Incivility and Bullying by Healthcare Providers in the Clinical Setting

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LEARNER OUTCOMES

— Define incivility and bullying behaviors in the clinical setting
— Identify the effects incivility and bullying may have on SRNAs
— Describe resources available for SRNAs who experience incivility or bullying in the clinical setting
Student → Practice → Faculty
Why Incivility and Bullying

• Prevalent: workplace and academic environments
• Academic environment: anywhere learning occurs
• Clinical Education of SRNA:
  – Vital (NBCRNA requirements)
  – Two years
Clinical Education of SRNA

SRNAs Learning Environment

• Practice Setting
  – urban/rural/academic/non-academic

• Practice Model
  – medical direction/supervision/Anesthesia Care Team (ACT)/CRNA only (team or solo)

• Operating Room Environment
  – stressful/volatile
Clinical Education of SRNA

• Clinical Preceptor:
  – not consistent
  – 1-5 in a day
  – up to 100 in a month
**Incivility and Bullying**

**Communication**

- Vital to safe practice (collaboration)
- SRNAs clear communication 3rd
- CRNAs believe they have highly effective communication skills

**Incivility and Bullying**

- Interrupt interprofessional communication
- Cause errors
- Deleterious patient outcomes
Incivility and Bullying

• Medical students
• Nursing students
• SRNAs

• Multiple studies reveal students report being victims of incivility and bullying

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Phenomenological study to explore SRNAs’ perceptions of incivility and bullying by healthcare providers in the clinical setting
Research Questions

• What experiences do SRNAs have with incivility by healthcare providers in the clinical setting?

• What experiences do SRNAs have with bullying by healthcare providers in the clinical setting?
**Incivility**

Actions which are:
- ambiguous in intent
- non-physical
- involve disruptive behaviors
  - eye-rolling
  - telling secrets
  - rumor spreading
  - isolation/exclusion

These behaviors create a disruptive environment and may lead to or escalate to bullying.
**Bullying**

Frequently repeated, health-harming mistreatment of one or more persons by one or more perpetrators. Bullying is abusive conduct that takes one or more of the following forms

- verbal abuse
- threatening behaviors
- intimidating or humiliating behavior which causes harm
Potential Student Outcomes/Victimization Responses

Physical - Headaches/HTN/Weight changes/Death
Psychological/Mental - Mental Illness/Suicidal Ideation/Stress
Job/career - Quitting the profession/Job change/Errors
Education/Learning - Studying/Attrition/Errors

OUTCOMES

Behaviors in Incivility
- Attack on Self-esteem
- Ambiguous Intent
- Non-physical

Behavior in Bullying
- Purposeful Intent
- Repetitive
- Violent or Aggressive

Workplace Incivility

Educational Factors
- Learning
- Attrition
- Code of Conduct
- Clinical Educators

Organizational Factors
- Hierarchical structure
- Policies & Procedures

Cultural Factors
- Leadership/Milieu
- Isolation/Exclusion
- Collaboration & Communication

Workplace Bullying
Maslow’s Hierarchy of Human Needs 1943

Postulates each human need is based upon satisfaction of the previous need

In order to reach self-actualization one must first meet the previous level

Incivility and bullying have the potential to interfere with each level of Maslow’s Hierarchy
Participant Selection

• Purposive sampling

• Inclusion Criteria:
  – full-time 2\textsuperscript{nd} or 3\textsuperscript{rd} year SRNAs
  – more than one clinical rotation
  – clinical rotations at 2 different sites (ex. hospitals or surgical centers)

• Exclusion Criteria:
  – part-time SRNAs/ 1\textsuperscript{st} year SRNAs
  – any SRNA who had experienced only 1 clinical institution

• Desired: 10-15
• Actual: 10

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Methods/Procedures

- Approved by Bryan Health College IRB July 1, 2019
- Full IRB review
- Utilized private in person interviews-recorded and transcribed from 3 anesthesia schools
Analysis of Data

Six Themes

- Educational Experiences
- Professionalism
- Relationships: Positive/Negative
- Coping
- Health and Well-being
- Perceived Prevalence of Incivility and Bullying

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Risks

1. Loss of time
2. Loss of privacy
3. Loss of confidentiality
4. Further Incivility and Bullying and/or potential future employment prospects being compromised should participation be discovered
5. Coercion
6. Alteration in ability to learn due to stress from reliving traumatic experiences
7. Psychological/Physical/Emotional Distress – reliving painful or traumatic uncivil experiences
8. Psychological/Physical/Emotional Distress – reliving a bullying experience where they may have encountered abuse: sexual abuse or harassment, verbal, or physical.
Resources Provided

• Title IX Coordinator
• Local Police Department-911
• Counseling & Educational Support (EAP)
• Campus Police/Security
• Local Hospital/Emergency Rooms
• Crisis Line
• National Suicide Prevention Line
• National Substance Abuse Hotline
• AANA Hotline
• Resources: consent form and a laminated wallet card
• Statement on consent: Interviewer would contact Title IX if any Title IX violations were shared and Interviewer would contact 911 should any threats against self or others be made
Results Incivility

What experiences do SRNAs have with incivility by healthcare providers in the clinical setting?

1. Educational experiences
2. Professionalism
3. Relationships
4. Coping
5. Health and well-being
6. Perceived prevalence of incivility

(participants all chose a pseudonym for the study)
“Early on I felt like I couldn’t learn because I was so nervous about all of it and it kept me from learning”

Mr. Glass

“When I was first in clinical I wanted to be a good student, I didn’t want to be the person who didn’t know what they were doing because they [healthcare providers] talk about that sort of thing. I had it consuming my mind when I should have been studying”

Joy
Professionalism/Incivility

• “The minor incivility of eye-rolling and whispering I guess I would have hoped that adults, professional adults could be beyond that” Mattie

• “There have been CRNAs who have said [to SRNAs] ‘these are the good people and these are the bad people in your class’. How do you respond to that?” Betty
Relationships/Incivility

• “When you are walking on eggshells, you are less focused on learning and a lot more focused on not saying something to get scolded. You focus on navigating tricky relationships” Julia

• “I heard CRNAs in the breakroom talking about students and so then I am wondering what are they saying about me when I am not sitting there?” Betty
“It isn’t everyone, there are some really great CRNAs out there. The majority are very supportive. You find someone who is kind and even if you have two weeks of terrible experiences, you have one good day with them, and it brings you right back” **Squeakers**

“I prefer the smaller rotations; people know your name and say hi to you. Once I was further along in the program I found it was very rewarding” **Perry**

“The rotation I was on, their teaching style [was] they push you and want you to excel but it is not overbearing or demeaning in any manner. They are just respectful” **Joy**
Coping/Incivility

• “The resources told us we should suck it up and just do it” Carmen

• “Yes, but I feel we are students, and we put our heads down and we get through it. We are not allowed to say anything because that is what being a student is” Joy

• “I was told by others to keep my head down, don’t post anything or tell people anything. Yes resources are available, people just see them as more of a burden to reach out and have nothing done or make something worse, and it’s easier just to take it” Squeakers
Health and Well-Being/Incivility

“I was crying all the time, a lot” Joy

“It makes me feel stupid. I feel like I am not worth their time which is unfortunate because I might be taking care of them someday” Carmen

“It is hurtful. It can cause a complex in you” Perry

• “You have the regular stress of school, and then you are warned about the social environment too. It piles on and makes you so nervous and tired. You feel as though you are at the bottom, you get used to it, you don’t have as much help as you wish you had. There are students on beta-blockers and anxiety meds just trying to get through” Suzie
Perceived Prevalence of Incivility

• The Perceived Prevalence of Incivility was found to be pervasive by healthcare providers in the clinical setting
  – All 10 participants experienced incivility
  – All 10 participants witnessed incivility daily
  – Participants described incidents involving
    • eye-rolling
    • secret telling
    • rumor spreading
    • isolating or excluding behavior
  – Participants described a fear of these behaviors escalating to bullying
  – Perpetrators include: CRNAs, SRNAs, MDAs, Surgeons
Perceived Prevalence of Incivility

“It is so normalized you assume it is like that everywhere and it is something everyone had to go through, you don’t want to complain, you just accept it and get through it. I think it inhibits our potential. I am always worried because incivility happens to everyone; only a few escalate to bullying, but you never know when, so you have to keep your head down.” Squeakers

“I feel like incivility happens every day at the large institution every 30 minutes, it’s a fact you must learn to deal with as an SRNA and be able to throw under the rug so you can move on with your education.” Mr. Glass

“There is a lot of eye-rolling, which is a huge one. When you are talking to a preceptor if you aren’t saying just what they want you to say you get an eye roll or frustrated look.” Suzie

“I am met with a bunch of dismay. I underwent a lot of bullying as a child growing up and entering a profession and doctoral program to find you are still being met with what right now is incivility but could very easily step into bullying is dismayed.” Perry
What experiences do SRNAs have with bullying by healthcare providers in the clinical setting?

1. Educational experiences
2. Professionalism
3. Relationships
4. Coping
5. Health and well-being
6. Perceived prevalence of bullying

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• “I was brand new, drawing up meds. The CRNA began screaming at me to hurry. I mean screaming. I pulled my syringe out of the vial too soon and a small amount sprayed, and the CRNA screamed at me ‘JUST GO’ in front of the whole O.R. He went on to yell ‘how long have you been a nurse? Don’t you know how to draw up f*@*ing meds?’” He never apologized” Carmen

• “I 100% didn’t learn anything when I was humiliated except that I will never, ever, ever, treat a student that way” Joy
Professionalism/Bullying

• “The O.R. is like a theater and induction is the most silent part, and everyone is watching and staring at you, waiting for you to get done. So, preceptors will be saying snippy things like ‘where I trained we didn’t have to deal with such stupidness’” Mr. Glass

• “I couldn’t do anything right. Everything was stupid or wrong. The CRNA dropped the f-bomb at everything I did” Carmen

• “I was so mad, I wasn’t prepared to be personally attacked. It made me not want to go back. I don’t want to be part of something like this” Joy
• “It is 100% to make me feel bad and cause harm” Mattie

• “We feel the conflict of the MDA/CRNA battle constantly, I feel that is why we get bullied constantly” Mr. Glass

• “I spoke with another CRNA who was friends with the abusive CRNA and they said ‘that CRNA is great if you aren’t a student’” Carmen
Coping/Bullying

• “As students we all talk to each other and tell each other our good and bad stories. No, no resources. I think the dynamics there are just a bit different and I feel like me going to anybody would turn out negatively for me and make the situation worse” Suzie

• “It’s hard to have an outlet other than my classmates to talk to about it. It isn’t something my spouse can fathom or understand. There is no way to describe what it is like. I would never use a resource I would just push through, ya, absolutely” Mr. Glass

• “I don’t feel like resources are specifically laid out for bullying. You kind of have to figure it out on your own. The CRNA I went to spoke with the bullying CRNA and told them to stop” Carmen
Health and Well-Being/Bullying

• “Every night I have anxiety, every single night. I look to see if those people are on the schedule-to see if I am [working] with them. I think about and have called in sick to avoid being with them” Joy

• “The student almost left the program and wanted to go home and be a nurse again. Instead of dealing with it. The student is seeing a psychiatrist and is on medication” Perry

• “I utilized the counseling department. I saw my physician about anxiety. It is very challenging to feel very isolated in a new school suddenly. I was prescribed a beta-blocker. I think it was affecting me more than I realized the first year. I had quite a bit more anxiety than I was even admitting to myself related to clinical. I was having chest pain. It took me months to work through that clinical was causing all of this, anxiety from clinical” Julia
Perceived Prevalence of Bullying

• The Perceived Prevalence of Bullying was found to be common by healthcare providers in the clinical setting
  – All 10 participants witnessed bullying
  – 4 of the 10 participants personally experienced bullying
  – SRNAs described bullying as
    • verbal abuse
    • threatening
    • intimidating
    • humiliating
    • intentional and purposeful behavior
  – Perpetrators include: CRNAs, SRNAs, MDAs, Surgeons
<table>
<thead>
<tr>
<th>Statement</th>
<th>Source</th>
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<tbody>
<tr>
<td>“It made me feel awful being bullied. I think I have struggled with the social repercussions of school more than anything else the first year”</td>
<td>Julia</td>
</tr>
<tr>
<td>“The level of incivility and bullying I have experienced that surprises me even being warned about it from other students having them tell me, they will make you cry, I though I was prepared for it”</td>
<td>Mattie</td>
</tr>
<tr>
<td>“The personality of a CRNA bully is aggressive and confrontational and looks for ways to demean you and make you look stupid. They ask questions they know you don’t know. They say it’s ok not to know the answer, and then that is not true. I am a really confident person and a very smart person, but in those [bullying] situations I crumble, it is the worst thing I have ever really experienced. For them to make me crumble, I am like whoa, this is bad”</td>
<td>Mr. Glass</td>
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• Educational Experiences: Negatively affected

• When asked what preceptors could enhance to improve clinical learning in the Elisha & Rutledge, 2011 study:
  – Need for more professional communication
  – Need for clinical preceptors to be more committed to the role of educator

• Participants report decreased motivation and non-meaningful education when incivility or bullying were perceived by them to be present
What Does it all Mean?

• Relationships: negative/positive (based on clinical site)
• Primary clinical sites-Urban-ACTs
  – CRNAs report
    • lack of independent practice
    • discomfort with ethical decisions
    • lack of control over their practice (Sakellaropoulos et al., 2011)
  – CRNAs also report being victims of
    • active aggression
    • verbal aggression
    • physical aggression (Boyd & Porghosyan, 2017) from supervising physicians
What Does it all Mean?

• Relationships:
  • Reports POSITIVE relationships
    – Honed in focus on rotational sites away from primary clinical site
    – Typically CRNA only independent practice or ACTs where CRNAs are practicing independently
  • May be linked to CRNAs ability to practice independently along with less presence of hierarchical structure
What Does it all Mean?

• Relationships:
• Conflict between CRNAs/MDAs
  – Witnessed Incivility/Bullying CRNA/MDAs
  – Believe incivility towards them was based on that conflict
• Constructivist thought learned/observed behavior and our actions (Bandura, 1986)
• Continuing a cycle?
What Does it all Mean?

• Professionalism: Overarching disappointment with the lack of professionalism

• The healthcare team to function:
  – value
  – dignity
  – respect

• SRNAs described disillusionment and second guessing their choice of career and/or program when incivility and bullying were perceived to be present
What Does it all Mean?

Not Using Resources

• Coping: Deleteriously affected
• ALL 10
  –keep your head down
  –just get through it
• Knew of resources, didn’t believe they would help
• Some unaware of resources being available
• Fear of escalation
What Does it all Mean?

• Health and Well-Being: adversely affected

• SRNAs reported:
  – counseling/anxiety/depression/psychiatric medication/insomnia/physical maladies/loss of confidence/low self-esteem/disillusionment with the profession or program

• Students (other disciplines) other studies report:
What Does it all Mean?

– May impair ability to meet basic physiologic needs
  • Chipas et al., 2012 found 21.2% of 243 SRNAs had contemplated suicide during anesthesia school

– May impair ability to function in clinical
  • Anesthesia requires use of critical thinking d/t high acuity environment and high stress (Emblad et al., 2014)
Putting it all Together

• Perceived Prevalence Incivility and Bullying
  • 10/10 perceived experiences of incivility = pervasive
    – Incivility and bullying are climbing at an alarming rate (Clark, 2008; Luparell, 2011)
  • 4/10 perceived experiences of bullying
  • 10/10 witnessed or heard accounts of bullying bullying = common
    – 69.9% of SRNAs reported verbal abuse as a stressor in clinical (Elisha and Rutledge, 2011)
    – 92% of 205 CRNAs reported experiencing aggression in the workplace (Sakellaropoulos et al., 2011)
• Effects of incivility and bullying by healthcare providers in the clinical setting may occur alone or may also occur in concert

• SRNAs described experiencing multiple effects at one time
All of the themes are interconnected

- **Professionalism**: self-actualization
- **Educational experiences**: esteem
- **Relationships**: love and belonging/isolation
- **Coping**: safety needs (not utilizing resources)
- **Health and well-being**: physiological needs (insomnia, effects of stress)

**Maslow’s Hierarchy of Needs** as described by Maslow in 1943.
What Should Educators be Doing?

• Provide education to healthcare providers (preceptors and faculty)
  – Definitions/causes
  – Effects

• Thread incivility and bullying throughout the curriculum
  • Include in simulation
  • Include in Professional Aspects/Legal/Health Policy/Leadership courses
  • Reinforce the goal effective educating
    (objectives/teaching/learning/assessment/reflection)
  • Utilize reflection
  • Emotional Intelligence testing

• Responsibility to understand and know resources
What can you do?

• Become educated about the topic
• Know your resources
• Research your own institutions Title IX coordinator and student support services
• Encourage fellow peers who may reach out to seek help through resources

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Resources

– Title IX
– EAP for campus/students
– Student assistance programs
– Student support groups
– Dean/Faculty advisor information
– Suicide hotline
– Each clinical site has a Human Resource Department
– Clinical site Chief CRNA/Clinical Coordinator
– Include information on Institution/Program Website and/or Canvas

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"No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance."

Title IX coordinator responsibilities include:

– Prevention of sexual harassment and discrimination

– EVERY INSTITUTION RECEIVING FEDERAL DOLLARS IS REQUIRED TO HAVE A TITLE IX COORDINATOR

https://www.justice.gov/crt/title-ix
Resources

Provide and Encourage Resources

– Student Wellness:
– https://www.aana.com/membership/students/student-wellness
  • Fatigue
  • Stress and burnout
  • Student wellness
  • Workplace wellness
  • Depression and suicide ideation
  • Substance abuse and wellness
  • Mental well being
Resources

https://beyondthemaskpodcast.com/

Several podcasts just for students
Many regarding health and well-being

https://www.fromtheheadofthebed.com/

Podcasts regarding all things anesthesia.
Including: Hardship in Anesthesia School and Workplace incivility
Implications

– COA 51 Graduate Standards
  – Be vigilant in the delivery of patient care
  – 12 standards under Critical Thinking
  – Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals
  – Teach others
  – Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetists
  – Interact on a professional level with integrity

– COA Clinical Site Standards
  – The program demonstrates that the educational environment at all clinical sites is conducive to student learning
SRNAs’ Pathway to Success

Maslow’s hierarchy of needs

- Self-actualization
- Esteem
- Love and belonging
- Safety needs
- Physiological needs

Perceived Prevalence of Incivility & Bullying

Coping

Relationships

Health & Wellbeing

Educational Experiences

Professionalism

Effects

Experience with HCP

Perception of Incivility

Perception of Bullying

Education for HCP

Incivility & bullying education throughout program curriculum

Prevention/Education for SRNAs

Resource Education SRNAs/HCPs

Experience with HCP

Perception of Incivility

Perception of Bullying
References


References


From the Head of the Bed 2022 Podcast information retrieved from: https://www.fromtheheadofthebed.com/

Beyond the Mask Podcast 2019 Podcast information retrieved from: https://beyondthemaskpodcast.com/