

# Civility & Respect Helps Everyone

Kellee Miller, BSN, CNML



Imagine a workplace where respect and civility are the norm between co-workers. Imagine where we build up rather than drag down. Imagine where conflict negotiation entertains active listening, respect, and tolerance.

Workplace civility fosters an atmosphere of mutual respect, trust, and collaboration. It encourages open communication, constructive feedback, and positive relationships among team members, contributing to a more cohesive and supportive work environment and a sense of wellbeing and belonging amongst staff. When nurses (and other team members) feel valued and respected, they are more likely to engage in effective teamwork, communicate openly, and deliver high-quality care to patients. By promoting workplace civility, our nursing workforce can experience greater job satisfaction, resilience, and retention.

Unfortunately, many of our colleagues and healthcare leaders not only fail to acknowledge that there is a problem in our workplaces, but also unknowingly perpetuate an unhealthy and unsafe culture through our own poor behaviors and acceptance of poor behaviors in our workplaces.

Awareness and recognition of incivility and disrespectful behaviors, see *Table*.

In a 2008 national survey of 4500 healthcare professionals, 71% tied disrespectful

behaviors to medical errors and 27% tied disrespectful behaviors to deaths of patients (Rosenstein and O’Daniel, 2008).

The Institute of Safe Medication Practices conducted three surveys over 20 years (2003, 2012, 2021). The survey results suggest that healthcare has a long history of tolerance or indifference to disrespectful behaviors. Results showed little or no improvement, and in some cases, an increase in the prevalence of disrespectful behaviors between healthcare providers. 75% of the respondents in the 2021 ISMP survey reported that their organization does NOT effectively deal with disrespectful behaviors (ISMP, 2022).

A global survey of twenty-five frontline industries verified what we already know. Incivility is more common than not with 75% of the respondents experiencing incivility once per month and 70% witnessing incivility at least 2-3 times per month. When we witness incivility, it negatively affects us with 85% report being annoyed, 80% are upset, 75% are angry, 61% feel distressed, and 43% feel threatened (Porath, 2022).

Bad behavior is an ongoing global concern with negative consequences. Incivility conflicts with the ethics of healthcare professions. Bad behavior damages the reputation of our profession. Incivility is a threat to patient safety and patient care. Being exposed to disrespectful behaviors and incivility can cause stress, anxiety, sleep disturbances, frequent illnesses, depression, reduced productivity, fear of going to work, impaired relationships, poor quality of life, and suicide.

There is a need to break the cycle of disrespectful behaviors and incivility – for the health of our patients, ourselves, the nursing profession, healthcare organizations, and our communities. A large-scale call to action for civility is needed.

In 2022, a frontline nurse courageously brought forth a request to assess workplace culture specific to “lateral violence” to the

**Table**

Berating	Verbal abuse	Nonverbal innuendo -
Verbal disrespect	Emotional abuse	Eyebrow raising
Condescending	Humiliation	Face making
Snide remarks	Shaming	Sighs
Sarcasm	Intimidation	Eye rolling
Abrupt responses	Yelling, cursing, outbursts	Gestures
Lack of openness	Threats	Withholding information
Gossiping	Demeaning	Undermining
Backstabbing	Pet names	Exclusion from teamwork
Scapegoating	Ridicule	Sabotage
	Silence	Throwing objects
Insults about race, religion, gender, appearance, personal traits	Refusal to return calls Being unavailable	Vandalism

workplace violence committee at a community hospital in Colorado. A voluntary, anonymous survey of all hospital employees revealed 30% of respondents reported experiencing violence from a team member or provider – most often incivility, bullying, and intimidation. The survey also indicated that more than half (58%) of the workplace violence experienced from team members and providers may go unreported. Furthermore, a review of reported occurrences in 2023 at this same hospital revealed five occurrences per month with a tone of blame, finger pointing, and/or opportunity for collegial respect/tones – some of which contributed to patient care errors.

A committee to address workplace violence within the workforce was proposed, approved, and put into action in 2023. Focused work over the last year has included the following successes:

Ongoing awareness and prevention

strategies through assessments of culture, data, and stories; increased reporting and accountability; team member, provider, and leader engagement; and professional governance engagement.

Evidence-based tools/techniques provided for civility best practices such as cognitive rehearsed responses; self-reflection; development of professional confidence, respect, autonomy, and personal value; shared vision development; basic code of conduct and mutual respect expectation established for patients, visitors, and all team members; common communication strategies; and basic conflict negotiation and verbal de-escalation tips.

Developed civility content for RN Residency and Preceptor programming in partnership with the companywide education and training team.

Nursing can lead the call to a healthier society, profession, and work environment.

We can strive to inform, educate, engage, encourage dialogue, and provide practical, actionable solutions to cultivate change for healthy and productive workplaces through acknowledgement, self-reflection, accountability, and a commitment to change. ■

## References

Rosenstein, A. H., & O'Daniel, M. (2008). A survey of the impact of disruptive behaviors and communication defects on patient safety. *The Joint Commission Journal on Quality and Patient Safety*, 34(8), 464–471. [https://www.jointcommissionjournal.com/article/S1553-7250\(08\)34058-6/abstract](https://www.jointcommissionjournal.com/article/S1553-7250(08)34058-6/abstract)

Institute For Safe Medication Practices (ISMP). (2022, February 10). *Survey suggests disrespectful behaviors persist in healthcare*. <https://www.ismp.org/acute-care/medication-safety-alert-february-10-2022>

Porath, Christine. (2022, November 30). *Frontline work when everyone is angry*. Harvard Business Review. <https://hbr.org/2022/11/frontline-work-when-everyone-is-angry>

# News from American Association Nurse Practitioners® (AANP)

Colorado State Liaison Constance McMenamin

AANP National Conference was held in Nashville, TN, June 25-30, 2024. Dr. Loretta Ford, co-founder of NP role at the University of Colorado in 1965, was in attendance and sporting a cowboy hat to celebrate the Nashville theme. Dr. Ford will be celebrating her 104th birthday in December 2024, yet her enthusiasm was awe inspiring and palpable. At the State Award ceremony, Colorado Award winner Dr. Laura Rosenthal was highlighted for her Advocacy and Dr. Ashley Fry was celebrated for her award for Clinical Excellence. It was great to connect with Colorado NP members as we enjoyed camaraderie, advocacy, and professional opportunities in the fun city of Nashville. The 2025 AANP national conference will

be in San Diego June 17-22, 2025.

As of this writing, nominations for 2025 State Award for Outstanding Contributions and self-nomination for Colorado State Liaison term beginning July 1, 2025, have closed. As AANP State Liaison, I have presented informal updates at Northern Colorado Nurse Practitioners Coalition (NCNPC) and Colorado Society of Advanced Practice Nurses (CSAPN/ SIG30). In addition, I had the honor of representing AANP in an official capacity at the National Nurse Practitioner Symposium in Keystone Colorado in July and at the Advanced Practice Provider Conference at the University of Colorado, Anschutz in September. CNA and AANP continue to advocate

for NPs regarding proposed revisions to Rule 1.15 regarding the interpretation of 750 mentorship hours for FNP's getting full prescriptive authority; October 23, 2024, was the most recent meeting regarding this issue. These issues highlight the need for member engagement and membership in professional organizations. On the Federal level, an ongoing request to communicate with your Senators and Congressman requesting that they co-sponsor HR 2713/S 2418. This is Improving Care and Access to Nurses (ICAN) with the goal to modernize existing laws; the purpose is to "increase access, improve quality of care, and lower costs in the Medicare and Medicaid programs by removing federal barriers to practice for APRNs, consistent with state law" (AANP website). For more information on AANP activities in Colorado or how you can get involved with the association, please reach out to McMenamin at: [cmcm.mcsqrd@gmail.com](mailto:cmcm.mcsqrd@gmail.com) ■