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Creating Community to Build a Civil and Healthy Academic Work Environment

A Living Document from the National League for Nursing

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Creating Community to Build a Civil and Healthy Academic Work Environment

A Living Document from the National League for Nursing Board of Governors

Mission: Promote excellence in nursing education to build a strong and diverse nursing workforce to advance the health of the nation and the global community.

Core Values: Caring, Integrity, Diversity, Excellence

INTRODUCTION

The NLN is calling for a cultural transformation in schools of nursing to co-create and implement civility and inclusiveness strategies and interventions among nurse educators, and, by extension, nursing students. The NLN's mission and core values lead us to believe that one of the most important roles we play, as nurses and nurse educators, is creating and sustaining a culture of civility and respect in nursing education, so that both faculty and students may thrive and students may develop the skills necessary to transform clinical practice environments. It is imperative that faculty co-create and maintain academic and practice environments that foster civility.

“Civility is characterized by an authentic respect for others when expressing disagreement, disparity, or controversy” (Clark & Carnosso, 2008, p. 13). Attributes include being fully present, respecting one another, honoring differences, and engaging in genuine discourse with a sincere intention to seek common ground (Clark & Carnosso, 2008). Respect is foundational to a civil environment; it has been defined as courteous communication, authentic listening, and an active interest in the relationship that a person directs toward an individual, which acknowledges, appreciates, honors, and values one's person for being (Carroll, 2018).

The NLN believes that by understanding the concept of civility and purposefully working together to develop and sustain respectful environments within schools of nursing, faculty will restore civility to nursing education and (1) build healthy academic environments; (2) create future leaders who can lead and maintain those environments; and (3) model discourse that positively impacts both patient and clinician outcomes to improve the health of the nation

(Hutchinson & Jackson, 2013; Laschinger, 2014; Maxfield & Grenny, 2017; Maxfield, Grenny, Lavandro, & Groah, 2011, Rosenstein & Naylor, 2012).

BACKGROUND AND SIGNIFICANCE

The theme of the 2017 NLN Summit, Our Community of Colleagues, generated discussions among faculty about the need for collaboration, teamwork, and collegiality to build and sustain respectful interactions in schools of nursing nationally. At the meeting, Dr. Beverly Malone, CEO of the NLN, called for a national dialogue to build a community of nurse educator colleagues imbued with caring, collaboration, communication, competence, and courage, leading to a culture of civility. Conversation also generated stories that revealed that an ethos of civility, among our very own community of colleagues, is threatened. In this context, the NLN convened an action group of experts in academic civility to address the NLN's belief that building and sustaining civility within the academic community is imperative for nurses, nurse educators, students, staff, patients, and all consumers of health care.

National Call for Civility: Over the past decade, civility in nursing education and practice has been advocated by national organizations.

- › The Robert Wood Johnson Foundation-funded National Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health* (IOM, 2011) called for profound changes in the education of nurses, with a focus on producing leaders throughout the health care system to share in the collaborative management of their practice with health professionals. Civil and collaborative conversations are required to break down the walls of hierarchical silos and hold each other accountable for improving quality.
- › The Quality and Safety Education for Nurses (QSEN, 2012) competencies all require functioning successfully in interprofessional teams with open communication, mutual respect, and shared decision-making.
- › The American Nurses Association published a position paper on incivility, bullying, and workplace violence (ANA, 2012) advocating for the creation and sustainment of a culture of respect in all practice environments. The document puts forth the assertion that all health professionals, across the health care continuum, including academia, have an ethical, moral, and legal responsibility to create a healthy and safe work environment.
- › The American Nurses Association (2015) published its revised Code of Ethics, which now includes language specifically addressing the nurse's duty to create a civil environment, refrain from harassment, and treat all colleagues with dignity and respect.

National Dialogue in Health Care: Generated through research and publications across disciplines, the causes and consequences of incivility have been illuminated.

- › Nursing education scholars have consistently addressed the myriad dimensions of incivility in nursing education, including faculty-to-faculty, faculty-to-student, student-to-faculty, student-to-student, preceptor-to-student, administrator-to-faculty, and faculty-to-administrator interactions (Clark, 2017a; DeMarco, Fawcett, & Mazzawi, 2017). Research suggests that evidence-based approaches to counteract uncivil communications have

the potential to create learning environments that foster positive work environments through respectful and caring behaviors among colleagues. Such approaches include the integration of concepts of respect, professionalism, and ethical practice, civility pledges, and the use of active learning, cognitive rehearsal, and clinical inquiry (Clark, 2017b). Research also suggests that faculty often send mixed messages and contribute to an environment that threatens civil exchanges; for example, making condescending remarks, using outdated and ineffective teaching methods, and criticizing students in front of peers (Clark, Olender, Kenski, & Cardoni, 2013; Luparell, 2007; Muliira, Natarajan, & van der Colff, 2017; Trossman, 2014). Taking the position that “change begins with me” and that academic leaders, faculty, staff, as well as students play a role in incivility is a way forward to change the culture in schools of nursing. Self-reflection and self-awareness are at the core of co-creating environments of respect and civility.

- › Nationally, faculty members are concerned about the rise of uncivil behavior in nursing students (Altmiller, 2012; Clark & Springer, 2007; Luparell, 2007; Luparell & Frisbee, 2014) and have identified multiple barriers in attempting to address it, including lack of skill, fear of reprisal, and lack of administrative support (Frisbee & Luparell, 2017); and students voice the same complaints about faculty. Co-creating a safe learning environment is at the forefront of educational reform. Even though a culture of harassment and disrespect may be reflective of a social-media-preoccupied society and a tumultuous nation, uncivil behavior is not only damaging to students and faculty, but to all members of the campus community, health care workers in the clinical practice environment, and to patients and families.
- › The call for greater diversity in nursing and nursing education has sparked a dialogue about the implications of diverse perspectives on the development of safe environments in both nursing education and practice. By necessity, diversity creates groups of individuals with differing worldviews, values, and priorities. Implicit biases, unconscious attitudes and beliefs that favor one individual or group over another (Smith & Decoster, 2000), may emerge and impact civility. These unspoken thoughts can originate from negative societal stereotypes and influence the way messages are constructed, delivered, or interpreted (Sukhera, Milne, Teunissen, Lingard, & Watling, 2018), potentially creating uncivil behavior and environments.
- › The cumulative effect of multiple opportunities for uncivil behavior within the academic environment can lead to learned negative behaviors by students and ultimately, graduate nurses. Some evidence links disrespectful student behaviors to unprofessional practice behaviors (Papadakis et al., 2005). In the clinical environment, unprofessional/negative behaviors are linked to patient safety and errors (IOM, 2000, 2003; Institute for Safe Medication Practices, 2013; Maxfield & Grenny, 2017; Maxfield, Grenny, McMillan, Patterson, & Switzler, 2005; Maxfield et al., 2011; Rosenstein & O’Daniel, 2005). Incivility can affect safety in health care settings by causing poor outcomes, including preventable complications and harm to patients (Laschinger, 2014; Vessey, DeMarco, Gaffney, & Budin, 2009). Incivility in the workplace has significant consequences and has been linked to decreased job satisfaction, decreased productivity, and decreased organizational commitment (Rodwell, Brunetto, Demir, Shacklock, & Farr-Wharton, 2014; Smith, Andrusyszyn, & Spence Laschinger, 2010). In addition, nurses’ advocacy and professionalism can be undermined by the presence of individuals who create an unhealthy or even hostile work environment

(Lachman, 2014).

- › Faculty-to-faculty incivility has been linked to intent-to-leave, declining morale, and faculty attrition (Candela, Gutierrez, & Keating, 2012; Lee, Miller, Kippenbrock, Rosen, & Emory, 2017; Lynette, Echevarria, Sun, & Ryan, 2016; Peters, 2014), a concern amidst a severe faculty shortage. Importantly, new nursing graduates who find themselves in uncivil work environments may experience increased stress, be reluctant to ask questions, or opt to leave the setting or the profession (D’ambra & Andrews, 2013; Roberts, DeMarco, & Griffin, 2009; Wilson & Diedrich, 2011).

THE NLN’S CALL TO ACTION

In December 2017, the NLN convened an action group of experts on academic civility to address the issue of civil and healthy academic work environments and proposed recommendations for a strong vision about addressing a societal issue that permeates academic institutions. Members of the action group recommended that the NLN update the 2006 Healthful Work Environment Tool Kit. This toolkit addressed the elements of a healthy academic work environment. The 2018 revised tool kit has a greater emphasis on fostering safe, civil and collegial learning environments. It also includes resources to improve the health of the academic work environment and facilitate faculty satisfaction. In addition, the action group developed a list of essential questions that embody the essence of academic civility and are fundamental to establishing a strong community of colleagues. The questions are presented to initiate and sustain courageous conversations directed toward cultivating academic civility.

CONCLUSION

The NLN is committed to generating a national dialogue directed toward schools of nursing to embed a culture of civility into the vision, mission, and shared values of nursing programs and to thread civil encounters throughout everyday interactions with colleagues and students (Clark, 2017a). Academic incivility negatively impacts faculty, staff and student well-being, weakens professional relationships, and impedes effective teaching and learning. The co-creation of a healthy workplace is imperative to transform nursing education and build a foundation of quality patient care (Clark, 2017b). Faculty, staff and students must assume the power of taking responsibility for co-creating a civil environment, sharing a collective commitment, and cherishing the joy of establishing a healthful work environment, grounded in a vibrant and respectful community of colleagues. The following recommendations regarding education, practice, research, and policy are designed to guide colleagues in co-creating community to build a civil and healthy academic work environment.

RECOMMENDATIONS

For Faculty:

- › Discuss with students the relationship between civility and safe patient care.
- › Raise students’ consciousness about what civility looks like, about how to respect differences and how celebrating differences in the context of respect and openness

changes perspective.

- › Model civil conflict resolution with students. Include opportunities for students to learn and practice cognitive rehearsal and active learning.
- › Identify and address individual and programmatic sources of implicit bias and mixed messaging.
- › Consider ways by which to assess civility as part of student evaluation.
- › Foster self-awareness among faculty to recognize behaviors that may contribute to an uncivil environment.

For Leadership in Nursing Programs:

- › Engage faculty and staff in courageous conversations directed toward the co-creation and sustainability of team or civility charters (e.g., credos, pledges, commitment to co-workers), core values, diversity, caring, and organizational change (Clark & Ritter, 2018).
- › Engage in leadership development programs/courses to be the catalyst for the creation of healthy workplaces.
- › Model self-care and professional well-being (e.g., stress management, building resiliency) for faculty, recognizing the importance of looking at self before leading others.
- › Require the total faculty including staff to engage in faculty development about how to practice civility within the faculty team.
- › Consider strategies to assess faculty/staff civility as part of faculty/staff's annual review.
- › Find ways to evaluate the gaps in civility within a school of nursing and implement evidence-based strategies and interventions to foster civility and healthy academic work environments.

For the NLN:

- › Promote a healthy faculty and student campaign.
- › Continue to scan and address the national and global nursing education environment to create strategies for schools of nursing that build and support academic civility.
- › Provide faculty development about how to implement best practices and evidence-based strategies to foster and sustain civility in academic environments.
- › Support research for intervention, replication, and multi-site studies to identify best practices and evidence-based strategies to foster and sustain civility in academic environments and to determine how civility is practiced in schools and nursing.

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