=3, mixed-method, n=1 cross-sectional, n=4 analytic interventional studies • Analyzed using pyramid of Evidence and Questions to Consider When Appraising Nursing Studies (Schmidt & Brown 2012) and quality assessed by the Rapid Critical Appraisal Checklists provided by Fineout-Overholt and Melnyk (2009)	1. <u>Workplace Incivility</u> • Leads to low job satisfaction and low retention rates • 90.4% participants experienced incivility • 77.6% reported co-worker incivility • One study reported over half (58%) of NN felt undervalued and a lack of support • 34% felt emotional neglect	**Strengths:** • Comprehensive search conducted • Analytic and descriptive studies included • Quality of studies provided • Appropriate databases used for review **Limitations:** • No mention of critical appraisal tool validity or reliability • The authors noted generalizability as a limitation based on culturally differences of incivility	• Study quality: **Medium** (PHAC, 2014) • NN are vulnerable to uncivil behaviors • Positive work environments are crucial for the retention of staff • Incivility in the workplace was a significant predictor of low job satisfaction off NN transitioning into practice • Lack of research into evaluation of incivility interventions

	provided feedback re incivility in workplace Article inclusion/exclusion criteria provided		2. <u>Empowerment and healthy workplace environment</u> • Positive effect on transition • Included access to supports, resources, and relationships • Low levels of incivility increased staff retention		

Name, Author, Date, Study Objective	**Sample/Groups (Size, Setting, Characteristics)**	**Design and Methodology**	**Key Results and Findings**	**Strengths/Limitations**	**Conclusion**
Emotional support for new graduated nurses in clinical settings: A qualitative (Ebrahimi et al., 2016) **Objective**: To understand the emotional needs of the NN through the experiences of	**Setting**: 2 cities in Iran (Hamadan & Tabriz) • A variety of clinical settings (ED, med-surg, ICU) **Subjects**: 18 RNs (15 female,3 male) • Purposeful sampling until data saturation Inclusion criteria: supportive	Qualitative Design-Content Analysis <u>Data Collection:</u> • Recorded un-structured in-depth interviews asking experiences of SN working with NN • Followed by semi-structured questions • Field notes and observations • Transcribed verbatim <u>Data Analysis:</u> • Data analyzed using conventional content analysis • Constant comparative method	• Four main categories emerged: 1. <u>Assurance</u>: • Access to supports • Confidentiality • Approval 2. <u>Creating a sense of relaxation and security</u> • Non-verbal + verbal behaviors • Patience 3. <u>Lifting spirits</u> • Encourage • Valuing the dignity of individuals • Cultivating the seeds of hope	**Strengths:** • Ethic approval • Consent and anonymity reached • Rigorous adherence to methodology • Evidence that measures were taken to ensure credibility, transferability, and consistency of findings **Limitations:** • Study conducted outside of North America	• Having a SN for approval helped reassure the NN • Important for SN to be self-aware before providing emotional support • Collaboration between NN and SN increases trust, respect, and communication • Emotional support by SN reduced unpleasant clinical

senior nurses (SN)	relationship with at least 2 novice nurses, at least one year experience working FT as an RN • Unwillingness to continue partnership with novice nurses resulted in exclusion of study		• Spiritual motivation 4. <u>Emotional belonging and involvement</u> • Acceptance • understanding	• Risk of selection bias	experiences for the NN • Ongoing support increases NN self-confidence • JBI Checlist (2017) Overall Appraisal (Include) • **High** credibility (Lincoln and Guba, 1985)
Name, Author, Date, Study Objective	**Sample/Groups (Size, Setting, Characteristics)**	**Design and Methodology**	**Key Results and Findings**	**Strengths/Limitations**	**Conclusion**
From the perspective of new nurses: What do effective mentors look like in practice? (Ferguson, 2011) **Objective**: To explain the characteristics of an effective mentor from the perspective of	**Setting**: Canada • 2 Canadian provinces • Rural and urban hospitals **Subjects**: n=25 RN's (24 female, 1 male) • (med-surg, peds,psych inpatient units) • Average 28 years • Working 2-3 years • Recruited	Grounded Theory Qualitative Design <u>Data Collection:</u> • Over 16 months period • Audio-recorded 90 min general interview questions, interviewed 2-3 times <u>Data Analysis:</u> • Transcribed verbatim, coded and analyzed for themes • Collection/analysis complete once data saturation • Data verified and clarified by participants to ensure validity • Inductive approach, emphasis on psychosocial processes	Key Themes: 1. <u>Mentors in the NN workplace</u> • "Good practitioners" • NN valued preceptors for contributing to allow them to fit in to the work environment • Assisted them in decision making, critical thinking, EBP 2. <u>Relational connection</u> • Dependent on a connection	**Strengths:** • Good adherence to grounded theory methodology • Ethic approval • Information confirmed with participants • Rigorous adherence **Limitations:** • Homogenous sample • Lack of theoretical development and sampling	• Novice nurses need the support and knowledge of senior nurses to develop their professional identities and practice knowledge • JBI Checklist (2017) Overall Appraisal • **Medium** Credibility (Lincoln and Guba, 1985) (include) • informal mentors deemed most reasonable due to relational connection

a NN	through letters of invitation by professional nursing association		• Informal mentor approach most reasonable and greater connection • Easy to connect with, welcoming, supportive, friendly, encouraging key characteristics 3. <u>Strong role model</u> • Strong and admired practice • Valued mentors in helping attain higher level of nursing practice • Holistic practice 4. <u>Workgroup integration</u> • Allowed for easy integration into unit culture • Valued the efforts of senior nurses including them in the 'social milieu' 5. <u>Supportive behaviors</u> • Reduced stress • Offer of support initial contact for potential informal mentor 6. <u>Sharing knowledge</u> • Supportive feedback essential • Unconditional acceptance		

			7. <u>Trust in relationship</u> • Characteristic ways of interacting with nurses		
Name, Author, Date, Study Objective	**Sample/Groups (Size, Setting, Characteristics)**	**Design and Methodology**	**Key Results and Findings**	**Strengths/Limitations**	**Conclusion**
Mentor program boosts new nurses' satisfaction and turnover rates (Fox, 2010) **Objective**: To examine the effectiveness of a mentor pilot program to improve job satisfaction and turnover rates of NN	**Setting**: St. Francis Hospital, Connecticut, US **Subjects**: • N=12 NN • N=12 senior nurses (SN) • Management selected participants based on evaluation of inclusion criteria • Educational background matched to ensure strong relationships • Mentors must have scored at least 2.0 on latest performance review on scale 1.0-3.0	Uncontrolled Before-After (UCBA) Quasi-experimental <u>Intervention:</u> • 1 day training session for pair to get acquainted and learn about critical thinking, team building • Personality types assed using Myers-Briggs type Indicator • 1 year contract signed to remain in constant contact and meet 7 times throughout contract • Pairs met at 4-6 week mark to follow up on concerns and role clarification • Evaluation forms completed at 4-6, 6-9 month meetings • Measurement of success based on pre-post evaluation survey scores	• Satisfaction scores improved by one level (agree to strongly agree) in 75% of participants • 100% retention of NN mentored • Feedback from both protégées and mentors remained positive • Turnover rate of RN's improved to 16.6% from 32%	**Strengths:** • Evaluation survey provided • Program developed by team of nurses **Limitations:** • Monetary and additional incentive • Participants selected based on management recommendations • Psychometric instruments not tested for validity or reliability • No mention of data analysis • Lack of control group	• Mentors provided extra support and resources, making NN more comfortable in practice • Successful programs increase job satisfaction, improving patient care • Extra support/guidance retains nursing staff • Study design: **Weak** (PHAC, 2014) • Study Quality: **Medium** (PHAC, 2014)

Name, Author, Date, Study Objective	Sample/Groups (Size, Setting, Characteristics)	Design and Methodology	Key Results and Findings	Strengths/Limitations	Conclusion
Clinical support for the off-shift nurse and graduate nurse: The clinical rock stars (Gemberling et al., 2011) **Objective**: To implement and evaluate the new role of a clinical resource specialist (CRS) to improve education and nurse transition	**Setting**: Allentown, PA, US • Large health network- 988 acute care beds **Subjects**: • N=415 • N=169 worked med-surg • 37.6% worked > 6 years	Descriptive, Cross-sectional <u>Data Collection:</u> • Multidisciplinary team members established new CRS role, 3 month orientation period included workshops and education sessions • 27 question electronic survey, using 4-point likert scale completed after 2 years of CRS role to measure CRS role from staff nurse perspective • To further validate CRS role, the CRS collected data during each visit (unit of service, day of week, time of visit, experience, service required)	Key Results: 1. Value: scored CRS over 3.25 2. Decreased anxiety: scored CRS 3.75 3. Decreased medical errors: scored moderately or strong agree by 95% of participants 4. Overall value scale 1-10: 8 or > by 81% (n=338)	**Strengths:** • Benner as theoretical framework • Voices of participants accurately represented **Limitations:** • No indication of data analysis • Measurement instrument not based on standardized, reliable outcome measurements	• CRS provided extra guidance, support during time of need • CRS acted as a mentor during learning experiences • CRS helped to increase employee efficacy, retention and nurse support • Study design: **Weak** (PHAC, 2014)

					• Study quality: **Low** (PHAC, 2014)
Name, Author, Date, Study Objective	**Sample/Groups (Size, Setting, Characteristics)**	**Design and Methodology**	**Key Results and Findings**	**Strengths/Limitations**	**Conclusion**
Teaching cognitive rehearsal as a shield for lateral violence (LV): An intervention for newly licensed nurses (Griffin, 2004) **Objective:** To examine the prevalence and the effects of cognitive rehearsed (CR) instructions for the novice nurse (NN) experiencing LV	**Setting**: Boston, Massachusetts , US • Acute care hospital **Subjects**: n=26 (24 female, 2 male) • First nursing position • 50% participants working for 11-12 months	Uncontrolled before-after, Quasi-experimental design <u>Data Collection:</u> • 2 hour educational session focusing on theoretical basis of LV and the impact on nursing, and 2nd hour focused on cognitive rehearsal interventions • Practiced response cueing cards provided at conclusion of session • After 1 year, 3 1-hour video-taped focus groups • 6 open-ended questions	Key Results: 1. "Did you witness any nurse practice lateral violence in your workplace?" • 96.1% witnessed LV • 46% reported it was directed at them • Lack of support, undermining, sabotage categorized as LV 2. "Did you respond to the LV when it happened?" • 100% confronted the LV 3. "Did you use the cueing cards to help you respond?" • 100% indirectly used cards, remembered education • 85% reported empowerment from the cards	**Strengths:** • Ethic approval • Consent • Questions provided **Limitations:** • Little demographics provided • Lack of control group • No knowledge regarding training of researcher asking questions • No mention of measurement tool • Nature of focus group, results possibly influenced by group dynamics	• Important to educate staff about LV, senior nurses had no knowledge • CR helped positively influence changes in behaviors • Nurses felt empowered • 91% retention rate • Study design: **Weak** (PHAC, 2014) • Study Quality: **Medium** (PHAC, 2014) • Study better conducted as RCT

			4. 4% memorized verbatim and used during LV 5. "Did any of the LV keep you from learning what you needed to know?" • 46% reported no • 15% reported yes 6. "Do you have any recommendations?" • 96% reported education on LV		
Name, Author, Date, Study Objective	**Sample/Groups (Size, Setting, Characteristics)**	**Design and Methodology**	**Key Results and Findings**	**Strengths/Limitations**	**Conclusion**
Educational interventions improves communication abilities of nurses encountering workplace incivility (Howard & Embree, 2020) **Objective**: To examine whether an educational intervention can increase awareness and knowledge of incivility and enhance communication skills	**Setting**: Medical center in Midwestern, US **Subjects**: • N=49 • Control group n=28 who completed orientation within past year • Intervention group n=21, currently in orientation • Recruitment via email over 5-week period	Pretest-posttest quasiexperimental mixed method design <u>Control Group (n=28):</u> • No educational activity • "Regular" orientation <u>Intervention group (n=21):</u> • 2.5 hour e-learning activity • Designed to encourage productive communication and dialogue through branching scenarios <u>Data Analysis:</u> • Workplace Civility Index (WCI) used to measure nurses sense of civility and increase awareness/sensitivity (score 90-100= great civil behavior)	<u>Control Group:</u> • WCI mean decreased 88.2-80.2, SD=10.6075 • P=0.000227 <u>Intervention Group:</u> • WCI mean increased 91.6-95.4 • p=0.00001 • 100% reported using at least one conflict management strategy	**Strengths:** • Ethic approval • Demographics included • Intervention content developed by several independent researchers • WCI psychometrically sound **Limitations:** • 29% response rate • Participant recall bias • Participants could not be blinded • No qualitative data provided	• Increase in self-awareness caused reduction in mean for control group • Recognition of the effects of bullying on nurses is critical • Educational interventions enhanced communication skills and awareness of uncivil behaviors • Study design: **Medium** (PHAC, 2014) • Study quality: **Moderate** (PHAC, 2014)

		• Descriptive statistics and paired two-sample t-test to evaluate data			

Name, Author, Date, Study Objective	**Sample/Groups (Size, Setting, Characteristics)**	**Design and Methodology**	**Key Results and Findings**	**Strengths/Limitations**	**Conclusion**
Perceptions of new nurses incivility in the workplace (Kerber et al., 2015) **Objective**: To explore the NN perceptions of incivility in the workplace and describe how it effects them and patient's	**Setting**: Graduates of a Mid-Western University, US **Subjects**: • Purposive sampling • N=17 (94% female) • Age 24-44 • 65% working in hospital	Qualitative, Grounded theory design <u>Data Collection:</u> • 3 month period (April-July) • Online, 3-item open ended questionnaire used to obtain perceptions of incivility in the workplace and the impact on NN and patients <u>Data Analysis:</u> • Descriptive statistics and concept analysis to manually analyze data • Data coding • Constant comparative method of analysis	2 major themes identified: 1. Impact of incivility on NN • Lack of respect from physicians, management, and colleagues • False accusations, belittling, lack of support and guidance • Lack of recognition of hard work • Poor physical health (GI upset, headaches) 2. Impact of incivility on patients • Needs going unmet, increased medication errors, no documentation	**Strengths:** • Consent • Confidentiality and anonymity maintained • Incivility clearly defined for participants • Use of social capital theory as theoretical) • Rigour achieved • Questionnaire developed by researchers **Limitations:** • Monetary incentive • Inherent bias of participant recall • No representation of questionnaire • Small sample size • Homogenous sample, women (94%)	• Unsupportive behaviors has a greater impact on NN • Patient care affected due to lack of communication and uncivil behaviors • JBI Checklist (2017) Overall Appraisal (Include) • **High** credibility (Lincoln and Guba, 1985) • Identifies an important gap in knowledge related to the emotional, physical, and professional impact of incivility on NN • Raising awareness using role play, online stimulation activities, and simulations can be effective strategies

			• Patient lack of faith in healthcare		to identify civil and uncivil behaviors <u>Recommendations:</u> • Interactive online education program • Posters, screen saver reminders of the importance of civil behaviors • Role playing to practice civil interactions
Name, Author, Date, Study Objective	**Sample/Groups (Size, Setting, Characteristics)**	**Design and Methodology**	**Key Results and Findings**	**Strengths/Limitations**	**Conclusion**
The effectiveness of education and cognitive rehearsal in managing nurse-to-nurse incivility: A pilot study (Kile et al., 2019) **Objective**: To assess the effect of education	**Setting**: Virginia, US • PACU department • 238 bed hospital **Subjects**: • N=17 (100% female) • 35% between 25-39 years • 55% had <1 yr experience	Mixed-method (UCBA and grounded theory), pilot study <u>Data Collection:</u> • Used NIS to measure nursing workplace incivility, NDNQI assess formal and informal professional and social contact and job satisfaction • 2 open-ended questions questionnaire to evaluate how nurses dealt with incivility and how it affected job satisfaction • 5 training sessions 2 hrs each, didactic learning and role play	<u>Quantitative Results:</u> • 3 NIS subscales statistically significant (displaced frustration p=0.042, inappropriate jokes, p=0.003, lack of respect p=0.003) • NDNQI p=0.109, no significant but trended downward <u>Qualitative Results:</u>	**Strengths:** • Bandura's social learning theory used as theoretical framework • Ethic approval and consent • 2 researchers analyzed and coded data • Validity and reliability for measurement tools • Credibility reached for qualitative data	• Study design: **Moderate** (PHAC, 2014) • Study Quality: **Medium** (PHAC, 2014)

and cognitive behavioral techniques (CBT) on recognizing and managing workplace incivility and it's effect on job satisfaction		• Survey pre-education, post session and 6 weeks post <u>Quantitative Data Analysis:</u> • Analyzed using SPSS at 3 points in time (pre-intervention, immediate after, 6 weeks after) • P=0.05 <u>Qualitative Data Analysis:</u> • Content analysis • Bengtsson's 4 stage process • Data coded by 2 researchers to ensure accuracy	• Pre-intervention-35% post-intervention-33% reported confronting uncivil behavior • Awareness emerged in final survey • 25% attempted to monitor body language and increase self-awareness • How incivility was experienced was similar pre-intervention (gossip 20%) and post-survey (gossip 8%) • How incivility affected job satisfaction was similar pre-survey 55% and post-survey 63.6%	**Limitations:** • Risk of social bias • Small sample size • Lack of control group • Missing/improperly collected data	• CBT is an effective method for increasing self-awareness and efficacy in order to recognize and confront uncivil behaviors • Job satisfaction is negatively impacted with uncivil behaviors

Name, Author, Date, Study Objective	**Sample/Groups (Size, Setting, Characteristics)**	**Design and Methodology**	**Key Results and Findings**	**Strengths/Limitations**	**Conclusion**
The impact of informal leader (IL) nurses on patient satisfaction (Lawson et al., 2017) **Objective**: To evaluate the	**Setting**: 14 hospitals in North and Central Texas, US **Subjects**: • N=116 nurses • Identified as IL	Descriptive-Cross Sectional Study <u>Data Collection:</u> • collected in 2 phases • Phase 1 online survey regarding job satisfaction/enjoyment,	Phase 1 Informal Leaders: • Higher job satisfaction (p=0.007) • no significance on patient satisfaction (p=0.53)	**Strengths:** • Ethics approval • survey questions provided • Participant bias reduced **Limitations:**	• Nurse IL remain unique resources for healthcare organizations and novice staff • IL help to enhance work environment

relationships between IL and experience, job satisfaction, and patient satisfaction	Inclusion criteria: RN,APN, LPN, non-managerial role, working greater or equal to 30 days on the inpatient unit Exclusion criteria: title of supervisor, manager, or director	likert scale 0-10 rating colleagues as IL, lasted 3 weeks • Phase 2 included identified IL • Phase 2 was for identified IL, completed validated and reliable MLQ • Patient satisfaction rated using HCAHPS <u>Data Analysis:</u> • Continuous variables mean + SD • Linear, multivariable regression	• experienced nurses ($p<0.001$) Scores indicated above the norm transformational leadership style Phase 2 leadership styles: • transformational 3.1 ± 0.4, passive 0.5 ± 0.5, and transactional 2.4 ± 0.5 • leadership style and patient satisfaction not significant ($p=0.46$)	• participated in phase 2 of the study • Potential bias related to convenience sample • Low response rate • Phase 1 survey not validated • Study design: **Weak** (PHAC, 2014)	• IL developed trust-based relationship with colleagues • There is a recognized value of an IL, however a gap in quantitative data regarding its impact • Quality of study: **Moderate** (PHAC, 2014)

Name, Author, Date, Study Objective	**Sample/Groups (Size, Setting, Characteristics)**	**Design and Methodology**	**Key Results and Findings**	**Strengths/Limitations**	**Conclusion**
New graduate nurses' experiences of bullying and burnout ins hospital settings (Laschinger et al., 2010) **Objective:** To examine the link between novice nurses (NN)	**Setting**: Acute care hospitals in Ontario, Canada **Subjects**: n=415 • <3 years of experience • 95% female • Average age 27.2 • 48.7% worked med-surg	Cross-Sectional design <u>Data Collection:</u> • Survey items mailed to participants • 19 item CWEQ-II measured structural empowerment (reliable and valid) • Measured 6 components of Kanter's structural empowerment (support, resources, formal power, opportunity, information, informal power) • Bullying behaviors measured by NAQ-R-22 items	• Total empowerment moderate (alpha 0.88) • Formal power rated lowest (alpha 0.52) • high levels emotional exhaustion (M 3.15, SD 1.62) • 48.9% severely burned out • 33% participants reported being bullied	**Strengths:** • Ethic approval • Implications for future research • Theoretical framework to enhance credibility and accuracy (Kanter's work empowerment theory) **Limitations:** • Risk of cause and effect	• Study quality: **Moderate** (PHAC, 2014) • Study design: **Weak** (PHAC, 2014) • Empowering structures should be accessible in the workplace to decrease burnout • Rating high in term of Kanter's structural empowerment of the workplace

perception of structural empowerment (support, resources, opportunities) and experiences of incivility and burnout		(reliable and valid tool) • MBI-GS measured NN burnout 16 items (reliable and valid tool) <u>Data Analysis:</u> • SPSS 16.0 & AMOS • Descriptive and inferential statistics of demographics and major study variables	• Structural empowerment significant negatively related to bully exposure (β=-.37) • Emotional exhaustion significantly related to effect on personal efficacy (β=-.27)		environment leads to less incivility in the workplace

Name, Author, Date, Study Objective	**Sample/Groups (Size, Setting, Characteristics)**	**Design and Methodology**	**Key Results and Findings**	**Strengths/Limitations**	**Conclusion**
The value of mentoring in nursing leadership: A descriptive study (Madison, 1994) **Objective**: To explore the general characteristics of mentoring relationships and the effects on their professional lives	**Setting**: California, US **Subjects:** N=367 CSNSA members (California Society for Nursing Service Administrators) • Administrators, nurse leaders • Inclusion and exclusion criteria not provided	Descriptive, retrospective, exploratory design <u>Data Collection:</u> • self administered survey used to measure demographics, and perceived effects of mentoring relationship • Reminder sent at 4 weeks if survey not returned	• 56% stated they had 1 or more mentoring relationship • 74% increased self-confidence • 65% increased self-awareness • 97% of respondents stated they had a change in their personal and professional lives due to mentorship • Positive outcomes such as: enhanced global thinking, risk taking, increased self-esteem, job enrichment	**Strengths:** • 58% response rate • Anonymity and confidentiality ensured • Nurse managers reviewed survey for reliability and validity • Good theoretical assumption (Levinsons's adult developmental theoretical work) **Limitations:** • Study design: **Weak** (PHAC,2014)	• All mentoring relationships were reported positive • Increased self-awareness and efficacy • >80% indicated mentor/mentee relationship valuable • Enhances both informal & formal mentoring programs • Nurse leaders are crucial to nursing profession • Quality of study: **Low** (PHAC,2014)

				• Generalizations can not be made • Nurse administrators perceptions • Using different research method (interview) would likely provide richer qualitative data • Lack of data analysis measures	

Name, Author, Date, Study Objective	**Sample/Groups (Size, Setting, Characteristics)**	**Design and Methodology**	**Key Results and Findings**	**Strengths/Limitations**	**Conclusion**
Exploring the role of infographics for summarizing medical literature (Martin et al., 2018). **Objective**: To investigate the differences in reader preference, cognitive load, and information obtained between an infographic and a research abstract	**Setting**: Rural or urban emergency departments Saskatchewan, Canada **Subjects**: • N=72 (completed phase 1) • N=61 (Completed both phase 1& 2 survey) • Convenience sample • Emergency physicians, residents	Quantitative, within-subject study design • 2-phase study • Participants reviewed both (4) infographics & (4) research abstracts <u>Phase 1:</u> • Qualtrics survey software (demographic questionnaire, 4 questions pertaining to each article, assessed mental effort) <u>Phase 2:</u> • Retention test • Qualtrics survey software • Assessed participants	<u>Infographics versus Research Abstract</u> • Preference for infographics with small-moderate effect size • $p<0.01$ • perceived mental effort for infographics significantly lower (4.30+/-1.34), than research abstracts (5.06+/-1.35) • no significant different in free-text recall in research abstracts versus infographics ($p=0.21$)	**Strengths:** • Ethic approval • Demographics included • Intervention content developed by author and piloted before implementation **Limitations:** • Most respondents male • Homogenous sample (lack of nurses) • Findings not generalizable • Validity concerns • Convenience sample	• Infographics proven to summarize medical literature • Infographics preferred to text-only • Participants found more likely to view infographics • Study design: **Medium** (PHAC, 2014) • Study quality: **Moderate** (PHAC, 2014)

		delayed information retention • 2 open-ended questions, 2 multiple choice • Statistical analysis completed using SPSS 24.0 • Paired samples t-test			

Name, Author, Date, Study Objective	**Sample/Groups (Size, Setting, Characteristics)**	**Design and Methodology**	**Key Results and Findings**	**Strengths/Limitations**	**Conclusion**
Relationship of workplace incivility, stress, and burnout on nurses 'turnover intentions and psychological empowerment Oyeleye et al., (2013) **Objective**: To explore the relationships and differences among workplace	**Setting**: 3 Hospitals in the Midwest Region of the United States **Subjects**: n=61 • Convenience sample • N=53 female • Ages 23-61 • >50% had over 8 years experience • 59% med-surg nusrses • 41% critical care areas	Cross-sectional design <u>Data Collection:</u> • Statistical significance p=0.05 • PSS10 used to measure stress (valid) • Burnout measured using MBI 22 item likert scale (valid) • WI measured using uncivil workplace behaviors questionnaire and WIS (valid and reliable) • Turnover intention measured using 4-item tool (no validity tested)	Key Results: Difference among acute care nurses and 5 variables showed no statistical significance 1. Stress p=.648 2. Burnout p=.151 3. WI p=.592 4. Turnover p=.174 5. Psychological empowerment p=315 Relationships among variables: 1. Stress and incivility (p=0.001) 2. Stress and burnout (p=0.000)	**Strengths:** • Good theoretical assumption (Complex Adaptive Systems conceptual framework) • Findings consistent with literature • Ethical approval **Limitations:** • Response rate 15% • Turnover instrument not based on standardized, reliable outcome measurement • Potential selection bias • Limited diversity in sample • Non-generalizable	• Study quality: **Medium** (PHAC, 2014) • Study design: **Weak** (PHAC, 2014) • High levels of stress and burnout lead to an increased uncivil working environment • Self-awareness is a key concept to reach psychological empowerment

incivility (WI), stress, burnout, turnover intentions, and level of psychological empowerment among acute care nurses		• PES measured psychological empowerment (validity and reliability tested) Data Analysis: • SPSS 20.0 and descriptive statistics	3. Burnout and incivility (p=0.005) 4. Burnout and turnover (p=0.005) 5. Turnover and incivility (p=0.000) • nursing experience highly correlated with burnout p=0.045, incivility p=0.007, turnover p=0.047	• Lack of confidentiality explanation	
Name, Author, Date, Study Objective	**Sample/Groups (Size, Setting, Characteristics)**	**Design and Methodology**	**Key Results and Findings**	**Strengths/Limitations**	**Conclusion**
Newly graduated nurses' experiences of horizontal violence (Rosi et al., 2020) **Objective**: To understand the lived experience or witnesses of horizontal violence (HV) of NN in the work environment	**Setting**: Graduates of University of Milan, Italy **Subjects**: N=21 (15 female, 6 male) • Working 3months-6 years • Experienced incivility/HV directly/indirectly • Purposeful sampling	Qualitative, phenomenological study Data Collection: • 45-120min face-face audio-taped in-depth interviews, followed by semi-structured questions if necessary to gain deeper understanding of experiences on HV • Data saturation reached Data Analysis:	Key participant themes: 1. "The enemies", often seen as senior nurses, viewed NN as incompetent and not an equal • Perpetrators • Viewed as an elite group 2. "The weapons" seen as the verbal aggression, the lack of support, or unfulfilling the needs of the NN 3. "The effects", uncivil behavior impacts emotional, physical, social	**Strengths:** • Rigour achieved • Researchers efforts to minimize bias • Ethic approval • Confidentiality & anonymity maintained • consent **Limitations:** • Study conducted outside of North America	• Uncivil behavior is often seen as a "rite of passage" in the nursing profession • JBI Checklist (2017) Overall Appraisal (Include) • **High** credibility (Lincoln and Guba, 1985) • Prevention through various strategies is essential • Receiving appropriate support from senior nurses is reported as fundamental for NN mental, physical, and social well-beings

		• Use of appropriate phenomenological techniques; bracketing, Giorgi • Conducted by 3 researchers	well-being, while impacting quality of care for patients • Decreased motivation and enthusiasm • Increased errors 4. "The armour" acted as the strategies and defense mechanisms to defend from incivility • avoidance and escape • mentor acts as "armour"		• Understaffing results in less patience for NN learning
Name, Author, Date, Study Objective	**Sample/Groups (Size, Setting, Characteristics)**	**Design and Methodology**	**Key Results and Findings**	**Strengths/Limitations**	**Conclusion**
New graduate nurse transition programs: Relationships with bullying and access to support (Rush et al., 2014) **Objective**: To examine the relationships between access to support, WPB, and NN transition	**Setting**: Several hospitals within British Columbia, Canada **Subjects**: • N=245 (90% female) • Graduates from 7 authorities within BC in 2010 • Participants working in new graduate transition were eligible • Working ≤1 year • Convenience sample	Mixed-methods study design: cross-sectional (reported only on quantitative) <u>Data Collection:</u> • Online survey used to measure orientation and transition program experience • Included 5-subscales including Casey-fink survey used to quantify NN transition experience	Key Themes: <u>NN Program:</u> • 52.1% access to supports most of time • 39% experienced bullying • 69% of bullied nurses could access support most of time, compared to 90% of non-bullied nurses • Associated with higher transition scores accounting for WPB and access	**Strengths:** • Approval from 2 ethics review boards • Consent • Anonymity and confidentiality secured • Quantitative instrument measured for validity and reliability • Statistical significance reached • Survey tested for clarity **Limitations:** • Homogenous sample, female (90.6%)	• NN in transition program have greater access to support, lower WPB and easier transition to nursing practice • Highlights the positive impact of supportive staff and helpfulness of mentors/preceptors • Quality of study: **Medium** (PHAC, 2014) • Strength of design: **Moderate** (PHAC, 2014)

within a transitions program		Data Analysis: • Descriptive and inferential statistics used to analyze quantitative data • Linear regression used to elucidate relationship between transition score and transition program participation, access to support, and bullying • SPSS 2.13 used for statistical analysis • P<0.05 for statistical significance	to supports (p=0.00307) • Statistical significant relationship between NN access to supports and WPB/formal transition program (p=0.01217) • Preceptor identified as the most helpful 95% CI: 0.09-2.20 followed by colleagues 95% CI: 1.87-6.17 No Program: 41.6% access supports most of time • 38% of bullied nurses could access support most of time, compared to 64% of non-bullied nurses	• Self-reporting may produce bias • Difficulty to generalize results based on sampling method • Did not mention qualitative portion of study • Self-reported	
Name, Author, Date, Study Objective	**Sample/Groups (Size, Setting, Characteristics)**	**Design and Methodology**	**Key Results and Findings**	**Strengths/Limitations**	**Conclusion**
Effects of workplace incivility and empowerment on newly-graduated nurses	**Setting**: Ontario, Canada **Subjects**: n= 117 NN • Acute care nurses, graduated <3 years • Random sampling • Inclusion and	Predictive non-experimental design (cross-sectional) Data Collection: • CWEQ-II used to measure structural	Structural Empowerment: Moderate structural empowerment (M 19.57, SD 3.11, α 0.87) Psychological empowerment: Overall psychological	**Strengths:** • Ethical approval • Dillman's method used to increase response rates (51%)	• Majority of participants experienced a form of uncivil behavior from co-workers • Nursing shortage expected to increase, increasing the risk of

organizational commitment (Smith et al., 2010) **Objective**: To examine structural and psychological empowerment, and workplace incivility on organizational commitment of NN	exclusion criteria provided	empowerment (construct validity) • Psychological empowerment questionnaire used to measure psychological empowerment • WIS measured workplace incivility (internal consistency demonstrated) • ACS measured organizational commitment Data Analysis: • SPSS (2008) and descriptive statistics used to analyze data • Hierarchal multiple regression used to test hypotheses • Hypothesis: NN who experience high levels of structural, psychological empowerment, and low levels of incivility, will have high levels of organizational commitment	empowerment moderate, meaning most empowering (p=0.000) Workplace Incivility: 90.4% reported co-worker incivility. Majority incivility levels low (M 1.69, SD 0.53) co-worker incivility Organizational Commitment: Moderate levels (M 4.06, SD 1.22, α 0.82) Hypothesis: structural empowerment (p=0.002) and co-worker incivility (p=0.047) both significant predictors of commitment. Psychological empowerment (p=0.074) and supervisor incivility (0.975) were not predicators of commitment	• Response rate adequate to provide representation • Random sampling • Kanter's Theory as theoretical framework **Limitations:** • Small monetary incentive • Predominantly female sample • Risk of bias due to self-reporting and recall	incivility in the workplace • When NN are empowered, organizational commitment increases • Study design: **Weak** (PHAC, 2014) • Quality of Study: **Low** (PHAC, 2014) Recommendations: • Respectful environment • Social gatherings, visual reminders • Ongoing recognition, feedback, reminders
Name, Author, Date, Study	**Sample/Groups (Size, Setting, Characteristics)**	**Design and Methodology**	**Key Results and Findings**	**Strengths/Limitations**	**Conclusion**

Objective					
Association of the nurse work environment with nurse incivility in hospitals (Smith et al., 2017) **Objective**: To determine if nursing incivility is associated with the work environment	**Setting**: Southwestern, US 5 acute care hospitals **Subjects**: n=233 • Registered nurses (RN) 93% female • Direct, inpatient care • Convenience sampling • 43% of participants working <2 • Power level 0.80 • Target sample size of 194 to achieve power of 0.80	Quantitative, correlational and cross-sectional <u>Data collection:</u> • Data collected November2015-December 2015 • WIS used to measure co-worker incivility (valid and reliable) • PES-NWI used to measure nurse work environmental factors (valid and reliable) <u>Data Analysis:</u> • Co-worker incivility measured using Shapiro Wilk statistic • Scatterplot and linear/correlational regression analysis used to understand workplace incivility and its relation to work environment • Data analyzed using Stata 14.2	Key results: 1. Co-worker incivility • Mean score 0.58, SD 0.79 • Majority surveyed "never" or "sporadically" experiencing incivility 2. Nurse work environment • Mean score of 3.10, SD 0.42 3. Relationship between co-worker incivility and nurse work environment • Positive environment inversely correlated with incivility ($p<0.01$) • Co-worker incivility decreased with leadership and adequate staffing	**Strengths:** • Demographics included • Statistically significant results • Study sufficiently powered • Consent • Ethic approval • Based on conceptual framework **Limitations:** • Some surveys incomplete • Study design limits causal inference	• Strength of design: **Weak** (PHAC, 2014) • Study quality: **Medium** (PHAC, 2014) • Targeted intervention studies to improve the work environment would improve nursing practice and uncivil behaviors • Ensuring adequate staffing and resources should remain a priority to decrease nursing incivility • Supportive nurse colleagues and managers reduce workplace incivility

Name, Author, Date, Study Objective	Sample/Groups (Size, Setting, Characteristics)	Design and Methodology	Key Results and Findings	Strengths/Limitations	Conclusion

Workplace Bullying: The effectiveness of a workplace program (Stagg et al., 2013) **Objective**: To evaluate the effectiveness of a workplace bullying cognitive rehearsal (CR) program. The study objective was to determine if cognitively rehearsed responses to common bullying behaviors decreased bullying behavior.	**Setting**: Hospital **Subjects**: • N=10 medical-surgical nurses • English speaking • Convenience sample No exclusion criteria in this study.	Cross-sectional design • Participants participated in a CR session 6 months prior <u>Data Collection:</u> • 14 question workplace bullying follow-up survey <u>Data Analysis:</u> • Descriptive statistics used to analyze multiple choice and yes/no questions • Content analysis used to evaluate descriptive responses for themes	• 50% (n=5) witnessed WPB since the CR session • "backbiting" reported as most common form of WPB by 100% • 17% responded to a WPB • 33% reported using the cue cards from the CR session • 70% reported they changed their behaviors after the CR session • 40% reported a decrease in WPB • Common reported theme was *awareness* • 20% of participants thought about leaving prior to CR session, 10% considered leaving after session • 90% reported increased recognition of WPB • 30% reported staff education important to reduce WPB	**Strengths:** • Consent • Ethic approval • 67% response rate **Limitations:** • Potential recall bias • Measurement instruments not based on standardized, reliable outcome measurements • Self-reported survey • Setting not provided • Convenience sample • Not generalizable	• Strength of design: **Weak** (PHAC, 2014) • Study Quality: **Moderate** (PHAC, 2014) • Education regarding WPB is essential in order to recognize such behaviors • Support in the workplace increases workplace retention • Self-awareness critical

Name, Author, Date, Study Objective	**Sample/Groups (Size, Setting, Characteristics)**	**Design and Methodology**	**Key Results and Findings**	**Strengths/Limitations**	**Conclusion**
New graduate nurses' perception of the workplace:	**Setting**: Ohio, US **Subjects**: • N=135	Cross-sectional design <u>Data Collection:</u> • Online NAQ-R survey instrument	<u>Person-related bullying:</u> • Humiliated/ridiculed p=0.0083	**Strengths:** • Approval from ethics review board • Consent	• The most psychological damaging behaviors

Have they experienced bullying? (Vogelpohl et al., 2013) **Objective**: To examine the bullying and uncivil behaviors experienced by a novice nurse (NN)	• Convenience sample • Novice nurses graduating from 2007-2010 • Sample size set with confidence level of 95%	used to measure bullying behavior in the workplace • Questions arranged into 3 categories (person-related bullying, work-related bullying, physically-intimidating bullying) • Measured for validity and reliability <u>Data Analysis</u>: • Frequency of NN that responded to 5 categories of bullying (never, now and then, monthly, weekly, daily) • % for weekly and daily occurrences was considered serious • >10% was considered serious • Chi-square	• Reminded of mistakes p=0.004 • Excessive teasing p=0.031 • Allegations p=0.0015 • Persistent criticism p=0.0015 • 11.3% reported feeling alone or secluded <u>Work-related bullying:</u> • 10.5% ordered to work below competence level • 17.1% given unmanageable workload <u>Physically-intimidating bullying:</u> • 5.9% reported weekly/daily • 3.7% reported intimidating behavior such as finger pointing, shoving 29.5% reported considered leaving profession, 35.4% changed jobs in last 2 years, nursing colleagues most common bullies (69.3%)	• NAQ measured for validity and reliability • Participant demographics included • Defined bullying after survey to unbiased results **Limitations:** • Low response rate (7%) • Findings may not be generalizable • Study design: **Weak** (PHAC, 2014)	comes from other nurses • Further studies are needed to uncover the reasons for unsupportive behaviors in senior nurses • Issues could be resolved if senior nurses were available to provide support • Nursing shortage can lead to an increased uncivil work environment • Study quality: **Medium** (PHAC, 2014)
Name, Author, Date, Study	**Sample/Groups (Size, Setting, Characteristics)**	**Design and Methodology**	**Key Results and Findings**	**Strengths/Limitations**	**Conclusion**

Objective					
Decreasing workplace incivility (Warrner et al., 2016) **Objective**: To examine staff and managements awareness on incivility determine its consequences	**Setting**: Inpatient med-surg floor • Midwestern, US **Subjects**: n=99 pre-survey • N=98 post-1 survey • N=41 post-2 survey • RN's (majority female, working 1-5 years) • Interdisciplinary staff (PT, RT, management)	Time Series Study Design Data Collection: • 45min training session to understand incivility, examples of behaviors, explanation of cognitive rehearsal and practice and effects of incivility on nurses and patients • NIS measurement tool used to measure nursing workplace incivility pre-training, immediately after (post-1) and 2 months after (post-2) Data Analysis: • Outcome measures included change in awareness of uncivil behaviors and change in frequency • software program • Statistical analyses applied pre-survey, post	Key Results: 1. Increased awareness • no statistical significance • M pre 2.73-post-2.75 2. Decrease occurrences • To measure if there was a change in incivility behaviors 2 months after intervention • Post-1 compared to post-2 statistical significance (p=0.00) 3. Confrontation frequency • Post-survey-2 stated 27.5%(n=11) of participants confronted someone exhibiting uncivil behaviors after training • 7.5% reported they were confronted about incivility behaviors	**Strengths:** • Reliable and valid measurement tool (NIS) • Fidelity measured to ensure consistency and reliability • Appropriate use of research design • Training by 1 researcher to ensure consistency **Limitations:** • No specific data analysis tool mentioned • Poor (36%) follow up for post-2 survey • Possible response bias, as those who felt training program worked completed post-survey 1 & 2 • Included other interdisciplinary staff	• Decrease in incivility after training • Incivility in nursing can affect nurses mental health, decrease productivity, and lead to patient concerns • Strength of design: **Moderate** (PHAC, 2014) • Quality of study: **Medium** (PHAC, 2014)

		survey 1 and 2 • T-tests used to compare pre-survey with survey-1,and survey-1 with survey-2			

Appendix II

Consultation and Environmental Report

With an increase in patient care acuity, a nursing shortage, and COVID-19 acting as a major stressor, incivil behaviors are on the rise. Incivility in nursing leads to poor job satisfaction, poor patient outcomes, and low job retention (Armstrong, 2018). A lack of support and guidance is seen as one of the major contributors of incivility, unfortunately, this is recognized as incessant on many nursing units. Incivility often presents itself through covert behaviors, therefore, it goes unrecognizable and often seen as the "norm". The most common perpetrators of nurse incivility has found to be the senior nurse (Armstrong, 2018). Literature suggest that education through workshops and visual campaigns can increase both awareness and recognition of these behaviors, therefore encouraging nurses to understand the implications of such actions and facilitate ways to combat incivility (Armstrong, 2018; Fox, 2010; Howard & Embree, 2020). The development of this project aligns with the institutional strategy of Eastern Health (EH). A promise to create a supportive learning environment, where nurses feel engaged and empowered. Moreover, leading to enhanced patient care and quality, and improved healthcare organization sustainability (Eastern Health, 2014).

After completing a literature review on incivility in nursing, it is evident that incivility remains an ongoing, harmful issue throughout the nursing profession. Despite the abundance of existing literature on nurse incivility, it focuses on the existence of these behaviors and the consequences they hold. The findings focus on the common recipients; the novice nurse. There remains a gap of "readymade" interventions and resources available for nurses to avail of. What is evident throughout the literature is the importance of increased recognition and awareness of incivil behaviors (Ceravolo et al., 2012).

Consulting with key stakeholders and gaining feedback was extremely important in terms of project development. The main purpose of the consultations was to gain additional information on the topic of incivility from the views and experiences of novice and senior nurses. I used the consultations to help identify the best resource that will increase awareness about incivility and ways to address incivility. I was also able to identify appropriate, realistic learning needs of both novice and senior nurses that would help inform the resource. Because of COVID-19 restrictions, all consults were taken place via email. An environmental scan was completed to gather any additional information and knowledge, and uncover any resources that may be readily

available pertaining to the senior nurse involved in incivility.

Goal and Objective(s) for the Consultations

The overall goal of completing the consultations was to gain additional information on the topic of incivility within the nursing profession. Specifically, how it is experienced by senior and novice nurses and what educational resources could be put in place to address it. This information will be used inform the content, delivery, and implementation of a resource to increase awareness and recognition of nurse incivility.

Objectives

The objectives of the consultations are;

1. To explore senior and novice nurses' experiences with incivility in the workplace;
2. Discuss strategies that would reduce incivility in the workplace;
3. To identify the key components of a resource that will address nursing incivility;
4. To gather information from key stakeholders on any existing policies or education materials that addresses nursing incivility.

Goal and Specific Objective(s) for the Environmental Scan

The goal of completing the environmental scan was to identify any existing educational resources that address incivility.

The objectives for the environmental scan are:

1. To determine what resources are available within EH to help nurses identify and address incivility;
2. To identify what resources are available within EH to inform the content and delivery of a resource on nursing incivility;
3. To determine what resources are outside of EH (e.g., College of Registered Nurses of Newfoundland (CRNNL), other regional health authorities websites (Labrador-Grenfell, Central, Western), Canadian Nurse Association (CNA) website) related to incivility in nursing

Setting and Sample and Sources of Information

Consultations were done with four key cohorts. The cohorts included 7E senior nurses, 7E novice nurses (NN), 7E nurse manager and nurse educator, and two nurse experts. The setting for senior (n=4) and novice nurse (n=4) consultations was the inpatient unit of St. Clare's Mercy Hospital (SCMH) 7 East (7E). Within EH, a senior nurse is considered someone working ≥ 2

years. A NN is considered anyone working <2 years. Four senior Registered Nurses (RN) were invited to participate in the consultations to gain a fuller understanding as to why incivility happens. The literature review revealed that senior nurses are the perpetrators of incivility, hence, it is important to get their perspectives as to why they enact these behaviors and identify any strategies to mitigate workplace incivility. NN consultation was paramount, as they are most likely to experience incivility in the workplace. I was able to explore NN experiences of incivility with senior nurses, what incivility looked like to them, and how they believe incivility awareness and recognition could be increased.

The 7E manager and nurse educator were consulted as they have extensive education and knowledge of the unit where the resource will be piloted. They both work with and implement pertinent policies within EH. As such, they provided additional data on nurse incivility and their education recommendations.

There are several nurse experts who have done research in the field of incivility and were surveyed to provide knowledge as to the important content to include in an educational resource in addressing nursing incivility Dr. Peggy Rauman, a nursing consultant with the CRNNL who focused her research on conflicting (incivility) relationships between nurses. Her research focused on the 'how' incivility occurs within the nursing profession. Dr. Sandra MacDonald a Memorial University Faculty of Nursing (MUNFON) professor has done extensive work in nursing incivility and program evaluation hence, can offer suggestions as to resource development and evaluation.

Data Collection

An email including an invitation (Appendix A), a demographic questionnaire, and a copy of an open ended questionnaire was sent to each participant (Appendix B). A definition of incivility was provided to all consultations to ensure a consistent understanding of the same. Participants were provided with an overview of the project and ensured anonymity and confidentiality was preserved. Participants were invited to do a post survey telephone conversation to discuss any of the questions however, no one availed of this opportunity. . Internal (EH *Intranet)* and external websites (CRNNL, other regional healthcare authorities, Canadian Nurses Association (CNA)) were searched for additional resources on nurse incivility, specifically resources for the senior nurse.

Data Management and Analysis

Proper data management and analysis is important to ensure confidentiality and is key for the organization of data. Any data collected was properly maintained and secured. Once questionnaires were returned, data was transcribed into a file on my password protected computer, accessible only by me. All identifying information was removed. Upon completion of the practicum all information will be disposed of in a confidential shredder at Memorial University Faculty of Nursing. Descriptive statistics was used to analyze and describe demographic information from (Appendix B). Thematic analysis was used to discover similarities throughout survey questions. Participants were notified of thematic data sharing with supervisor to ensure rigor and findings. Demographic information will not be shared.

Ethical Considerations

The consultations were informal in nature, consent and agreement to participate was inferred with written email responses. Participants were aware that participation was voluntary, and were notified that responses would be taken into consideration when developing a resource on nursing incivility. The Health Research Ethics Authority Screening Tool was used to determine if review by an ethics board was necessary. Using this tool, it was deemed that review by the ethical board was not necessary (Appendix C). Confidentiality was maintained as names of participants were not used during consultation and development of the project. For example, novice nurses was encrypted as ‘NN-1 and so forth’. Nurse experts was encrypted as ‘NE-1’ and so forth.

There was no potential harm associated with participation. However, consultation with staff nurses could have produced some ethical concerns as there was an existing relationship. This was mitigated through confidentiality, participants were reminded that other colleagues were not aware of who participated in the research. I was sure to be honest with participants in how I planned to use the data collected, I wanted to accurately represent their experiences in creating a helpful resource. I reiterated the fact there are no disparities between participants and I, as I cannot finalize or create a resource without the significant contribution of my colleagues.

Results

The following results provide an overview of the senior and novice nurse participant demographics. This is followed by the developed themes uncovered from the surveys by novice and senior nurses, 7E nurse manager and nurse educator, and last, nurse experts from the CRNNL and MUNFON. Results from the environmental scan are included throughout the

consultations and a brief overview follows after the themes.

Demographics

All twelve (n=12) key stakeholders returned the survey. All NN (n=4) had only worked as an RN on the unit 7E, had less than two years' experience, were female, and between the age 20-30 years. Two senior nurses had between two to ten years' experience; and two had more than 11 years' experience. Half of the senior nurses worked on 7E more than 10 years, and the other half had less than five years on the unit. All senior nurses were female; one was between the age 21-30; two between the ages 31-40; and one between the ages 41-50. Findings from all key stakeholder survey questions confirmed the results of the literature review. The results provided below reflect the findings from novice nurses, senior nurses, and key stakeholders including, 7E unit manager, 7E nurse educator, nurse experts CRNNL nurse consultant Dr. Peggy Rauman, and MUNFON Dr. Sandra MacDonald.

Novice Nurses

Perpetrators and Portrayals of Incivility

All NN (n=4) had witnessed incivility in the workplace. Of these, two reported witnessing incivil behaviors during their nursing program. All NNs identified senior nurses as the source of incivil behaviors. Incivility from other disciplines (e.g., physicians, residents, nurse practitioners (NP)) was reported by two nurses. These behaviors were often described as being "passive-aggressive", resulting in an increase in discomfort on the unit. This uneasiness on the unit was fostered by an overall sense of feeling unsupported, being excluded from nurses' conversations on purpose, the amount of gossip happening on the unit, and being judged when asking questions. Three NNs described 'ignoring' the conflict and attempted to remove themselves from the situation. One NN stated she tried to provide support and resources to other NN experiencing incivil behaviors, but being a NN as well, she still is lacking confidence.

Impact of Incivility

Keeping in align with the literature the survey found that incivility negatively impacts the nurses' work life. All NNs reported feeling feelings of defeat. Most nurses reported feeling belittled and undervalued when they were ignored and unsupported. All nurses said they had decreased confidence when caring for acutely ill patients due to incivil behaviors'; one nurse questioned her career choice as an RN. Another NN described an overwhelming sense of pressure to know absolutely everything, she felt that this put her at risk of making an error and

potentially harming her patients. Two NNs stated they were unable to ask questions and constantly felt they were second-guessing themselves. Several NNs described the familiar phrase of 'nurses eat their young' as the unit norm. One NN explained that she tried not to let incivil behaviors negatively impact their work on a day-to day basis.

Strategies for Promoting Civility

All NN identified the need for increased education and awareness of incivility in the workplace. All nurses believed a visual aid (i.e., infographic) would be an appropriate resource to increase recognition of incivil behaviors. Placement of a visual aid was noted by all NNs as being critical in increasing awareness and recognition of nurse incivility. High traffic areas such as the hallways, staff bathrooms and breakrooms were noted as good placement options for the infographic. One NN reported the importance of targeting the senior nurse and increasing their awareness of incivil behaviors (i.e., gossip, eye-rolling) and their impact on NN work life. Although all nurses supported the need for incivility education and strategies to help address and manage it in the workplace, only one NN described that increasing education on nurse incivility would increase the likelihood of NN staying on the unit and improve job satisfaction.

Key Infographic Content

All NNs were asked to talk about potential information or any key messages pertinent for an infographic. The overall key message concluded that NNs felt it was important to address the fact that incivility often goes unnoticed or 'unspoken', however, can negatively influence the 'whole' nurse. Suggestions to develop this message included defining incivility, prevalence, why it occurs, and its consequences. Education on how to recognize and manage incivil behaviors were noted to be a critical strategy to address incivility. For example, available resources for support and guidance. Others suggested that the resource should address the fact that NN have the most current knowledge hence, a valuable source of information for practice. The majority of nurses believed visual aids would be beneficial, as nurses often lack the ability and time to sit down and read policies, and/or manuals. The nurses who participated in the study wanted to be involved in the development of the infographic. This directly aligns with theories of adult learning; successful knowledge is constructed through self-direction and guidance of each nurse, who must partake in their own planning, development, and evaluation of instruction.

Senior Nurses

Portrayal of Incivility

Findings from the senior nurse survey were quite similar to what has been reported in the literature. That is, senior nurses often lack insight into their own behaviors. Only half of senior nurses described participating in incivil behaviors in the workplace. However, one nurse explained witnessing incivility in the workplace, but stated it was always unit versus unit and never within the unit of 7E. Two senior nurses described witnessing behaviors such as 'eye rolling' on the unit of 7E, but stated they did not participate in those types of behaviors. Two nurses admitted to partaking in incivil behaviors (e.g., eye-rolling, gossiping), deeming them as 'harmless' behaviors.

Factors Contributing to Incivility

Senior nurses all had similar rationales as to factors contributing to nursing incivility. Acute workload, miscommunication, burnout, and stress were noted to precipitate incivility in the workplace. Several nurses spoke about the increase in patient acuity and workload compounded by the inexperience of the NN as main factors contributing to their stress and leading to incivil behaviors. NNs were often cited as "not being able to pull their weight". For one nurse, unsupportive management and a negative work environment fostered incivility on the unit. Another nurse noted 'lack of awareness' as a major cause of nurse incivility. She explained being unaware of the effects of subtle incivil behaviors (i.e., eye-rolling, gossiping, snide remarks) had on other nurses. However, no senior nurse reported or recognized this population as being the main perpetrators of incivility.

Strategies for Promoting Civility

Three nurses believed when incivility is experienced interpersonally, it should be addressed if possible between nurses. Communication was deemed one of the most effective ways to addresses nurse incivility. One nurse believed mandatory 'conflict resolution training' for those in leadership positions and staff nurses would be an effective way to build nurses confidence in their ability to resolve incivility. A resource that increases self-reflection and awareness as to incivil behaviors and its impact on others was noted as a strategy to reduce incivility in the workplace. All senior nurses were open to having increased education on the topic of incivility through visual aids (i.e., posters, infographics), and up-to-date knowledge on the available online resources. One nurse recommended including incivility as a topic for an education day.

Key Infographic Content

All senior nurses were asked to talk about potential information or any key messages pertinent for an infographic. Similar to the NN, there was a consensus that self-reflection and increased self-awareness as to the presence of incivility should be one of the key methods to reduce incivility in the workplace. The overall key message pertaining to incivil behaviors was that nurses need to increase awareness and recognition as to the presence and management of incivil behaviors. Senior nurses were concerned with mitigating these behaviors and suggested quick, easy reminders of civil behaviors in order to help increase awareness and civility in the workplace.

Key Stakeholders

Management and Nurse Educator

Both consultants identified senior nurses as being the probable perpetrators of incivility in the workplace. Similar to the literature, both consultants reported high levels of patient acuity, unstable patients, lack of communication, and inadequate staffing as reasons why incivility may occur. One consultant believed not all incivil interactions were intentional and could be interpreted as incivil due to a misunderstanding. All consultants agreed incivil behaviors need to be addressed in a timely manner with an open discussion if possible. Education was determined as essential to address nursing incivility by increasing awareness, and assisting in changing attitudes and behaviors. One nurse indicated civility education should commence in the undergraduate program and post-graduate programs and reinforced throughout hiring institutions. One nurse thought if senior nurses led by example, it could alleviate some of the incivil behaviors and break the 'unit norm'.

Key Infographic Content. Both consultants supported the use of an infographic and believed it could act as an effective reminder to practice civil behaviors in the workplace. Consultants believed education is important in raising awareness and an infographic could act as a reinforcement of civil behaviors. Reporting that an infographic should be 'eye catching', concise, and colorful in order to attract attention.

Nurse Consultant (CRNNL) and MUN Faculty Member

Benefit of Visual Education

The consultants highlighted how nurses are often highly stressed and unaware of how these stressors impact their behaviors. An infographic was deemed a potential gentle reminder to increase awareness and self-reflection of how we are feeling, and why we are feeling this way, in

hopes to redirect behaviors more appropriately. The use of an infographic was described as useful in disseminating information in an environment that is fast-paced. Both consultants reiterated how much research exists on nursing incivility, however, knowledge, resources and policies are lacking. Also noted was the dearth of literature and resources directed at and for the senior nurse, who are noted to be the most common perpetrator of incivility. Within EH, incivility falls under the 'Conflict Management and Harassment' policy, however, these policies do not prevent nurse incivility, and provide an informative process of how to make a formal complaint to management.

Key Infographic Content

All nurse experts provided valuable suggestions as to the information that could be included in the infographic. One expert suggested a 'comparison and contrast' of a relational work environment and an incivil environment with a powerful statement at the bottom. Both consultants suggested statistics, images, and a list of available online resources as useful tools for an infographic. One consultant suggested the use of the same two to three colors throughout the infographic.

Results: Environmental Scan

An environmental scan was conducted to scope out any available resources on nurse incivility, specifically focusing on the senior nurse. The websites that were scanned included:

- EH *Intranet*
- Other regional health authorities (Central, Western, Labrador-Grenfell)
- Canadian Nurses Association (CNA)
- CRNNL

Limited resources exist within EH in order to help nurses recognize and address incivility within the workplace. Following a review of EH *Intranet,* it was determined there are no policies or programs/resources readily available for nurses to address incivility in the workplace. It was found that EH launched a 'Civility and Respect Campaign' in 2019 in order to promote and show they value employee psychological health and safety, with a goal to improve employee wellness. A poster (Appendix D) was created by EH (2021) to promote civility in the workplace, however this poster seems to be directed at the public to educate them on respectful and civil behaviors required of them towards EH employees. It is evident EH has put forth a civility and respect campaign, although unbeknownst to many staff members. Coincidently, these awareness posters

are not available at SCMH. Although several resources addressing incivility were available but none addressing the senior nurses.

Available on EH website was an e-learning 'Conflict Management and Respectful Workplace' seminar, where nurses could learn how to respectfully manage conflict among colleagues. EH hosts an Employee and Family Assistance Program (EFAP) where assistance is provided in many different areas, specifically any personal or workplace conflict, problems, or stress (Eastern Health, 2020). The Western Health (WH) authority had similar results to EH. They both have interactive, online resources such as 'Bridge the gApp', 'Breathing Room', and 'Mindfulness Training' where you can connect with a support system, or learn to better manage stress and burnout. These resources can be utilized by the public, along with nurses. Visual campaigns are utilized throughout the EH authority. Infographics were available to view on the website, none addressing nurse incivility.

The CNA has resources and information pertaining to bullying, however resources related to incivility are not available. The CNA website holds a position statement on nurse bullying, demonstrating their support for violence-free workplace. They include the ethical responsibilities of nurses stating they must refrain from any form of workplace bullying (CNA, 2017). Available on the CNA website was a variety of infographics addressing many different topics, however none pertaining to nurse bullying or incivility. The use of infographics on the website supports the use of infographics for disseminating information for nurses.

Following a review of the CRNNL website, entry-level competencies were presented for all RN's. An important competency enlisted that nurses must use conflict resolution strategies to promote healthy relationships between colleagues and listed how they must respond appropriately in situations that involve conflict or may be stressful. Another important resource available on the CRNNL website was the support of a nurse consultant. These nurse consultants can help guide nurses to develop problem solving or conflict resolution strategies that can be used between nurses. They aid in the collaboration of key stakeholders to support a professional practice environment that helps deliver safe and competent care, help to identify issues which may affect the delivery of safe patient care, including incivility, and they can hold group education sessions pertaining to individualized topics.

Conclusion

In conclusion, this practicum project will be beneficial to the nurses on the unit of 7E. The education on incivility will further develop nurse's self-awareness and reflection surrounding their own actions and behaviors, with the expectation of improving senior and novice nurse relationships and ultimately the quality of patient care. Senior nurses hold important clinical expertise, leadership, and experience that is essential for developing the NN and patient well-being. Senior nurses are responsible for facilitating support and guidance for the NN as they continue to 'learn the ropes'. The NN holds the most current knowledge that can facilitate best practice and are eager to learn from their prospective senior nurses. The project development aims to increase nurses' knowledge surrounding incivility, by increasing awareness and recognition of these behaviors and the importance of civility to promote a positive and respectful workplace. Based on consultations and the environmental scan an infographic can act as an initial step in increasing and promoting civility in the workplace. Infographics have been used in nursing education and are necessitated in order to portray important concepts in a concise way that will spark interest and lead the nurses to seek additional information (Bradshaw & Porter, 2017). Consultations overwhelmingly support the existence of nurse incivility between novice and senior nurses and the need for increased awareness and education on nurse incivility. While the environmental scan found that EH has initiated a civility and respectful workplace initiative, there are no resources that specifically target and aid in incivility among nurses. I have developed a strong foundation as to the content and key messages for the next phase of project development; an infographic that can address incivility in the workplace. While the infographic will target senior nurses it will by nature spark awareness about incivility for the NN.

References

Armstrong, N. (2018). Management of nursing workplace incivility in the healthcare settings. *Workplace Health and Safety, 66,* 403-410. doi.org/10.1177/2165079918771106

Bradshaw, M. & Porter, S. (2017). Infographics: A new tool for the nursing classroom. *Nurse Education, 42,* 57-59. doi: 10.1097/NNE.0000000000000316

Canadian Nurses Association. (2017). *Code of ethics for registered nurses*. Retrieved from https://www.cna-aiic.ca/~/media/cna/page-content/pdf-en/code-of-ethics-2017-edition-secure-interactive

Ceravolo, D., Schwartz, D., Foltz-Ramos, K., & Castner, J. (2012). Strengthening communication to overcome lateral violence. *Journal of Nursing Management, 20,* 599-606. doi: 10.1111/j.1365-2834.2012.01402.x

Eastern Health. (2014). *Accountability for reasonableness: An ethics and values based framework for planning, priority setting, and allocation of resources.* http://www.easternhealth.ca/Professionals.aspx file:///C:/Users/Admin/Downloads/FW_Ethics%20and%20Values%20Accountability%20for%20Reasonableness_2014_06_27.pdf

Eastern Health. (2020). *Employee and family assistance program.* Retrieved from http://www.easternhealth.ca/WebInWeb.aspx?d=2&id=1592&p=1747

Eastern Health. (2021). *Healthy workplace.* Retrieved from https://www.easternhealth.ca/WebInWeb.aspx?d=2&id=2381&p=2377

Fox, K. (2010). Mentor program boosts new nurses' satisfaction and lowers turnover rate. *The Journal of Continuing Education in Nursing, 41,* 311-316. doi: 10.1080/10376178.2014.11081909

Howard, M., & Embree, J. (2020). Educational interventions improves communication abilities of nurses encountering workplace incivility. *The Journal of Continuing Education in Nursing, 51,* 138-144. doi: 3928/00220124-20200216-09

Kile, D., Eaton, M., deValpine, M., and Gilbert, R. (2019). The effectiveness of education and cognitive rehearsal in managing nurse-to-nurse incivility: A pilot study. *Journal of Nursing Management, 27,* 543-552. doi: 10.1111/jonm.12709

Appendix A

Recruitment Email

Dear *{insert participants name}*

My name is Casey Dunn and I am completing my Master of Nursing degree at Memorial University under the supervision of Dr. April Pike. The overall goal for my practicum project is to develop an educational resource (infographic) for nursing staff on 7 East medicine unit in hopes to address nurse incivility throughout the unit of 7E, with an overall goal of combating nursing incivility.
I am writing to ask you if you would kindly answer a few open-ended questions regarding this subject as I feel your input would be very valuable to the overall project. You may answer all or just some of the questions below. Please share any additional information or personal experiences you may have in regards to this subject. You can respond by replying to this email before {insert date here}. Please rest assured identifying information (i.e., name, specific comments) will not be shared beyond Dr. April Pike.

All information you share is completely voluntary and will remain confidential and anonymous. There are no known or anticipatory risks to the participation in this project.

If you would prefer to discuss this virtually or over the telephone or if you have any questions, please do not hesitate to contact me. Your contribution is valuable to completion of my practicum project related to Master of Nursing Program.

Thank you for your time.

Casey Dunn BNRN, St. Clare's Mercy Hospital

{Insert questions here}

Appendix B

Demographic Information

Part A

1. How many years have you been working as a Registered Nurse?
   __<2 years
   __2-5 years
   __6-10 years
   __> 11 years

2. How many years have you worked on the unit 7 East?
   __<5 years
   __5-10 years
   __11-15 years
   __>16 years

3. __Male
   __Female

4. How old are you?
   __20-30 years
   __31-40 years
   __41-50 years
   __50 + years

Open-Ended Question Survey

Part B

Incivility between nurses is more common than we would like. Often it may go unnoticed because of its subtle, unintentional nature. Nurses often don't recognize these behaviors as *uncivil*. Incivility has many different faces. These behaviors can include verbal abuse (e.g., yelling, swearing, and gossiping). Non-verbal abuse is commonly another form of incivility that occurs, these behaviors include, but are not limited to eye-rolling, excluding from conversation, and glaring. Lastly, passive-aggressive behaviors that are disrespectful or discourteous, which may entail a lack of support or guidance (Kile et al. 2019).

Questions for NN:

1. How important is support and guidance as a novice nurse?
2. Have you experienced incivility in the workplace? If so, from whom (e.g., senior nurse, management, other disciplines)? How did you feel?
3. Have you witnessed this type of behavior before? If so, did you react?
4. Did these behaviors impact your work?
5. Is there a need for nurse education on incivility? If so, explain.
6. What key messages do you think should be in a resource to help nurses recognize and manage incivility in the workplace?
7. Do you feel a visual aid (i.e., poster) would draw attention to the issue? If yes, where should it be placed on the unit to be most accessible for staff?
8. Is there anything else you would like to add?

Questions for senior nurses:

1. Have you ever engaged or witnessed these types of behaviors that fit the definition of incivility?
2. How do you think incivility in the workplace should be addressed?
3. What do you think can contribute to uncivil behaviors in the workplace?
4. How do you think these behaviors can be rectified?
5. What information do you think would be important to include in a one-page educational resource?
6. Would you visit any websites provided to you on a poster if you thought they would be of benefit to you?
7. Do you think there is a need for education on nursing incivility?
8. What form of educative material do you prefer?
9. Is there anything else you would like to add?

Questions for MUNFON (Sandra MacDonald), and CRNNL (Peggy Rauman) members:

1. Nurses are also visual learners, do you think infographics that have been incorporated into practice have been beneficial for learning and awareness in the past?
2. Has your research or data identified areas of focus in addressing incivility amongst the senior nurse population? If so, what were the common themes?
3. What do you think should be included in an infographic to increase recognition and awareness of nursing incivility?
4. What educative materials do you think will work to increase awareness and recognition of these behaviors? Do you think a visual campaign will be successful and engage nurses?
5. Are there any resources available to nurses that can assist in increasing incivility recognition?
6. Is there anything else you would like to add?

Questions for management and nurse educator:

1. Why do you think senior nurses engage in incivility/uncivil behaviors towards novice nurses?
2. Who do you think are the perpetrators of incivility on the nursing unit? Why do you think this? What can we do to reduce these behaviors?
3. Do you think a visual aid (i.e., infographic) would increase recognition and awareness to nursing incivility?
4. Do you think there is a need for education on incivility in nursing?
5. Is there anything else you would like to add?

Appendix C: Health Research Ethics Authority (HREA) Screening Tool

Student Name: Casey Dunn
Title of Practicum Project:
Date Checklist Completed: February 16th, 2021
This project is exempt from Health Research Ethics Board approval because it matches item number _1, 4_from the list below.

1. Research that relies exclusively on publicly available information when the information is legally accessible to the public and appropriately protected by law; or the information is publicly accessible and there is no reasonable expectation of privacy.
2. Research involving naturalistic observation in public places (where it does not involve any intervention staged by the researcher, or direct interaction with the individual or groups; individuals or groups targeted for observation have no reasonable expectation of privacy; and any dissemination of research results does not allow identification of specific individuals).
3. Quality assurance and quality improvement studies, program evaluation activities, performance reviews, and testing within normal educational requirements if there is no research question involved (used exclusively for assessment, management or Improvement purposes).
4. Research based on review of published/publicly reported literature.
5. Research exclusively involving secondary use of anonymous information or anonymous human biological materials, so long as the process of data linkage or recording or dissemination of results does not generate identifiable information.
6. Research based solely on the researcher's personal reflections and self-observation (e.g. auto-ethnography).
7. Case reports.
8. Creative practice activities (where an artist makes or interprets a work or works of art)

Appendix D

Eastern Health Civility and Respect Campaign (2021) Poster

Appendix III

Infographic Development

Memorial University

Casey Dunn

Nurse Incivility

76% of nurses experience incivility throughout their careers

85% of nurses witness incivility throughout their career

What does incivility like?

Verbal Acts
- Gossip
- Rude remarks/gestures
- Withholding information
- Excessive teasing/sarcasm
- Inappropriate humor

Non-Verbal Acts
- Eye-rolling
- Ignoring
- Lack of support/guidance
- Exclusion

Recognize feelings of incivility
- Humiliation
- Lack of respect
- Embarrassment
- Hostile environment
- High turnover/absenteeism

Nurse incivility presents itself as 'low intensity, disruptive behaviors' that may be intentional

Contributing factors of incivility include:
- Lack of knowledge
- Burnout
- Inexperienced nurses
- Miscommunication
- High Stress
- High patient acuity
- Lack of awareness
- Short staffed

Incivility: The Facts

- Most often experienced by novice nurses
- 60% of novice nurses left their first position within 6 months due to incivil behaviors
- Can cause an increase in adverse patient events
- Can negatively influence physical and psychological well-being

How Nurses Can COMBAT Incivility

Mentorship
- Seek out positive role models
- Guidance & support has been shown to improve nurse turnover rates by 15.2%

Communication
- Communicate your concerns about any behaviors perceived to be incivil
- Effective communication helps nurses manage incivil behaviors & was found to improve working relationships by 13%

Education
- Get educated about incivility!
- Be aware of incivil behaviors
- Have the ability to manage contributing factors of incivility
- Increases nurses self-awareness by 65% as to their role in incivil behaviors

Report
- If you feel you are experiencing incivility in your workplace, then report to your manager
- Reporting acts of incivility has been shown to increase **civility** among nurses by 33%

Civility STAT!

CIVILITY SAVES NURSES' & PATIENTS' LIVES

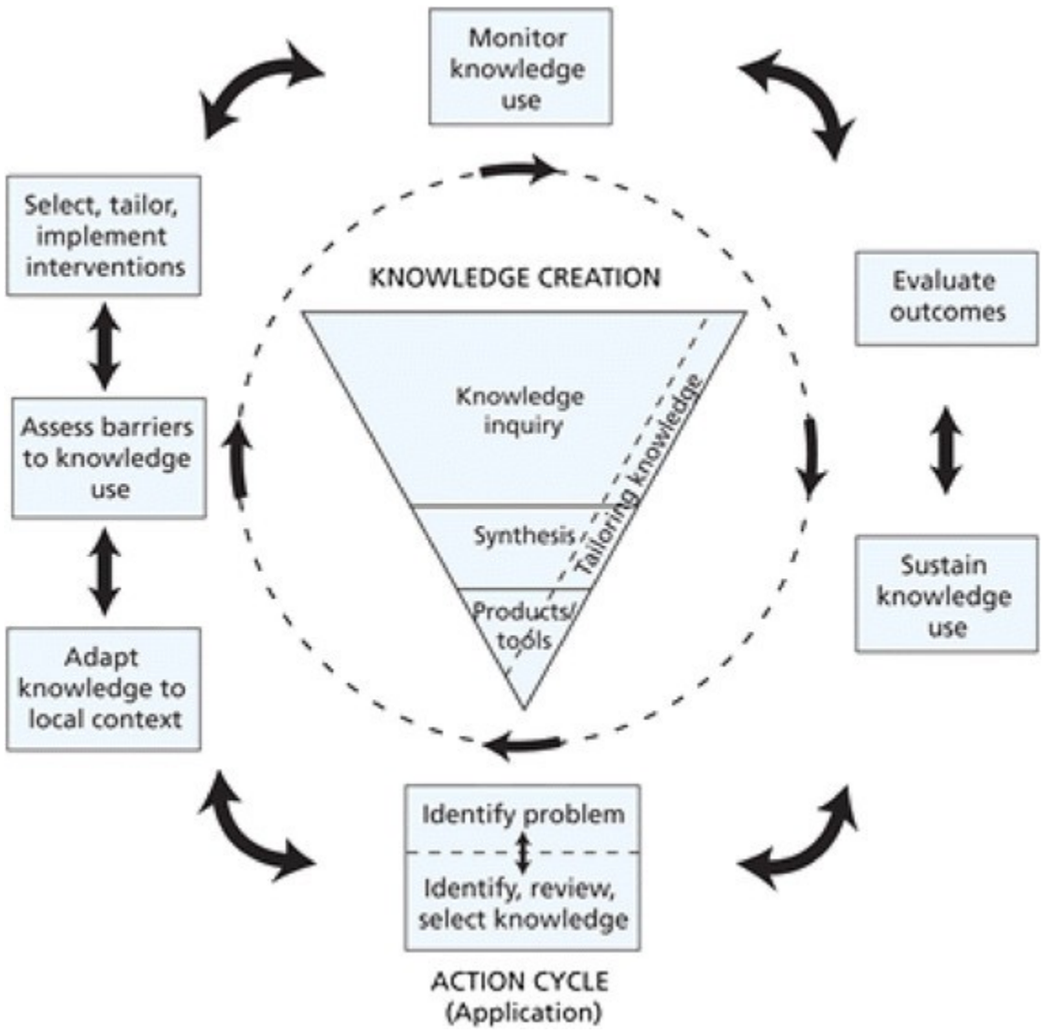
Produced by Casey Dunn BNRN
Contact:
casey.dunn@easternhealth.ca

If you or anyone you know is experiencing workplace incivility, please visit:

- https://www.crnnl.ca/connect-practice-consultant
- Employee & Family Assistance Program @ http://www.easternhealth.ca/WebInWeb
- Bridge the gApp @ http://www.easternhealth.ca/OurCommunity

Appendix IV

Graham's et al. (2006) Knowledge-to-Action Framework



Appendix V

Action Plan Template

Memorial University

Casey Dunn

Action Plan Template:

	Activity		Person responsible/Outcomes
1.	**Identify the problem**		• Needs assessment. • Literature review (Done and completed March 16th, 2021). • Consultations (senior, novice nurses, nurse educator, manager, nurse experts) (Done and completed April 7th, 2021). • Environmental scan (Done and completed April, 7th, 2021). • Outcome: Lack of educational resources to reduce incivility in nurses. Need to increase nurses' knowledge, awareness, and skills to address incivility in the workplace. • Lead implementer: Jacqueline Brockerville (7E manager).
2.	**Adapt Knowledge to Local Context** • **Environmental readiness** • **Identify Key stakeholders**		• Knowledge gap identified (Lack of knowledge, awareness, and resources to mitigate negative outcomes of incivility) (February 16th, 2021). • Consults proved environmental readiness for behavioral change and knowledge surrounding incivility (March 26th, 2021). • Contextual factors addressed: unit culture and available resources • Infographic aligns with EH's vision and values (i.e., caring, collaboration, and respect). • Printed resource validated as nurses are busy and need to use time wisely. • Implementation committee formed. Key stakeholders for implementation include professional practice, divisional manager, program managers and SCMH communications team. Project led by Brockerville. • Brockerville will follow EH protocol for implementing a new resource. This includes consulting and meeting with professional practice to present infographic, propose the infographic will result in better nurse and patient well-being, then she will meet with the divisional manager who must oversee and approve any implementation.
3.	**Assess barriers/facilitators to Knowledge use**		• Barriers identified: knowledge, skepticism, a lack of support, and time constraints.

			• Facilitators identified: organizational and financial factors (aligns with EH vision and values, relevancy, cost), accessibility, efficiency, leadership support, the use of a 'champion'.
4.	**Select, tailor, implement interventions**		• Infographic an effective way to disseminate information as per key stakeholder consultations. • Cost-effective ($1.00 CAN/per infographic). • Ongoing support from project lead, nurse educator, and other key stakeholders will set expectations and identify changes that need to be made, also provide continuous guidance and support. • Barrier (Knowledge and Skepticism): meet with nurses of 7E to inform them of the implementation of the infographic, 30 minute information session to discuss findings of practicum project and its relevance to nursing, the existence of nurse incivility and its impact on nurses and patient care. • Barrier (Lack of support): key stakeholders engaged, identification of nurse educator as 'champion', quick, effective resource highlighting key messages/information. • Barrier (time): infographic is an efficient, quick resource that can effectively mitigate incivil behaviors. Placed in high traffic areas (e.g., hallways, nursing breakrooms/bathrooms). Infographic will have legible, eye-catching colors to facilitate the key message. • Two program managers will distribute, collect, and analyze pre-post surveys through survey program (i.e., survey monkey). Surveys will measure knowledge, awareness, incidences, and confidence. Anonymity will be upheld. Codes will be used to link pre-post surveys. (i.e., year of graduation and middle and last initial)
5.	**Monitor Knowledge Use and Evaluate Outcomes**		• Nurse educator as 'champion' to monitor colleagues and the use of knowledge/resources gained from infographic. • After 6-months, post-survey with four Likert-Scale questions and four multiple choice questions will be delivered through the same process as the pre-survey. Two open-ended questions will also be provided to gain feedback. • Will have two weeks to complete. Reminder sent after one week. • Data analyzed through descripted statistics (i.e., median). Results presented to Brockerville, and discussed among nurse educator, and two program managers. • Positive feedback will validate infographic implementation throughout other nursing units.

6.	**Sustain Knowledge Use**		• Ongoing education through orientation, education days, and staff meetings. • Maintain nurse educator as champion to facilitate and sustain the positive change and knowledge transition. • Educator will be responsible for introducing the infographic during ongoing nursing orientations. • Infographic uploaded as PDF on EH internal website, the *Intranet.* Link provided for all available resources. • 6 months-1 year program managers to audit and revise infographic as needed.

Appendix VI

Pre-Survey

Part A

Thank you for taking your time to complete the infographic pre-survey. This will take you 2-3 minutes to complete. No identifying information will be provided. To ensure confidentiality please provide a code; year of graduation from nursing school and your middle and last initial (e.g., 2015AD). Please submit the survey within two weeks of receiving it. Results will be reviewed by the program manager and used to revise the infographic. Thank you very much for your support in the implementation of the infographic.

Questions					
1. I am aware of any contributing factors that may increase nurse incivility?	(1) Strongly Agree	(2) Agree	(3) Neither	(4) Disagree	(5) Strongly Disagree
2. I am confident that I could efficiently deal with incivility in the workplace?	(1) Strongly Agree	(2) Agree	(3) Neither	(4) Disagree	(5) Strongly Disagree
3. I believe incivility is an issue in the workplace?	(1) Strongly Agree	(2) Agree	(3) Neither	(4) Disagree	(5) Strongly Disagree
4. If I experience incivility, I feel confident accessing and visiting resources that can help to address nurse incivility?	(1) Strongly Agree	(2) Agree	(3) Neither	(4) Disagree	(5) Strongly Disagree

5. **Who are the most common perpetrators of nurse incivility?**
   a) Physicians
   b) Senior/Experienced Nurses
   c) New/Novice Nurses
   d) Managers
6. **What percentage of nurses experience incivility throughout their careers?**
   a) 63%
   b) 27%
   c) 95%
   d) 76%
7. **In the last six months, how many times have you experienced incivility on the unit?**
   a) 0
   b) 1-3
   c) 4-7

d) >8

8. **Which of the words below describe nurse incivility? (Select all that apply)**
   a) Gossiping
   b) Intentional
   c) A lack of support/guidance
   d) Eye-rolling
   e) Unintentional

Post-Survey

Part B

Thank you for taking your time to complete the infographic pre-survey. This will take you 5-10 minutes to complete. No identifying information will be provided. To ensure confidentiality please provide a code; year of graduation from nursing school and your middle and last initial (e.g., 2015AD). Please submit the survey within two weeks of receiving it. Results will be reviewed by the program manager and used to revise the infographic. Thank you very much for your support in the implementation of the infographic.

Questions					
1. I am aware of any contributing factors that may increase nurse incivility?	(1) Strongly Agree	(2) Agree	(3) Neither	(4) Disagree	(5) Strongly Disagree
2. I am confident that I could efficiently deal with incivility in the workplace?	(1) Strongly Agree	(2) Agree	(3) Neither	(4) Disagree	(5) Strongly Disagree
3. I believe incivility is an issue in the workplace?	(1) Strongly Agree	(2) Agree	(3) Neither	(4) Disagree	(5) Strongly Disagree
4. If I experience incivility, I feel confident accessing and visiting resources that can help to address nurse incivility?	(1) Strongly Agree	(2) Agree	(3) Neither	(4) Disagree	(5) Strongly Disagree

5. **Who are the most common perpetrators of nurse incivility?**
   a) Physicians
   b) Senior/Experienced Nurses
   c) New/Novice Nurses
   d) Managers
6. **What percentage of nurses experience incivility throughout their careers?**
   a) 63%
   b) 27%
   c) 95%
   d) 76%
7. **In the last six months, how many times have you experienced incivility on the unit?**
   a) 0
   b) 1-3
   c) 4-7
   d) >8

8. **Which of the words below describe nurse incivility? (Select all that apply)**
   a) Gossiping
   b) Intentional
   c) A lack of support/guidance
   d) Eye-rolling
   e) Unintentional

9. Did you find the infographic useful in helping you manage nurse workplace incivility? Please provide an example.

10. Do you have any suggestions to improve the infographic? For example, visibility and easy to understand.

Appendix VII

Implementation Meeting Agenda

Good Morning,

I am holding a meeting with you today to talk about an educational resource that we are considering implementing on 7E. The resource is an infographic that addresses nurse incivility. This resource was developed by Casey Dunn as part of her Master in Nursing work. Over the course of eight months, Casey has done a literature review on incivility, completed consultations with key stakeholders (including senior and novice nurses, management, and educators) and performed an environmental scan. The result is the proposed infographic.

Incivility is considered any negative, rude, or discourteous behavior that may be intentional or unintentional. These behaviors can pose a detrimental impact on both nurse and patient well-being. Just to provide some background, 85% of all nurses experience or witness incivility in the workplace. Incivility conflicts with the standards of practice and code of ethics nurses must abide by in NL. Nurses are held to a high standard and must create a supportive, healthy work environment and are required to act as an effective role model, preceptor, and mentor for colleagues. Civility can act as the foundation for a healthy work environment and positive nurse well-being. In order to foster civility, all nurses must behave in a desirable way that is ethically and professionally appropriate. This will lead to high-quality, safe patient care.

Of concern is the fact that some of us do not recognize what constitutes incivil behavior and the impact that this can have on the work life of nurses and the health of our patients. There are many contributing factors as to why incivility may occur, including burnout, stress, and inadequate staffing. Some point in all of our careers we may experience frustration, however this does not justify incivil behaviors.

Knowing the factors that can lead to nurse incivility and strategies to address it can help nurses come together to combat nurse incivility and create a unit culture of respect, caring, and collaboration. This is the focus of the infographic.

(Show and explain the infographic to the nurses and explain the sections).

The implementation of the infographic has been approved through the appropriate channels. The nurse educator has been recruited to act as ‘champion’, she will help to facilitate the implementation process. You will all receive an in service on the infographic and it will be posted on the intranet for ease of access.

In order to evaluate the infographic you will be invited to participate in two surveys. The first survey will be in your internal email within the next few days. The second survey will take place six months post implementation. Both surveys are confidential.

I look to you for support and cooperation in the implementation of the infographic to improve the overall effectiveness and impact.