Impact of Workplace Incivility on Staff Nurses including Productivity and Financial Consequences

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Introduction

- Workplace incivility is part of the constellation of topics known as workplace violence which crosses the spectrum from low-level nonphysical workplace violence to physical violence.

- Non-physical workplace violence has long-lasting effects on an organization.
Workplace incivility is defined as “low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect. Uncivil behaviors are characteristically rude and discourteous, displaying a lack of regard for others” (Andersson & Pearson, 1999, p. 457).
Why is workplace incivility a focus today?

- Patient safety and quality patient outcomes are linked to healthy work environments
- Nursing and healthcare professional shortages
Research Questions

1. Is there a difference in reported workplace incivility between healthy work environments (Magnet, Pathway to Excellence, and Beacon Units) and the standard work environment?

2. Is there a difference in workplace incivility scores and the hospital setting (academic medical center, community & rural hospital)?

3. Are years of experience associated with workplace incivility scores?

4. Is there a relationship between organizational factors and workplace incivility in the hospital setting?
5. Are there organizational factors that predict workplace incivility?

6. How does workplace incivility impact the productivity of staff nurses and costs to the organization?
Conceptual Framework for Workplace Incivility

**Potential predictors**

- Social contextual shifts
  - Societal irreverence
  - Altered psychological contract
  - Shifting demographics
- Organizational pressures
  - Corporate change initiatives
  - Technology
  - Inferior leadership
  - Compressed time/deadlines

**Individual differences**

- Gender (instigator & victim)
- Power/position

**Uncivil behavior**

**Individual**

- Affective
  - *Negative affect
- Attitudinal
  - *strained relationships
  - *interactional injustice
  - *damaged social identity
  - *job dissatisfaction
- Behavioral
  - *retaliated/reciprocate
  - *ignore/avoid
  - *withdraw
  - *engage in self-help

**Potential outcomes**

- Organizational
  - Uncivil climate
  - Workplace aggression
  - Decreased communication
  - Increased turnover
  - Decreased productivity
  - Legal issues
  - Diminished corporate reputation
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Moderators

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Research Design

- Non-experimental, correlational, predictive model, and comparative design
- 2 surveys and a demographic section
  - Nursing Incivility Scale
  - Work Limitation Questionnaire
Setting, Population, & Sample

- Setting: Hospitals in the state of Texas
- Population: Direct care registered nurses in Texas
- Sample: n = 659
Data Collection Methods

- Letter to 2,160 randomly selected staff nurses from the Board of Nursing mailing list for Texas

- Due to an inadequate response rate, contacted professional organizations in Texas & forwarded the website link to their membership
The Nursing Incivility Scale (NIS) was the first scale to measure internal and external forces that contribute to workplace incivility in nursing.

- The NIS scale used was a 43-item scale grouping incivility by source (coworker, nurse supervisor, physicians, and patients/visitors and general environment).

- For this study the alphas were .94 for all except the General Environment which was .88.
The Work Limitations Questionnaire (WLQ): 25-item instrument designed to measure productivity by the degree of interference an individual has in performing their job role.

Components of the WLQ include: time management, physical demands, mental/interpersonal demands, and output demands.

WLQ index is calculated to indicate overall productivity.

Cronbach alphas .87-.94.
Sample

Mean Age: 46.38 (SD 10.43)

Gender Female: 92.4%

Race/Ethnicity:
Caucasian 71.3% (n = 466)
Filipino 10.6% (n = 69)
African American 8% (n = 52)
Hispanic 4.7% (n = 31)
Asian Indian 3.7% (n = 24)
Multi-racial 1.8% (n = 12)
Nursing Education:
- BS/BSN: 47.9%
- ADN: 27.4%
- Diploma: 9.1%
- Other: 2.7%

Years of Nursing Experience:
- < 2 year experience: 6.4%
- 3-5 years experience: 7.8%
- > 6 years experience: 85.7%
## Type of Unit:

<table>
<thead>
<tr>
<th>Unit</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR</td>
<td>29.5%</td>
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<tr>
<td>Med/Surg</td>
<td>16.4%</td>
</tr>
<tr>
<td>ICU</td>
<td>14.6%</td>
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<tr>
<td>ED</td>
<td>6.6%</td>
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<tr>
<td>Women’s Health</td>
<td>6.5%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>3.9%</td>
</tr>
<tr>
<td>AOD</td>
<td>3.4%</td>
</tr>
<tr>
<td>PACU</td>
<td>2.9%</td>
</tr>
<tr>
<td>Cath Lab</td>
<td>1.4%</td>
</tr>
</tbody>
</table>
Healthy Work Environments

- Magnet Hospital 38.3% (n = 251)
- Pathway to Excellence Hospital 30.5% (n = 200)
- Beacon Unit from AACN 6.4% (n = 42)
Reported Experience with Workplace Incivility in the Last Year

Experience with Workplace Incivility
84.8% (n = 553)

Experience Instigating Workplace Incivility
36.7% (n = 239)
Is there a difference in workplace incivility scores between healthy work environments and the standard work environment?

<table>
<thead>
<tr>
<th>Nursing Incivility Subscales</th>
<th>Healthy Work Environments $n$</th>
<th>$F$</th>
<th>df</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Environment</td>
<td>No  293</td>
<td>Yes  348</td>
<td>6.102</td>
<td>639</td>
</tr>
<tr>
<td>Nurse</td>
<td>No  292</td>
<td>Yes  344</td>
<td>1.129</td>
<td>634</td>
</tr>
<tr>
<td>Direct Supervisor</td>
<td>No  292</td>
<td>Yes  343</td>
<td>5.206</td>
<td>633</td>
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<tr>
<td>Physician</td>
<td>No  290</td>
<td>Yes  340</td>
<td>0.182</td>
<td>628</td>
</tr>
<tr>
<td>Patient/Visitor</td>
<td>No  287</td>
<td>Yes  339</td>
<td>0.153</td>
<td>624</td>
</tr>
</tbody>
</table>
Workplace Incivility

Is there a difference in workplace incivility scores and the hospital setting (academic medical center, community & rural hospital)?

There was no statistically significant difference in workplace incivility scores and the hospital setting.
Is there a difference in type of unit/department and workplace incivility scores?

- **General Environment Subscale:** ICU & MedSurg Units demonstrated significantly less WPI than OR & ED staff.

- **Nurse Subscale:** ICU & MedSurg RNs demonstrated significantly less WPI than OR nurses.

- **Supervisor Subscale:** ICU & MedSurg RNs demonstrated less WPI than OR nurses.
Using logistic regression and the OR as a reference group,

- The ICU RNs were 4.5 times more likely to agree that their manager was able to handle workplace incivility than RNs from the OR
- MedSurg was similar at 3 times more likely
- The ED staff nurses demonstrated no significant difference.
Are years of experience associated with workplace incivility scores?

- Nurse Subscale: Novice RNs reported significantly lower WPI scores than RNs with 3-5 & > 6 years experience.

- Supervisor Subscale: Novice RNs scored lower WPI scores than experienced RNs.

- Patient/Visitor Subscale: RNs with > 3-5 & >6 years experience demonstrated less WPI than novice nurses.
Is there a relationship between organizational factors and workplace incivility scores?

There was a relationship between Manager’s ability to handle workplace incivility and the general environment, nurse, direct supervisor, and physician subscales of the NIS.

All were significant at $< 0.001$.

The patient/visitor subscale was not significant.
Are there organizational factors that predict workplace incivility?

In the General Environment, Nurse, Supervisor, and Physician subscales, the staff nurses’ perception of the Manager’s ability to handle workplace incivility predicted lower scores on the NIS subscales (\( p < 0.001 \)).
Is there a relationship between NIS subscales and productivity (WLQ subscales)?

- The Productivity Index is significantly correlated to the subscales of the Nurse Incivility Scale $p < 0.001$

- All scales of the Work Limitation Questionnaire were significantly related to the Nurse Incivility Scale except for the physical subscale $p < 0.001$

- There was a negative relationship meaning the higher the incivility score, the lower the person’s productivity.
Lost Productivity

- The WLQ Productivity loss score indicates the percentage decrease in work output.
- Differs from instruments that measure productivity of time (lost hours) or effort (percentage effectiveness).
- The WLQ Productivity Loss score estimates the percentage difference in output compared to benchmark.
Cost of Lost Productivity

The Work Limitation Questionnaire (WLQ) Index * the average RN Salary in Texas ($30.54) calculated to a mean of 20% (.198913).

This equates to $11,581 of lost productivity/nurse annually as a result of workplace incivility.
Conclusions

- The overt and covert cost of workplace incivility is just starting to be quantified

- We must act to prevent workplace violence

- The risks to staff and patient safety is too great to not act

CIVILITY MATTERS!
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