Adapting Civility Education in an Academic-Practice Partnership

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Abstract

Background

Incivility results in nursing burnout, decreased job performance, and decreased patient safety. Leaders of an academic-practice partnership developed educational activities promoting organizational civility during the COVID-19 pandemic. The purpose of this paper is to describe a civility educational activity transitioned to a virtual platform, while determining participants' comfort engaging in and responding to incivility.

Methods

Face-to-face education was converted to a synchronous online event, supporting seventy-five nurses, nursing students, and other healthcare professionals in attendance. Activities consisted of cognitive rehearsal techniques, breakout rooms, simulation videos, group debriefs, and panel discussions delivered through Zoom and Mentimeter software.

Results

Workplace Civility Index (WCI) results from pre-test to post-test were significant. Seventy-two percent of participants were not comfortable gossiping about others, but only 30% were comfortable responding to incivility.

Conclusion

Promoting civility awareness through an educational virtual platform using cognitive rehearsal techniques and reflection provides support for our current and future nurses.

Keywords: civility, healthy work environment, nursing

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Adapting Civility Education in an Academic-Practice Partnership

Introduction

The COVID-19 pandemic created a global public health crisis resulting in increased overall mortality (CDC, 2021), decreased longevity (Arias et al., 2021), and more than 2.5 million COVID-19 related deaths (Johns Hopkins University, 2021). The wide-reaching pandemic impacts on everyday life, global supply chains, individual health and well-being, health systems, healthcare provision, and healthcare providers have resulted in significant systemic rapid cycle change (Blumenthal et al., 2020; Leddy et al., 2020; Queiroz et al., 2020). Moreover, the inter-professional healthcare workforce experienced unprecedented peacetime equipment and personnel shortages as COVID-19 caseloads and hospitalizations surged. Healthcare professionals experienced anxiety, post-traumatic stress, burnout, and exhaustion while engaged in long and strenuous working conditions, caring for critically ill or dying individuals, and were often separated from family support (Catton, 2020; d'Ettorre et al., 2021; Kang et al., 2020).

Civility may erode in the practice environment with the strains of providing optimal patient-centered care with limited resources during a pandemic. Incivility can have destructive effects on patient outcomes, safe practices, moral courage, and staff turnover rates (Clark, 2019). Frustration with work may lead to a breakdown in communication and an increase in bullying behaviors (Howard & Embree, 2020). When staff members are unable or unprepared to confront challenging interpersonal situations, many revert to silence or violence, perpetuating bullying behaviors (Thompson, 2013). According to Wolf and colleagues (2017), these frustrations, associated fatigue, and workplace violence are leading causes of nurse burnout. Nurse burnout can lead to an overall decrease in job performance (Evans, 2017) and adverse patient care outcomes (Dang et al., 2016).

Emerging research suggests the global pandemic has worsened mental health and work environments for professional nurses (Gomez-Ochoa et al., 2020; Pappa et al., 2020; Shaukat et al., 2020). Thus, interventions to support nurses are needed. Some interventions have been effective in increasing communication and decreasing acts of incivility. One study used an asynchronous educational

activity to increase a nurse's civility and ability to hold critical conversations (Howard & Embree, 2020). Cognitive rehearsal training in combination with civility education has also been found to be an effective communication tool to respond to incivility in a proactive and professional manner (Razzi & Bianchi, 2019).

However, the COVID-19 pandemic has influenced how formal pre-licensure education and continuing professional education are provided. The pandemic gave rise to new learning environments, assessments of learning needs, approaches to teaching, and best practice guidelines to meet the needs of a newly locked down student population and stretched front-line workforce (Hickling et al., 2021). Healthcare education during the pandemic rapidly transitioned to support learners and organizations. An emphasis on the learner was crucial for deploying appropriate technology, establishing ease of access, furnishing discussion points for reflection, and ensuring overall flexibility (Anderson et al., 2020).

The academic-practice collaboration between members of our university and the local hospital was faced with the challenge of transforming an educational activity on civility in healthcare. The previously planned face-to-face learning event was pivoted to a synchronous virtual activity by the planning team. The goals of the educational activity were to raise awareness of uncivil behavior and practice mitigating uncivil behavior. The planning team, consisting of nursing administration, clinical nurse educators, and nursing faculty, altered the approach to follow social distancing guidelines to keep learners safe while providing a virtual event. The purpose of this paper is to describe an academic practice civility educational activity transitioning to a virtual platform, while determining healthcare professionals' comfort engaging in and responding to incivility.

Methods

Design

This study took place during the beginning of the second surge of the COVID-19 pandemic in North America. An observational descriptive pre-test post-test design was used to measure the effects of the educational activity on civility behaviors. The university's Institutional Review Board (IRB) approved

this study with exempt status. The Clark Workplace Civility Index (WCI) (Clark, 2017; Clark et al., 2018) was utilized for this study. Both pre-test and post-test surveys were administered via electronic links during the educational activity.

The Workplace Civility Index (WCI) was utilized to understand knowledge and awareness gained from the educational activity and administered via electronic links before and after the educational event. The WCI is a valid and reliable measure of an individual's perceived level of civility (Clark, 2017; Clark et al., 2018), and has been successfully used in previous studies in this manner (Howard & Embree, 2020). Participants rated the frequency of civil workplace behaviors on a 5-point Likert scale (1 = never; 5 = always). The 20-item WCI responses were summed with total possible scores ranging from 20 to 100 (Clark, 2017). The lower the score, the more uncivil the behavior, and the higher the score, the more civil the behavior. Scores between 90 and 100 equate to very civil behavior.

Setting and Participants

The educational activity was hosted by a large public mid-western university and health system. A convenience sample of participants attending the civility educational activity was recruited for the study and informed consent was obtained. Participants consisted of prelicensure and graduate student nurses, bedside practicing nurses, educators, professional development specialists, and administrators.

Transitioning to a Virtual Format

As the COVID-19 pandemic began to affect face-to-face educational activities, the planning committee had to consider alternative delivery methods for the professional civility education. With the safety of participants and faculty in mind, the planning committee transitioned to a synchronous virtual education that appeared to be the safest and most viable solution for all parties involved (Opsahl et al., 2021). Multiple technologies for delivering the virtual education were investigated through the academic health center and the university. The planning committee sought technologies that could support optimal learning and assessment and provide opportunities for participant engagement while also being readily accessible and easy to use. University personnel held operational expertise for the chosen technology and were consulted regarding best practice for its use and included on the planning committee. The committee

decided to utilize the university's webinar technology, Zoom, and an interactive presentation software, Mentimeter, to deliver the educational event due to their ease of use, accessibility, and functionality. Zoom provided opportunities to use breakout rooms to promote engagement, enhance group discussion, and practice cognitive rehearsal techniques. Along with the Zoom platform, Mentimeter, was used to engage learner participation, allowed users to answer polling questions, respond to open-ended questions, and develop word clouds. These features added to the content and enriched the discussion. With their ease of use, accessibility, and functionality, this combination of software helped in rapidly transitioning the educational activity into a virtual space while enhancing the esthetics.

The planning team was challenged to determine the best means to support presenters with online technology, to administer the WCI pre-test and post-test to the participants, and to support the Continuing Professional Development (CPD) submission. The planning team reached out to all presenters due to pandemic social distancing changes. Feedback was obtained regarding individual level of confidence in utilizing online technology (Opsahl et al., 2021). University support was made available for training and expedited education for those members of the planning team that needed this instruction. Additional time was spent learning how to facilitate breakout rooms, which was key to support rich participant discussions. Administration of the WCI was originally to be made available via pen and paper survey. The survey was then transitioned to an electronic survey, made available via QR code. This access code was additionally provided on participant content handouts and posted in the chat to help support completion of the survey. The CPD evaluative process was made more difficult due to social distancing requirements. The participants were supported through the CPD process by designation of a staff member to handle all issues and respond to questions. Staff additionally coordinated the submission of the CPD hours and the coordination of certificates to the participants.

In keeping with esthetics enhancement, the planning committee required the presenters to submit content to a secured group storage file one week prior to the educational activity. Once received, all presentations were reviewed for slide consistency and formatting. When the agenda was finalized, a rehearsal was held to allow presenters to practice using the technology with university technology

experts, thereby reducing anxiety, and improving familiarity with the software and engagement in a virtual environment.

Educational Activity

The goal of the four-hour educational event was to raise awareness of incivility and equip attendees with strategies to address incivility. Using the Zoom platform, participants engaged in breakout sessions to describe their experiences with incivility and practice cognitive rehearsal techniques. Key elements intended to prompt a change in behavior were identified. Participants viewed a video demonstrating uncivil behaviors and then were divided into eight breakout sessions. A debriefing of the video was led by a presenter within each group. Cognitive Rehearsal Techniques were practiced in the small breakout sessions. Then, each small group reported the themes of their discussions to the larger group of participants and presenters. The educational content is identified in Table 1.

Data Analysis

Microsoft Excel® was utilized for data management and statistical analysis. A t-test was conducted on the participant responses from the WCI surveys prior to educational content and after the content was presented. Additionally, thematic content analysis was performed on the open comments from the breakout sessions, and frequencies of responses to questions were collated into groups identified by code.

Results

Participant Characteristics

A total of 75 participants registered for the event. Thirty-five participants were nursing students. Nurses from five area hospitals and three universities participated in the educational activity (n=40). Years of experience in nursing ranged from less than one year to 39 years. Most participants were employed at either the local hospital or university where the educational activity would have taken place *(n* = 62, 83%). Of the 75 registered participants, 50 participants completed both the pre-test and post-test for a 67% response rate. Only those participants who completed both surveys were included into the statistical analysis and response rate.

Workplace Civility Index

The mean score for the WCI pre-test was 91.00. The post-test mean score was 95.16 (See Table 2). These changes were analyzed through a T-test and were found to be statistically significant ($t = -4.60$ and $p \leq 0.000015$). The largest changes were observed on the following WCI items: 1) avoid gossip and spreading rumors, 2) speak to the person with whom I have an issue, and 3) assume goodwill and think the best of others. The least amount of change occurred on the following WCI items: 1) communicate respectfully (by e-mail, telephone, face-to-face) and really listen, 2) avoid taking credit for another individual's or team's contributions, and 3) take personal responsibility and stand accountable for my actions.

Types of Incivility

Technology was highlighted during the educational activity and participants engaged in the development of a word cloud to identify prominent forms of incivility experienced. Within the word cloud, the larger the word appeared, the more frequent the word was used by the participants. The most common forms of incivility participants identified as witnessed in the clinical and academic environments were gossiping, eye-rolling, ignoring, being rude, and sabotaging (See Figure 1).

Figure 1. Common forms of incivility

Participants engaged in breakout sessions using the Zoom platform to practice cognitive rehearsal techniques and better understand their experiences with incivility. Thematic content analysis was performed on the open comments from the breakout sessions. Three predominant themes emerged

from the thematic analysis, reflecting participants' experiences with incivility: ignoring, gossiping, and sabotage. Figure 2 lists the themes and illustrative quotes.

Figure 2. Qualitative Themes of Incivility

Themes	Illustrative Example
Ignoring	"Ignoring staff members or acting busy when they ask for help"
	"Excluding new team members from the group until they prove themselves"
	"As staff I was given the silent treatment"
Gossiping	"Nurse complaining about a student's actions to staff and in front of other students"
	"Spreading rumors about other staff"
	"Talking about staff behind their back"
Sabotage	"Hiding information or supplies needed to complete patient care"
	"Undermining another staff by publicly ridiculing staff during a meeting"
	"Talking down a staff member's idea because it is a different perspective"

Most participants were not comfortable engaging in acts of incivility or responding to acts of incivility. Seventy-two percent of participants (n = 43) responded that they were not comfortable spreading rumors or gossiping about others. However, only 30% of participants (n = 18) expressed that they were comfortable with quickly responding to an act of incivility.

Discussion

Our study results yielded several important findings. First, participants demonstrated very civil behavior, as evidenced by their high scores on the WCI. Civil behaviors included rejecting negative actions such as ignoring, sabotaging, spreading rumors, and gossiping about others. More than 70% of participants responded that they were not comfortable with communicating rumors and gossip. These results demonstrated that many participants already exhibited civil behaviors as found in the literature (Karatas et al., 2017; Rux, 2020). A scoping review of 166 articles by Karatuna et al. (2020) found that as nurses' years of professional experience increase, bullying behaviors diminish.

Second, participants reported that they had experienced incivility in the forms of gossiping, eye-rolling, ignoring, being rude, and sabotage. Our results were similar to Wolf and colleagues' study (2017),

which showed that healthcare professionals encountered incivility in the clinical and academic environment, as witnessed by gossiping, eye-rolling, ignoring, rudeness, and disrespect. Incivility in the healthcare setting has been correlated with increased stressors in the environment related to increased patient volumes, staffing compromises, and an increased sense of workload (Abdo et al., 2016; Adams, 2016; Coetzee & van Dyk, 2018). With the onset of the COVID-19 pandemic, healthcare professionals have experienced increased end of life situations, fear of exposure to the virus, fear of exposing loved ones to the virus, fear of not completing academic programs, and patient care safety issues related to isolation and its resultant effect on patients, families, and team members.

Although participants in this study reported witnessing various types of incivility, they did not feel comfortable addressing them. Only 30% of participants reported that they felt comfortable quickly responding to an act of incivility. This finding suggests that there were barriers to creating civil environments in healthcare settings, which is not an isolated finding (Cummings et al., 2021; Filipova, 2018; Huddleston et al., 2018). During the educational activity, participants discussed opportunities to address uncivil experiences with individuals directly, demonstrated their approachability and openness to varying points of view, and role-modeling appropriate engagement such as volunteering and actively participating in unit needs.

The overarching goal of our virtual educational activity was to increase recognition of civility and incivility within our nursing profession as measured by participant WCI scores. Our study showed that participants demonstrated a significant increase in awareness of civil behaviors after attending the virtual educational activity, indicating that participants were more aware of their actions and intended to change their behavior. Avoiding gossip and spreading rumors showed the largest change while communicating respectfully and really listening showed the least change. These findings suggest that virtual civility education that includes strategies such as cognitive rehearsal techniques and reflection may effectively promote nurses' awareness of civil behaviors and their impact in the healthcare setting. These behaviors may be actions that many participants already exhibit or habits they currently practice. The outcomes of

this collaborative indicate academic and healthcare leaders have the ability to promote civil environments by creating opportunities to explore actionable behaviors.

This educational activity was developed through the collaborative efforts of administrators, faculty, and clinicians from academic and practice settings which have been found to enhance learning outcomes for those involved (Howard et al., 2020). Although the activity had limitations due to small sample size and geographic location, academic-practice partnership collaborations are important to prepare nursing students and connect community hospitals with the next generation of professional nursing staff members (Howard et al., 2020; Zerwic et al., 2021). According to Zerwic and colleagues (2021), the academic partnership relationship is critical during a pandemic, as it ensures nursing students are provided foundational learning opportunities through regular communication, flexibility, and creative approaches to clinical education. Our study demonstrated that providing venues to discuss and identify uncivil behaviors enhanced civil behaviors, and thus, the activity on civility provided by our academic-practice partnership will likely be the first of many educational offerings important to those in practice and academics.

Conclusion

The COVID-19 pandemic created many challenges in providing meaningful education, and the healthcare industry has found virtual learning to be one way to achieve educational goals. This civility virtual learning experience was an evidence-based approach designed to prepare healthcare providers, nursing students, and novice to expert nurses in ways to prevent and address incivility in the healthcare environment. The outcomes of the collaborative indicate that academic and healthcare leaders can promote civil environments by creating opportunities to explore actionable behaviors. Our virtual event provided education about the incivility consequences, assertive communication, and techniques to address uncivil encounters in academic and healthcare environments. These findings add to our understanding of incivility in nursing, as they demonstrate common types of incivility and strategies to prevent incivility. Nurse leaders may replicate this innovative virtual intervention to raise awareness of incivility in nursing and promote civil professional interactions.

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Table 1. Educational Activity Content Overview

• Welcome and Introductions
• Pre-test
• Defining Incivility: Prevalence & Far-Reaching Effects on the Workforce
• Incivility Simulation Video
• Small Group Work/Exercise-Debrief from Video
• Panel Discussion-Questions
• Question & Answer from Panel Discussion
• Decreasing Workplace Incivility: Cognitive Rehearsal Techniques
• Small Group Work/Exercise-Debrief with Cognitive Rehearsal Techniques
• Report Out from Group Categories of Incivility
• Summary
• Post-test

Table 2. t-Test: Paired Two Sample for Means

Statistic	***WCI Pretest Total***	***WCI Posttest Total***
Mean	91	95.16
Variance	53.3877551	52.83102041
Observations	50	50
Pearson Correlation	0.615219259	
Hypothesized Mean Difference	0	
df	49	
t Stat	-4.601148555	
P(T≤t) one-tailed	0.000014959	
t critical one-tailed	1.676550893	
P(T≤t) two-tailed	0.000029917	
t critical two-tailed	2.009575237	

Note: *WCI*= Workplace Civility Index