
RESEARCH ARTICLE

Influence of teamwork behaviors on workplace incivility as it applies to nurses

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Abstract. Workplace incivility, or bullying, experienced by nurses has been shown to have negative consequences on nurses and the care they provide patients. Nurses' roles are being challenged in the healthcare environment because of incivility in the workplace. These negative outcomes exist despite the support provided by teams on which these nurses work. This literature review is focused on the prevalence and effect of nurse bullying (nurse-on-nurse, as well as physician-on-nurse) and the influence of such incivility on healthcare teamwork. Specific attention is given to three important team behaviors: leadership, trust, and communication.

Keywords: teamwork, workplace incivility, bullying, leadership, trust, communication

Introduction

The incidence of workplace incivility, or bullying, as it applies to nurses has been well documented. Although the extant literature describes the prevalence and scope of incivility, the influence or consequences of this behavior on effective team dynamics has received little attention. The same can be said about the influence of effective teams on the prevalence and/or severity of incivility. The purpose of this paper is to review the literature on the relationship between effective teamwork and workplace incivility on nurses. Of particular interest are communication, leadership, and trust given the frequent mention of these variables in the team dynamics literature.

Background

Due to rising costs and increased technological complexity in modern healthcare environments, it is important to identify and coordinate scarce human and financial resources in order to ensure appropriate patient outcomes (Mickan & Rodger, 2005). Healthcare institutions must provide high levels of quality care for their patients. Most institutions rely heavily on the quality care provided to fund the value-based incentive payments under the Affordable Care Act (ACA) (Patient Protection & Affordable Care Act, 2010). The challenge for healthcare institutions centers on nurses being placed in complex work environments loaded with numerous stressors, such as intense workloads, while handling life-and-death decision making (Croft & Cash, 2012). These circumstances make it difficult to provide quality healthcare concurrent with effective customer service. The stress of incivility on nurses further challenges the provision of appropriate patient care.

There is a need for efficient and effective work performance from all healthcare personnel. It is reasonable to posit that effective teamwork is an essential job requirement for any nurse working within a hospital setting. For many nurses, this skill is paramount to performing one's job duties successfully. Unfortunately, nurses on teams within the healthcare environment often face the challenge of workplace incivility, especially in institutional settings. Incivility includes repeated acts of aggression (Becher & Visovsky,

2012), self-attribution where victims blame themselves (Rodwell & Demir, 2012), and diminished work productivity among novice nurses (Moore, Leahy, Sublett, & Lanig, 2013). What is not discussed in most literature is the effect of incivility on team behaviors and structure.

Teamwork

Teamwork is essential and required for effective patient management due to the increased specialization of tasks (Lerner, Magrane, & Friedman, 2009). A team may be defined as a small number of people with an ability to provide complementary skills, while at the same time committed to a common purpose and goal (Lerner et al., 2009). In addition, teams hold themselves collectively responsible for such goals (Mickan & Rodger, 2005). Salas, Sims, and Burke (2005) highlighted the importance of thoughts, actions, and feelings of each team member. The authors stressed that, when combined, thoughts, actions, and feelings facilitate coordinated performance and task objectives resulting in value-added outcomes.

Teamwork is an essential part of healthcare's organizational fabric for delivering quality care (Leonard & Frankel, 2011; Lerner et al., 2009; McComb & Hebdon, 2013). The ACA has added additional stress on such institutions to deliver the best possible healthcare services and will likely give further impetus to the growing importance of teams in the healthcare arena (Taplin, Foster, & Shortell, 2013). This may lead to nurses having more responsibility than ever to ensure patient safety (Khadjehturian, 2012). As a result of such responsibility, differences may exist on a performance level between individuals and teams. In fact, effective teams generally provide better healthcare than individuals performing alone (Hays, 2013). However, teamwork does not inherently come to fruition simply by placing people together (Lerner et al., 2009). Professionals serving teams need training to learn how to work together and to understand their roles and responsibilities. Working team members have stressed the importance for managers and senior administrators to better understand teamwork and team development in the workplace (Bajnok, Puddester, MacDonald, Archibald, & Kuhl, 2012).

Finally, a number of characteristics and behaviors critical to effective teamwork can be identified. Specifically, communication, trust, and leadership are considered fundamental to effective teams. Each has an influence on the functional level and the degree to which teams effectively accomplish goals and objectives.

Communication

Effective team communication is essential for improved patient care and safety (Bajnok et al., 2012; Frakes, Neely, & Tudoe, 2009). Specifically, effective communication on teams is labeled as closed-loop communication (McComb & Hebdon, 2013). The authors further described such communication as a three-step process whereby a message is generated by the sender, a receipt of the message is generated by a receiver, and finally, a subsequent check is generated by the sender to ensure the intended message was received. In healthcare institutions, such communication needs to keep both patients and colleagues informed while placing emphasis on the content of the message itself (Siassakos et al., 2013).

Quality care is a function of individual caregivers who can quickly diagnose a problem and provide a solution. In turn, patient care is a function of the extent to which information is communicated among team members in an expeditious manner. Healthcare teams utilizing clear communication may well enhance collaboration within the team. More importantly, such communication may foster a more effective level of caregiving.

Leadership

Leadership is also critical to team effectiveness (Leggat, 2007; Mickan & Rodger, 2005; Muller-Juge et al., 2014; Salas et al., 2005). Team leadership influences team dynamics. In the healthcare environment, leadership should exist at two levels: senior leadership and

clinical leadership (Leonard & Frankel, 2011). Historically, leadership is not taught in healthcare and, as a result, finding effective team leadership in healthcare environments may be challenging (Leonard & Frankel, 2011).

Trust

The effectiveness of teamwork depends on the level of trust among team members (Lerner et al., 2009; Suddick & De Souza, 2007). Notably, mutual trust is a coordinating mechanism, and key dimensions of teamwork are facilitated by such mechanisms (McComb & Hebdon, 2013). Some researchers believe that teamwork consists of five core components considered the “Big Five”: team leadership, mutual performance monitoring, back up behaviors, adaptability, and team orientation (Salas et al., 2005). In addition, one of the prerequisites to effective performance monitoring is the development of a trusting and cohesive team climate (Salas et al., 2005). Put in a slightly different light, to work effectively on an inter-professional team, trust is a key element (van Schaik, O’Brien, Almeida, & Adler, 2014).

Workplace incivility

Nurses perform their duties in complex environments in which challenging workloads and a hectic pace are the norm (Croft & Cash, 2012). Significant job demands may lead to high levels of work-related stress that, ultimately, impedes effective teamwork (Gevers, van Erven, de Jonge, Maas, & de Jong, 2010). Some nurses may feel positioned at the bottom of the team hierarchy subordinate to doctors, administration, regulators, and patients. Perceptions such as these can result in a sense of powerlessness and frustration that, in turn, can engender aggression (Croft & Cash, 2012).

In terms of aggressive behavior, incivility has been described as a type of social interaction whereby the sender uses verbal and/or non-verbal communication on a regular basis for at least six months (Agervold, 2007). The interactions are characterized by negative and aggressive elements focused on the personality and self-esteem of the intended receiver (Agervold, 2007). Incivility has also been described as an abusive and intimidating behavior whereby the recipients feel humiliated and potentially vulnerable (Eagar, Cowin, Gregory, & Firtko, 2010).

Workplace incivility has become a pervasive problem in the United States (Carbo, 2009) with a majority of employees reporting negative treatment (Harris, Harvey, & Booth, 2010). Luparell (2011) reported that 24.1% of nurses stated they were verbally abused either by a nurse manager or nurse colleague. Such abuse creates feelings of defenselessness in the victim and can demoralize dignity in the workplace (Murray, 2009). The increase in workplace incivility is occurring at a time when the nursing profession is facing a growing shortage of nurses (Leiter, Price, & Spence Laschinger, 2010). Additional research indicates that generational differences influence workplace relationships and social environments leading to burnout (Leiter et al., 2010). Generational differences represent a real problem for healthcare institutions with 35% - 61% of newly graduated nurses leaving nursing within a year of entering the profession (Leiter et al., 2010). Research also contends that those nurses who fall prey to incivility are more likely to quit their job (Luparell, 2011). Workplace incivility is now considered an epidemic for nurses affecting hundreds of thousands of nurses internationally (Rodwell, Demir, & Theol, 2013).

Negative affectivity may play a role in the incivility process since individuals with high levels of negative affectivity tend to dwell on their shortcomings and may resort to abusive behaviors (Harris et al., 2010). Importantly, the authors noted that an employee’s personality is directly related to coworker abuse. Because negative affectivity has been positively associated with abuse, managers need to use skill tests as tools for identifying candidates in the hiring process.

The effect of nurses enduring incivility in the workplace can lead to confusion in areas such as medication administration, patient allocation, and workload (Eagar et al., 2010). The authors suggested that such circumstances may leave nurses feeling not only bullied, but stressed and harassed. Workplace incivility leads to higher turnover rates and diminished job satisfaction resulting in decreased communication and patient safety (Khadjehturian, 2012). Adding further to this challenge, the ACA has increased nurse responsibility for patient safety (Khadjehturian, 2012).

Workplace incivility influence on teamwork constructs

Relevant research has demonstrated that quality patient care is dependent on effective teamwork (Lerner et al., 2009). A review of team research reveals that a number of characteristics frame the essence and importance of teamwork. Such characteristics include communication, leadership, and trust. It is important to note that effective teams produce better healthcare outcomes than individuals alone (Hays, 2013). Nurses working well within their team are better equipped to provide quality healthcare. Nurses are often forced to cope with high job demands often leading to higher levels of stress (Gevers et al., 2010). High levels of stress may negatively influence levels of workplace incivility. Overall, more research is needed to help verify the effects of incivility on the behaviors of teamwork including communication, leadership, and trust.

A lack of closed-loop communication may lead to misinterpretation of a message and thus increased strain in the workplace. Strain in the workplace is hypothesized to influence effective teamwork behaviors, including coordination, performance monitoring, and backup behavior (Gevers et al., 2010). Incivility is only one of a number of potential sources of strain in the workplace. Such strain is likely to diminish team productivity and efficiency. It also may be that closed-loop communication channels will be negatively impacted by incivility, as such negative behavior tends to isolate nurses. Incivility may also prove detrimental to the communication process. What is known is that communicative responses to problematic relationships need to be executed on an individual basis as a universal fix will lead to disappointment (Hess & Sneed, 2012). Addressing incivility on an individual level provides a more effective approach. Given the importance of communication, negatively influencing this behavior will not likely enhance a nurse's ability to provide quality patient care.

The same can be said regarding both trust and leadership. Both variables promote effective teamwork. A lack of one or both of these variables has a potential negative effect on either patient care or service. In fact, trust is often formed within the boundaries of the immediate workplace environment. Such trust is often influenced by the line manager (McCabe & Sambrook, 2014). Given the importance of trust within workplace relationships, damage to trust will fracture relationships in the workplace (Jackson et al., 2010). Building trusting relationships becomes a goal for any team wanting to perform at the highest levels of effectiveness.

With respect to leadership, interpersonal style is important (Reed & Olsen, 2010). One potential consequence of ineffective leadership is abusive supervision or toxic leadership. Such leaders often reveal a lack of respect towards subordinates (Reed, 2004). What is known about relationships in the workplace is that the relationship between employees and their immediate supervisors is the most important (Tepper et al., 2009). When such a relationship deteriorates, it is likely that team performance will be negatively affected.

Given the potential influence of incivility on team constructs, perhaps a new line of thinking is warranted. One needs to look at the influence of incivility on teamwork from a different perspective. Rather than looking at workplace incivility and its effect on teamwork, it might be more productive to consider the influence that effective teams have on workplace incivility. In other words, if an environment is provided where teamwork is enabled to thrive, will workplace incivility be non-existent? Can effective teams diminish the extent of such

incivility? These questions frame a new area in research that may well serve as an option to help limit incivility occurring in healthcare institutions. This article has considered some of the behaviors of effective teamwork and hypothesized the influence workplace incivility has on these variables. Framed in a more positive manner, teams with effective closed-loop communication, strong leadership, and high levels of trust may be able to create an environment where incivility is extinguished. Hence, it would stand to reason that training such healthcare providers in the essentials of teamwork could help establish a more desirable work environment.

Recommendations

In short, there are viable options available for nurses and nursing managers to help address workplace incivility. First, it becomes important for nurse managers to establish a working environment where nurses feel empowered and supported in the workplace (Kendall-Rayner, 2010). One option suggested by Harris et al. (2010) is for managers to use negative affectivity and political skills tests to help hire appropriate nurses who will be less likely to commit workplace incivility. Lastly, healthcare institutions need to enforce current policies against workplace incivility and create an environment open to teaching the importance of teamwork. It is imperative that such training be taught for all levels of employees in the healthcare environment enabling the concept to inculcate the entire institution. Nurses' ability to feel prepared for their jobs may well be influenced by the extent to which training for teamwork is imbedded in professional development (Malone, Gallagher, & Long, 2001) The thought is that incivility is reduced in the presence of strong teams. Research is needed to confirm this hypothesis.

Such research is necessary to provide concrete strategies for developing effective teams that address workplace incivility and the subsequent consequences of such behavior. More importantly, research needs to generate ideas for teaching nurses how to engage in effective teamwork. In particular, ideas need to be generated on how to utilize effective communication, exhibit strong leadership, and maintain high levels of trust to help minimize and diminish potential incivility in the workplace. Closer analysis needs to focus on the influence of effective teams on incivility.

The nursing profession is a high stress work environment that can ill afford the negative consequences of incivility. Hence, more research on the link and consequences between workplace incivility and effective team behaviors needs to be performed. By emphasizing teamwork, focusing on essential team variables, and ensuring effective training programs, workplace incivility will likely diminish, and nurses will be better equipped to effectively manage their high demand careers. The end result will be high performing teams focused on providing high quality healthcare.

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