AANA, AORN, ASPAN COLLABORATIVE WHITE PAPER ADDRESSING WORKPLACE INCIVILITY
Among Perioperative Nursing Team Members

Executive Summary

As a collaborative effort, the American Association of Nurse Anesthesiology (AANA), the Association of periOperative Registered Nurses (AORN), and the American Society of PeriAnesthesia Nurses (ASPAN) have committed to create a culture of safety in perianesthesia / perioperative settings to reduce untoward actions and behaviors identified under the hypernym of *workplace incivility.* The foundational document of the American Nurses Association (ANA), *Code of Ethics for Nurses with Interpretive Statements,* states that all nurses are required to "create an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect."[1(p4)] The purpose of this collaborative white paper is to provide nurses and health care organizations with comprehensive strategies and resources to identify, evaluate, mitigate, and report uncivil behavior. The AANA, AORN, and ASPAN are united in a mission to promote the health and well-being of all individuals working together in the shared perioperative setting.

Workplace incivility negatively affects the culture of safety in the perioperative setting and may have negative physiological and psychological outcomes for all individuals in this environment. This collaborative white paper

- addresses incivility as a hypernym for negative untoward actions and behaviors experienced by individuals working in the shared perioperative setting;

- provides strategies to identify, evaluate, mitigate, and report incivility; and

- suggests recommendations and resources to reduce and eliminate workplace incivility.

Data Sources and Review Methods

A comprehensive review of literature was conducted to identify relevant research studies, review articles, meta-analyses, and each participating organizations' written resources, as well as resources from other national organizations, such as The Joint Commission, from 2010 to 2020. The following databases were searched: PubMed, CINAHL, Cochrane Database of Systematic Reviews, MEDLINE, Joanna Briggs Institute, Google Scholar, and ProQuest. Key words and MESH terms included concepts relevant to incivility and bullying.

Literature results were limited to articles in English. Initially, 6,927 articles were retrieved, and based on title, 324 were retained. Two team members used the Johns Hopkins Nursing EBP Level of Evidence tool[2] to assess the quality and level of evidence; 58 articles were selected and reviewed in detail, and 29 of these were selected and appraised. Level I studies (n = 9) included experimental studies; randomized controlled trials (RCTs); studies with explanatory mixed method designs; and systematic reviews of RCTs, with or without meta-analysis. Level III (n = 1) included one non-experimental study, and Level V articles (n = 19) were based on experimental and non-research evidence. All studies appraised had quality ratings of A (High Quality) or B (Good Quality). The goal of the Johns Hopkins Nursing EBP Level of Evidence model "is to ensure that the latest research findings and best practices are quickly and appropriately incorporated into patient care."[2]

Introduction

Workplace incivility is a common complaint among Americans, and 84% have reported experiencing some form of incivility.[3] Workplace incivility is a common problem for nurses and is associated with occupational stress and reduced job satisfaction. For example, Spence Laschinger et al[4] found that among 612 staff nurses, 67.5% had experienced incivility from their supervisors and 77.6% had experienced incivility from their coworkers. Some socio-demographic groups were identified by Fast et al[5] to have higher odds of not reporting

workplace incivility; these included younger clinicians, those without management responsibilities, and biological females.

Healthy workplace environments are essential for nurses to perform their duties and support a culture of safety. Nurses play an essential role in promoting and sustaining this healthy workplace environment. The ANA's *Code of Ethics for Nurses* provides several provisions to guide nurses in their role and responsibilities to support a healthy workspace environment. Provision Four of the Code assigns responsibilities to self for individual nursing practice and behavior. Provision Five calls for the duties to self to maintain and develop personal and professional growth. Provision Six details each nurse's responsibility to establish, maintain, and improve the workspace environment.[1]

The AANA, AORN, and ASPAN joined to address incivility in each associations' workspace environment. Representatives from each association presented position statements promoting and supporting a healthy workplace environment.[6-8] The AORN Position Statement on a Healthy Perioperative Practice Environment,[7] updated in 2021, resulted from an organizational task force focused on workplace safety. The AANA[6] and ASPAN[8] provided a shared position that encourages civility among caregivers to improve the overall organizational culture. The AANA, AORN, and ASPAN envisioned a collaborative initiative in unifying their organizational resources and structural empowerment to create a positive, highly functional, and healthy perioperative environment inclusive of preoperative, intraoperative, and postoperative phases of surgical and anesthesia care. Thus, the aim of the collaborative effort is to create a position white paper addressing incivility in the shared perioperative workspace and provide nurses and health care organizations with comprehensive strategies and resources to identify, evaluate, mitigate, and report uncivil behavior.

Historical Background

Mistreatment of nurses has been referenced in nursing literature as early as 1999.[9] Civility is an essential foundation of a positive professional environment, and any form of workplace violence puts the nursing profession and in jeopardy.[10] A survey that evaluated the relationships between nurses, certified registered nurse anesthetists, student registered nurse anesthetists, surgeons, surgical residents, and anesthesiologists working in the perioperative environment found that 75% of respondents had witnessed or were personally involved in disruptive behavior described as but not limited to verbal abuse, physical harassment, and sexual harassment.[11]

Ironically, a profession known for attributes such as caring for others and fostering trusting relationships is also associated with widespread incivility. The phenomenon of uncivil behavior in the perioperative nursing workspace is widespread and manifests in various forms. For example, lateral violence, often referenced in the perioperative setting, is defined as disruptive, disparaging, and/or uncivil behavior that includes workload stress, personality clashes, negative competition, lack of direct communication, lack of teamwork, and lack of respect for coworkers.[12] Triggers for these acts may include inadequate staffing, inadequate job autonomy, poor coping skills, an imbalance of power, and a culture of silence and ostracism in the workplace. These triggers, coupled with the high demands and complexities of the job can prompt feelings of frustration and powerlessness, which can lead to emotional despair. The inability to adequately cope with high stress and overwhelming emotions can contribute to acts of incivility.[13] It is essential for nurses to understand the historical progression, need for transparency, and lack of consistent policy standards regarding incivility as the first step in working collaboratively to improve conditions in the shared perioperative workspace.

Impact on the Nurse, Patient, and Health Care Organization

Incivility is pervasive among nurses and affects every aspect of nursing care. Research studies suggest that about 85% of nurses have experienced incivility such as verbal abuse,[14] and

anecdotal evidence suggests that the prevalence of incivility may be closer to 100% in the perioperative setting. The potential repercussions for identifying incivility makes nurses less likely to report the untoward behavior. In a survey of 13,500 RNs and nursing students regarding workplace bullying, respondents reported experiencing more aggression from peers (48%) than authority figures (39%).[15] The survey also showed that only 77% of nurses were comfortable reporting workplace violence and only 65% were comfortable reporting bullying.[15] Workplace incivility contributes to professional burnout, decreased productivity, reduced intrinsic self-worth, increased stress, and reduced self-confidence among nurses.[16] Nurses who experience incivility have reported physical symptoms, including pain, digestive disorders, fatigue, and acute and chronic health conditions.

Overall, the psychological symptoms experienced by nurses exposed to incivility include stress or anxiety, post-traumatic stress disorder, depression, loss of self-esteem, inability to focus and concentrate, social isolation, and disturbed sleep patterns.[6,16] Bullying frequency has a moderate positive correlation with emotional exhaustion.[17] A survey of 1,205 hospital nurses found that respondents exposed to bullying reported higher levels of post-traumatic stress disorder symptomology, such as memory problems, nervousness, social isolation, avoidance, and anxiety.[18] Other studies have reported that about 26% of nurses had opinions and views ignored on a weekly or daily basis, and 21% had someone withhold information that affected their performance of the job.[19] Also, individual-level, person-related bullying behaviors were found to have a significant positive correlation with psychosocial response, such as feelings of stress, somatic symptoms, and loss of the ability to concentrate.[20]

A self-assessment survey of 575 nurses reported that verbal abuse negatively affected their relationship with their team members, negatively affected their work performance, and led to thoughts of quitting the nursing profession.[14] The intent to leave the workplace and profession because of incivility has been documented in other studies.[21] Leaving the profession has major

implications for the nurse (eg, loss of income and professional identity), patient outcomes (eg, adequate staffing), and institution (eg, lack of employee retention and the associated cost of training new employees).

The team members' interactions are a dynamic cycle of continuous change. It is often referred to as iterative in nature and impacts patient care. Oftentimes in the perioperative setting, a fusion of care models is embodied by the care team. In delivering care, nurses enact the concepts of the Human Caring Theory in which the human being is an integrated whole with a need to be respected, understood, and cared for.[22] In an environment free from incivility, nurses are able to appropriately express their feelings, concern, and empathy and develop sensitivity toward others' beliefs and cultures. The Relationship Care Model depicts the relationship that must exist between the nurse and their working environment to develop a culture of safety.[23] In a setting that embodies this model, the nurse develops a trusting and caring relationship with the care team with a focus on providing safe, quality care. In their role as nurses, self-efficacy and excellence are developed knowing that other factors such as the organization, personal/cognitive and behavioral factors, and incivility from multidisciplinary team will shape their outlook and actions. Nurses can learn to adapt and conquer incivility from observations, early interventions, and modeling, which is the basis of Social Cognitive Theory.[24] Figure 1 describes the potential for interventions to support civility among members of the interprofessional care team.

Figure 1: Dynamic Cycle of Continuous Change

Social Cognitive Theory ↔ Watson's Theory ↔ Relationship Based Care Model

Incivility — Intervention — Civility

Care Team
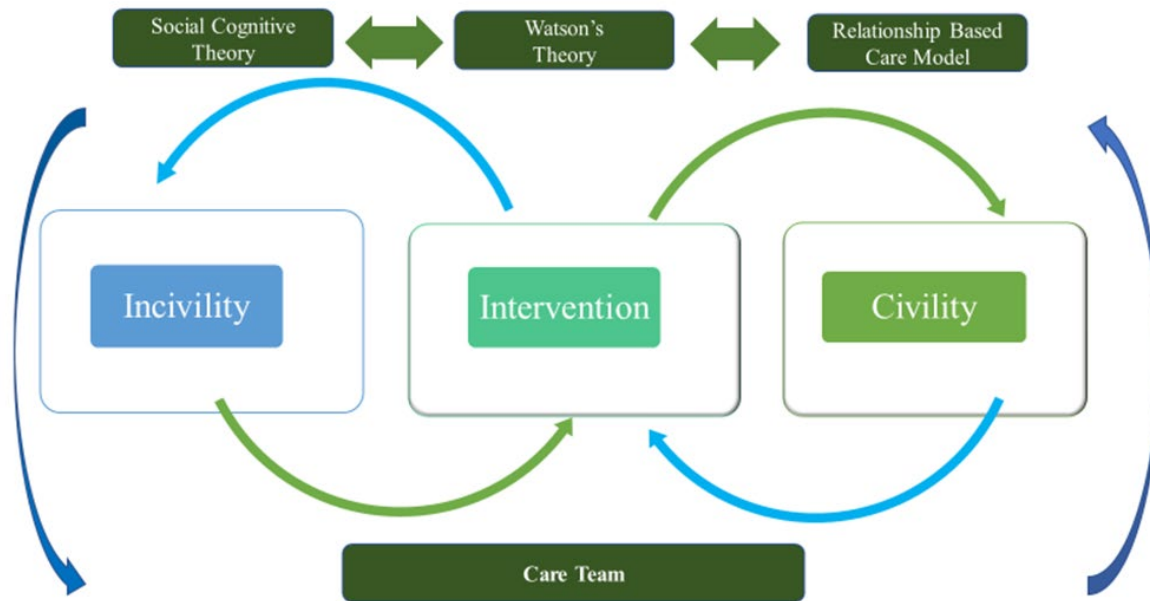
This continually changing process allows for evidenced-based interventions to improve the perioperative environment and consequently the care provided for patients. This will eventually prevent the devastating impact of incivility to the nurse's self, patients, and the organization.

World-renowned patient safety champions recognize the relationship of a healthy work environment or lack thereof to patient outcomes. Donald Berwick, MD, President Emeritus and Senior Fellow of the Institute for Healthcare Improvement, stated, "Improving safety absolutely requires an environment of physical and psychological safety, so that everyone is free to share what they see when something goes wrong, when risks exist, and when communication fails. Fear and safety are incompatible. The bullying of nurses, or any health care worker, is toxic to patients and worker safety" (email communication, January, 2021). Behaviors such as physical aggression, verbal abuse, bullying, publicly humiliating others, and inappropriate discontinuation of communication jeopardize the team's psychological safety and well-being.[25] Unfortunately, more than 36% of nurses have experienced physical violence and about 67% have experienced

non-physical violence.[26] Peter Pronovost, MD, PhD, Chief Clinical Transformation Officer, University Hospital Health System, Cleveland, Ohio, and Advisor to the World Health Organization's World Alliance for Patient Safety, acknowledges, "Disrespectful and rude [comments] are defects that harm our patients, the care team, the culture, and the receiver and sender of the comment. A single rude statement increases the risk for diagnostic error, [increases the risk for] treatment error, decreases team performance and productivity, and destroys joy in work" (email communication, 2021).

Health care organizations, stakeholders, and administrators play a significant role in identifying, evaluating, mitigating, and reporting workplace incivility because of potential lost revenue and increased costs for the health care system. The impact of incivility on organizations is supported by economic analysis, expert opinion, clinician perceptions, and correlational research. For example, a study conducted by Hutton and Gates[27] in 2008 found that the mean annual cost of decreased productivity was $1,484.03 per nurse. In 2012, the cost of lost productivity due to absenteeism in nurses was $3.6 billion.[28] The approximate cost per nurse turnover ranges from $22,000 to more than $64,000.[29] Pre-pandemic in 2019, turnover rate for RNs was at 15.9%. National average cost of turnover is $40,038 but will vary by geographic region (2021) [30]. The organization is directly impacted by this cost primarily to market and advertise the vacant nursing positions and hire nurses to fill those openings.[29, 31]

In the perioperative setting, incivility can adversely affect patient, practice, and process outcomes to include wrong site surgery, increased room turnover time, medication errors, and retained surgical items, all associated with preventable increased costs to health care systems. One 400-bed US hospital reported that it could save $1 million by eliminating disruptive behavior.[32] In efforts to address workplace incivility, stakeholders associated with the perioperative environment have written position statements that address strategies and

expectations for creating and sustaining healthy workplace environments; these can be found in Exhibit 1.

Mitigation/Prevention

Understanding and implementing interventions to mitigate workplace incivility was the most common theme among the evidence reviewed and included strategies such as

- fostering emotional intelligence,

- providing educational training on how to respond,

- teaching communication and techniques to manage incivility,

- creating a just culture,

- using external resources (eg, ANA, OSHA),

- using a hotline for reporting,

- using simulation-based learning to improve team behaviors,

- identifying leadership styles and factors influential in establishing respect and developing a positive workplace,

- using PDSA (Plan-Do-Study-Act) reporting,

- developing support systems,

- implementing policies (eg, zero tolerance),

- providing clinical skills training,

- reporting, and

- conducting surveillance.

Multiple strategies exist depending on an organization's size, resources, and urgency to create a culture of respect. Exhibit 2: Hierarchal Mitigation and Prevention highlights strategies for each level within an organization.

Recommendations for Post-Incident Interventions

When an incident occurs, it is imperative that the correct steps are followed: awareness/acknowledgment, affirmative action, and accountability. Acknowledge, recognize, and name the disruptive behaviors; take affirmative action and implement interventions; and inform leadership using the appropriate procedure to report and record. The organization should establish evidence-based practice committees to identify solutions to intervene in incidents of incivility and bullying. Organizational culture should value and support that *retaliation will not be tolerated.*

A performance improvement plan should address employee actions taken and not taken as they relate to incivility and bullying. This may require employees to demonstrate specific actions as well as adhere to the timeline in which to perform them. Consider placing the performance improvement plan in employees' annual or regularly scheduled performance evaluations. Remember that transparency is key; all employees should know the organizational policy and process and understand the potential consequences for incivility or bullying behaviors. Creating an investigation process similar to the Just Culture Algorithm–Threshold is recommended. A few of the questions that can be included are:

- What happened?
- What normally happens?
- How was the organization managing the risk?
- Did the employee put an organizational interest or value in harm's way?
- Did the employee breach a duty to follow a procedural rule in a system designed by the employer?

See Exhibit 3 for recommendations for post-incivility events.

Recommended Resources

Employer-based policies and resources can be supplemented with additional resources. Exhibit 4: Organizational Resources, highlights resources from selected professional nursing associations and health care–focused organizations.

Conclusion

Although multiple associations and governmental agencies have provided position statements and recommended practices to prevent and address workplace incivility and inappropriate behavior, it continues at an alarming rate. Underreporting of disruptive behaviors and inconsistent use of proper terms such as incivility and bullying causes lack of clarity between what is being assessed and addressed. In addition, the lack of qualitative reporting on the effectiveness of the interventions, especially in the perioperative environment, highlights the need for collaborative efforts to decrease incivility and bullying behaviors.

It is well understood that these behaviors negatively affect health care workers as well as patients and patient outcomes. There is a marked impact of incivility on team dynamics and staff attrition that threatens the health of our profession and the ability to provide a healthy workplace. Future studies on quantifying incivility and its impact on the workplace as well as patient outcomes will help strengthen efforts to decrease these behaviors. The profession will greatly benefit from the collaborative efforts of these three major organizations (AANA, AORN, and ASPAN) to address incivility and bullying behaviors.

References

1. American Nurses Association. *Code of Ethics for Nurses with Interpretive Statements.* Silver Spring, MD: American Nurses Association; 2015. Accessed October 27, 2022. https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/coe-view-only/

2. Dang D, Dearholt SL, Bissett K, Ascenzi J, Whalen M. *Johns Hopkins Evidence-Based Practice for Nurses and Healthcare Professionals: Model and Guidelines.* 4th ed. Indianapolis, IN: Sigma Theta Tau International; 2022.

3. Weber Shandwick; Powell Tate; KRC Research. *Civility in America VII: The State of Civility.* 2018. Accessed October 27, 2022. https://www.webershandwick.com//wp-content/uploads/2018/04/Civility_in_America_the_State_of_Civility.pdf

4. Spence Laschinger HK, Leiter M, Day A, Gilin D. Workplace empowerment, incivility, and burnout: impact on staff nurse recruitment and retention outcomes. *J Nurs Manag.* 2009; 17(3):302-311. doi:10.1111/j.1365-2834.2009.00999.x

5. Fast I, Villafranca A, Henrichs B, Magid K, Christodoulou C, Jacobsohn, E. Disruptive behaviour in the operating room is under-reported: an international survey. *Can J Anaesth.* 2020;67(2):177–185. doi:10.1007/s12630-019-01540-3

6. Promoting a culture of safety and healthy work environment. American Association of Nurse Anesthesiology. 2018. Accessed October 27, 2022. https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/professional-practice-manual/promoting-a-culture-of-safety-and-health-work-environment.pdf?sfvrsn=e4fa54b1_6.

7. AANA, AORN, ASPAN Position Statement on Workplace Civility. AORN, Inc. 2021. Accessed October 27, 2022. https://www.aorn.org/guidelines/clinical-resources/position-statements

8. ASPAN position statement 7: a position statement on workplace violence in the perianesthesia settings. American Society of PeriAnesthesia Nurses. 2021. Accessed October 27, 2022. https://www.aspan.org/Clinical-Practice/Position-Statements.

9. Anderson LM, Pearson CM. Tit for tat? The spiraling effect of incivility in the workplace. *Acad Manage Rev.* 1999;24(3):452-471. doi:10.5465/amr.1999.2202131

10. Saltzberg CW. Balancing in moments of vulnerability while dancing the dialectic. *ANS Adv Nur Sci.* 2011;34(3):229-242.

11. Sakellaropoulos A, Pires J, Estes D, Jasinski D. Workplace aggression: assessment of prevalence in the field of nurse anesthesia. *AANA J.* 2011;79(4 Suppl):S51-S57.

12. Dahlby MA, Herrick LM. Evaluating an educational intervention on lateral violence. *J Contin Educ Nurs.* 2014;45(8):344–350. doi:10.3928/00220124-20140724-15

13. Craft J, Schivinski EL, Wright A. The grim reality of nursing incivility. *J Nurses Prof Dev.* 2020;36(1):41-43. doi:10.1097/NND.0000000000000599

14. Tekin YE, Bulut H. Verbal, physical and sexual abuse status against operating room nurses in Turkey. *Sex Disabil.* 2014;32(1):85-97. doi:10.1007/s11195-014-9339-7

15. ANA's Health Risk Appraisal: three years later. American Nurse. 2014. Accessed October 27, 2022. https://www.myamericannurse.com/anas-health-risk-appraisal-three-years-later/.

16. Boyd D, Poghosyan L. Certified registered nurse anesthetist working condition and outcomes: a review of the literature. *AANA J.* 2017;85(4):261-269. PMID: 31566545

17. Chipps E, Stelmaschuk S, Albert NM, Bernhard L, Holloman C. Workplace bullying in the OR: results of a descriptive study. *AORN J.* 2013;98(5):479-493. doi:10.1016/j.aorn.2013.08.015

18. Spence Laschinger HK, Nosko A. Exposure to workplace bullying and post-traumatic stress disorder symptomology: the role of protective psychological resources. *J Nurs Manag.* 2015;23(2):252-262. doi:10.1111/jonm.12122

19. Etienne E. Exploring workplace bullying in nursing. *Workplace Health Saf.* 2014;62(1):6-11. doi:10.1177/216507991406200102

20. Wright W, Khatri N. Bullying among nursing staff: relationship with psychological/behavioral responses of nurses and medical errors. *Health Care Manage Rev*. 2015;40(2):139-147. doi:10.1097/HMR.0000000000000015

21. Oh H, Uhm DC, Yoon YJ. Workplace bullying, job stress intent to leave, and nurses' perceptions of patient safety in South Korean hospitals. *Nurs Res*. 2016;65(5):380-388. doi:10.1097/NNR.0000000000000175

22. Watson J. The Theory of Human Caring: retrospective and prospective. *Nurs Sci Q.* 1997;10(1):49-52. doi:10.1177/089431849701000114

23. Koloroutis M, ed. *Relationship-Based Care: A Model for Transforming Practice.* Minneapolis, MN: Creative Health Care Management; 2004.

24. Bandura A. Human agency in social cognitive theory. *Am Psychol.* 1989;44(9):1175-1184. doi:10.1037/0003-066x.44.9.1175

25. Rehder KJ, Adair KC, Hadley A, et al. Associations between a new disruptive behaviors scale and teamwork, patient safety, work-life balance, burnout, and depression. *Jt Comm J Qual Patient Saf*. 2020;46(1):18-26. doi:10.1016/j.jcjq.2019.09.004

26. Spector PE, Zhou ZE, Che XX. Nurse exposure to physical and nonphysical violence, bullying, and sexual harassment: a quantitative review. *Int J Nurs Stud.* 2014;51(1):72-84. doi:10.1016/j.ijnurstu.2013.01.010

27. Hutton S, Gates D. Workplace incivility and productivity losses among direct care staff. *AAOHN J.* 2008;56(4):168-175. doi:10.3928/08910162-20080401-01

28. Witters D, Liu D. In U.S., poor health tied to big losses for all job types. Gallup. Published May 7, 2013. Accessed October 27, 2022. https://news.gallup.com/poll/162344/poor-health-tied-big-losses-job-types.aspx

29. Jones CB, Gates M. The costs and benefits of nurse turnover: a business case for nurse retention. *Online J Issues Nurs.* 2007;12(3). doi:10.3912/OJIN.Vol12No03Man04

30. Plescia, M. The cost of nurse turnover by the numbers. Becker's Hospital CFO Report. Published Oct. 14, 2021. Accessed November 28, 2022. https://www.beckershospitalreview.com/finance/the-cost-of-nurse-turnover-by-the-numbers.html

31. Oyeleye O, Hanson P, O'Connor N, Dunn D. Relationship of workplace incivility, stress, and burnout on nurse's turnover intension and psychological empowerment. *J Nurs Adm.* 2013;43(10):536-542. doi:10.1097/NNA.0b013e3182a3e8c9

32. Rawson JV, Thompson N, Sostre G, Deitte L. The cost of disruptive and unprofessional behaviors in health care. *Acad Radiol.* 2013;20(9):1074-1076. doi:10.1016/j.acra.2013.05.009

Exhibits

<table>
<tr><td colspan="2" align="center">**Exhibit 1: Stakeholder Position Statements**</td></tr>
<tr><td align="center">**Association**</td><td align="center">**Position Statements**</td></tr>
<tr><td>American Association of Nurse Anesthesiology</td><td>Promoting a Culture of Safety and Healthy Work Environment (2018) https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/professional-practice-manual/promoting-a-culture-of-safety-and-health-work-environment.pdf?sfvrsn=e4fa54b1_6</td></tr>
<tr><td>American College of Surgeons</td><td>Statement on Harassment, Bullying, and Discrimination (2019) https://www.facs.org/about-acs/statements/harassment-bullying-discrimination/</td></tr>
<tr><td>American Society of Anesthesiologists</td><td>Guidelines for the Ethical Practice of Anesthesiology (2020) https://www.asahq.org/standards-and-guidelines/guidelines-for-the-ethical-practice-of-anesthesiology</td></tr>
<tr><td>American Society of PeriAnesthesia Nurses</td><td>*Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. 2021-2022.* Cherry Hill, NJ: ASPAN; 2020.

A Position Statement on Workplace Violence in the Perianesthesia Settings (2021) https://www.aspan.org/Clinical-Practice/Position-Statements</td></tr>
<tr><td>American Nurses Association</td><td>*Code of Ethics for Nurses with Interpretive Statements* (2015) https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/coe-view-only

Incivility, Bullying and Workplace Violence (2015) https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/incivility-bullying-and-workplace-violence

Workplace Violence (2020) https://www.nursingworld.org/practice-policy/advocacy/state/workplace-violence2/</td></tr>
<tr><td>Association of periOperative Registered Nurses</td><td>Healthy Perioperative Practice Environment (2021) https://www.aorn.org/guidelines/clinical-resources/position-statements

AANA, AORN, & ASPAN Position Statement on Workplace Civility (2021) https://www.aorn.org/guidelines/clinical-resources/position-statements</td></tr>
<tr><td>Centers for Medicare & Medicaid Services</td><td>Policy Statement on Prevention of Harassing, Offensive and Inappropriate Conduct (2022) https://www.cms.gov/About-CMS/Agency-Information/OEOCRInfo/Downloads/WorkplaceHarassmentPolicy.pdf</td></tr>
<tr><td>Council on Surgical and Perioperative Safety</td><td>Violence in the Workplace (2007) http://www.cspsteam.org/10-violence-in-the-workplace/</td></tr>
<tr><td>The Joint Commission</td><td>*Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration and Innovation* (2012)</td></tr>
</table>

	https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/patient-safety/tjc-improvingpatientandworkersafety-monograph.pdf
Occupational Safety and Health Administration	*Preventing Workplace Violence: A Roadmap for Healthcare Facilities* (2015) https://www.osha.gov/sites/default/files/OSHA3827.pdf

Exhibit 2: Hierarchal Mitigation and Prevention			
Strategy	**Responsibilities of:**		
	Staff	**Leaders**	**Organization**
Effective communications	Encourage open and clear verbal, nonverbal, and written communication. This includes relying on facts, not gossip; actively listening; and apologizing without blame.	Don't expect perfection, as this may result in students bullying due to jealousy, feelings of inadequacy, and fear of change.[1]	Ensure that the vision, mission, philosophy, and shared values are closely aligned with a culture of respect and safety.
Professional development and code of conduct / attitude	Ongoing professional development should include annual competencies in effective communication, for example one to one rounding, bullying mock codes, and educational in-service programs.[2] The Code of Conduct should be subsequently signed.	Clinical educators, administrators, and nursing faculty should be integral parts of any training offered, because those individuals understand the specific health care organization or the academic setting, and are familiar with navigating their particular system.[3]	Develop a Code of Conduct and a strict adherence policy.
Behavior modification	Cognitive rehearsal exercises should focus on the behavior and not the personality.[4-6]	Faculty members can also share with their students the importance of peer coaching and mentoring, plus recommendations for stress-reducing activities.	Establishment of system wide policies and procedures pertaining to incivility, bullying and disruptive behavior should support efforts to prevent further instances as well as any repercussions of incivility and bullying
Organizational policies and resources (from position statement) – may include TeamSTEPPS	Pledge to Support Positive Action and Accountability by sharing responsibility and support without blame culture.	Policy interventions for zero-tolerance for incivility, bullying and disruptive behaviors begins with leadership.	All new perioperative managers attend management training on how to diffuse stressful situations and dealing with difficult people.
Competencies/ orientation/staff education	Onboarding process should require training on how to diffuse stressful situations	Nursing leaders and faculty members can prepare students by providing initial civility	Provide staff with clear communication of policy expectations for zero

	and dealing with difficult people.	education, by integrating civility content throughout the curriculum and role modeling the desired actions.	tolerance of incivility and bullying

References

1. Killmon C. BBB: confronting workplace bullying [Student News]. *AANA NewsBulletin.* January 2019:30-31. Accessed October 27, 2022. https://www.aana.com/docs/default-source/wellness-aana.com-web-documents-(all)/confronting-workplace-bullying---jan-2019.pdf?sfvrsn=76c12316_2
2. Elmblad, R., Kodjebacheva, G., & Lebeck, L. (2014). Workplace incivility affecting CRNAs: a study of prevalence, severity, and consequences with proposed interventions. *AANA J.* 2014;82(6):437-445. PMID: 25842642
3. Longo J, Dean A, Norris SD, Wexner SW, Kent LN. (2011). It starts with a conversation: a community approach to creating healthy work environments. *J Contin Educ Nurs.* 2011:42(1):27-35. doi:10.3928/00220124-20100901-03
4. Griffin M. Teaching cognitive rehearsal as a shield for lateral violence: an intervention for newly licensed nurses. *J Contin Educ Nurs.* 2004;35(6):257-263. doi:10.3928/0022-0124-20041101-07
5. Griffin M, Clark CM. Revisiting cognitive rehearsal as an intervention against incivility and lateral violence in nursing: 10 years later. *J Contin Educ Nurs.* 2014;45(12):535-542. doi:10.3928/00220124-20141122-02
6. Stagg SJ, Sheridan DJ, Jones RA, Speroni KG. Workplace bullying: the effectiveness of a workplace program. *Workplace Health Saf.* 2013;61(8):333-338. doi:10.1177/216507991306100803

Exhibit 3: Recommendations for Post-Incivility Events			
	Staff	**Leaders**	**Organization**
Reporting	Report the event as soon as possible through the appropriate channels and in accordance with established policies and procedures.	Obtained a detailed written account of the incident including what happened, relevant names, dates, any witnesses, and if this was a repeat incident. Ask witnesses to document and provide an accounting of their observations.	Document the event and follow policy and process. A zero-tolerance policy regarding incivility and bullying should be established.
Debriefing	Review the incident confidentially with leadership in a safe space.	Create a safe space for debriefing with all involved parties. Respond in a timely manner, facilitate full discussion of the event, and address the behavior(s).	Employers must inform employees of the policy at orientation and repeatedly as needed. Seek education that provides team building skills and fosters an environment of civility and wellness.
Seek Support	Obtain support through peers or another support system, engage the employee assistance program, seek counseling, obtain legal counsel, activate the security system, and—if one's health is affected—consider filing a workers' compensation claim.	Provide support for the staff member involved. Ensure that the incivility and bullying have stopped and that no retaliation has occurred.	Support can include acknowledging that incivility and bullying are inappropriate and unprofessional.

Exhibit 4: Organizational Resources	
Organization	**Resources**
Agency for Healthcare Research and Quality	Pocket Guide: Team STEPPs. Team Strategies and Tools to Enhance Performance and Patient Safety (2013) https://www.ahrq.gov/teamstepps/instructor/essentials/pocketguide.html
American Association of Critical-Care Nurses	*AACN Standards for Establishing and Sustaining Healthy Work Environments.* 2nd ed. (2016) https://www.aacn.org/~/media/aacn-website/nursing-excellence/standards/hwestandards.pdf
American Association of Nurse Anesthesiology	Promoting a Culture of Safety and Healthy Work Environment (2018) https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/professional-practice-manual/promoting-a-culture-of-safety-and-health-work-environment.pdf?sfvrsn=e4fa54b1_6
American Nurses Association	Addressing Nurse Fatigue to Promote Safety and Health: Joint Responsibilities of Registered Nurses and Employers to Reduce Risks (2014) https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/addressing-nurse-fatigue-to-promote-safety-and-health/

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