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Systems thinking and incivility in nursing practice: An integrative review

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Abstract

Background and Purpose: There is a critical need for nurses and interprofessional healthcare providers to implement systems thinking (ST) across international borders, addressing incivility and its perilous effects on patient quality and safety. An estimated one million patients die in hospitals worldwide due to avoidable patient-related errors. Establishing safe and civil workplaces using ST is paramount to promoting clear, level-headed thinking from which patient-centered nursing actions can impact health systems. The purpose of the paper is to answer the research question, *What ST evidence fosters the effect of workplace civility in practice settings?*

Methods: Whittemore and Knafl's integrative review method guided this study. The quality of articles was determined using Chu et al.'s Mixed Methods Assessment Tool.

Results: Thirty-eight studies were reviewed. Themes emerged describing antecedents and consequences of incivility as embedded within complex systems, suggesting improvements for civility and systems/ST in nursing practice.

Implications for Practice: This integrative review provides information about worldwide incivility in nursing practice from a systems perspective. Several models are offered as a means of promoting civility in nursing practice to improve patient quality and safety. Further study is needed regarding incivility and resultant effects on patient quality and safety.

KEYWORDS
global health, incivility, nursing practice, systems thinking

1 | INTRODUCTION

A critical need exists among nurses and interprofessional healthcare providers to implement systems thinking (ST) across international borders, addressing incivility and its perilous effects on patient quality and safety.[1] Establishing safe and civil workplaces using ST is paramount to promoting unaltered thinking and confidence from which patient-centered nursing actions can impact health systems.[2,3] The purpose of this integrative review is to answer the research question, *What ST evidence fosters the effect of workplace civility in practice settings?* Findings offer readers a systems perspective on incivility in nursing practice to advance systems awareness by fostering nursing leadership in complex healthcare systems.

2 | BACKGROUND

An estimated, one million patients die in hospitals across the world due to avoidable patient-related errors.[4] Patient-related errors are a basis of concern for world leaders working to implement the *Health for All* agenda.[5] The U.S. Institute of Medicine's (IOM)[6] report, *To Err Is Human: Building a Safe Health System*, focused upon the need to improve healthcare systems by reducing the prevalence of patient mortality caused by patient-related errors. Makary and Daniel[7] indicated that despite efforts made since the IOM report, little improvement has occurred in the reporting of patient-related errors. The prevalence of patient-related errors and subsequent harm to patients remains of momentous concern worldwide.

Several studies indicate that incivility interrupts safe care and can result in patient-related errors[2,8] and altered patient outcomes,[9] suggesting that a systems approach in health care may be lacking. The context of incivility in workplaces share common trends of workforce shortages and an aging society, manifesting itself in high stress, fast-paced environments, and often highly regulated, inefficient systems of care.[10] Tipping points may result in conflicts between physicians, administrators, healthcare team members (including nurses), and patients and their families, as identified among South

Korean populations.[11] Extensive research exists exploring incivility within nursing practice, among East Turkey, Australian, United States, Italian, Taiwan, and Portuguese populations.[12–18]

Studies indicate that nurses play a unique role in the identification, interruption, and recovery of patient-related errors.[6] The Joint Commission monograph,[19] *Improving Patient and Worker Safety,* identified that respect is a necessary precursor to improving the safety culture in organizations. However, the greater issue in establishing safe and civil workplaces is to promote unaltered thinking and confidence from which patient-centered nursing actions can impact the whole system.[2]

ST is viewed as a way of thinking about, articulating, and comprehending relationships that shape the performance of systems.[20] A report by de Savigny and Adam,[1] written for the WHO, described that ST can improve delivery of quality and safety in health care. The Global Alliance for Leadership in Nursing Education and Science, *Position Statement on Investing in Nursing Education to Advance Global Health* (2011) established a need for educating a healthcare workforce ready to ensure safe, quality care for the world's population. The Emergency Care Research Institute[21] linked patient-related errors to an inability to improve safety due to inadequate systems. According to several professional nursing organizations[22,23] safe practice depends on the nurse's ability to understand system complexity. A lack of ST education[24] may adversely impact patient quality and safety worldwide. Civility is foundational to safe, collaborative practice, which is rooted in sound ways of thinking about systems for patient-centered care.[1] Figure 1 provides a model illustrating how ST education and civility are aligned with safe care within efficient systems. Unsafe care within inefficient systems are aligned with workforce trends that impact civility, resulting in altered thinking, care interruption, patient-related errors, and altered patient outcomes.

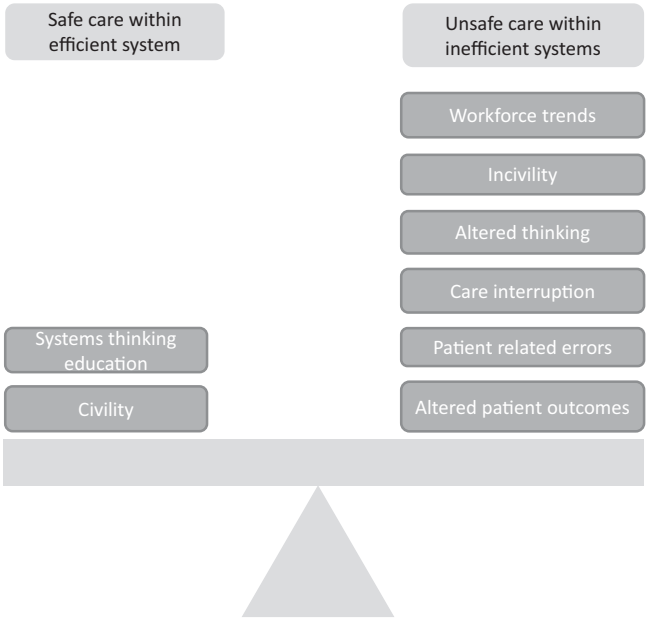

FIGURE 1 Comparison of safe care and system efficiencies related to civility and incivility

3 | METHOD

To complete the integrative review, Whittemore and Knafl's[25] updated five stage method[26] was employed (Table 1). After the research question was formulated, the hypothesis "Academic-clinical practice systems that employ systems thinking value civility as a foundation for safe, collaborative, patient-centered care," was established. Search strategies and study selection are highlighted in Figure 2. With regards to key words, the encompassing term "incivility" is used in this article to denote all identified terms. Once the databases were searched using the 12 key words, and duplicates were removed, 334 articles were placed into a web-based folder with shared drive access. Authors then divided the articles according to the alphabet so that findings could be analyzed. A master table was used to determine "keep" or "delete" based on exclusion criteria. The table consisted of categories for author(s), year of publication, research design, research question/hypothesis, sample size and description, tools and psychometrics, and method of analysis and principle outcomes. Next, the Mixed Methods Assessment Tool[27] was used to review research articles for quality (Table 2). Ultimately, 38 articles were chosen for this review, as depicted in Figure 2, resulting in the development of

TABLE 1 Whittemore and Knafl's[25] five stages and the progression of the integrative review

Stage 1	Establish the purpose and research question	*What systems thinking evidence fosters the effect of workplace civility in practice settings?*
Stage 2	Develop literature search strategies and inclusion/exclusion criteria	Basic search: EBSCOhost combined with PubMed and COCHRANE. Databases: Cumulative Index of Nursing and Allied Health with full text, Academic Search Complete, PsychINFO, Educational Resources Information Center, and ScienceDirect. Key words: "incivility," "bullying," "nursing," "nurses," "practice," "healthcare," and "organizations," "systems," "systems thinking," "systems practice," "workplace," "employee incivility," "hospitals," "acute care," "lateral violence," and "vertical violence." Inclusion criteria: published in professional, blinded peer reviewed journals, between 2000 and 2017. Exclusion criteria: Two key words or less not in title or abstract.
Stage 3	Identify data evaluation and results	Articles placed on an internet file warehouse (Mendeley) for the research team to access. Research team reviewed all selected articles, determined quality of study.
Stage 4	Describe data analysis and interpretation	Content analysis was used to determine commonalities and relationships among findings.
Stage 5	Present findings	Two models are provided.

FIGURE 2 Flow for study selection
MMAT, mixed methods assessment tool used to rate the studies for quality.[27]

the three models highlighting workplace civility through a systems perspective.

4 | RESULTS

After review of the 38 articles, five categories emerged revealing themes surrounding incivility in practice. The categories include (1) general incivility, (2) workplace incivility, (3) incivility in nursing practice, (4) suggestions to improve civility for nurses in practice, and (5) systems/ST and incivility in nursing practice.

4.1 | General incivility

From the five articles reviewed in the General Incivility category, findings revealed themes related to: what is it?, antecedents and consequences, and complexity.

4.1.1 | What is it?

Workplace incivility is an international phenomenon with as many as 95% of employees having been exposed.[28] Whether incivility is reported from the victim or the instigator, it causes negative effects on systems such as organizational commitment, voluntary turnover, and job performance.[29] Incivility is manifested in wrongfully blaming others for own errors, gossiping, cursing at others, making ethnic or sexual jokes, and physical intimidation.[93] Kunkel and Davidson[30] delineated between civility and incivility behaviors within organizations. They contended that incivility behaviors were not incorporated into standard employee documents such as job descriptions, interview questions, evaluations, or promotion criteria.

4.1.2 | Antecedents and consequences

Workplace incivility entails significant individual-, group-, organizational-, and societal-level antecedents and consequences. Individual antecedents include the targets of incivility, while consequences include the perpetrators. Group-level consequences data analysis found that mob thinking is synergistic whereby uncivil groups produce more uncivil behavior in a perpetual process. Caring organizational culture is associated with lower workplace incivility. Societal-level antecedents with national dimension are power distance, masculinity versus femininity, and individualism versus collectivism. Nations with feminine cultures tend to have greater value for interpersonal relationships. Nations with competitive cultures, such as the United States, result in high incivility. Societal-level consequences involve high medical costs, premature retirement, a greater need for social services and welfare, and increased legal costs associated with lawsuits among individuals, groups, and organizations.[28]

4.1.3 | Complexity

Reio and Ghosh[31] explored the complexities of organizational relationships to employee affect, physical health, and job satisfaction among workers in a variety of jobs. Younger males engaged more often in uncivil behavior. Positive working relationships with coworkers and supervisors predicted satisfaction. Organizational incivility contributed to perceived poor health, as well as a significant effect size of incivility on organizational outcomes. Papa and Venella[32] offered an overview of workplace incivility, contending that there is no simple solution to resolve incivility. The authors suggested strategies such as advocacy for state legislation, creation and enforcement of workplace policies, and the provision of civility education reduce the occurrence of workplace incivility. The authors emphasized the importance of helping employees feel valued, respected, and safe by understanding the impact of workplace incivility, providing real-time support and ongoing resources.

4.2 | Incivility in the healthcare workplace

From the four articles reviewed in the Incivility in Health Care category, findings revealed themes related to: what is it?, antecedents and consequences, and complexity.

4.2.1 | What is it?

Hamblin et al.'s[33] four types of incivility in healthcare setting are as follows: Type I incidents are committed by those with no apparent business relationship to the worker or workplace, usually with criminal intent such as theft. Type II involves a patient or visitor as the offender, Type III involves a coworker as the instigator, and Type IV involves a perpetrator with no business relationship to the workplace, but who has a personal relationship to an employee. Type III events are the most common reported in health care, with power imbalance attributed as the main factor. The perpetrators of these events were mostly female,

TABLE 2 Highly rated research studies ($n = 11$ out of 38)

Incivility categories	General incivility	Healthcare incivility	Nursing incivility
Primary author/ publication year	Reio[31] Trudel[29]	Evans[34] Hamblin[33]	Budin[39] Hutton[51] Spence-Laschinger and Day[57] Vessey[45] Vogelpohl[38] Wilson and Diedrich[46] Wilson and Phelps[49]
Samples	Reio, $N = 402$ Trudel, $N = 289$	Evans, $N = 170$ Hamblin, $N = 1{,}500$	Budin, $N = 1{,}407$ Hutton, $N = 184$ Spence-Laschinger and Day, $N = 612$ Vessey, $N = 303$ Vogelpohl, $N = 135$ Wilson and Diedrich, $N = 130$ Wilson and Phelps, $N = 500$
Measurements	Reio, workplace adaptation questionnaire; Warr's workplace-related affect scale; Bennet and Robinson's scales of interpersonal deviance and organizational deviance; Cassidy's Physical Healthiness Rating Scale, and Michigan Organizational Assessment Questionnaire. Trudel—The Workplace Incivility Scale; DUTCH Conflict Management Style Scale	Evans, Negative Acts Questionnaire Hamblin—Workplace violence incident reports	Budin, modified Manderino and Banton's verbal Abuse scale Hutton, incivility in health care survey; Spence-Laschinger and day, Workplace Incivility Scale Vessey, Survey—author created, focus is on the impact of bullying on vulnerability, retention, and cost to quality of care Vogelpohl—Negative Acts Questionnaire revised Wilson and Diedrich – AACN survey of seven crucial conversations and lateral violence in nursing survey Wilson and Phelps—AACN's seven crucial conversations in healthcare survey
Outcomes	Reio, younger males engaged more frequently in uncivil behavior. High negative affect and low degree of establishing relationships with coworkers and supervisors (adaptation) predicted more incivility Organizational incivility negatively contributed to poor health perceptions Establishing relationships with coworkers and supervisors and positive affect positively predicted satisfaction, whereas negative affect and incivility made negative contribution to job satisfaction Medium to large effect size supported detrimental effect of incivility on organizational outcomes Trudel, conflict management style predicted frequency of workplace incivility among instigators and targets of uncivil behavior. The integrating and dominating styles significantly predicted both instigator and target incivility, while the accommodating, avoiding, and compromising styles did not attain statistical significance. Incivility causes negative effects on organizational outcomes such as organizational commitment, voluntary turnover, and job performance.	Evans, exposure to uncivil behavior was reported more often among nursing staff than other healthcare professionals. Lack of exposure to uncivil behavior was a significant predictor of intention to stay. Perceptual differences were found between nurses prepared at the baccalaureate and associate degree level Hamblin—in the 199 analyzed incidents, perpetrators were mostly female, full-time workers and more likely to be patient care associates or nurses. Nurses were involved as perpetrators and/or targets in all five of the most commonly identified worker dyads, that is, with other nurses, patient care associates, allied health professionals, and medical residents.	Budin, RNs reporting higher levels of verbal abuse from nurse colleagues had lower job satisfaction, and less organizational commitment, autonomy, and intent to stay, and perceived their work environments unfavorably. Hutton, correlations were found between workplace incivility and productivity from direct supervisors, patients and other nurses. Spence-Laschinger and Day, nurses perceptions of empowerment, supervisor incivility, and cynicism were strongly related to job satisfaction, organizational commitment, and turnover intentions. Vessey, bullying caused significant patient-directed quality performance and workforce implications. Vogelpohl—nursing peers, physicians, or a patient's family were the main sources of bullying, the workplace and is affecting the new graduates' work performance and intention to stay. Wilson and Diedrich—nurses who had witnessed or personally experienced incivility were significantly more likely to plan to terminate employment. Effects included diminished productivity and increased absenteeism. Wilson and Phelps—nurses who experienced incivility reported performing patient interventions that could compromise patient care or safety. Hospital-level leadership is needed to address and manage incivility to prevent patient harm.

Research studies were rated for quality according to the Mixed Methods Assessment Tool.[27]

mean age of 45.2 years; employed full-time with a mean tenure with the health system of 11.7 years. Nurses were involved as either perpetrators or targets in all five of the most commonly identified events: verbal aggression harassment (bullying, assault, and threats). Evans[34] found that incivility occurred across the organization, however nurses stood out as more likely to be victims, and a positive work environment correlated with greater intent to stay. Logan[35] found that the lower the workplace incivility, the higher the level of leadership, trust, and communication.

4.2.2 | Antecedents and consequences

Four studies provided evidence regarding triggers for healthcare workplace incivility. Evans[34] identified that a negative organizational climate causes higher turnover intentions, and those who work in higher stress areas with higher patient acuity are more likely to experience incivility and burnout. Hamblin et al.[33] identified characteristics of perpetrators that affect employees, leading to negative patient outcomes. Logan[35] found that higher levels of team performance improved civility in the workplace, especially when workplace leadership was founded on principles of trust and open communication. Abdollahzadeh et al.[36] reported that within workplace settings, nurses can do many things to prevent incivility, including improving civility knowledge, skills, and communicating effectively. The authors contended that healthcare organizations must pay attention to the workload of employees, support them in preventing incivility, and decrease doctor-initiated incivility.

4.2.3 | Complexity

The complexity of the health system lends itself to incivility through a culture that transcends the entire system. Evans[34] reported that uncivil behavior can exist across an entire organization, especially those units staffed with nurses, the employee group most frequently identified as victims of incivility across healthcare settings and professionals. On the other hand, Hamblin et al.[33] revealed that in healthcare systems, nurses were more likely to be the perpetrators than non-nurses, indicating that characteristics of perpetrators impact large, complex healthcare systems. Perpetrator's characteristics included repeat offenders, mostly female, full-time, and middle-aged. Logan[35] contended that cooperative team dynamics affect workplace civility by improving the quality of patient care in complex medical centers.

4.3 | Incivility in nursing practice

From the 21 articles reviewed in the Incivility in Nursing Practice category, findings revealed themes related to: what is it?, antecedents and consequences, and complexity.

4.3.1 | What is it?

Incivility in nursing practice has been described by victims to include such feelings as public humiliation, being isolated and excluded, experiencing excessive criticism by other nurses, and causing increased stress levels at work and at home. Incivility occurs at all organizational levels and takes the form of gossiping, sabotage, backstabbing, lying/untruths, sharing or withholding information, bullying, criticism, denying time-off, having unrealistic expectations of new nurses, exerting pressure to mold behaviors, deliberately not helping another complete work, rolling of the eyes in response to a question, and demeaning remarks.[37]

Victims were most likely to be new graduates who often hide incivility experiences.[38] Budin et al.[39] found that they experienced higher levels of verbal abuse from nurse colleagues, and were more likely to be unmarried, work in a hospital setting, or work in a non-magnet hospital. The authors described that victims had lower job satisfaction, less organizational commitment, autonomy, intent to stay, and perceived their work environments unfavorably.

Croft and Cash[40] found that seasoned nurses and nurse managers were most likely to be the perpetrators, and that conflict management styles of workplace managers influenced incivility among the organizational members. Instigators of incivility were more likely to use the dominating style, showing a stronger concern for themselves over others. An integrative conflict management style was associated with more civility, and fewer victims.[29] Rosenstein and O'Daniel[41] identified that nurses behaved poorly almost as often as physicians, and that incivility had a worsening effect on stress, frustration, concentration, collaboration, communication, and workplace relationships, among both nurses and physicians.

4.3.2 | Antecedents and consequences

Power imbalances between employees were identified as antecedents by Embree and White,[42] Fredrick,[43] Hamblin et al.,[33] Oyolele and Hanson,[44] and Samnani and Singh,[28] which led to aggression between nurses. From an individual perspective, incivility may contribute to a victim's low self-esteem, depression, self-hatred and other personal, emotional, social, psychological, and physical effects. From an organizational perspective, three categories of antecedents to incivility between nurses emerged (1) organizational, (2) personal, and (3) cultural.[42]

Consequences to incivility have been shown to inhibit the growth, learning, and work performance of new nurse graduates, especially when it is perpetrated by other nurses, physicians, and/or patients' families.[43] Many nurses targeted with incivility resigned from the workplace, with or without future jobs secured[45] at the expense of the healthcare facility and to the nurse graduate.[38] Incivility can lead to intense and continuing effects on the victim, including decreased workplace productivity and increased absence from work.[46] In addition, incivility can affect nurses' mental health, cause decreases in productivity, and lead to potential patient safety concerns.[47]

The most concerning finding was that incivilities were perceived to result in adverse events such as medication errors, patient safety infractions, mortality, issues between employees and patients, decreased care quality, and patient satisfaction.[2,48,49] Houck and Colbert[2] found that incivility impacts patient safety related to errors in treatment or medication, patient falls, delayed care, adverse events or patient mortality, altered thinking, silence or inhibits to communication, and patient satisfaction. Blair[48] reported errors associated

with incivility often occurred in stressful units, such as emergency departments.

4.3.3 | Complexity

Shrinking resources add to toxicity in work environments, which can lead to increased turnover/retention, higher workloads, and lower workplace cooperation, thus placing patients at higher risks for patient-related errors.[42] Dehghan et al.[50] concluded that dignity and respect are indications of a positive environment, and that leadership in complex systems is paramount to civility between nurses. There was a positive relationship found between stress and burnout, and both factors were related to workplace incivility and intention to leave their place of employment.[10,39] Hutton and Gates[51] identified correlations between workplace incivility from direct supervisors and patients on their work productivity in complex work environments, reporting the impact of incivility on annual productivity costs exceeded a one-fourth million dollars.

Dzurec et al.[52] contended that incivility among nurses is a consequence of history and personal experience, which contributes to victimization. Dzurec and Bromley[53] suggested workplace incivility is explained by *catastrophization*, an "exaggerated negative orientation toward noxious stimuli."(p248) The authors stated that incivility serves to "engage bullies and victims into a mutual process of rumination, magnification, and helplessness," where those involved may gain intellectual and emotional satisfaction from the roles they play in the process.(p250)

On the extreme end of incivility is workplace violence. Park et al.[11] found that the prevalence and the perpetrators of violence increased in nursing units with stressful work demands in complex health system, identifying patients, physicians, with patients' families as the main perpetrators of violence. Verbal abuse was the most prevalent form of violence followed by threats of violence, physical violence, and sexual harassment.

4.4 | Suggestions to improve civility for nurses in practice

From the 16 articles reviewed in the Suggestions to Improve Civility for Nursing Practice category, findings revealed themes of prevention strategies, leadership, and education.

4.4.1 | Prevention strategies

A multitude of strategies to combat the occurrence and effects of incivility in nursing practice settings are found in the literature. Despite all of these initiatives, incivility still exists in many levels within nursing systems. Wu[54] notes that successful, enduring interventions for workplace incivility are focused on prevention, with training workshops with skills building components. McNamara[94] suggested specific approaches for the reduction of incivility including: (1) zero tolerance, (2) education, (3) role modeling appropriate behavior, and (4) addressing uncivil behavior. A second framework for reduction of incivility, which can be applied to both practice and academic settings recommends that incivility be acknowledged as a problem and simulation used as an educational strategy to promote practice.[3] Tecza et al.[55] developed a survey to assist nurse leaders in developing evidence-based interventions to combat incivility, leading to healthier work environments.

4.4.2 | Leadership

Individuals in organizational leadership/administrative roles may reduce the occurrence of workplace incivility in the practice setting through leadership behaviors and creation of supportive environmental cultures.[49,56–58] Clinical leaders who role model courage and open communication demonstrate authentic and transformational leadership, compassion, and caring behaviors have been shown to foster healthy workplaces, reducing or eradicating nurse incivility in the workplace. Transformational leadership styles contribute to a more satisfied nurse workforce.[43,56–59] Organizational leaders who show commitment to supporting incivility policies protect employees from workplace aggression.[49] Taking a zero tolerance stance for workplace incivility along with mentoring cultures creates an environment of authentic leadership, genuine caring and respect for nursing staff, and open communication.[43,54,56,59]

4.4.3 | Education

Employees, who receive education regarding how to recognize and correct incivility, may protect themselves and patients from harm.[48] Griffin and Clark[60] contended that cognitive rehearsal may lead to a more civil workplace culture, which in turn may lead to enhanced safe, quality patient care. Vessey et al.[45] recommended nurse residency programs with interactive learning activities to teach new nurses, preceptors, and managers how to recognize incivility and how to develop professional fortitude and assertiveness for finding resources to manage incivility. The authors recommend mandatory education promoting the American Nurses Association[61] Code of Ethics (2015) for nursing students, new graduates, and practicing nurses as a means of recognizing and addressing incivility. Osatuke et al.[62] identified significant changes in employee's perceived levels of civility following participation in the Civility, Respect, and Engagement in the Workforce (CREW) initiative. Employee participation in the CREW training initiative was found to be positively correlated to increased civility levels among the workgroups.

4.5 | Systems/systems thinking and incivility in nursing practice

All 38 of the studies were reviewed for systems-level evidence, which identified, explained, and evaluated workplace incivility among healthcare workers, especially among nurses, as an international concern in health systems. The interconnectedness of the system layers are bound by productivity policies, reimbursement, and accrediting agency standards.[55] Increasing work productivity assessments can be used to balance budgets. Productivity assessments should contain such things as nurses' health, patient safety, work lost, absenteeism, poor work performance, and the cost of lawsuits and attrition.[38,41,47,50]

Osatuke et al.[62] asserted that an organizational climate of incivility influences underachievement of organizational outcomes. Griffin and Clark[60] linked organizational vision, mission, and values representative of civil culture. Kunkel and Davidson[30] identified that both civil and uncivil behaviors are measured as part of performance management systems within multiple industries. Fredrick[43] associated powerlessness with intent to leave within the first 3 years of nursing practice. Warner et al.[47] highlighted relationships between nurses and technicians, unit secretaries, respiratory therapists, case managers, supervisors, physicians, patients, and visitors as common to incivility.

Lynette et al.[3] suggested that incivility in nursing practice is a learned behavior stemming from professional socialization in academic settings. The authors explained that nursing students can be bullied by one another and by faculty in both face-to-face and online learning environments. Lynette et al.[3] linked uncivil behaviors to the "unique vulnerability of nursing students"(p264) and the competitive nature of succeeding in education. In addition, experiences with incivility invoked feelings of intimidation, anxiety, and depression that continue into professional relationships established during a new graduate's first job.

Noland and Carmack[63] conducted a study to identify the messages nursing students receive and learn during their clinical rotations regarding communication of patient-related errors. They identified three primary messages learned in the clinical setting to guide their communication regarding errors: (1) not everyone hears about errors, (2) hierarchy matters, (3) passive communication is the best way to interrupt or report an error.(p1234) The authors suggested further research is needed on communication interactions between academic and practice settings regarding the nature of student errors and the possible long term effects on nurse graduates.

5 | DISCUSSION

Evidence from this study confirmed that incivility in practice exists internationally, within, and across healthcare organizations. Results signified that incivility is complex, affecting individuals, groups, organizations, and societies,[28] ranging from mild impertinence to full-scale violence.[33] Among nurses, an ongoing trend of incivility results in reduced quality of patient care,[2] as well as increased patient-related errors across practice settings.[41]

Findings are congruent with the Joint World Health Organization and United Nations (WHO/UN) (June 2017) *Statement to End Discrimination in Health Care Settings*, implying incivility negatively affects global health, especially female workers, and care recipients. The WHO/UN statement points out oppression as a barrier to civility through such variables as physical/sexual violence, wage/salary gaps, and the inability and/or opportunity of many female nurses worldwide to lead decisions about the very care they provide.

5.1 | Leadership

Evidence from this review revealed that leadership, whether positive or negative, directly affects civility.[28,35] The positive attributes of leaders affecting civility include such things as role modeling courage, fostering open communication, being honest and compassionate, and demonstrating empathy. The leadership structures that support organizational civility do so with foundational principles of trust and communication,[35] dignity and respect,[50] and mentoring of caring behaviors.[43] Commitment by organizational management supporting civility through policies to protect employees from incivility, and taking zero tolerance stances, can create and sustain organizational civility.[54,56,59]

In complex health systems, supportive organizational leadership is needed to provide a structure in which civility can thrive. Zero tolerance policies regarding incivility are helpful, along with reporting mechanisms, continuing education about civility, and rewarding civil behavior.[54,56,59] The Joint WHO/UN (2017) statement encourages the creation of national laws, policies, and practices to foster and perpetuate human rights standards, including civility, to impact global health.

Some leadership styles are more effective at promoting civility than others. For example, transformational leadership has the strongest correlation with low levels of incivility in practice settings,[64] and resonant leaders have the most impact on reducing incivility within academic settings.[65] Prosocial, authentic, and servant leadership styles offer a moral compass for workers to follow in terms of mimicking ethical behavior.[66,67] Clinical nurse leaders who have completed education on incivility, based on the ANA *Code of Ethics*, set the stage for organizational civility.[45]

Leadership within an organization is needed to stop uncivil behavior by establishing and using policies to hold perpetrators responsible for their harmful actions to others. Senior management can reverse these ongoing trends by changing the "way things are done around here" to a culture of civility. Uncivil behavior is costly to the organization, to individuals, victims, and to patients in health care. Leadership may need to be convinced that uncivil employees, who are often their supporters and friends, must be stopped in order for the benefits of a culture of civility to survive (Workplace Bullying.[21]

5.2 | Nurses as targets in the model of workplace incivility across health systems

Findings from this integrative review revealed a context of workplace incivility across health systems (Figure 3), where the nurse is the core target of incivility within the broader context of an international health system in crisis. In the context of incivility, patients and family members often target the nurse. That is, nurses frequently are at the core of incivility facing verbal abuse, physical assault, and injury, while providing care.[68,69]

The WHO[1] and the International Council of Nurses[70] attribute workplace incivility to factors including the global nursing shortage, aging society, and power imbalance among physicians and administration health hospital systems. These variables provide an incoming crisis for many nurses globally who have not historically had the power to make decisions about the care they provide within their healthcare systems. Recently, several nursing organizations, Quality and Safety Education for Nurses[71], Sigma Theta Tau International[72], and the National

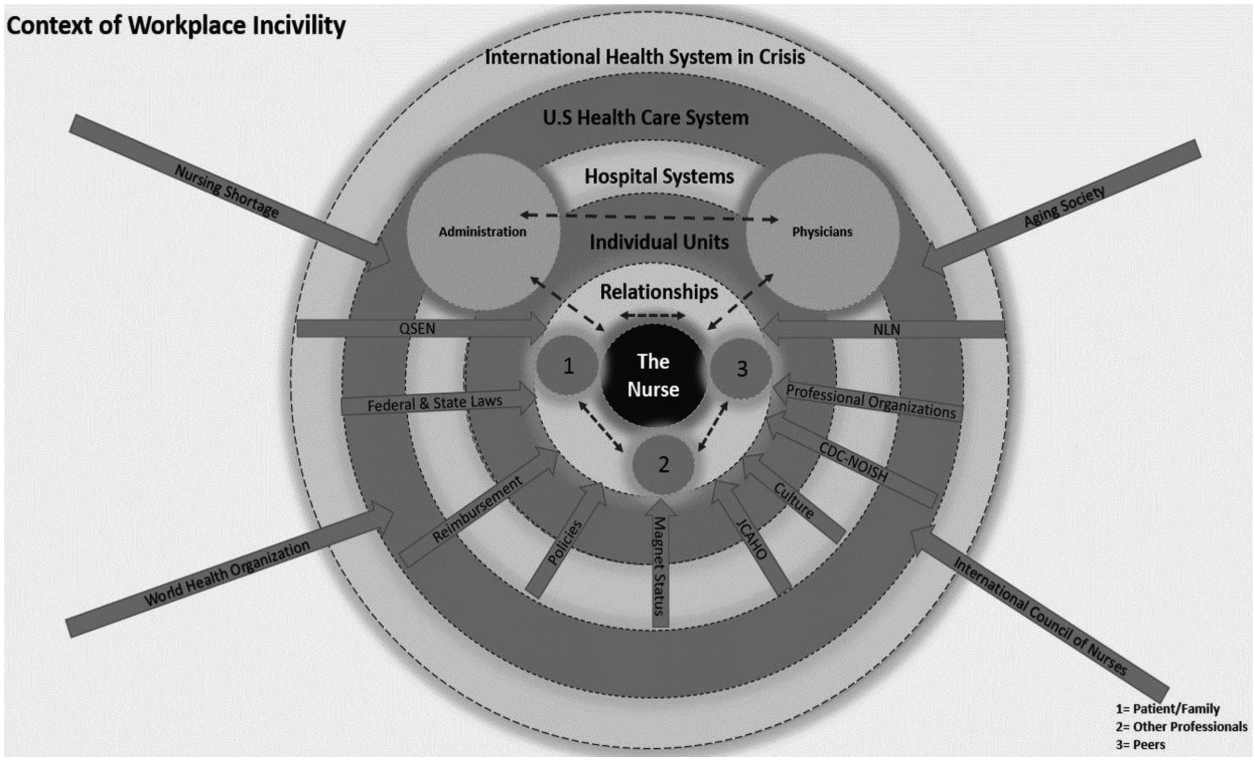

FIGURE 3 Context of workplace incivility across health systems

League for Nursing[73] have begun to focus on international partnerships to improve nursing care.

Examples of complexities related to incivility for nurses can be seen in the U.S. healthcare system, which comprises federal and state laws to regulate skyrocketing costs of health care. The Center for Disease Control and Prevention-National Institute for Occupational Safety and Health (CDC-NOISH) offers funding and education programs to address the epidemic of national and international workplace incivility.[33] Professional nursing organizations such as the AACN work to establish best practices for civility.[32,48] Evans[34] highlighted how the AACN *BSN Essentials VI*, Interprofessional Communication, and Collaboration for Improving Patient Health Outcomes were designed to influence nursing practice while transforming U.S. healthcare system.

The Joint Commission Accreditation Healthcare Organizations[74] established standards for excellence in nursing care to propel best practice from which much hospital policy is established. Although these variables are established to address the problem of incivility, the standards for excellence are challenging for nurses in that covert consequences for not meeting expectations makes it nearly impossible for nurses to provide safe, competent care.

Globally, incivility has existed in numerous practice settings for decades despite national and international directives to quell it, thus adversely impacting quality and safety of patients. Now is the time to break the cycle of incivility in nursing practice in order to focus on improving patient quality and safety. The dissemination of literature to address incivility is prolific, showing its impact on patient safety, nurse burnout, intention to leave places of employment, and leaving for another job.[2,10,58] Overall, Figure 3 depicts a systems perspective of how a culture of incivility inwardly targets the nurse.

5.3 | Recommendations for improving civility in practice

Evidence from this integrative review shows that strategies to improve civility can be categorized into three areas: prevention strategies, leadership, and education. Table 3 highlights some strategies that have shown promise in improving civility and consequently patient outcomes. However, none of these strategies specifically addresses ST for civility in health care. We can learn from other disciplines that use ST for improvement science, such as engineering,[75] whereby ST in the Swiss Cheese Model is a viable tool for accident analysis in train derailment. In aeronautics, collaborative ST has enabled teams to make informed decisions about the safety and training needed in the industry.[76] ST is paramount in health care in order to reach levels of leadership to transform complex healthcare systems for a culture of improved quality and safety.[24,77] Globally, there is a critical need to advance a culture of health for people of all nations, with a prepared workforce that is educated in ST to promote cultures of health in all systems of care.[78]

5.3.1 | The solution is systems thinking: A model for ongoing awareness education for system civility

A *White Paper on Recommendation for a Systems Based Practice Competency* incorporates ST to improve patient quality and safety in health care.[79] Recommendations employ a total system transformation by integrating systems based practice (SBP) into both education and

TABLE 3 Examples of strategies shown to improve civility according to defining attributes and references

Strategies	Defining attributes	References
High reliability organizations	Employs systems approaches to improve civility and manage complexity	Jahn, J. L.[83]
Magnet organizations	Nurses working in Magnet agencies report higher satisfaction, less incivility, reduced medication errors, and higher intent to stay	Myers G, Côté-Arsenault D, Worral P, et al.[37(p630)]
Lean Six Sigma	Relies on team efforts to improve performance by systematically removing waste and reduction variation, which can be used for civility training	The Joint Commission.[19] Leiter and Maaslach.[84]
TeamSTEPPS	Designed for healthcare professionals to improve patient safety through a teamwork system by improving communication and teamwork skills	Agency for Health Care Research and Quality [AHRQ] Team STEPPS[85] Clark, C. M.[86]
Just culture	A model that holds organizations accountable for the system they design and how they respond to staff behaviors with fairness and justice	Boysen, P. G.[87]
Swiss cheese model	An inherently flawed system, similar to holes in Swiss cheese, allows errors to progress through a system unchecked	Reason, J.[88]
Institute for Healthcare Improvement	Contends that a lack of civility adds to the stress and demands of healthcare professionals, contributing to burnout and turnover, setting the stage for unengaged employees in taking action for improvements in health care. IHI calls for a zero-tolerance policy for harassment	www.IHI.org[89]
Triple AIM	Implemented through Whole System Measures 2.0 that provides healthcare system leaders guidance on agency outcomes specific to population health, care experiences, and per capita costs	Martin L, Nelson E, Rakover J, Chase A.[90]
American Nurses Association (ANA) *Code of Ethics*	Employs a code of conduct for inclusion and diversity among all nurses	Schmidt, B. J., MacWilliams, B. R., and Neal-Boylan, L.[91]
American Association of Colleges of Nurses (AACN), Bachelors of Science in Nursing (BSN) essentials	*BSN Essential II* emphasizes ethical decision-making, conflict resolution and awareness of system complexity. *BSN Essential VI* emphasizes effective and respectful communication to improve patient outcomes	AACN.[95]
National League for Nurses (NLN)	Position statement on ethical principles for nursing education, reinforcing core values to promote academic and professional integrity, and enhancing patient care and positive outcomes	NLN Position Statement[96]
National Council of State Boards of Nursing (NCSBN)	Created a social media guidelines for nurses to promote civility in nursing	Social media guideline video[92]
Quality and Safety Education for Nurses (QSEN)	Six competencies for nurses related to improving patient quality and safety: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics	www.QSEN.org

practice settings. The authors also propose a comprehensive continuing education program for nurses upon license renewal. One component of SBP involves civility skill development, training, and mastery using ST. Other aspects involve formalizing mentorship programs for patient-related error mitigation such as medication reconciliation. The integration of ST forethought into practice, allows nurses the opportunity to lead in complex healthcare systems (Figure 4).

The benefits of institutionalizing ST into healthcare systems includes decreasing the academic-practice gap between the classroom clinical settings, and placing patients and families at the core of a civil system where collaboration and partnership with nurses on all levels lead to improving patient outcomes. Overall, Figure 4 builds from Figure 3 depicting how ongoing awareness education promotes a culture of civility wherein interprofessional team-based relationships support patient- and family-centered care.

The integration of ST into academia was accomplished by Phillips et al.[77] through the use of a systems awareness model (SAM). SAM advanced ST across curricula to foster leadership in quality and safety among RN-BSN students. The model employs seven steps beginning with basic nursing care, advancing to leading complex healthcare systems. As nurses progress along the steps, the concepts of personal effort and reliance on authority decrease, and critical reasoning and awareness of interdependencies increase. These concepts are aligned

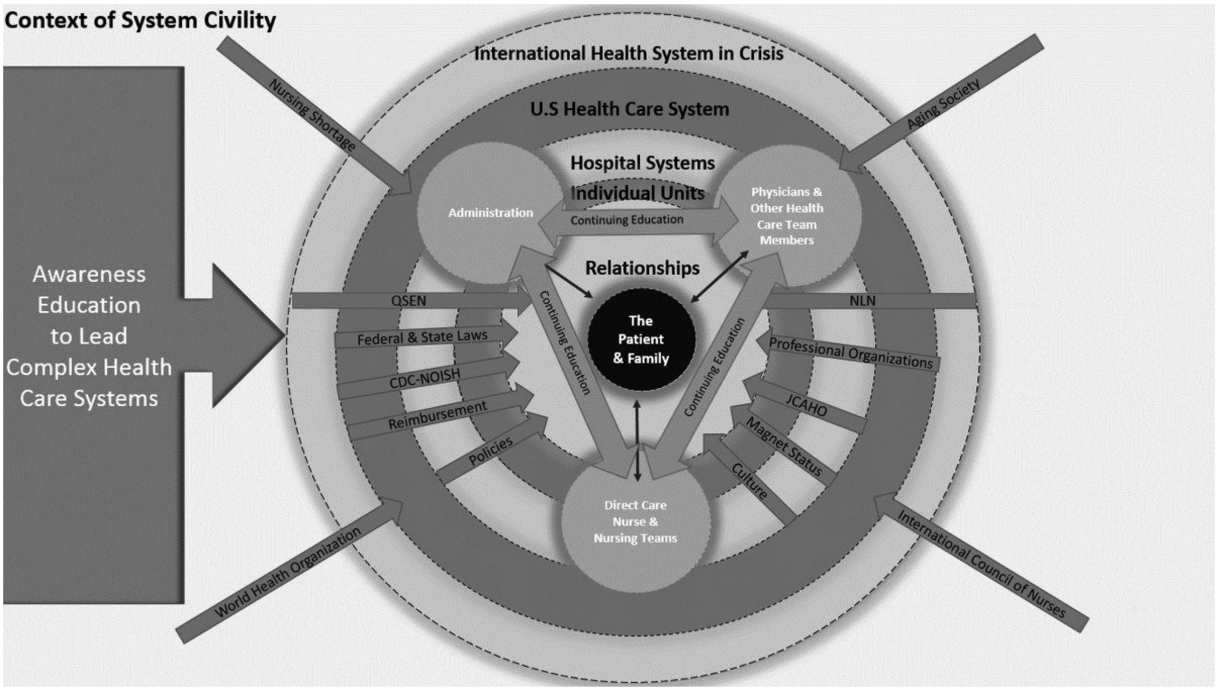

FIGURE 4 Ongoing awareness education in the context of system civility

with Dolansky and Moore's[24] ST Scale allowing for system-level outcome measurements. The SAM is theoretically applicable to practice settings in determining the impact of system-based practice (SBP) on patient outcomes. SAM can be used to lead SBP, ultimately to improve patient quality and safety.

5.4 | International implications for practice

Due to the growing number of profound global patient safety issues, international patient safety initiatives have been in place in a number of countries.[80] At the Second Global Ministerial Summit on Patient Safety,[4] delegates from 45 countries met to compile best practices in patient safety. This summit was an example of ST on a global level to improve a culture of health. The WHO[81] released an interprofessional guide for patient safety education, revealing that ST is paramount to preventing patient-related errors. ST can be applied to error prevention caused by incivility, taking into account the flaws in the system, rather than placing blame on the people closest to the error.

Global health systems, whether they be as small as an individual family or as large as a regional, national, or international health system, continue to present common challenges for nurses,[82] including the need for interprofessional teamwork and collaboration for patient quality and safety. ST is necessary to empower nurses and interprofessional healthcare providers to guide the future of global healthcare in quality and safety.[77] Incivility impedes patient quality and safety through clouded thinking by the victim, which correlates with increased patient falls, medication errors, and readmission rates.[2] Incivility also contributes to workplace dissatisfaction and turnover, leading to costly effects for health systems overall.[28] ST for civility can lead global efforts to improve quality and safety.

6 | LIMITATIONS

No studies were found to explain incivility across the nursing continuum, from education to practice settings. Studies were found to have limited research designs. All studies were written in English, therefore some research may have been overlooked.

6.1 | Recommendations for further research

Recommendations for further research to address health systems improvement include: (1) determination of the transference of uncivil behavior from academic to practice settings; (2) determination of whether SAM can enhance system outcomes, and (3) employing SAM as a guiding framework in developing a SBP competency to educate nurses on civility.

7 | CONCLUSION

This integrative review revealed evidence that civility improves quality and safety in health care. It offers an international systems perspective on incivility in nursing practice. Three models depict the whole healthcare system, highlighting how nurses are challenged to lead amidst complexity, and the need for ST to lead in complex healthcare systems. Themes identified in the study include suggestions for improving civility resulting in better system-level patient quality and safety outcomes. A case for integrating ST and establishing a systems-based practice competency is offered.

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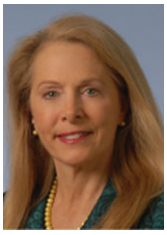

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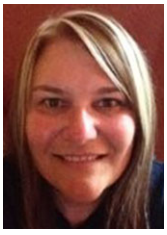

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