# Workplace Incivility and Nursing Staff: An Analysis Through the Lens of Jean Watson's Theory of Human Caring

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**Abstract:** Nursing is known for caring attributes, yet many nurses experience bullying. This work expands on an earlier caring-theory-guided research study on the caritas practice of mindfulness that uncovered findings associated with incivility (King et al., 2019). The aim of this qualitative inquiry was to assess nursing perspectives of non-caring behaviors in the workplace and how to intervene to reduce bullying in nursing relationships. Emergent themes were disrespect, trust, alienation, and non-verbal body language. Nursing staff provided feedback to reduce incivility and increase caring consistent with Watson's theory of human caring, which validates the need for a professional change in hospital culture.

**Keywords:** caring theory; mindfulness; incivility; bullying; nursing workplace; culture


http://dx.doi.org/10.20467/HumanCaring-D-20-00050

## Background

### Bullying and Incivility

The American Nurses Association (ANA, 2015) defines bullying/lateral violence as repeated, unwanted, harmful actions intended to humiliate, offend, and cause distress in the recipient, while they define incivility as behavior that is rude, discourteous, or disrespectful and could ultimately be based on negative intent. In the United States the incidence of bullying/incivility in the workplace is marked, with 25 to 64% experiencing bullying (Gilbert et al., 2016; Shen et al., 2020; Wilson, 2016) and 45 to 94% experiencing verbal abuse (Keller et al, 2018; Occupational Safety and Health Administration [OSHA], 2016).

Based on an integrative evidence review, Crawford et al. (2019) identified multiple triggers for bullying and incivility, including poor staffing ratios, nurse-to-nurse power imbalances, individuals with inadequate coping skills, and a learned culture of acceptance in the workplace. Nursing employees can experience frustration and powerlessness that heightens a poor tolerance of stress and promotes increased incivility (Craft et al., 2020).

Consequences of incivility in nursing relationships include: increased stress levels and medical/mental health problems (Bloom, 2019; Gilbert et al., 2016), dissatisfied nurses leaving the field and thus exacerbating the current nursing shortage (Valizadeh et al., 2018), and an increased risk for patient safety issues (Craft et al., 2020). Disrespectful behavior is learned and often tolerated, particularly by new staff. Donahue (2020) reported that disrespect showcases themes of powerlessness or feeling like a "*nobody*" when coworkers treat colleagues poorly.

### Loss of Trust

Loss of trust damages workplace relationships. Trust is a process of individuals being sensitive to learning about one another and building rapport. Trust is gained by continuity in how people present to others (Laursen, 2018), although mistreatment and poor communication cause mistrust (Ozaras & Abaan, 2019). Nursing staff feel more in control of their work and show increased job loyalty when they experience trust among their peers (Linzer et al., 2019).

### Alienation

In addition to contributing to a sense of not belonging in the workplace, alienation or social exclusion has a strong connection to poor mental health (Thomas et al., 2016). Exclusion from a group isolates staff, strains workplace relationships, and increases incivility and bullying behavior (Patel & Chrisman, 2020). However, inclusion within a group, facilitated through trust, respect, appreciation, and sensitivity to others, promotes diversity (Schmidt et al., 2016). Individuals who engage in uncivil behaviors (e.g., cyberbullying) typically display negative behavioral health symptoms or experiences such as depression, mood problems, and loneliness (Ferreira & Deslandes, 2018).

### Nonverbal Body Language

How nursing staff present themselves to the workplace can easily be misinterpreted, depending on the situation. An individual, who approaches a group of staff who are conversing softly may infer that the group had been talking about them (Rainford et al., 2015). This type of behavior impairs trust, increases alienation, and erodes the spirit of teamwork. Alienation also may result from exclusive laughter.

In addition to laughter, people recognize eye contact as a subtle form of communication and it can stand out among visual expressions of body language (De Rezende et al., 2015). Failing to provide eye contact while in conversation or looking away while talking with an individual is considered disrespectful. The most frequent bodily expressions that individuals attend to during communication are eye movements related to head movements (De Rezende, 2015). Lastly, voice volume and tone can increase or decrease incivility in the workplace. A loud voice or condescending tone can be received as very disrespectful and be considered yelling.

Themes of incivility, loss of trust, and alienation have been more difficult to address with the advent of the COVID-19 virus. Governmental mandates of social distancing make it more difficult for staff to partake in communication and other healthy measures to reduce incivility. Adams and Walls (2020) reported that healthcare leaders must emphasize the importance of self-care and that transparent and thoughtful communication can contribute to their employees' trust and feelings of self-control.

## Method

### Design, Sample, and Setting

A descriptive, qualitative design was used and a survey was administered. The 164 participants in

this research consisted of a convenience sample of registered nurses ($n = 118$), licensed practical nurses ($n = 21$), and certified nursing assistants ($n = 25$) who were employed at a large health-care system in the western United States.

### Ethical Considerations

The research team considered a variety of ethical principles during the planning and implementation of this inquiry. The institutional review board of the health-care system approved the study. Participants' verbal consent to participate was obtained. Ethical considerations included maintaining confidentiality of the participants, promoting voluntary participation, obtaining informed consent from all participants, and containing survey results within a password-protected computer file. Surveys were numbered and no personal identifiable information was collected.

### Instrumentation and Data Collection

Each participant responded to two qualitative items on the survey. The items were as follows:

- Describe your personal experience, including if you were disrespected or not valued in your current work area.
- What is needed to create a safe and respectful work environment and one which values your contributions?

Careful consideration was taken by the researchers to minimize any researcher or respondent bias. To limit researcher bias, the survey was developed in a way that questions were short, clear, open-ended, and not leading. To manage any respondent bias, research team members hand delivered the surveys to participants with detailed instructions for completion to limit any confusion.

Participants completed the survey and placed and sealed the survey in a yellow envelope to maintain confidentiality. Research team members collected a sealed envelope from each participant. Textual data were added to a Microsoft Excel file (Redmond, WA, USA). The reviewers, as a team, validated the data word-for-word as a quality check. To maintain objectivity and avoid bias with the qualitative data analysis, all research team members reviewed the data individually and came to consensus with the theme development. In addition, an outside reviewer confirmed the findings.

## Data Analysis

A qualitative framework, which gave participants a voice about their experiences in the workplace, was used to analyze response data. A constant comparative coding of the data was used to identify themes (Bengtsson, 2016).

## Results

Nursing staff reported experiencing disrespect in the work environment. They offered perspectives on how to reduce bullying and incivility. Four main themes were identified from responses addressing incivility: Disrespect, Loss of Trust, Alienation/Marginalization, and Body Language. Nursing staff responses are listed by theme and include the staff persons' suggested actions to promote kindness and human dignity in the workplace as supported by Watson's (1999, 2008, 2018) theory of human caring.

### Disrespect

Participants described feeling humiliated when spoken to in a condescending manner, and/or being yelled at by their team members in front of others. One participant shared the behavior of their team member and stated, "She scolded me in front of my patient." Another participant concurred and stated, "A coworker was off the floor longer than a typical break time. When I confronted the person, they were very loud, rude, and yelling in the hallway. Others were able to hear." In light of this behavior, a staff nurse suggested to have coworkers "Lower their voices and talk privately outside of the patient room" and to "Notify my supervisor." Another participant reported it would be important to "set limits" with their coworker and stated to her colleague, "Please let me finish my conversation, and when I am done, I would be happy to hear your point of view." Another participant commented that they try to avoid the disrespectful coworker by limiting the times that they have to work together stating, "I schedule my days to work when they are not present. They are not nice to staff."

Being assertive and addressing the uncomfortable situation that ensued were other recommendations as well as finding coworkers for help and support. A suggestion was made to "attempt to talk to them and then discuss with my supervisor." The need to "address the issue" and to "be assertive," was encouraged stating,

"I can't expect people to read my mind, even if I look really busy. Give thanks and feedback once I am out of the hole." Finally, one participant shared how challenging this level of disrespect is for them, highlighting the fact that some staff persons have been in the system for a long time and have difficulty accepting change, sharing, "My ideas are shot down without giving them a try," and that "Staff who have been here for many years, reject any ideas for improvement." Finally, possibilities for how to amend the situation were given. One participant suggested, "It is hard to challenge staff in power. Bring ideas to huddles/staff meetings. Talk to the supervisor. Show the evidence of why my ideas could work."

### Loss of Trust

The participants' described a lack of confidence and security as being part of a team and how this influences their inability to trust. One participant stated, "She criticizes my practice and nursing techniques. I can't trust those who are disrespectful to me." This participant reported that a one-on-one conversation would be helpful, stating, "It is difficult to trust a person, if you aren't sure if your next conversation is going to be positive or negative. Talk to the person directly. Ask them to explain more." Another nurse felt as if their opinion did not matter, stating, "A nurse asked my opinion and then went to another nurse and asked her [the same question]. I felt my opinion didn't matter." Again, being assertive was suggested to help improve the level of trust by the nurse stating, "Tell her my feelings. Clarify with the staff. Ask management."

### Alienation/Marginalization

Participants' described their feelings of isolation and estrangement within the team, leading to feeling marginalized in the workplace. One participant expressed, "They ignore me and don't include me in their groups." This participant found comfort in being able to talk to their mentor about the situation. Feelings of loneliness and not valued sharing were expressed: "My peers don't value my work." This participant commented that it was hard to join the group and saw the need to talk to their coworkers and find a mentor. One participant powerfully shared, "Nurses laugh at what I did—laughing out loud when they talk about me." They suggested the best solution was to "Talk to them individually and share my feelings."

### Nonverbal Body Language

Participants' described inappropriate nonverbal cues and body language in the workplace environment, including aggressive manners and tone of voice. In response to such behavior, they shared that they are left to "Walk away until they are calm and to address it [with them] later." Another nurse described inappropriate nonverbal body language stating that a "Nurse rolled her eyes when I gave my opinion." She reported that a suggested action in response to this behavior would be to "Talk one-on-one and let them know that it hurt my feelings. Ask their opinion." Finally, one nurse indicated that inappropriate nonverbal behavior devalued their contributions, stating "She stormed away from an ongoing conversation. I felt it was rude and devalued my contributions." The participant suggested that it would be best to "Be respectful, but talk to her when we aren't busy at work. Let her know my feelings."

## Discussion

The analysis of survey results are merged with Watson's Caritas Processes. Researchers reviewed the themes and incorporated them along with nursing staff recommendations to eliminate incivility in the workplace.

### Recommendations: From Disrespect to Respect

***Loud or Inappropriate Communication.*** Awareness of incivility heightens when communication becomes rude, loud, condescending, or involves yelling, or other disruptive behaviors. This communication style can be damaging, especially to new nursing staff who may lack confidence. Loud communication may be overheard by patients/family members and perceived as being *out-of-control* or *unprofessional*.

Conversations with an overarching negative tone or content should be taken to a quiet area for discussion. Recipients of loud communication should maintain professionalism while reminding colleagues to lower voices during episodes (Ceravalo et al., 2012). Appropriate body language, tone of voice, and sensitivity to other's opinions, even during disagreement, reduces incivility behaviors (Watson's Caritas Process #5 Being present to and supportive of, the expression of positive and negative feelings; Watson, 2008). Staff should use "I" statements, maintain professionalism and take responsibility for their thoughts and

actions, rather than blaming others (Kisner, 2018). Ultimately, leadership should set clear limits and policies for handling loud communication in the workplace.

***Interruption of Conversation.*** Interrupting conversations is rude and cuts off communication. It is recommended that the person being interrupted finish the conversation, while respectfully listening and maintaining a calm demeanor when giving feedback about solutions (Ceravalo et al., 2012). It is important for personal conversations to be conducted in private, so communication can occur freely and be heard without interruption.

***Staff Persons Refuse to Hear Feedback and Respond Rudely.*** Discussions with coworkers who refuse to acknowledge constructive feedback should occur in a safe place to promote psychological safety and prevent misinterpretation. The individual who refuses to acknowledge such feedback might not realize their comments were offensive. The person providing feedback should "role model" concern and inform the individual that the interaction is hurtful, and a resolution is warranted (McNamara, 2012). Explaining preferences regarding how one would like feedback presented identifies unique communication needs of that person. If responses are rude, the "sandwich method" can be helpful by providing a positive comment, then a comment to improve, and ending on a positive note (Loo, 2017). When uncivil behavior has to be addressed and one meets resistance, follow the *chain-of-command* and unit policy.

## Recommendations: From Alienation/ Marginalization to Inclusion and Sense of Belonging

***Alienation Due to Bullying.*** It can be a difficult task to stand up to a staff person who is disrespectful, but victims of bullying behaviors should meet with the offender using clear and respectful communication. Outlining the disrespectful behaviors and sharing with the offending person can help (Sauer, 2012). Practicing speaking points beforehand can make difficult conversations easier. "I" statements demonstrate responsibility of words and actions and also prevent putting the other person on the defensive (Kisner, 2018). It may be necessary to discuss with a supervisor and a mentor if direct confrontation does not work. Most facilities offer mediation as an option (Clark et al, 2011). Bullying behavior is inappropriate in the workplace and should not be tolerated.

***Seasoned Nurses Who Intimidate Others.*** A good first step when dealing with an experienced nurse who intimidates others is to value their knowledge and expertise. Explain how the intimidating comments were hurtful and not welcome. Provide constructive ways to enlighten their awareness of the inappropriate behavior and share how the behavior affected others. Share the information with a manager if the issue cannot be resolved. Managers can address these situations during meetings and/or huddles and should implement a zero-tolerance rule (Hutchinson & Jackson, 2013).

***Staff Who Are Not Receptive to New Ideas.*** It can be frustrating when staff are not open to change or new ways of thinking. Behaviors that can help address this issue include providing supportive literature and evidence-based resources to justify the new idea. It is important to help staff view the situation as an educational opportunity rather than an insult (Clark et al., 2011). In addition, consistently demonstrating respect can build trust.

***Discounting of Opinions.*** Sometimes staff consciously or unconsciously discount the opinions of others. Recipients of such comments should not take them personally or as an insult. Everyone should have opportunity to safely share opinions and experiences during team decisions and discussions (Nataraj, 2019).

***Ignoring Staff, Grouping in Cliques.*** Failure to include colleagues such as new hires/or recent graduates in conversations or activities may alienate these individuals who already may feel sensitive and insecure because they do not know coworkers, unit culture, and routine. Even experienced nurses who lack specific expertise can harbor insecurities. A staff person might not be familiar with policies or unit culture and feel like an outsider with feelings of loneliness and job dissatisfaction. Cliques are interpreted as *special* because they are a closed group which promotes an "*us*" against "*them*" environment and increases feelings of isolation. It takes courage to speak up and ask to be included. Engaging insecure colleagues by assisting them to obtain knowledge can help them to feel part of the team. New nurses can be part of residency groups which can role play and teach skills of communication/crucial conversations to address incivility in the workplace (Craft et al., 2020). Helpful rather than judging comments can be greatly appreciated and can lift colleagues to a better level of performance (Thompson, 2020). Nursing staff would do well to remember why they originally entered the

profession. Staff meetings also may be a place to address bullying, and build trust/respect through therapeutic communication and commitment to zero tolerance of incivility (Crawford et al., 2019; Hoffman & Chunta, 2015).

### From Negative Body Language to Authentic Presence/Mindfulness

***Inappropriate Laughter or Incongruent Facial Expressions.*** Facial expressions send out nonverbal cues and should match one's verbal expressions. An offer to help a colleague while expressing a frown may be misinterpreted. Turning away while being addressed in conversation could be interpreted as a rude gesture. If it is necessary to turn away from someone before a conversation is finished, it is important to provide an explanation and continue the conversation later. Eye rolling during conversations usually is perceived as a rude gesture while, in contrast, providing good eye contact and smiling feels welcoming (De Rezende et al., 2015). Similarly, respecting personal space and accommodating cultural differences are ways to cultivate a civil safe work environment (ANA, 2015).

### Why Incivility Continues in the Nursing Workplace Environment

According to Edmonson and Zelonka (2019), bullying is more likely to occur in environments that involve high stress combined with high stakes outcomes, heavy workloads, and low job autonomy. Lateral violence in the nursing workplace incorporates bullying/incivility behaviors and presents as psychological abuse including (among other behaviors) gossip, insults, unwanted criticism, and verbal aggression (Rainford et al., 2015). Lateral violence theory is explained by the oppressed group model in which the norms of a dominant group are internalized and thereby suppress the characteristics of the oppressed group (Roberts, 1983). Nurses often lack autonomy and control over their profession which results in powerlessness and displaced aggression toward other nurses (Woelfe, 2007). The oppressed group model morphed from the oppression theory (Freire, 1970), which exemplifies one group having dominance over another group. Detailed steps are provided for the oppressed group to understand the oppressor role and to eventually have dialogue with the dominant group to reach a goal of humanization. Submissive in the face of the dominant group, members of the oppressed group can turn resentment inward toward other members of the oppressed group (Rainford et al., 2015).

More research is needed, but the literature identifies a number of reasons why incivility continues in a caring profession such as nursing. One rationale is that personality traits play a role in bullying. Bullies often lack self-confidence or may feel threatened by colleagues (Edmonson & Zelonka, 2019). Workplace cliques can develop and a staff person can become a scapegoat or a favorite. Some staff persons take on a bullying role, while others who witness inappropriate behaviors remain silent, do not confront, or ignore the problem, thereby continuing the toxic cycle (Edmonson & Zelonka, 2019). Leadership plays a role in a bullying culture and supervisors should promote a zero-tolerance rule with the staff they manage (Hoffman & Chunta, 2015). Lastly, education on incivility in the workplace should be addressed by faculty in nursing schools prior to new graduate nurses entering the workplace (Muliira et al., 2017).

### Methods to Reduce Bullying and Incivility

Two steps were identified from the data to reduce bullying and incivility in the workplace. The steps are consistent with current literature and Watson's theory. The first step is *zero tolerance* of uncivil behavior (Bambi et al., 2018; Hoffman & Chunta, 2015). Leaders of the organization can help re-pattern and reverse such behaviors with caring leadership styles and policies. Likewise, team members can quell incivility with appropriate voice and actions. Implementation of specific theory-guided micro-patterns of human caring, respect, dignity, and mindful practices can help.

Conscious, caring staff along with compassionate leaders can lead others by example to establish micro-caring practices such as: centering and encouraging silence to start staff meetings, empowering and supporting staff to share caring moments and positive compassionate experiences (Watson's Caritas Process #1: Cultivating the practice of loving kindness and equanimity toward self and others as foundational to caritas consciousness; Watson, 2008), and conducting daily trusting supportive huddles (Watson's Caritas Process #4: Developing and sustaining a helping trusting caring relationship; Watson, 2008). These conscious intentional practices can re-pattern the environment authentically which contrasts with uncaring and negative behaviors that can become toxic.

Another possibility to reduce bullying and incivility in the workplace is to encourage staff to become certified through the Caritas Coach Education program (Watson Caring Science Institute, 2020). This program teaches nurses to incorporate elements of human caring, dignity, and wholeness into their practice. Monthly meetings as a *Caritas Club* can encourage staff to discuss elements of Watson's human caring theory and role model civil, respectful behavior with peers.

During episodes of incivility, it is helpful to give permission to staff to express positive and negative feelings (Watson's Caritas Process #5: Being present to, and supportive of, the expression of positive and negative feelings; Watson, 2008), which can open a safe space to speak up and create communities of caring. Team members can speak directly, embrace, and educate coworkers in a friendly manner, and ultimately create a workplace environment of caring for each other as a new norm.

The workplace allows for mindful compassion and authentic listening versus judgmental negative reactions. An easy action to role model in the workplace would be to offer gratitude for the talents of each individual (Watson's Caritas Process #2: Being authentically present: enabling, sustaining, and honoring the faith, hope and deep belief system and the inner-subjective life world of self and others; Watson, 2008). A simple, personal, thank you for even the smallest contribution to caring and civility re-patterns the field for others (Rowell, 2016).

The second step is to empower and encourage nursing staff to improve communication through use of active authentic listening skills, appropriate body language, and collaboration with colleagues to generate creative solutions (Watson's Caritas Process #6: Creative use of self and all ways of knowing as part of the caring process; Engage in the artistry of Caritas nursing) (Watson, 2008). These two steps are consistent with the suggestions made in the current literature (McPherson & Buxton, 2019).

Nurses are effective at caring for their patients, but often not for coworkers. Furthermore, nurses who engage in uncivil behaviors can have a detrimental effect on patient safety. Nursing incivility fostered instability in the working environment, increased medication errors, and delayed nursing tasks (Laschinger, 2014; Roche et al., 2010). It is important to address these adverse effects through education to increase adherence with appropriate behaviors when promoting civility in the workplace.

### Strengths and Limitations

Strengths of this analysis are the powerful voices of the nursing staff that are presented via the verbatim quotes. In addition, the connection to Watson's theory of human caring offers a theoretical foundation to base the findings and support the need to bring caring practices and professional change to hospital culture. This analysis also has some limitations. As stated previously, it was conducted at one large health-care system in a western state in the United States of America, therefore the findings cannot be generalized to other facilities or in other parts of the country.

### Implications for Practice

This analysis has positive implications for the nursing profession as the findings validate the need for a professional change in hospital culture through the lens consistent with Watson's theory of human caring (Watson, 1999, 2008, 2018) and offers suggestions on how to do so. Understanding nurse-driven recommendations to transform an uncivil workplace can only help new nurses and those struggling in unhealthy work environments to improve relationships and overall performance. There are many practical lessons that nurses have learned and identified in this study and multiple ways to improve professionalism in the workplace.

### Future Research

It is suggested that this post-analysis qualitative inquiry be expanded throughout the United States and internationally to further understand the noncaring and uncivil behaviors of nurses and ways to improve caring and professionalism in the healthcare environment. It also would be beneficial to expand the target population to include nonnursing team members and to examine the multidisciplinary team as a whole.

### Conclusion

Incivility is commonplace in work environments and staff have opportunities to provide honest feedback and practices to improve. The participants offered numerous recommendations consistent with Watson's theory-guided caring practice model. Theory-guided practices can reduce episodes of incivility and bullying so staff can benefit from improved mental health, job satisfaction, fulfillment of personal needs, and be role models

for new nurses entering the field. Theory-guided practices promote a culture of civility at all staff levels and assist organizations to retain experienced, dedicated staff.

Attention to a culture of caring is critical for a healthy work environment given the current shortage of nursing staff. In fact, nurses increasingly are drawn and remain in organizations that apply caring theory-based practice models (Watson, 2009). Such environments exemplify collegiality, respect, and civility (Watson, 2008). Human caring theory (Watson, 1999, 2008, 2018) provided a structured framework guiding staff to overcome non-caring/uncivil behaviors through loving kindness, and compassion for self and others. The findings were congruent with theory and offered insight and guidance to address organizational issues surrounding workplace stress, incivility, and self-caring of nurses and all staff.

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***Disclosure.*** The authors have no relevant financial interest or affiliations with any commercial interests related to the subjects discussed within this article.

***Acknowledgment.*** The authors would like to thank all of the Nursing Service Staff who took part in this research.

***Funding.*** The author(s) received no specific grant or financial support for the research, authorship, and/or publication of this article.

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