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THE IMPACT OF EDUCATIONAL INTERVENTIONS ON INCIVILITY AMONG NURSES: AN INTEGRATIVE LITERATURE REVIEW

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ABSTRACT

Background: The effects of incivility among nurses are multidimensional; it affects the nurses, patients and the organization. This literature review sought to identify the impact of educational and training programs on incivility among nurses. **Method:** Four databases (CINAHL, MEDLINE®, ERIC™ and Pub Med) were searched for studies measuring the impact of various intervention programs on incivility among nurses. Sixteen studies were found; consisting of quantitative (n = 11), qualitative (n = 1) and mixed methods (n = 4) studies. **Results:** Most interventions were administered face to face and incorporated cognitive rehearsal training. Four intervention strategy themes were identified and analyzed for their effectiveness, producing four outcome variables. **Conclusions:** Findings suggest that educational interventions that involve providing information and training on incivility, role-playing, reflective learning and reference materials reduced perceived incivility cases and positively impacted nurses' ability to identify, respond and resolve cases of incivility. **Impaction to nursing and health care:** It is recommended that institutions integrate an incivility educational program as part of new employees' orientation process.

KEYWORDS

Empowering nurses, Educational and Training.

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INTRODUCTION

The Impact Training Programs Have on Workplace Violence among Nurses

The United States Department of Labor defines workplace violence as "any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the worksite"[1]. Data from the United States Bureau of Labor Statistics indicates that health workers account

for 73% of all non-fatal injuries due to violence[2]. Though incivility, lateral violence, horizontal violence, and bullying are defined differently, they are similar and in this study, these terms will be used synonymously. Uncivil behavior sare rampant and a challenging problem among nurses[3-6]. A national survey by the Work place Bullying Institute[4] suggested that 93% and 85% of nurses had witnessed and been victims of incivility, respectively.

Some studies suggest that increased workload, stress, lack of incivility policies, lack of leadership support, abuse of power and the normalizing of uncivil behaviors contribute to the prevalence of incivility among nurses[5-8]. The Occupational Safety and Health Administration (OSHA)[5] reported that incivility is under reported due to low confidence in the hospitals' incivility policies and reporting systems and fear of retaliation. Taylor[6] noted that most nurses are unaware of their organizations' work place violence policies and reportable behaviors.

The effects of incivility among nurses are multidimensional; it affects the nurses, patients and the organization[5-10]. Nurses exposed to incivility experience mental health issues, physical health issues, burnout, stress, decreased sense of safety, lower job satisfaction and a lower quality of life[5,7-10]. These negative effects on nurses are tied to a loss of concentration, inattention to ethical guidelines and patients, medication error, delay in patient care, absence from shifts and refusal to work in certain wards[5,8,9]. Some coping strategies victimized nurses used were isolation, avoidance, breathing exercises and discussing experiences with friends and relatives[6-8]. The financial consequences of incivility among nurses cannot be understated. Data from the Bureau of Labor Statistics[2] indicate that the health care industry accounted for 73% of all non-fatal workplace violence that required days away from work. Organizations bear the cost of turnover, absenteeism, medical and psychological care, and property damage that result from violence towards nurses[5,10,11]. Nursing Solution In corporation[11] reported a 17.8% turnover rate among nurses, with an average turnover cost of $44,400 for a bedside registered nurse. In the face of the global shortage of nurses and a worldwide pandemic, the high rates of violence in the health sector affect organizations' ability to attract and retain nurses[7,8,12,13].

Nursing is a high-impact profession; hence situations that inhibit a nurses' performance should be discouraged and outlawed and[5-16]. Accordingly, OSHA[12] outlined voluntary preventive guidelines for healthcare settings to reduce workplace violence. Moreover, some states have passed workplace violence laws[14,15]. Nevertheless, some researchers believe more needs to be done to reduce incivility in the healthcare system[6-8,12]. The literature suggests that "zero-tolerance" policies, educational and administrative interventions, cognitive rehearsal training and de-escalation training can help reduce incivility in health settings[3-5,12-17].

The literature on incivility among nurses is extensive, with most studies measuring its prevalence, determining its causes and recommending strategies to reduce its occurrence. However, studies measuring the impact of incivility interventions in nursing are few and though some studies[17-19] have reviewed the literature on strategies that work in reducing incivility among nursing students, integrative literature reviews on the outcomes of educational intervention on incivility among professional nurses are lacking. Consequently, this article seeks to synthesize current literature to determine the impact educational programs have on incivility among nurses. This article's research question is; how do varied educational or training efforts affect incivility among nurses.

METHODS

The Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE®, Education Resources Information Center (ERIC™) and Pub Med® electronic databases were searched. The keywords used were incivility or bullying or horizontal violence or lateral violence and training or education or interventions combined with nursing. The initial search resulted in 2,735 peer-reviewed articles. After reviewing titles and abstracts, removing duplicates and limiting articles to the last five years and those written in English, 1,997 articles were eliminated.

Inclusion and Exclusion Criteria

Articles were included in the study if they (1) delivered incivility or bullying or horizontal violence or lateral violence education program and (2) used either quantitative, qualitative, or mixed methods to test intervention outcomes on nurses or nursing students working in a healthcare setting. Consequently, interventions that were tested in academic settings were excluded. Articles that reported opinions or suggestions of strategies to reduce incivility without scientific evaluations were excluded. Due to the dearth of research in this area, studies with small samples were included.

RESULTS

Literature Overview

Design: A total of 16 studies were included in the final sample, consisting of quantitative (n = 11), qualitative (n = 1)[20] and mixed methods (n = 4)[21-24] studies. Among the quantitative studies, three were quasi-experimental[24-26], two were random controlled trials[27,28], two were quality improvement projects[29,30]. Three studies used a control group for their analysis[24,27,31].

Samples and Settings: The convenience sampling method was the most used, and samples ranged from nine to 1918 participants. Three-fourths of the studies had more than 25 participants. Most participants in the articles were females, white and full-time registered nurses. Two studies[21,32] involved nursing students; one study[21] administered training in an academic setting and collected evaluation data after students had engaged in direct patient care in a healthcare setting. The other study administered an incivility intervention on nursing staff but collected evaluation data from nursing students based on their incivility experiences during a clinical rotation[32]. Most of the studies (n = 14) took place in hospitals or healthcare facilities in the United States. One of these studies was carried out in a military hospital[31].

Format: Most studies used a face to face intervention delivery (n = 14). Three interventions were administered fully online[24,26,27]. Most of the interventions were completed in a day (n = 11). Most single-day interventions involved multiple activities (n = 10), which lasted between 45 minutes[33] to 180 minutes[25]. The interventions that took multiple days to administer lasted between three weeks[21] to nine weeks[34].

Intervention Strategy

All studies in this article used an education intervention strategy and four strategies were used in administering the intervention; providing information and skills, skill application, reflective learning and reference materials.

Providing information and training

All interventions started with a learning section. Nurses were taught about incivility; its definitions with examples, prevalence, effects, coping strategies and how to address incivility at the workplace. All studies used a face to face presentation via Power Points. Others combined Power Point presentations with videos (n = 2)[25,32] and cue cards (n = 4)[23,30,33,34]. In two studies[25,28], participants were prompted to develop problem-solving strategies during the learning and training process. Thirteen interventions involved some form of incivility training. Most interventions (n = 11) had a training session right after the incivility lecture or lesson. Cognitive rehearsal training, a technique where by participants, with the help of a facilitator, rehearse specific methods of addressing a situation[35], was the most common training given to participants (n = 7).

Skills application

Fourteen interventions involved a session where participants practiced the knowledge and skills they had learned. Role-playing was the most utilized strategy in practicing responses to incivility (n = 13). This strategy mostly involved participants separating into smaller groups and multiple participants taking turns to use proper behavioral techniques to address various uncivil interactions between nurses. Participants' role-playing was mostly preceded by demon strations by facilitators or a facilitator with a participant's help. Two of the three online interventions involved role-playing. Howard[24] used a branching scenario, where participants watched avatar and graphical illustrations of incivility and decided how they would respond. In the other study[29] participants role-played by responding to incivility scenarios through web toons on a smart phone application.

Reflective learning

Fourteen studies involved at least one form of reflective learning. Reflective learning was encouraged through discussions (n=7), debriefing (n=6), free writing[21], self-assessment tool[29], goal setting[22] and quizzes[26]. Most facilitators engaged participants in discussions about the material covered, scenarios and nurses' reflections after cognitive rehearsal training. Debriefing sessions mostly involved posing challenging questions to promote self and peer reflection after an activity. In one study[28], participants evaluated role-playing exercises and critiqued communication standards for addressing incivility.

Reference material

In eight interventions, participants were given reference materials to remind participants of strategies to address incivility. These materials included cue cards[23,30,33,34], handouts[20,22] and a poster[20] with conversation strategies and cognitive responses to various uncivil behaviors. One study used a potty paper[32] to relay information on how to have civil conversations. Two studies[20,22] provided respondents with multiple reference materials.

Intervention Effects

All quantitative studies measured interventions using pre- and post-intervention questionnaires. For analysis, seven studies used at-test, three[22,23,25] studies used a regression model and two studies[30,36] used a one-way variance analysis. The only qualitative study measured intervention effectiveness by analyzing participant responses for themes[20]. Four themes were derived from analyzing the educational interventions' effectiveness, recognizing incivility, empowerment, improved civility and job satisfaction. Thirteen studies reported at least two of the outcome themes.

Recognizing incivility

Seven studies reported an increased awareness of incivility. After receiving the educational intervention, nurses reported having an increased knowledge and understanding of uncivil behaviors.

Empowerment

Empowerment refers to the belief that one wields the ability or the designation to act[34]. Findings from nine studies indicated that nurses had the confidence and skills needed to confront and resolve uncivil behaviors post-intervention. Lasaster[22] reported an increase in collective efficacy in all but one unit in the hospital. In one study[25], participants reported in the post-test questionnaire that they had used at least one technique when handling uncivil situations.

Increased civility

In eight studies, the researchers reported increased civility in hospitals or hospital units as an outcome. After the intervention, the nurse's perception of civility or perception of incivility in their units and hospitals increased or decreased, respectively. In one study, participants reported that inter personal relationships had improved[27]. Tecza[32] reported that civility was highest in the units where their leaders actively engaged in implementing interventions. In a quasi-experimental study, Howard[24] reported that civility was higher in the intervention unit than in the control group.

Job Satisfaction

Three studies reported that nurses were satisfied with their working situation as an outcome variable. In two studies[27,28], this satisfaction was expressed by a reduction in turnover intentions, while one study[22] reported increased work place satisfaction. After the intervention, Kang[27] and Kang[28] indicated that intentions to quit were lower in the treatment group than the control group.

Implications

This integrative literature review sought to examine the effect of educational programs on incivility among nurses. Findings suggest that education interventions that involve providing information and training on incivility, role-playing, reflective learning and reference materials reduced improved civility, increased job satisfaction, and positively impacted nurses' ability to identify and resolve cases of incivility.

Consequently, such educational programs should be adopted by hospitals to reduce incivility prevalence and the effects it has on nurses, patients and organizations. Incivility programs can be instituted into new hires' training programs to create a civility culture and empower nurses to recognize and resolve uncivil behaviors. The best strategy would be to institute an incivility education program in nursing

education to prepare students to identify and resolve incivility in the healthcare setting. Creating a culture of civility in nursing education can be beneficial in healthcare settings. Since all studies included in this review used multiple educational strategies, the effectiveness of individual strategies cannot be proven nor ranked. Studies investigating the impact of individual strategies will be beneficial in the quest for what works against incivility in nursing.

Like Clark[21], studies that measure how knowledge and skills learned in nursing school translates to the healthcare setting are needed. Moreover, more studies that use random controlled trials are needed to establish the causal effect interventions have on incivility in healthcare settings. Findings from Tecza[32] suggested that civility was highest in units where the leaders took part in intervention implementation. Consequently, future studies should focus on the influence of administrative and policy interventions have on incivility among nurses. There is also a need for more studies on the impact of non-educational interventions on incivility. Lasaster[22] was the only study on a military hospital, suggesting a need for more studies investigating the impact of incivility interventions in military hospitals.

LIMITATIONS

Although this integrative literature review expands on the literature on the impact of incivility interventions, there are some limitations to be considered. First, most studies used convenience sampling, which could be a threat to validity. Moreover, all interventions were evaluated with self-reported data, which can be riddled with biases that affect validity. For instance, social desirability could be an issue when measuring incivility.

CONCLUSION

This study suggests that educational programs that use multiple strategies are beneficial in increasing civility and empowering nurses to handle and resolve incivility in healthcare settings. It is recommended that institutions integrate an incivility educational program as part of new employees' orientation process.

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CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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