# Workplace Incivility Affecting CRNAs: A Study of Prevalence, Severity, and Consequences With Proposed Interventions

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*Incivility in healthcare settings has potentially detrimental effects on healthcare providers and patient safety. This study examines the prevalence of incivility and the influence of workplace incivility on burnout among Certified Registered Nurse Anesthetists (CRNAs) in Michigan. It proposes interventions to prevent and manage incivility. The Nursing Incivility Scale and the Copenhagen Burnout Inventory were used to measure workplace incivility and professional burnout. Qualitative data were also collected to provide recommendations to address workplace incivility. The most notable sources of workplace incivility were general employee personnel or nonemployee individuals and physicians. A lesser prevalent source of incivility was other CRNA practitioners. The least prevalent source of incivility was CRNA supervisors. A statistically significant, direct relationship existed between workplace incivility and professional burnout. The only statistically significant factor contributing to professional burnout was experiencing workplace incivility, independent of other measured factors. The most notable recommendation was use of a zero tolerance policy for practice, regardless of title or role, in employment situations. Incivility is a major concern among CRNAs.*

***Keywords:*** Burnout, CRNA, incivility.

Incivility is an important issue in healthcare affecting not only the practitioner enduring the negative behaviors, but also the care that is delivered under the penumbra of an uncivil work environment.[1] Hutton and Gates[2(p168)] define *incivility* as a "low-intensity, deviant behavior with ambiguous intent to harm the target." Incivility violates norms for mutual respect in the workplace. Hutton and Gates[2(p168)] state, "Uncivil behaviors are characteristically rude and discourteous, displaying a lack of regard for others." Clark and Kenaley[3(p158)] define *incivility* as "rude or disruptive behaviors that often result in psychological or physiological distress for the people involved and, if left unaddressed, may progress into a threatening situation."

Various studies have investigated the causes and consequences of workplace incivility. According to Johnson and Indvik,[4] aberrant behaviors at work are the result of stress and overwork. The combination of working harder in a stressful environment may result in unbalanced living. Johnson and Indvik reported that victims who worried about uncivil incidents made efforts to avoid instigators of incivility and resigned because of workplace incivility. According to Zolby[5(p16)]: "45% of workplace incivility victims had their health affected due to stress from bullying, 3% filed lawsuits related to bullying, and 40% who experienced bullying never complained." Holloway and Kusy[6] reported that uncivil behaviors in healthcare increased costs of healthcare delivery. They reported that most victims had an overall reduced commitment to the organization because of being treated in an uncivil manner.[6]

Two studies on incivility involving Certified Registered Nurse Anesthetists (CRNAs) were identified. Sakellaropoulos et al[7] reported that more than 80% of the CRNAs experienced some type of aggression. In 58.4% of the cases, supervisors perpetrated aggression, and in 36.6% of the cases, coworkers perpetrated the aggression. The authors found a positive correlation between job stress and direct verbal aggression. There were no associations of aggressive behaviors with job category, level of supervisory responsibility, bargaining union status, size of city, and years of service.

A qualitative study was conducted involving 8 CRNAs and 8 anesthesiologists from 3 hospitals.[8] The author explored the stages of conflicts between CRNAs and anesthesiologists as threat, distortion, rigidification (micromanagement) and collusion. As individuals progressed though each stage, deescalation became less likely, meaning that the longer one was in conflict, the less likely the parties would be to merge toward a more harmonious working relationship.[8]

Few studies have examined issues of incivility and burnout among CRNAs. Burnout was defined as physical or mental breakdown caused by overwork or high-stress situations.[9] Chipas and McKenna[9] stated that CRNAs might experience a higher rate of burnout because of

the monotony of their profession, with the simultaneous need for a high-level attention to detail. They stated that CRNAs experienced frequent and intense interactions with other healthcare providers, adding to their overall stress.[9] Adding incivility to the existing stress can make functioning as a CRNA even more challenging.

No studies, to our knowledge, have examined the effects of incivility on burnout rates among CRNAs. Several studies, however, described the effects of stress and burnout in the nursing profession.[2,10,11,12] Other studies focused on stress and burnout in physicians.[13] CRNAs work in a unique environment and hold responsibilities beyond the scope of nursing, which places them in a unique category, separate from others in the nursing profession. It is anticipated that working in an uncivil work environment will increase the likelihood of burnout among CRNAs. In addition, no prior studies of which we are aware have proposed interventions to prevent and manage incivility among CRNAs.

The specific research questions of this current research on CRNAs in Michigan are:

1.Who is uncivil (ie, general employees and nonemployees, CRNA colleagues, CRNA supervisors, or physicians) toward CRNAs, and how severe is the incivility?

2.What is the influence of workplace incivility on burnout among CRNA practitioners?

3.What are the intervention strategies recommended to prevent and combat incivility experienced by CRNAs?

## Methods

The University of Michigan-Flint institutional review board approved the study. Participants were offered the opportunity to withdraw from this study at any point while taking the survey. In addition, the email introducing the survey provided contact information to the AANA Health and Wellness Committee in case the participants felt the need for emotional support.

Questionnaire recipients were CRNAs who were active members of the Michigan Association of Nurse Anesthetists (MANA), with email addresses on file in the MANA database. On October 8, 2012, MANA disseminated the link to the survey to approximately 1,700 CRNAs who were MANA members. In total, 385 surveys were collected between October 8 and November 25, 2012; an email reminder requesting participants to complete the survey was sent during this period. The response rate was 22.6%.

The survey included questions from the Nursing Incivility Scale (NIS; Table 1). Cronbach $\alpha$ of the different NIS subscales ranged from 0.81 to 0.94 in prior research.[14] The survey also included questions from the Copenhagen Burnout Inventory (CBI; Table 2). Cronbach $\alpha$ of the different CBI subscales ranged from 0.85 to 0.87.[15] The survey also asked 3 open-ended questions about what recommendations CRNAs had to prevent and manage incivility (Table 3).

The CRNA survey respondents were asked to report incivility experienced from several sources at work. These potential incivility sources were subdivided into 4 types. The first type was incivility experienced by CRNA respondents through interactions with general employee personnel or nonemployee individuals such as patients, visitors, doctors, other nurses, or hospital personnel (referred to as incivility from all sources) (questions 1-8 in Table 1). The second set of questions measured incivility experienced by CRNA respondents through interactions with other CRNA practitioners in the workplace (questions 9-18 in Table 1). The next section of potential incivility toward CRNAs was through interactions the CRNA respondent had with their CRNA supervisors (questions 19-25 in Table 1). Another potential incivility source was during interactions with physicians (questions 26-32 in Table 1).

To assess research question 1, composite scores of incivility were calculated based on the different types of incivility in the survey (ie, incivility from all sources, incivility from other CRNAs, incivility from CRNA supervisors, and incivility from physicians). The mean and median composite scores for each type of incivility were calculated. Bar graphs showing the distribution of the different types of incivility were used. The graphs displayed the composite scores on the x-axis and the number of respondents experiencing the corresponding composite scores on the y-axis (Figures 1-4). If the distribution was skewed to the right, a high level of incivility was experienced.

The mean and median composite burnout scores were calculated. A bar graph showing the distribution of burnout was used to display the composite burnout scores on the x-axis and the number of respondents experiencing the corresponding composite burnout scores on the y-axis (Figure 5). To assess the association between incivility and burnout (research question 2), the composite burnout and incivility scores were graphed to investigate whether a linear relationship existed between the two. The association between incivility and burnout was also assessed using linear regression, controlled for gender, type of employment arrangement, type of employment classification, hours worked per week, and years in the CRNA profession. Statistical Package for Social Sciences (SPSS) version 21 (IBM SPSS) was used to analyze the data collected in the survey.

To answer research question 3, responses to the 3 open-ended survey questions (see Table 3) were categorized and arranged by prevalence and type of intervention.

## Results

Most survey respondents (69%) were female. Most respondents (52%) worked more than 40 hours per week. Those who worked between 20 and 40 hours per week represented 45% of the respondents. Those who worked less than 20 hours per week represented only 2% of the respondents.

| General, nursing, supervisor, and physician subscales | Possible responses |
|---|---|
| We would like to know about the type of interactions you have with the people you work with. For the following items, please consider **all individuals** you interact with at work, including patients, visitor, doctors, other nurses or hospital personnel. | 1 = Strongly disagree<br>2 = Disagree<br>3 = Neither agree nor disagree<br>4 = Agree<br>5= Strongly agree |
| 1. Hospital employees raise their voices when they get frustrated. | |
| 2. People blame others for their mistakes or offenses. | |
| 3. Basic disagreements turn into personal verbal attacks on other employees. | |
| 4. People make jokes about minority groups. | |
| 5. People make jokes about religious groups. | |
| 6. Some employees take things without asking. | |
| 7. Employees don't stick to an appropriate noise level (eg, talking too loudly). | |
| 8. Employees display offensive body language (eg, crossed arms, body posture). | |
| The following items ask about your interactions with other **CRNAs**. How often do other **CRNA** in your department… | |
| 9. …argue with each other frequently? | |
| 10. …have violent outburst or heated arguments in the workplace? | |
| 11. …scream at other employees? | |
| 12. …gossip about one another? | |
| 13. …gossip about their supervisor at work? | |
| 14. …bad-mouth others in the workplace? | |
| 15. …spread bad rumors around here? | |
| 16. …make little contribution to a project, but expect to receive credit for working on it? | |
| 17. …claim credit for my work? | |
| 18. …take credit for work they did not do? | |
| Please think about your interactions with your **direct supervisor** (ie, the person you report to most frequently) and indicate how strongly you agree with the following behavior. My direct supervisor… | |
| 19. …is verbally abusive. | |
| 20. …yells at me about matters that are not important. | |
| 21. …shouts or yells at me for making mistakes. | |
| 22. …takes his/her feelings out on me (eg, stress, anger, "blowing off steam"). | |
| 23. …does not respond to my concerns in a timely manner. | |
| 24. …factors gossip and personal information into personnel decisions. | |
| 25. …is condescending to me. | |
| This section refers to physicians you work with. Please indicate your level of agreement with the following items. | |
| 26. Some **physicians** are verbally abusive. | |
| 27. Physicians yell at nurses about matters that are not important. | |
| 28. Physicians shout or yell at me for making mistakes. | |
| 29. Physicians take their feelings out on me (eg, stress, anger, "blowing off steam"). | |
| 30. Physicians do not respond to my concerns in a timely manner. | |
| 31. I am treated as though my time is not important. | |
| 32. Physicians are condescending to me. | |

**Table 1.** Survey Questions: Nursing Incivility Scale[14]
Abbreviation: CRNA, Certified Registered Nurse Anesthetist.

Most respondents (76%) were hospital employees; 11% of respondents worked in a group practice, 8% worked as independent contractors, and 4% classified themselves as "other employees." Most respondents (91%) reported working as direct patient care clinicians, 5% reported working as managers, 3% reported working in the area of education, and 1% classified themselves as "other."

The mean composite score for incivility experienced from all sources was 63.5; the median was 65.0. The mean composite score experienced from other CRNA practitioners was 51.3; the median was 50.0. The mean composite score experienced from CRNA supervisors

| Work-related burnout subscale | Possible responses |
|---|---|
| Definition: Work-related burnout is a state of prolonged physical and psychological exhaustion, which is perceived as related to the person's work. | First 3 questions:<br>1 = To a very high degree<br>2 = To a high degree<br>3 = Somewhat to a low degree<br>4 = To a very low degree |
| 1. Is your work emotionally exhausting? | |
| 2. Do you feel burnt out because of your work? | |
| 3. Does work frustrate you? | |
| 4. Do you feel worn out at the end of the working day? | |
| 5. Are you exhausted in the morning at the thought of another day at work? | |
| 6. Do you feel every working hour is tiring for you? | |
| 7. Do you have enough energy for family and friends during leisure time?[a] | Last 4 questions:[a]<br>1 = Always<br>2 = Often<br>3 = Sometimes<br>4 = Seldom<br>5 = Never/almost never |

**Table 2.** Survey Questions: Copenhagen Burnout Inventory[15]
[a] Reversed score for last question.

| Open-ended questions | Possible responses |
|---|---|
| 1. What recommendations do you have for **preventing** disrespectful/rude communication and/or behaviors in the healthcare workplace? | Open text |
| 2. What recommendations do you have for **coping** with disrespectful/rude communication and/or behaviors in the healthcare workplace? | |
| 3. What recommendations do you have for **managers to detect** that disrespectful/rude communication and/or behaviors are occurring within a department? | |

**Table 3.** Qualitative Survey Questions

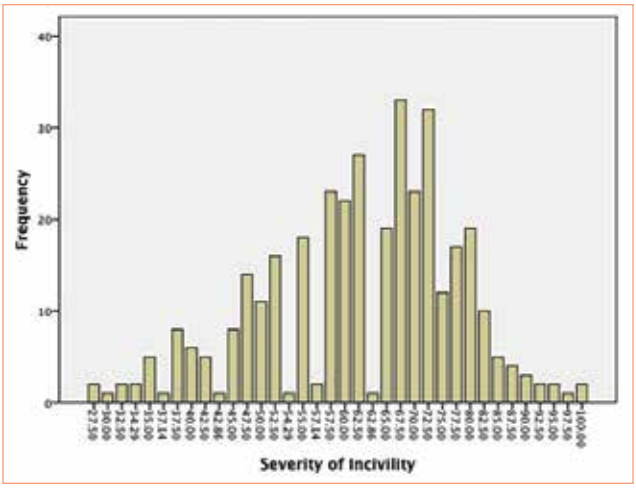


**Figure 1.** Incivility Source: Employees, Nonemployees[a]
[a]Severity of incivility indicates composite score on survey. Frequency is the number of respondents experiencing the corresponding composite scores. See the Methods section for further details for Figures 1 to 4.

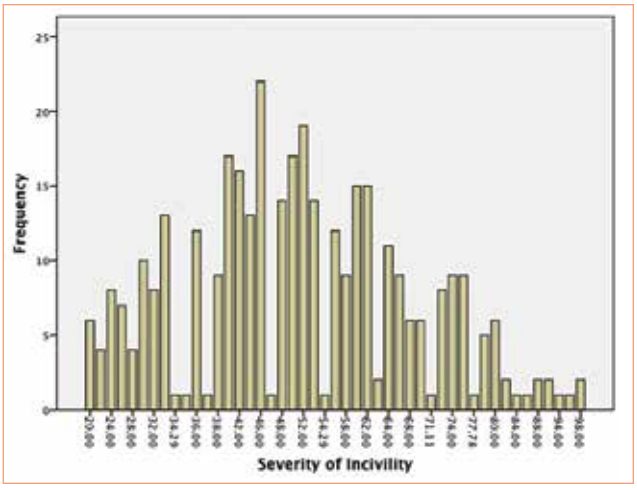


**Figure 2.** Incivility Source: CRNA Colleagues
Abbreviation: CRNA, Certified Registered Nurse Anesthetist

was 37.6 (median composite score, 31.4). The mean composite score for incivility experienced from physicians was 62.3; the median was 62.8. Figures 1 through 4 further confirm these findings. A large number of respondents had a composite score of 50 or higher for incivility from all sources (see Figure 1) and for incivility from physicians (see Figure 4). A much smaller number of respondents had a composite score of 50 or higher for incivility from CRNA supervisors (see Figure 3). Therefore, CRNA respondents experienced moderately high levels of incivility from employee, nonemployee, and physician sources; moderate levels of incivility from CRNA colleagues; and low levels of incivility from CRNA supervisors.

The mean burnout composite score was 43.4. The median was 42.8. The mean burnout composite score was classified as a moderate burnout level. Although the distribution of the burnout composite score was skewed toward the lower burnout levels, still a large number of respondents had a burnout composite score of 50 of higher (see Figure 5).

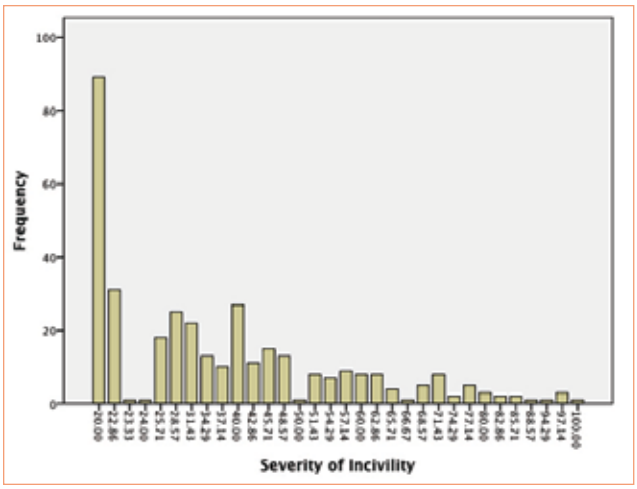


**Figure 3.** Incivility Source: CRNA Supervisor
Abbreviation: CRNA, Certified Registered Nurse Anesthetist.

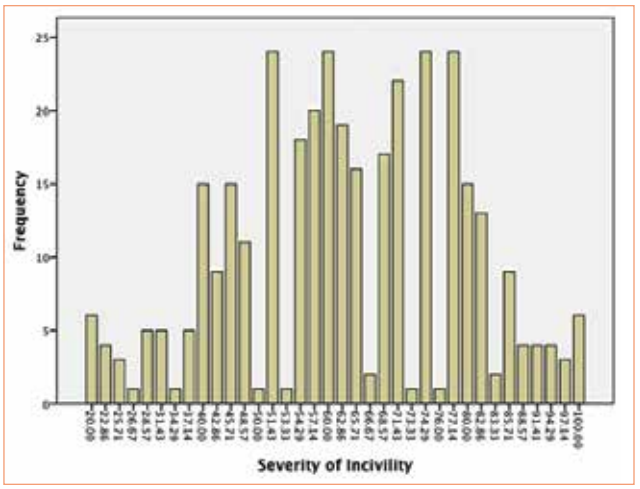


**Figure 4.** Incivility Source: Physicians

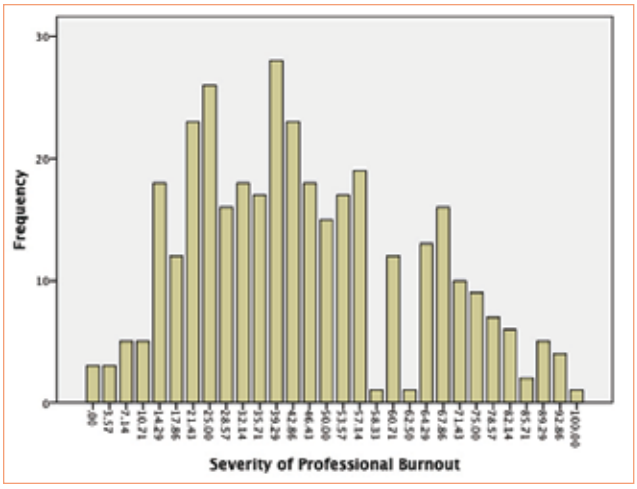


**Figure 5.** Professional Burnout

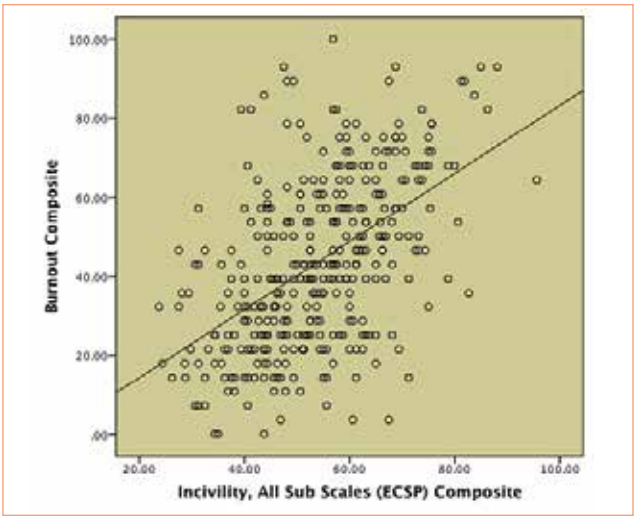


**Figure 6.** Workplace Incivility and Professional Burnout
The x-(horizontal) axis represents a continuum of workplace incivility, with low workplace incivility on the left and high incivility on the right of the graph. The y-(vertical) axis represents a continuum of professional burnout, with low symptoms of professional burnout at the bottom and high symptoms of professional burnout reported at the top. The diagonal line represents the most common relationship between workplace incivility and professional burnout.

Figure 6 shows the relationship of workplace incivility experienced by CRNA respondents from all sources and the reported symptoms of professional burnout. The relationship is linear and direct. As the respondent experiences and reports lower levels of workplace incivility, the potential for professional burnout is reduced. In contrast, as the respondent experiences and reports increased workplace incivility, the potential for professional burnout is elevated. The correlation between workplace incivility and professional burnout was statistically significant ($P < .0001$; linear regression). Workplace incivility was associated with burnout when controlling for gender, type of employment arrangement, type of employment classification, hours worked per week, and years in the CRNA profession ($P < .001$). No controlled factors were associated with professional burnout.

In replies to the open-ended questions (Table 3), the most notable suggestion offered was the development and use of a zero tolerance policy for practice regardless of title or role in employment situations, as well as following a similar policy extended to students in anesthesia programs. The respondents provided 724 comments: 250 under *prevention*, 229 under *coping*, and 245 under *detection for management* relating to "disrespectful, rude communication and/or behavior" (DRCB), shown in Table 4.

In the category of *prevention*, respondents reported most frequently (16.4%) that hospitals should provide educational programs for all staff on topics of team building workshops, which focus on quality communication and behaviors. Approximately 12.8% of respondents reported that institutions should develop and follow a zero tolerance policy for all employees. To prevent workplace

| Suggestions | Total No. (%) of comments[a] | |
|---|---|---|
| Prevention | 250 (100) | |
| **Recommendations related to the individual who is receiving disrespectful/rude communications:** | | |
| Be a good example for others to follow | 29 | (11.6) |
| **Recommendations to the organization where the disrespectful/rude communications are taking place:** | | |
| *Broad policies:* | | |
| Zero tolerance for all employees | 32 | (12.8) |
| Zero tolerance for physician bullies (regardless of title) | 24 | (9.6) |
| Consistently and equally enforce policies by human resources (HR) (regardless of title) | 8 | (3.2) |
| Zero tolerance for manager incivility (imposed by administration/HR) | 3 | (1.2) |
| Management transparency (to increase trust of staff) | 2 | (0.8) |
| *Education for all staff:* | | |
| Team building workshops (in quality communication, and behavior) | 41 | (16.4) |
| Stress management workshops for all staff | 7 | (2.5) |
| *Education for management:* | | |
| Management needs to become more understanding of clinical area/work stress of staff | 7 | (2.5) |
| Hospitals need to choose ethics over economics | 3 | (1.2) |
| *Dealing with the person using rude/disrespectful behaviors:* | | |
| HR and management hold people accountable for their behavior at work | 27 | (10.8) |
| Counseling and educational workshops for bullies | 7 | (2.5) |
| *Dealing with the person receiving rude/disrespectful behaviors:* | | |
| Victim should directly communicate with the bully at time of incident | 15 | (6.0) |
| File official report with management or HR | 11 | (4.4) |
| **Recommendations to all employees in the organization:** | | |
| Treat all employees professionally regardless of title | 11 | (4.4) |
| Acknowledge all people as valuable | 10 | (4.0) |
| Take pride in your profession and service to society | 9 | (3.6) |
| **Recommendations to CRNA schools:** | | |
| Zero tolerance for educational programs (CRNA) | 4 | (1.6) |
| Coping | 229 (100) | |
| **Recommendations related to the individual who is receiving disrespectful/rude communications:** | | |
| Victim needs to change behavior (remain calm, walk away, work harder and smarter) | 46 | (20.0) |
| Victim need to arrange conversation with bully at later time | 23 | (10.0) |
| Seek counsel with trusted friend | 19 | (8.2) |
| Victim needs to become more aggressive with offender | 16 | (6.9) |
| Exercise, mediation, self-help | 14 | (6.1) |
| Report incivility to higher in chain of command (management, HR) | 14 | (6.1 |
| Limit exposure from offensive individuals | 4 | (1.7) |
| **Recommendations to the organization where the disrespectful/rude communications are taking place:** | | |
| *Broad policies:* | | |
| Zero tolerance policy for staff enforced by administration | 19 | (8.2) |
| Open-door policy to management for staff | 5 | (2.1) |
| *Education:* | | |
| Increased staff and management awareness through education | 14 | (6.1) |
| Teach conflict resolution to all OR staff and management | 13 | (5.6) |
| *Dealing with the person using rude/disrespectful behaviors:* | | |
| Zero tolerance policy for uncivil managers enforced by HR | 5 | (2.1) |
| Counseling the bully on appropriate communication and behavior in the workplace | 6 | (2.6) |
| Anger management workshops for bullies | 1 | (0.4) |
| Use substances like alcohol | 1 | (0.4) |

| Suggestions | Total No. (%) of comments[a] | |
|---|---|---|
| *Dealing with the person receiving rude/disrespectful behaviors:* | | |
| Counseling the victim | 9 | (3.9) |
| **Recommendations to all employees in the organization:** | | |
| Become a good example for others to follow | 10 | (4.3) |
| Take pride in service we provide our patients | 4 | (1.7) |
| **Recommendations to CRNA schools:** | | |
| Zero tolerance policy for uncivil acts in CRNA programs | 6 | (2.6) |
| Management or administration detection | 245 (100) | |
| **Recommendations to the organization where the disrespectful/rude communications are taking place:** | | |
| *Broad policies:* | | |
| Zero tolerance policy needs to be followed regardless of title | 24 | (9.7) |
| *HR policies:* | | |
| Zero tolerance exercised from HR toward uncivil managers | 7 | (2.8) |
| Management should not be fearful to report powerful bullies (They should not fear losing their management jobs.) | 7 | (2.8) |
| *Education for all staff:* | | |
| Educational in-services to prevent bullying and improve communication | 11 | (4.5) |
| *Management action:* | | |
| Should increase presence and visibility in the clinical area | 44 | (17.9) |
| Actively listen to staff concerns of bullying | 23 | (9.3) |
| Interact with staff on regular basis | 20 | (8.1) |
| Keep an open-door policy | 19 | (7.7) |
| Set up anonymous report system for victims or witnesses | 12 | (4.8) |
| Needs to be a positive example for staff | 10 | (4.0) |
| Get facts straight before acting on gossip and hearsay | 8 | (3.2) |
| Management needs to increase knowledge of clinical stress environment | 8 | (3.2) |
| Promote increase in quality communication between all staff regardless of title | 9 | (3.6) |
| Needs to be more supportive of staff when incivility occurs | 4 | (1.6) |
| Transparency in management with policy and agenda (to promote trust) | 3 | (1.2) |
| *Educational in-services for management:* | | |
| Educational in-services for management to improve staff relations | 10 | (4.0) |
| Management needs formal training on how to handle incivility and bullies | 9 | (3.6) |
| *Dealing with the person using rude/disrespectful behaviors:* | | |
| Follow up with complaints of bullying with the offender | 16 | (6.5) |
| **Recommendations to all employees in the organization:** | | |
| Promote patient safety | 1 | (0.4) |

**Table 4.** Summary of Qualitative Comments

Abbreviations: CRNA, Certified Registered Nurse Anesthetist; OR, operating room.

[a]Some percentages do not total to 100 because of rounding.

incivility, 11.6% of respondents suggested the victims of DRCB should act as good examples for others to follow (see Table 4).

In the category of *coping mechanisms* for victims of DRCB, respondents most frequently suggested a change in behavior in reaction to incivility, such as working harder and smarter, as a way to prevent repeated DRCB. The second most frequent suggestion in coping with DRCB was to arrange a face-to-face conversation with the disrespectful or rude individual following the DRCB. Less frequently mentioned for the individual coping with DRCB was to seek counsel with a trusted friend or colleague. Another suggestion focused again on the development of an institutional zero tolerance policy (see Table 4).

In the category of *detection and management* of DCRB in their facility or departments, respondents most frequently suggested that members of management increase their presence and visibility in the clinical areas. The next most frequently suggested action in this category was the institution of a broad, zero tolerance policy to be followed by all individuals in the workplace regardless of title. The third most frequently suggested action for manage-

ment was to actively listen to staff concerns of bullying in private or during staff meeting forums (see Table 4).

## Discussion

This study provides new information on the prevalence of workplace incivility, professional burnout, and the correlation between the two. It was revealed that Michigan CRNAs experienced workplace incivility from several sources: the most common sources were general employee, nonemployee individuals, and physician practitioners. Incivility and burnout were associated even when controlling for gender, type of employment arrangement (hospital employee, group practice, independent contractor), type of employment class (clinical CRNA, manager CRNA, and educational CRNA), hours worked per week, and duration of years in the CRNA profession. The results also indicated that as levels of workplace incivility escalated or intensified, the development of professional burnout became more likely. The only statistically significant factor contributing to the development of professional burnout was experiencing workplace incivility, independent of gender, type of employment, type of employment class, hours worked per week, and years of employment in the CRNA profession.

Clearly, there was some overlap in the responses to the open-ended questions, particularly the suggestion of developing and using a zero tolerance policy. This suggestion not only appeared in all 3 categories but also ranked in the top 3 most frequent comments in all categories. Additionally, respondents encouraged this zero tolerance policy to be followed in anesthesia educational programs and applied to students as well as educational mentors. Overlap of responses across all 3 categories also existed for the implementation of educational events for staff and management that focus on team building, stress management, conflict resolution, and quality communication.

If a culture of incivility among team members exists, high-stress interactions may occur in the workplace. Incivility in healthcare facilities erodes team concept, quality communication, and quality of care delivery[16] and increases the overall cost of healthcare provided.[17] Professional burnout can have negative effects not only on the target but also on the quality of care delivered.[1]

Certified Registered Nurse Anesthetists serve the American public by providing high-quality and cost-effective anesthesia care. However, CRNAs work in a potentially stressful and, at times, uncivil work environment that can lead to the development of professional burnout. It is key to curb incivility in healthcare facilities by instituting interventions such as zero tolerance policies, workshops on quality communication skills and behaviors, increased management visibility in the clinical areas, and both individual and group in-services on how to handle the issues of workplace incivility once identified.

One limitation of this study was the response rate of 22.6%. This response rate, however, is consistent with that in similar studies. Another limitation is that causal relationships could not be assessed in this cross-sectional study. An additional limitation was that individuals more affected by workplace incivility and professional burnout may be more likely to respond to a survey of this type compared with those who are unaffected by the phenomenon. Therefore, rates of incivility and professional burnout may be overestimated in this study. Additionally, the recent economic conditions in the state of Michigan may affect the results of this study. People whose family was affected by the economic conditions may be more likely to experience burnout.

To the best of our knowledge, this is the first study to examine workplace incivility experienced by CRNAs and the development of professional burnout. Future studies should investigate additional aspects of the working conditions CRNAs function in, such as the hierarchy that exists between employee classes and among professionals. The effects of this employee hierarchy may play a major role affecting workplace stress and communication. Future research should assess the effectiveness of interventions to prevent and manage incivility. These interventions should be multilevel and involve different strategies to target CRNAs colleagues, CRNA supervisors, and physicians. Given the surprising high rate of reported incivility from employee, nonemployee sources, and physicians, future research should investigate the reasons for such incivility and the factors that could prevent it.

This research endeavor investigated interpersonal dynamics that CRNAs face in today's healthcare facilities. Workplace incivility exists only if it is permitted to exist. Leadership that ignores the problems associated with workplace incivility propagates the problem through omission. If left unaddressed, the cost of workplace incivility falls not only on the facility (in terms of lost revenue) but also on the victim, because the potential for professional burnout will most likely develop. Everyone is encouraged to treat others and communicate in the same manner one would expect and appreciate. In addition, a fair dose of empathy and understanding for what others may be experiencing in work and their personal life may be important to avoid incivility. Fostering a healthy workplace environment is the responsibility of everyone in the workplace.

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