

Interprofessional organizational and System leadership

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**Introduction**

Incivility at the workplace can lead to negative health consequences on both physical and psychological levels. It could affect one's self-image, decrease self-esteem, self-confidence, and self-efficacy, and can lead to depression. According to Di Fabio and Duradoni, 10 to 20% of workers have witnessed incivility daily and 20 to 50% have affirmed that they have been the target of mistreatment at the workplace. Because of globalization, technological advancement and rapid economic changes workplace can be stressful making it difficult to cope, there is an increased perception of time pressure making workers uncivil in their behavior. This paper describes the result of my workplace assessment based on Clark's Healthy Workplace inventory, a review of the literature of the article I have selected, and strategies to create high-performance Interprofessional Teams.

**Work Environment Assessment/Two things that surprised me about the result**

Based on Clark Healthy Workplace Inventory, my workplace scored 95 out of 100, which is considered a very healthy workplace, I also considered my workplace as a healthy workplace. I am employed at my current workplace for 4 years now and I recommend this as a good place to work for my friends and family because a healthy work environment enhances job satisfaction and great patient outcomes.

The two things that surprised me about the results are the two domains where we scored less and that is “high level of employee satisfaction, engagement, and morale” where we scored less and the other one is “Communication at all levels of the organization is transparent, direct, and respectful” where we scored less too. These two are considered crucial to making a workplace civil and despite scoring less on those two we still fall in the very healthy workplace category. There are times when there is not clear communication among health care workers especially when we get off-service patients in our unit. I work in Neuro ICU and we always have providers available for neuro patent in the unit but when we get off-service patients, we don’t see the providers for that particular patient and it's not easy to get in touch with off-service providers, they place orders that we find unclear, maybe we are not used to that type of orders and when talking to them they get upset that we are calling them a lot, It was only last week that we have an off service patient in our unit who was critically ill, they have already attempted a cardiac procedure three times on dayshift and was unsuccessful and they were planning to attempt one more time. After the assigned nurse got the report from the day shift, she mentioned to me as I was the night shift charge, that it was not safe to attempt the procedure again. I completely agree with her because firstly Nurses on our unit are not familiar with that type of procedure and secondly, they have already attempted it three times and the patient is a high risk for bleeding as he was on a heparin drip. I think it would be beneficial if they do the procedure in the Operation room, the assigned nurse already spoke to the resident, who was not respectful to her, and said we do this all the time in Cardiac ICU and it is ok to do on the unit, I called the attending and told her that we are concerned about the patient and we don’t feel safe doing the procedure on the unit, thank god the attending was nice and understood my concern and we immediately transferred the patient to Cardiac ICU. I found the resident was not respectful, there was no communication with the attending by the residents about the number of failed attempts to do a procedure in a different unit where the nurses are not familiar with the procedure.

Going to the second domain, When I first started working in this organization, there was employee satisfaction and engagement in my workplace, but after covid pandemic, I found this lacking because we are mostly short-staffed, and in ICU we have to pair a patient that needs to be singled due to staffing issue leading to no employee satisfaction and no quality care compelling nurse to quit leaving us more short staffed and burnout.

Another surprising thing about this assessment for me was the effect that different types of employees have on the civility of the workplace and how employees have exhibited their personalities that should have never been exhibited negatively in their workplace to make the workplace incivility an unhealthy place to work.

**One idea I believed prior to conducting the assessment**

Prior to conducting the assessment, I was very sure that we will score less on a high level of employee satisfaction, engagement, and morale because of the staff shortage post-pandemic. We have been struggling with staffing, and we are told by our managers that they are hiring more full-time nurses and focusing more on retention. Everyone on our unit is hoping for better staffing currently.

**The result of the assessment Suggest**

The overall score suggests my workplace is a healthy workplace. Despite a few statements that scored less, we still fall in the healthy workplace category. I think we must work on scoring full marks on those 5 statements where we scored 4 because trust is needed among leadership and other members for a better working environment, communication among team members enhances job satisfaction, increases patient safety, and influences the quality of working relationships and according to healthcarecomm.org, communication facilitates a culture of mutual support. When communication about tasks and responsibilities is done well, research evidence has shown a significant reduction in nurse turnover and improved job satisfaction. Those four were considered crucial in maintaining a civil workplace.

**Reviewing the literature:**

**The concept presented in the article**

I selected the article **“Revisiting Cognitive Rehearsal as an Intervention Against Incivility and Lateral Violence In Nursing: 10 Years Later” by Martha Griffin and Cynthia M Clark**. The article updates the literature on how Cognitive Rehearsal, an evidence-based strategy has been successful in addressing incivility and bullying in Nursing. The article provided a historic and updated literature review on cognitive rehearsal by providing an effective evidence-based intervention. Along with physical and mental issues, Incivility has created a financial burden for organizations because according to the article, the annual cost of employees' productivity lost due to workplace incivility can be as high as $12, 000 per Nurse and the cost even goes higher consulting the attorneys and interviewing the witnesses. (Griffin & Clark, 2014) The main purpose of this article is to conduct a literature review on cognitive rehearsal as a tool for addressing and preventing Incivility and lateral violence. Griffing and Clark mention about Incivility, bullying, and Workplace Mobbing can have a negative impact on individual teams and organizations and negatively affect retention, recruitment, and job satisfaction. This usually comes from people in power such as physicians, managers, and experienced Nurses. Since this is a serious issue, the article has presented us with the use of Cognitive rehearsal, a behavioral technique that consists of three parts, participating in. instructions, Identifying and rehearsing phrases, and practicing the phrases about incivility and lateral violence. Cognitive rehearsal has been shown to be effective in preparing Nurses to identify and address incivility and lateral violence. Using respectful expression, speaking with confidence, and being well prepared to address incivility and lateral violence will empower nurses to break incivility and lateral violence.

**How the concepts relate to my workplace**

The article talks about identifying and practicing certain phrases to address incivility and lateral violence as a part of Cognitive rehearsal, Incivility is seen more in communication, my organization scored less on communication and the incident that occurred in my workplace is about not clear communication between the resident and the attending and resident being disrespectful with the nurses. The nurse on the day shift didn’t speak up about the issue, according to the article speaking up is an effective intervention. If someone is not comfortable with what to say in this kind of situation, then cognitive rehearsal can help in this situation as nurses can practice premade phrases to confront and stop lateral violence.

**How my organization can apply the theory**

Based on the article, my organization should train employees on the Team STEPPS approach, as a part of Cognitive rehearsal. Using CUS words to improve patient safety. For instance, in that conversation with the resident my Nurse could have said, I am **concerned** about my patient, I am **uncomfortable** that the procedure has been attempted multiple times in a different unit where the nurses on the unit are not experienced to assist with this type of procedure and I am worried about my patient **safety** at this time. If the resident was still disrespectful, based on the article we can use the CUS word again by saying I am **concerned** about your tone of interaction with me, I am **uncomfortable** talking to you and I am worried that my being stressed can affect patient **safety**, can you please talk to me in a respectful way. Using CUS word issues an alert about patient safety improving communication and teamwork between health care professionals.

**Evidence-based strategies**

**Two strategies, supported in the literature**

Strategies, supported in the literature that can be implemented to address shortcomings revealed in my work environment assessment are breaking the silence as a part of Cognitive rehearsal in the first place. Using CUS, as a part of team STEPPS can be a valuable evidence-based strategy. Another Strategy can be using Deliberate repetitive practice (DRP), where an individual can master psychomotor skills by following three primary phases that include grasping the skills on how to execute them accurately, secondly refining the skills until it is more consistent, and lastly practicing until it comes automatic, and the individual does not have to think consciously about each step. (Clark., 2019)

**Strategy to bolster successful practice:**

There must be effective communication among leaders and workers, among doctors and nurses, between everyone to ensure clarity, when a novice nurse reports an uncivil behavior of an experienced nurse to a leader, then the leader must address the issue of incivility and lateral violence boldly and encourage a safe healthy work environment. The mission and vision of the organization should line up with the concept of respect and civility. (Clark, 2013a)

Providing competitive salaries, benefits, compensations, and other rewards can be another strategy to bolster successful practice. This was the domain listed on the Clark Healthy Workplace assessment and this was one of them when my organization scored one point less. Satisfied employees can provide quality care, many times even civil employees show uncivil attitudes when he/she is not getting appreciated despite doing hard work every single day making the entire workplace unhealthy.

**Conclusion:**

Incivility in healthcare organizations can affect patients, employees, and the entire organization negatively. Literature proved that cognitive rehearsal an evidence-based strategy can benefit in obtaining civility and making a healthy workplace. Aligning civility with the mission and vision of any organization can play a significant role in eliminating incivility.

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