Contributing to a Healthy Work Environment in Military Nursing

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Presenter

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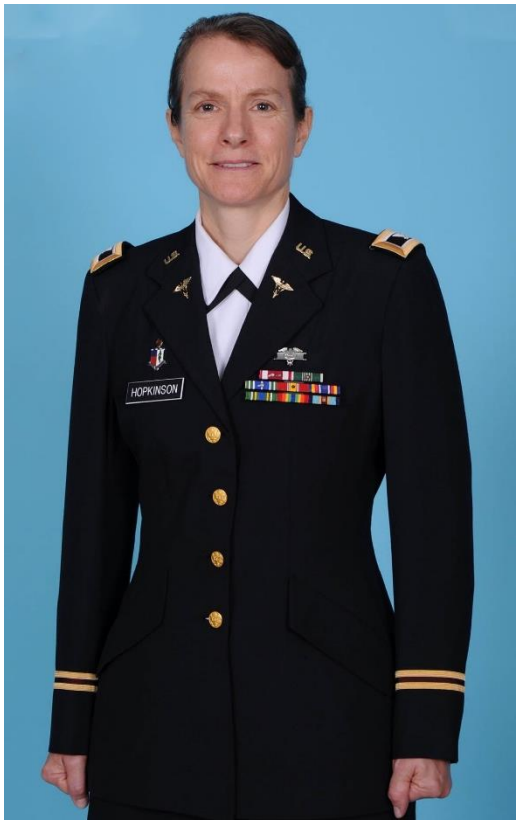

- COL Susan G. Hopkinson is Chief, Center for Nursing Science & Clinical Inquiry at Tripler Army Medical Center. She has served in the Army Nurse Corps for over 25 years.
- COL Hopkinson's military assignments include over 6 years as a nurse scientist; nurse manager of a medical, telemetry and pediatric unit; deputy director, clinical coordinator and instructor for the Army's licensed practical nurse program; nurse manager of a pediatric unit; and as a staff nurse in pediatric, psychiatric and medical nursing units.
- COL Hopkinson has published in peer-reviewed journals and presented her work at local, national and international conferences. Her primary areas of interest include improving the nursing work environment as well as selected topics within women's health and integrative medicine

Disclosures

- COL Susan Hopkinson has no relevant financial or non-financial relationships to disclose relating to the content of this activity.
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Learning Objectives

At the conclusion of this activity, participants will be able to:

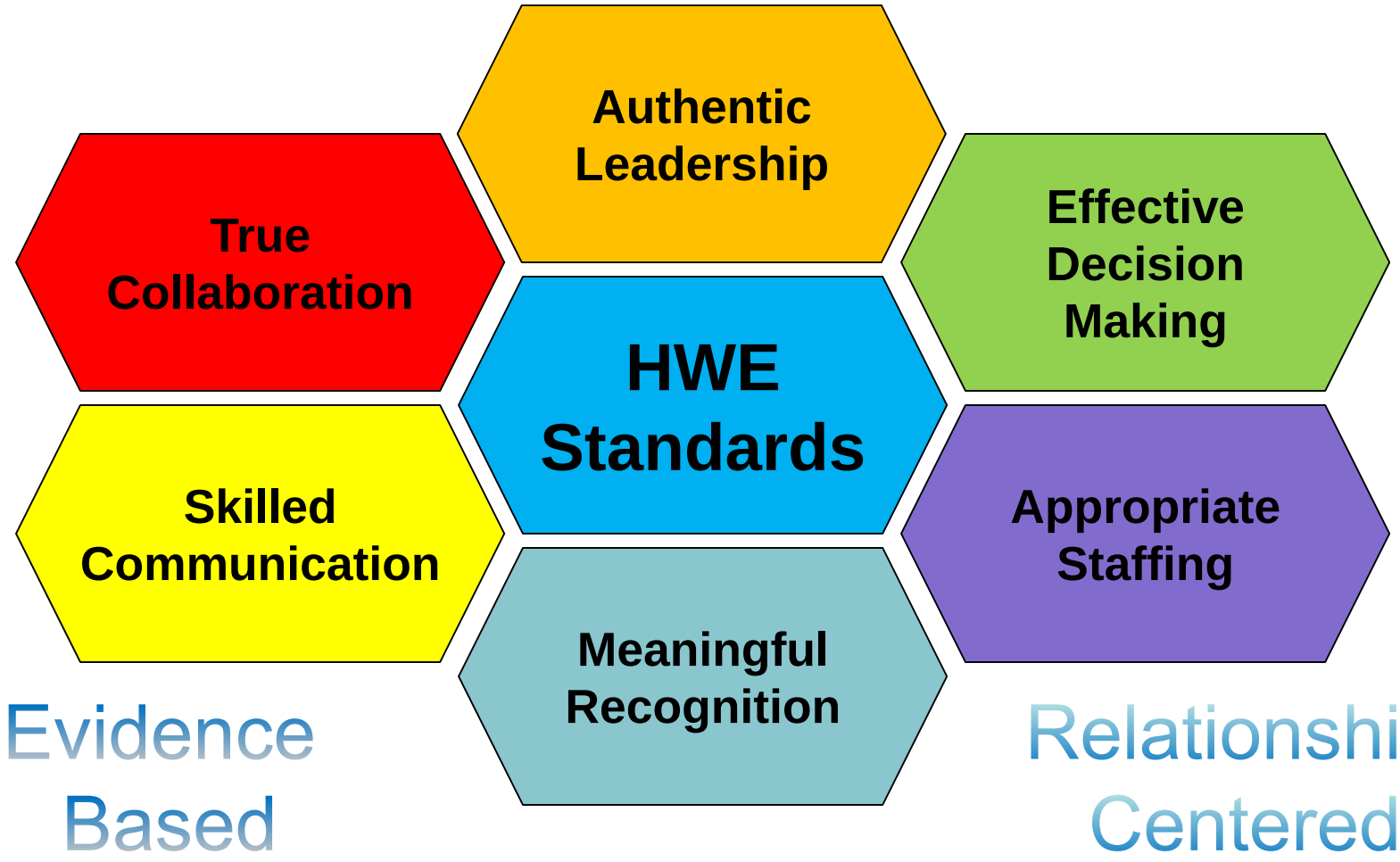
1. Discuss key constructs of empowering nurse leader communication behaviors

2. Identify behaviors that contribute to workplace violence

3. Describe response options for reporting workplace violence

Healthy Work Environment

American Association of Critical-Care Nurses (AACN, 2016)



Selected Areas

Empowering Communication

The art of communication is the language of leadership

– James Humes

Horizontal Violence

Don't think you can concentrate on your patients when you are working with a bully – you can't

– Renee Thompson

Nurse Leader Communication

Team Members:

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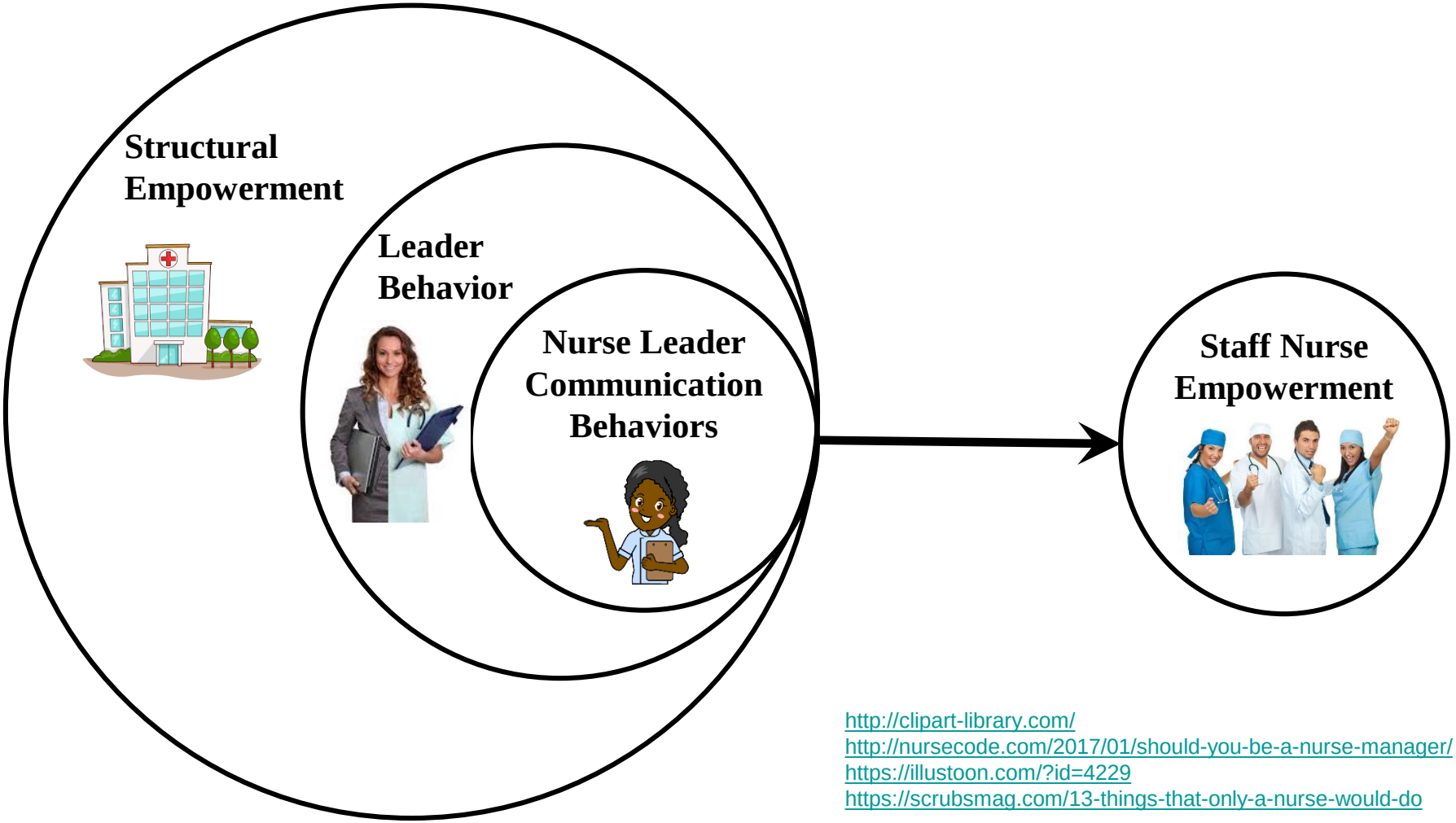
Core Competency

- Recognized by the Academy of Nurse Leaders (AONL) and adopted by the Army Nurse Corps (AONL, 2015; Funari et al., 2011)

- Effective leader communication:
  - Leads to collaborative relationships (AONL, 2015)
  - Contributes to effectiveness of the nursing unit (Laschinger et al., 2010)
  - Considered important for nurse leaders by staff (Hughes, 2017)

- Ineffective/poor communication:
  - Acts as a barrier (AONL, 2015)
  - Leads to poor patient outcomes (Purpora, et al, 2015)

Empowerment



http://clipart-library.com/
http://nursecode.com/2017/01/should-you-be-a-nurse-manager/
https://illustoon.com/?id=4229
https://scrubsmag.com/13-things-that-only-a-nurse-would-do

(Bogue & Lindell Joseph, 2019; Friend & Sieloff, 2018; Laschinger et al., 2010)

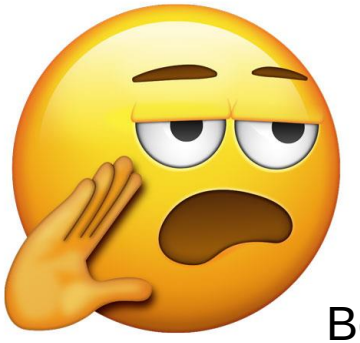
Communication Process

What I mean

What I understand

Nurse Leader

Staff Nurse



The Message

Interference

Behaviors

Interpretation

Feedback

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www.pixtastock.com

The Gap

- Leaders have a responsibility of modelling communication behaviors (Smith, et al., 2018)

- Lack of focused assessment of nurse leader communication
  - Generalized statements in existing assessments
    - “good communication”
    - “listens well”
  - None specific to military nursing (Rubin et al., 2004; Rubin et al., 2011)

- Communication skills and techniques may be taught, but lack targeting to specific deficiencies
  - Individuals remain unaware of impact of communication style
  - Unknown what behaviors are associated with empowerment

Developing an Assessment

The purpose of…

assessment

- is to INCREASE quality

clipart-library.com

evaluation

- is to JUDGE quality

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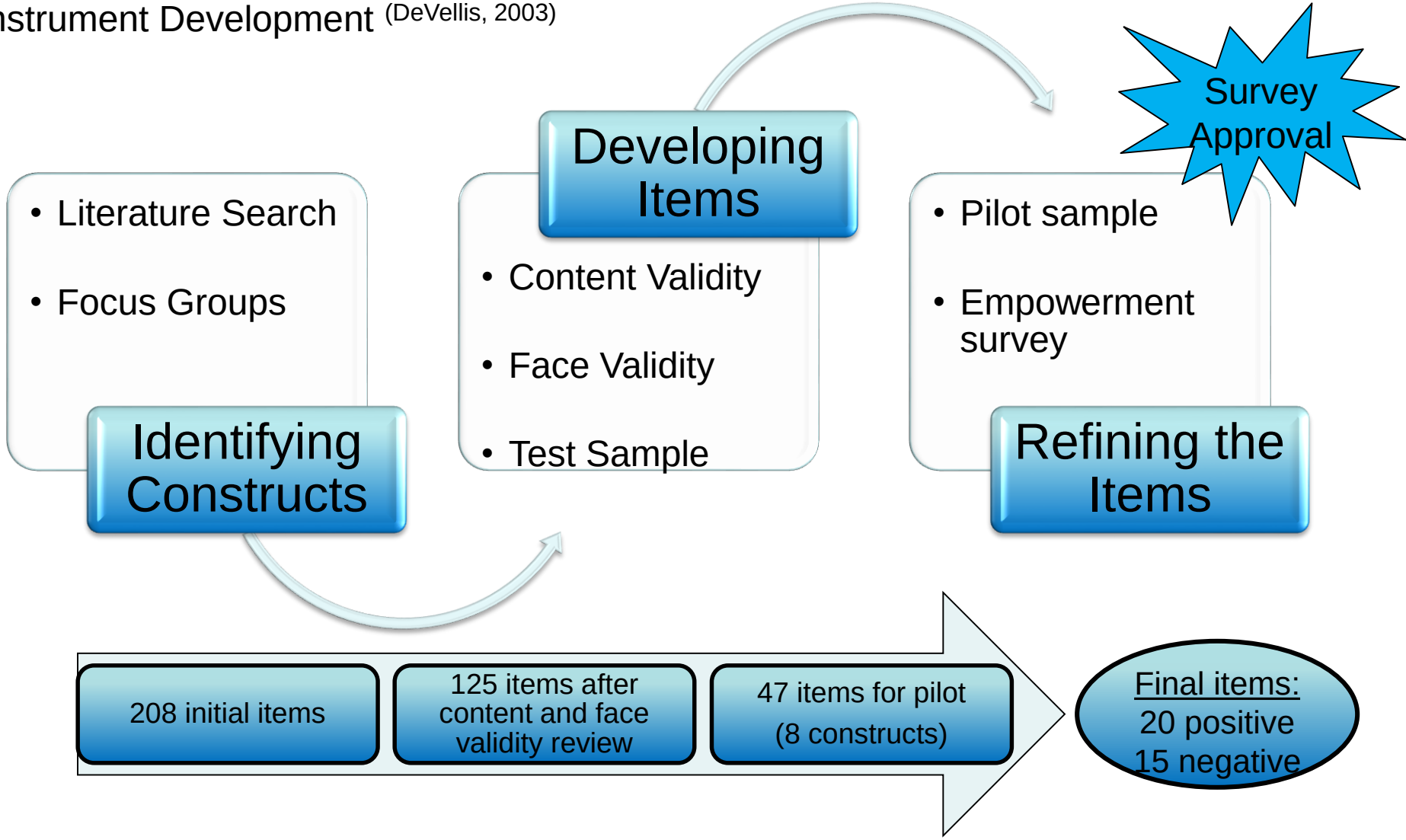
The Process

Instrument Development (DeVellis, 2003)



Constructs Identified

Comprehensibility

Listening

Empathy

Openness

Manner

Feedback

Nonverbal

Paralanguage

Comprehensibility

- provide clear instructions
- able to effectively express ideas
- not contradictory in what they say

  - *"[c]lear objectives…if the supervisor or the leader is unclear with what they want, or what their requests are, nothing ever gets done, at least not the way they want*."

  - "*I feel like if there aren't clear objectives and one person is thinking one thing and then the next person thinking something else…they're not going to communicate effectively, because they're both on two separate pages*."

(Hopkinson et al., 2019)

Listening

- giving undivided attention without being easily distracted
- engaging without interrupting
- providing opportunities to talk
  - "*And, you're just willing to work harder for someone who actually listens to the concerns that you have*."
  - "*[Y]ou have to be a good listener.... giving that person your undivided attention just for a few minutes. It doesn't have to be a long time…put aside the emails, put aside the phone calls, just be with that person*…."

(Hopkinson et al., 2019)

Openness

- sharing knowledge
- communicating key issues
- asking for opinions or input / not just dismissing them

  – "*I think the biggest thing is being open and honest, accepting other options, or being open to this might be what I think we should do*."

(Hopkinson et al., 2019)

Feedback

- providing positive feedback
- negative feedback given in private
- timely feedback
- providing adequate detail
- acknowledgement when things were not going as planned

  – "*If I need to fix something, I would rather somebody come up and tell me straight-forwardly, 'hey, this needs to be fixed.' …instead of dancing around the conversation.*"

  – "*Honest feedback, being constructive. Feedback's something that's going to help you. You want to know the positives and the negatives.*"

(Hopkinson et al., 2019)

Empathy

- asking about feelings
- acknowledging those feelings
- discussing personal matters at an appropriate time and place
- taking into consideration what is going on with the individual before talking to him/her

  – "*You never know what someone may be going through that morning. They may be just hanging on by a thread. And just 'Hey, how are you? You doing okay?' And it may open the door to something, like I may need to get with you offline or something...*"

(Hopkinson et al., 2019)

STATEMENT OF EMOTION

Examples:
1. Sick (“I’m not feeling well today.”)
2. Stressed (“I’m nervous about taking the test.”)
3. Excited (“My friend is visiting this weekend.”

EXPRESS UNDERSTANDING

Examples:
1. I’m sorry you are sick.
2. It sounds like you have a lot of work.
3. That sounds like fun.

ASK QUESTION

Examples:
1. Have you been to the doctor?
2. Do you have someone to study with?
3. What are you going to do?

Nonverbal

- remaining calm
- showing a friendly face
- keeping eye contact while not smirking or sneering
- dismissing what is said with a hand wave
- turning away
- rolling eyes or using distracting gestures or movements

  – "*Body language sends such a strong signal. You know, many times we're in a rush and as we're trying to talk to them we are already diverting our bodies away from them to walk onto the next thing, the next event…"*

  – *"… I go and talk to my leader and they seem distracted or they are using tones or non-verbal…expressions that tell me that they're judging me by what I say."*

(Hopkinson et al., 2019)

Paralanguage

- Volume
- Tone
  - "*I think that much like body language, the tone in your voice says a lot.*"
  - *"…depending on the tone the leader has set from the get go allows you to either receive or not receive the-the information they're giving to you."*
  - *"…for me, somebody talking loud doesn't necessarily mean that … they're communicating poorly or that I'm not receiving it…but you have other people who are like oh, absolutely not…"*

(Hopkinson et al., 2019)

Manner

- timeliness of information delivery
- method of communication such as face-to-face
- being demanding or impolite

  - "*And that goes back to being and not at the very last minute because nobody likes that*."

  - "*If they've developed a pattern…of being disrespectful, demeaning, it doesn't matter if their posture and...they're leaning forward, and they're asking questions, and nodding their head. I would see that as feigning interest…"*

  - "*I feel like that could send mixed messages when you don't take the time to come and smile and make eye contact, how are you, speaking to your staff…Do I really feel like I can communicate with that person?*"

(Hopkinson et al., 2019)

Other Leadership Behaviors

- Interlinked with communication:
  - Respect
  - Help/Support
  - Emotional Intelligence
  - Behavioral Integrity

(Hopkinson et al., 2019)

So What?

- Self-evaluation is important, yet we can learn from others
- Opportunity to develop skills
- Pilot of assessment with TriService Inpatient Nurses at 5 different military medical centers→

Pilot Demographics (n = 240)

Characteristic	N (%)
Job Title	
RN	189 (75.6)
LPN/LVN	23 (9.2)
Unspecified	38 (15.2)
Time in Position	
< 12 months	42 (16.8)
1-2 years	56 (22.4)
3-5 years	48 (19.2)
> 5 years	67 (26.8)
Unspecified	37 (14.8)
Type of Patients	
Intensive Care / Step-down	68 (27.2)
Surgery / Perioperative	14 (5.6)
General Medicine	11 (4.4)
Medical-Surgical	44 (17.6)
Psychiatry	11 (4.4)
Neonate / Pediatric	25 (10.0)
Women's Health	38 (15.2)
Unspecified	39 (15.6)

Characteristic	N (%)
Gender	
Male	44 (17.6)
Female	171 (68.4)
Unspecified	35 (14.0)
Age	
18-29	45 (18.0)
30-34	28 (11.2)
35-44	61 (21.4)
>45	78 (31.2)
Unspecified	38 (15.2)
Education Level	
Some college	14 (5.6)
2 year degree	35 (14.0)
4 year degree	131 (52.4)
Graduate degree	33 (13.2)
Unspecified	37 (14.8)

Communication items

- **Final 35 items**
  - 20 positive (empowering)
  - 15 negative (limiting)
  - Representative of the 8 communication constructs
- **Directions**
  - Please read each item carefully and select the circle which corresponds to how often you have experienced or witnessed the following behavior in the past month from your direct supervisor (Clinical Nurse OIC or NCOIC).
- **Response options**
  - 0 (Never); 1 (Seldom); 2 (Some of the Time); 3 (Most of the Time); 4 (Always)
- **Item Stem**
  - My direct supervisor…

Communication items

ITEMS	Mean (SD)	Median (IQR)
Comprehensibility		
• provides clear instructions to me.	2.4 (1.2)	3 (1-3)
• is able to effectively express ideas to me.	2.2 (1.3)	2 (1-3)
• when talking to me, contradicts him/herself.*	1.5 (1.1)	2 (1-2)
Manner		
• puts information out to me at the last minute.*	2.0 (1.1)	2 (1-3)
• shares my information with others who don't need to know.*	0.8 (1.1)	0 (0-1)
• talks with me face-to-face when needed.	2.6 (1.2)	3 (2-4)
• distorts what I say for his/her own purposes.*	0.7 (1.1)	0 (0-1)
• excessively pesters me for information.*	0.6 (1.0)	0 (0-1)
• is condescending to me when we talk.*	0.8 (1.2)	0 (0-1)
• is unprofessional in how s/he addresses me.*	0.6 (1.0)	0 (0-1)
• talks negatively about others to me.*	0.5 (1.0)	0 (0-1)
Empathy		
• discusses my personal matters with me at an appropriate time & place.	2.6 (1.5)	3 (1-4)
• takes into consideration what I am doing before talking to me.	2.3 (1.4)	3 (1-4)
• acknowledges my feelings when we talk.	2.2 (1.5)	2 (1-4)
*negative item		

Communication items

ITEMS	Mean (SD)	Median (IQR)
Listening		
• gives me undivided attention when we talk.	2.8 (1.1)	3 (2-4)
• interrupts, or talks over me, while I am talking.*	0.8 (1.0)	0 (0-1)
• engages with me when we talk.	2.7 (1.2)	3 (2-4)
• provides me with opportunities to say what I want to say.	2.8 (1.3)	3 (2-4)
Openness		
• asks for my view or input.	2.0 (1.3)	2 (1-3)
• communicates with me about key issues.	2.2 (1.3)	2 (1-3)
• shares own knowledge/expertise with me.	2.1 (1.4)	2 (1-3)
• dismisses my input or opinion when we talk.*	1.1 (1.2)	1 (0-2)
Feedback		
• tells me when things are not going as planned.	1.8 (1.4)	2 (1-3)
• provides me positive feedback.	2.1 (1.5)	2 (1-4)
• provides negative feedback to me in private.	2.5 (1.5)	3 (1-4)
• provides me timely feedback.	2.2 (1.4)	2 (1-3)
• provides me detailed feedback.	2.2 (1.4)	2 (1-3)
***negative item**		

Communication items

ITEMS	Mean (SD)	Median (IQR)
Nonverbal		
• remains calm when talking with me.	3.3 (1.0)	4 (3-4)
• shows a friendly face when we are talking.	2.9 (1.2)	3 (2-4)
• dismisses what I say with a hand wave.*	0.3 (0.8)	0 (0-0)
• turns his/her body away from me when we talk.*	0.5 (0.8)	0 (0-1)
• keeps friendly eye contact with me.	2.8 (1.3)	3 (2-4)
• rolls his/her eyes at me.*	0.4 (0.8)	0 (0-0)
• uses distracting gestures or movements when talking with me.*	0.5 (0.8)	0 (0-1)
Paralanguage		
• raises his/her voice or yells at me.*	0.3 (0.7)	0 (0-0)
***negative item**		

Summary

- **Empowering (positive) behaviors**
  - Majority reported to occur
    - some of the time (14 items; median = 2)
    - most of the time (11 items: median =3)
  - Two exceptions
    - “asking about feelings” occurred seldom (median = 1)
    - “remaining calm when talking” occurred always (median = 4)
- **Negative (limiting) behaviors**
  - Majority had a median of never (14 items; median = 0)
  - 4 items reported as seldom (median = 1)
  - 2 items reported as some of the time (median = 2)
    - contradict him/herself
    - puts out information at the last minute

Correlation to Empowerment

Spreitzer's Psychological Empowerment Scale (PES)

Comparison of Communication Subscales to PES Subscales

	Meaning	Competence	Self-Determination	Impact	PES Overall
PES Subscale Mean (SD)	6.2 (1.1)	6.0 (1.0)	4.6 (1.5)	3.7 (1.6)	5.1 (1.0)
Positive Items r (p-value)	.11 (.11)	.04 (.54)	.37 (<.001)*	.49 (<.001)*	.39 (<.001)*
Negative Items r (p-value)	-.05 (.43)	-.01 (.86)	-.35 (<.001)*	-.31 (<.001)*	-.28 (<.001)*

***significant, p<.05**

- Meaning subscale had highest overall mean (6.2)
- Impact subscale had the lowest (3.7)
- Significant correlations:
  - Self-determination
  - Impact
- Overall focus on feeling confident and connected to the organization, yet with minimal impact

1 = very strongly disagree
2 = strongly disagree
3 = disagree
4 = neutral
5 = agree
6 = strongly agree
7 = very strongly agree

Military Nursing Implications

- Opportunity to focus on development of positive behaviors
  - More likely to have lower frequency of positive behaviors
  - Less likely to have high frequency of negative behaviors
  - Improvement of communication may improve psychological empowerment dimensions (self-determination & impact)

- Assessment may be used:
  - at a unit level to assist with individual nurse leader behavior
  - at an organizational level for broader spectrum focus

Interdependence

Poor communication  Poor patient outcomes

(Purpora, et al, 2015)

Ineffective communication  Horizontal violence

(Reynolds, et al, 2014)

Horizontal violence  Poor patient outcomes

(Houck & Colbert, 2017; Reynolds et al., 2014; Purpora et al., 2015)

Horizontal Violence in Military Nursing

Team Members:

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Sandra Jarzombek

Joseph Dumayas

Evelyn Wilson

American Nurses Association

- **Incivility**
  - Rude and discourteous actions
  - Gossiping and spreading rumors
  - Refusing to assist a co-worker
  - An affront to the dignity of a co-worker
  - Violate professional standards of respect

- **Bullying**
  - Repeated, unwanted harmful actions intended to humiliate, offend, and cause distress
  - Hostile remarks, verbal attacks, threats, taunts, intimidation, withholding of support

- **Workplace Violence**
  - Physically or psychologically damaging actions
  - Direct physical assaults, threats, harassment

DoDi 1438.06

Workplace Violence Prevention & Response Policy
(dtd 16 Jan 2014)

" Violence, threats, harassment, intimidation, and other disruptive behavior will not be tolerated in the workplace; all reports of incidents will be taken seriously and will be dealt with appropriately."

OSHA – Types of WPV

- Type 1: Criminal Intent
  - No relationship to the healthcare facility or to any of the employees (often during a crime)
- Type 2: Customer/Client
  - Patient, family member towards an employee
- Type 3: Worker-on-Worker
  - Another healthcare facility employee
- Type 4: Personal Relationship
  - Outside relationship with employee, occurs at work

Type 3: Worker-on-Worker

- Impacts the workplace in terms of overall work environment and patient safety
- Higher level guidance recommends/mandates the development of a facility level policy
- Suggestions include establishing:
  - reporting systems
  - response plans
  - threat assessment teams
  - employee and supervising training programs
  - WPV committees
  - data tracking mechanisms

Horizontal Violence Defined

- Repeated behaviors over time that intimidate or demean another (Dumont et al., 2012)
- Inclusive of behaviors associated with lateral violence, nurse-to-nurse hostility, bullying, incivility, workplace aggression, “disruptive behaviors”
- Peer or collegial relationships; supervisor-subordinate relationships
- Differentiating holding people accountable from HV
  - Consistent standards applied
  - In line with expected duties/responsibilities

Does HV = WPV?

- It erodes the work environment
- Incivility & even bullying may seem minor
- Yet, if unaddressed may lead to violence

https://justiceforkatieannblanchardblog.wordpress.com/

HV Training Effectiveness

- **Research study** at 3 military treatment facilities
  - Army
  - Army/Navy
  - Army/Air Force

- **Pre/Post-survey**
  - Experienced/witnessed overt and covert behaviors
  - Personal effects
  - Perpetrators
  - Dumont, 2012: Workplace Violence Inventory

- **Training**
  - 30-minute interactive training
  - HV awareness
  - Using TeamSTEPPs DESC script
  - Accountability

WHAT DID THE DATA SAY?

https://www.examprofessor.com/support

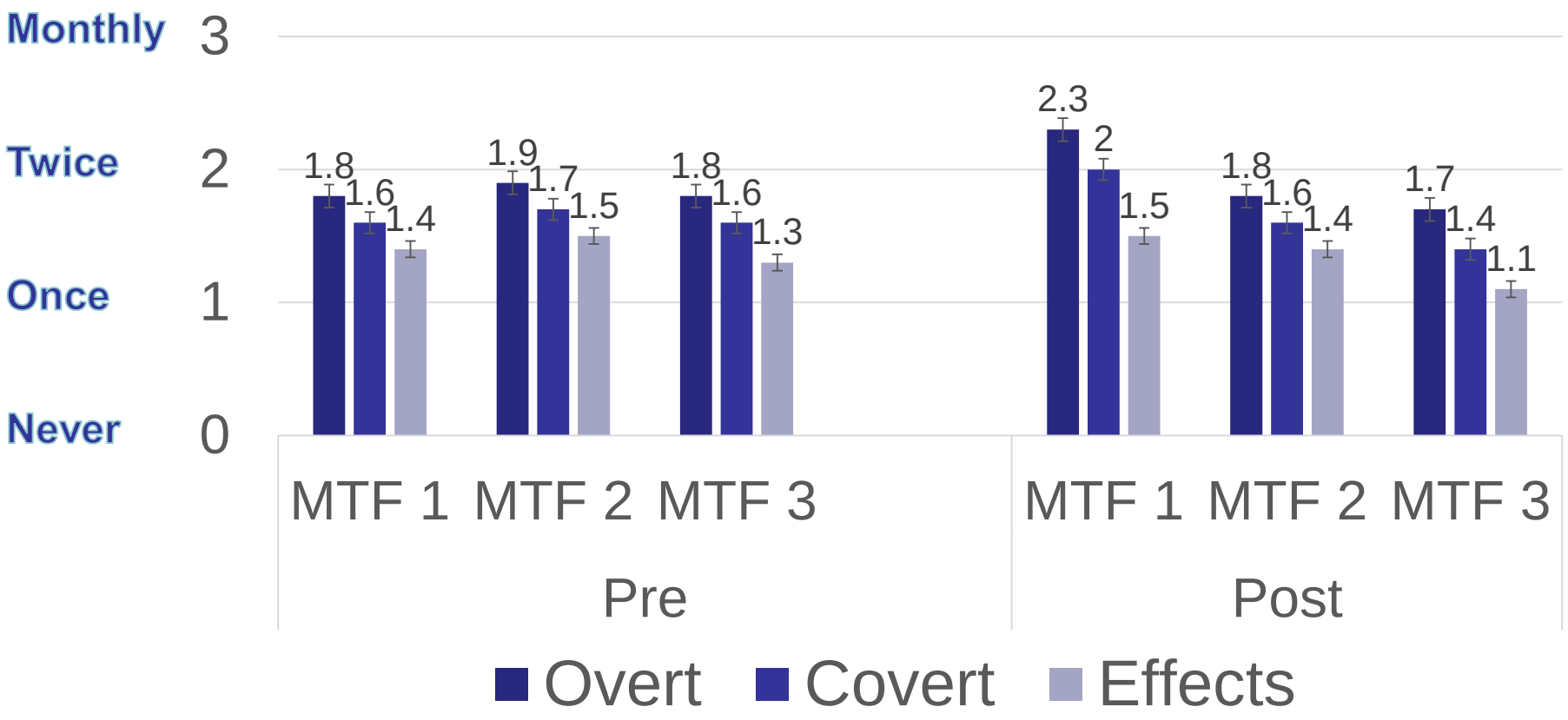
Demographics

Questionnaire Participant Demographic Characteristics by MTF

Characteristic	MTF 1 N = 800 Pre (n = 202)	MTF 1 N = 800 Post (n = 63)	MTF 2 N = 2200 Pre (n = 363)	MTF 2 N = 2200 Post (n = 311)	MTF 3 N = 1100 Pre (n = 147)	MTF 3 N = 1100 Post (n = 215)
Average Age	45.3	36.6	42.1	44.7	45.5	46.3
Rank or Pay Grade %						
E1-E4	5.1	**29.5**	7.4	8.2	1.4	-
E5 or above	3.5	16.4	10.8	6.9	7.	3.3
O1-O3	14.4	18.0	15.3	12.1	13.2	8.0
O4 or above	13.8	16.4	6.8	3.3	7.5	2.8
GS1-GS6	6.7	-	20.5	24.3	18.1	34.9
GS7 or above	52.8	19.7	30.1	36.7	50.0	50.9
Other	3.5	-	9.1	8.5	2.1	-
Current Position %						
Staff Nurse (RN/LPN)	57.9	21.7	56.5	60.4	67.4	77.8
Medic/Nursing Assistant	7.2	**30.0**	16.0	14.2	2.1	2.4
Administrative Assistant	1.0	10.0	7.9	10.2	1.4	0.0
Unit Level Nurse Manager	13.3	21.7	12.4	8.9	11.8	5.7
Supervisor/Administrator	12.3	16.6	5.0	3.3	9.7	7.1
Advanced Practice Nurse	8.2	6.7	2.2	3.0	7.6	7.1
Component %						
Civilian	64.3	19.7	52.0	63.3	71.2	82.2
Army	13.6	24.6	25.4	19.5	28.8	17.3
Navy	19.6	**55.7**	-	-	-	-
Air Force	-	-	17.6	11.7	-	-

Average HV Subscale Scores

(Frequency witnessed or experienced in the past 3 months…)



Intervention

	MTF 1	MTF 2	MTF 3
Estimated Nursing Staff	N = 800	N = 2200	N = 1100
Participants	n = 116 (15%)	n = 429 (20%)	n = 317 (29%)

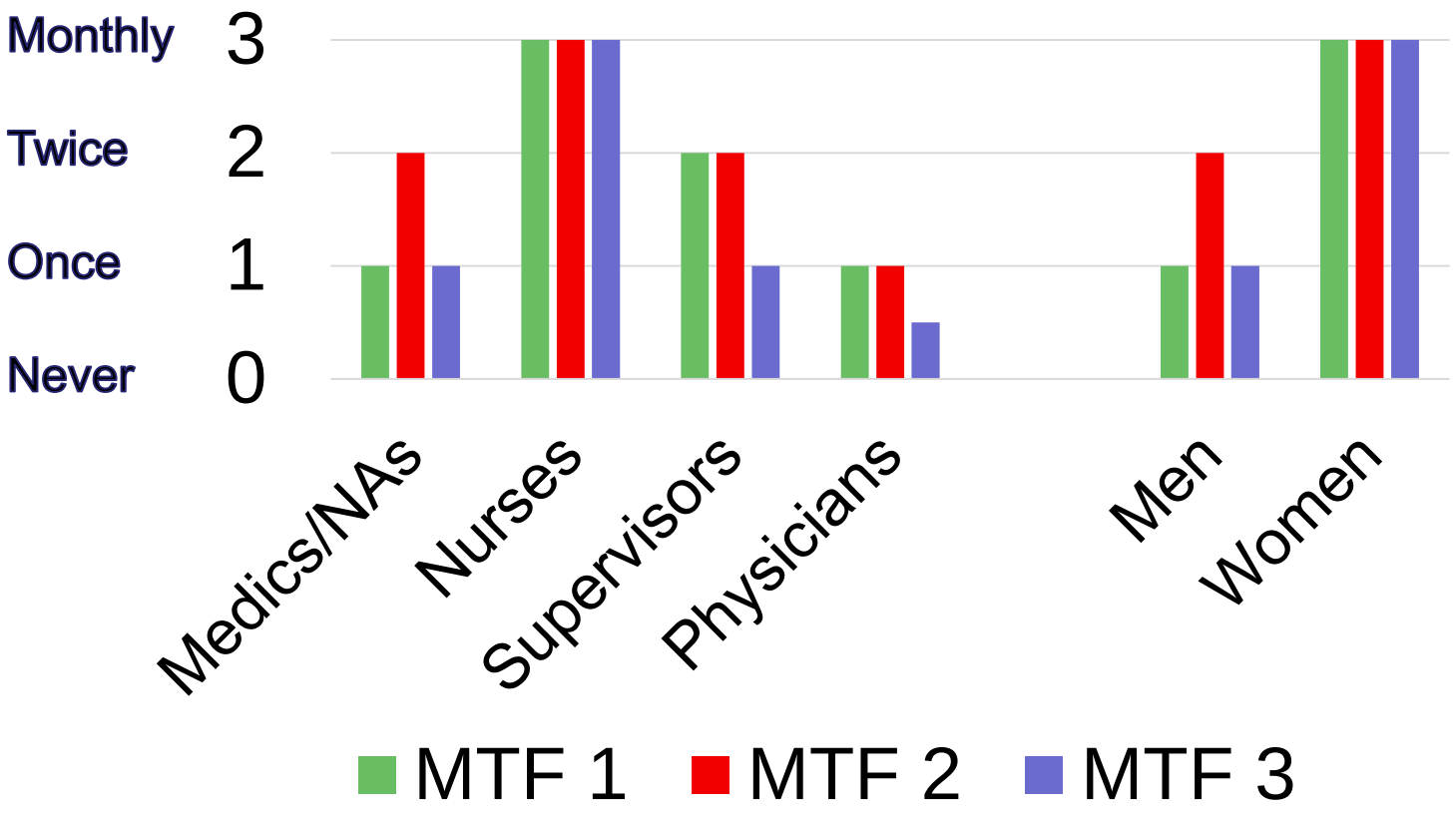
Pre-Post ANOVA Comparison of HV Subscales by Site

	Overt Average	Sign.	Covert Average	Sign.	Personal Effects Average	Sign.
MTF #1 – Pre	1.83		1.61		1.38	
MTF #1 – Post	2.26	F= 3.3, p=.07	1.96	F=2.1, p=.15	1.46	F=.13, p=.72
MTF #2 – Pre	1.89		1.71		1.46	
MTF #2 – Post	1.80	F=.53, p=.47	1.63	F=.39, p=.53	1.38	F=.40, p=.53
MTF #3 – Pre	1.77		1.59		1.26	
MTF #3 – Post	1.63	F=.84, p=.36	1.49	F=.76, p=.38	1.25	F=.80, p=.37

Scale: 0=Never, 1=Once, 2=Twice, 3=Monthly, 4=Weekly, 5= Monthly

Most Frequent Perpetrators

(Median across both time points by MTF)



Implications

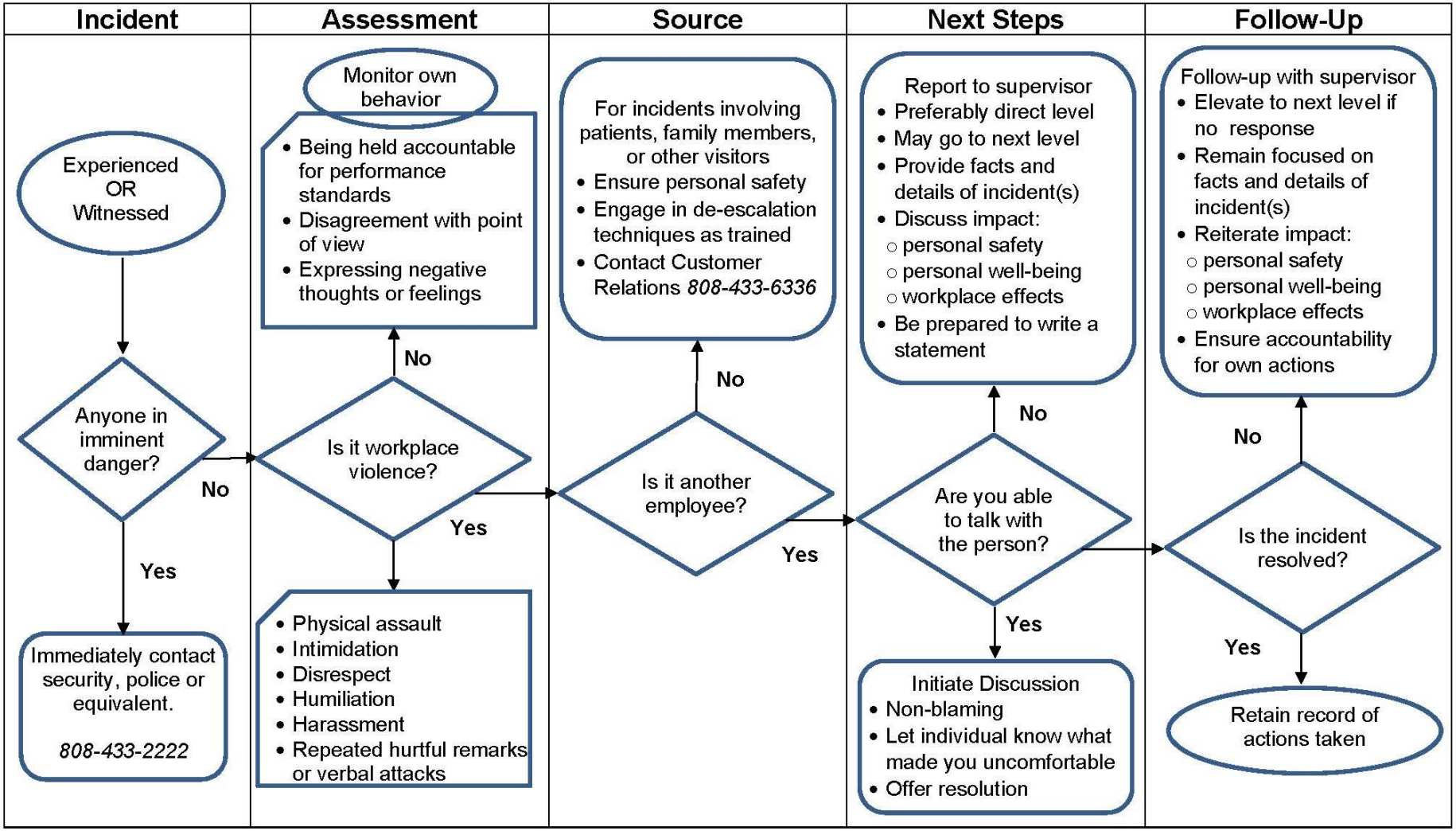
- HV does occur in MTF's, although a lesser frequency than recorded in civilian healthcare facilities
- Education alone for nursing staff is not enough
- There is a need to establishing clear guidelines for staff nurses, front line leaders, and senior leaders on how to respond
- Nursing staff need to know that leaders are holding perpetrators accountable

Addressing the Gap

- Comprehensive search of existing literature and regulatory guidance conducted
- Limited evidence to support any specific interventions to mitigate
- Algorithms developed based on existing recommendations/guidance within existing policies
  - Examples→

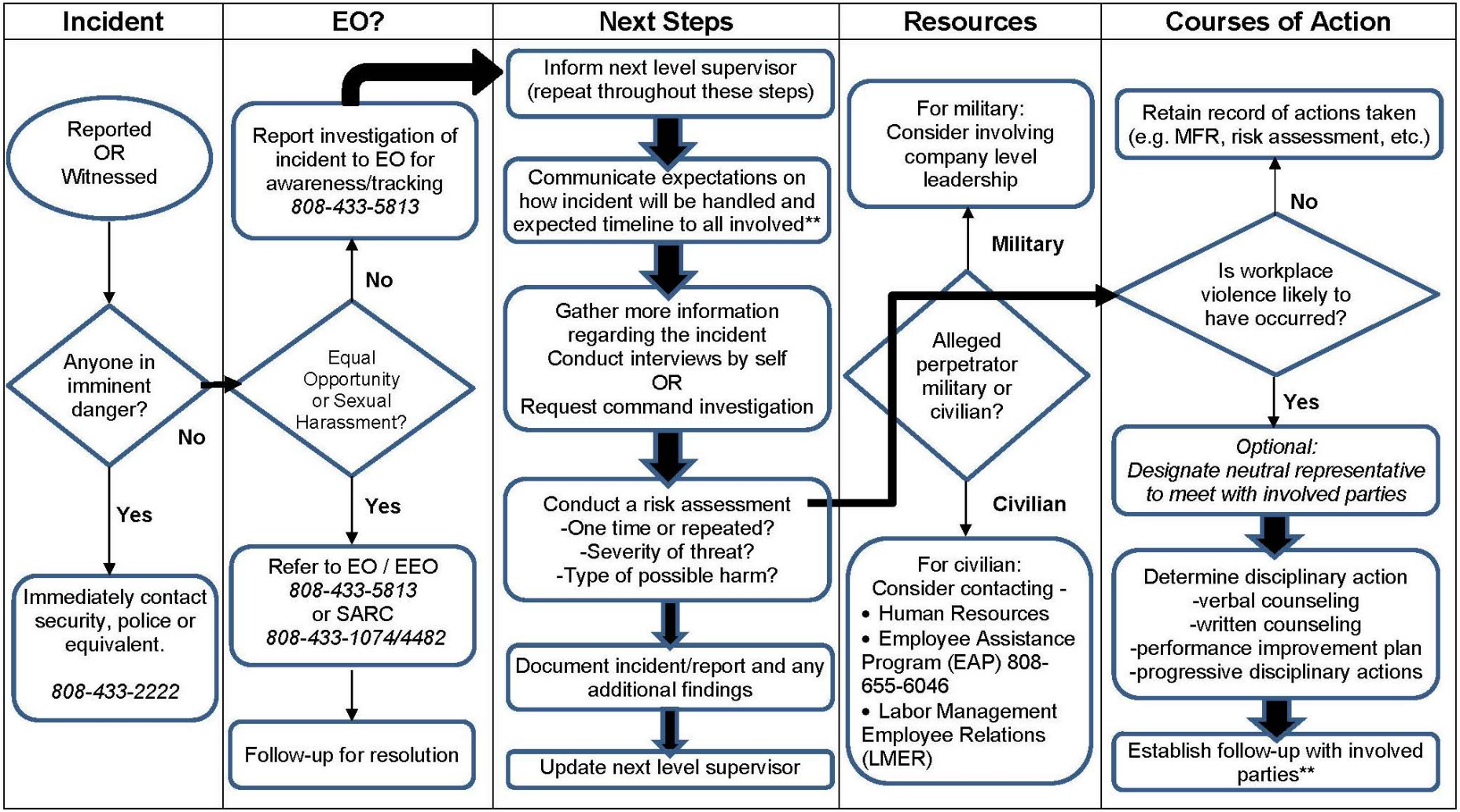
Staff Member Response

EMPLOYEE RESPONSE TO WORKPLACE VIOLENCE



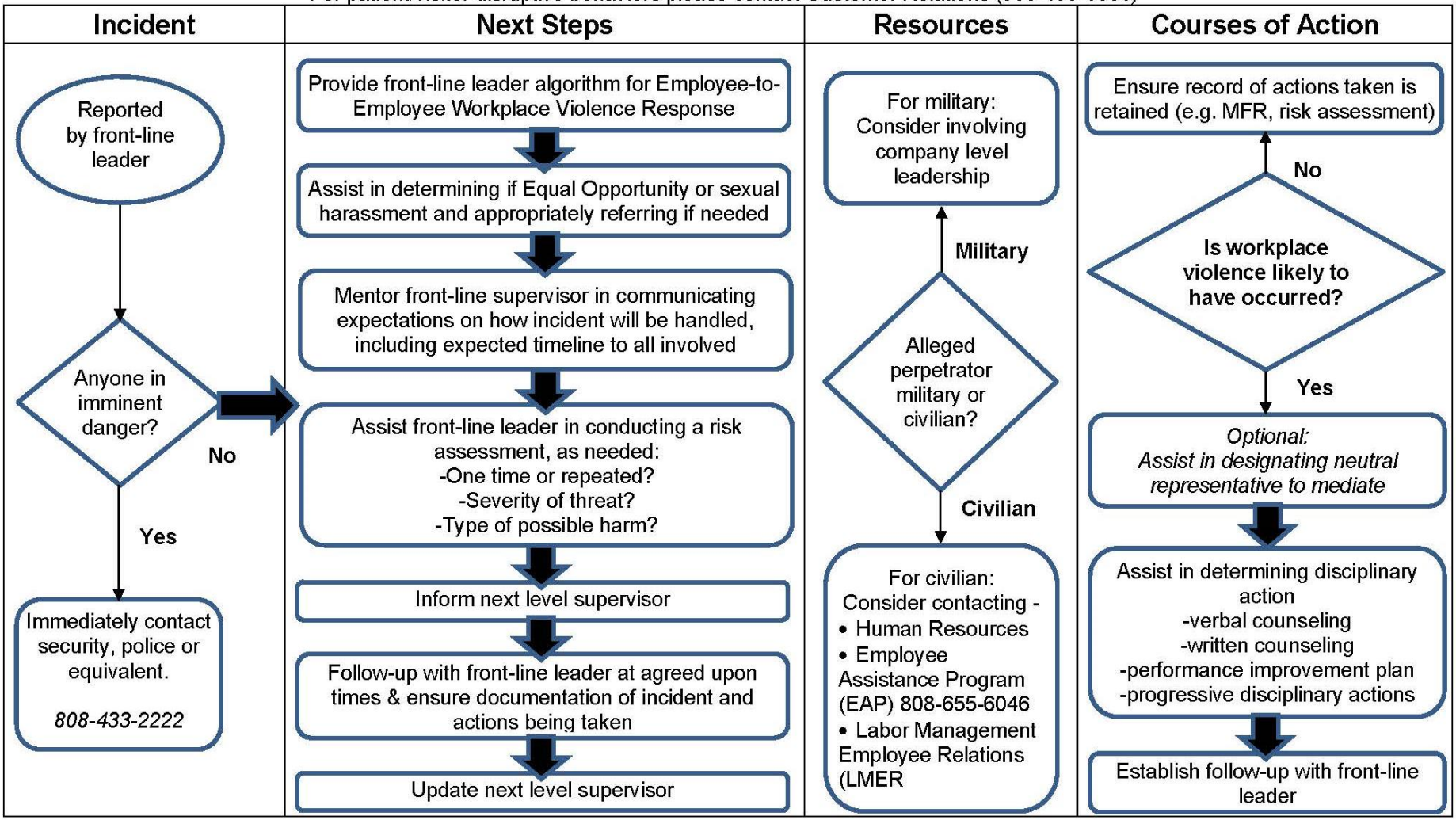
Front-line Leader Response

FRONT-LINE SUPERVISOR RESPONSE TO WORKPLACE VIOLENCE (Employee-to-Employee)
For patient/visitor disruptive behaviors please contact Customer Relations (*808-433-6336*)



Mid-Level Supervisor Response

MID-LEVEL SUPERVISOR RESPONSE TO WORKPLACE VIOLENCE (Employee-to-Employee)
For patient/visitor disruptive behaviors please contact Customer Relations (*808-433-6336)*



You Can Make the Difference

- Self-accountability
  - Be open to feedback
  - Develop communication skills
  - Monitor own behavior; don't contribute to incivility
- Respond to workplace violence (no matter the form)
  - Be familiar with actions to take
  - Don't avoid or be complacent
- Mentor others
  - Provide feedback on communication skills
  - Provide guidance on how to respond to workplace violence

Your actions have a ripple effect…

Key Takeaways

- Development of personal communication skills contributes to an empowering work environment
- Each individual is accountable for their own behaviors that can prevent and/or mitigate workplace violence
- Not responding to workplace violence is a choice; helping others hold themselves accountable for their own behaviors occurs through appropriate responses

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