

Incivility:

A Silent Sickness in Healthcare

Dominique N. Burrows
Christopher O. L. H. Porter, PhD
Christine R. Stehman, MD
Stephen J. Diagostino, CPA/ABV

A nurse manager snaps at a nurse to “stop asking so many questions.” During rounds, a colleague makes a demeaning comment to a resident. One of your partners—a physician just like you—ignores you in the hallway. These behaviors are known as incivility or “low-intensity conduct that lacks a clear intent to harm but nevertheless violates social norms and injures the target.”¹

Lack of clear intent to harm is what distinguishes incivility from more overt forms of mistreatment.

Simply put, incivility encompasses behaviors that make people feel slighted but unsure of the reason behind the behavior or if the behavior is serious enough to warrant a report. In fact, this lack of clear intent to harm is what distinguishes incivility from more overt forms of mistreatment such as physical or sexual assault and verbal aggression. In contrast to overt acts that signal a clear intent to harm the target and are easily recognizable by all parties involved, incivility is not openly intentional or malicious and stems from perceptions.²

¹Andersson, L., & Pearson, C. (1999). Tit for tat? The spiraling effect of incivility in the workplace. *Academy of Management Review*, 24, 452-471.

²Cortina, L. M., & Magley, V. J. (2009). Patterns and profiles of response to incivility in the workplace. *Journal of Occupational Health Psychology*, 14, 272-288.

³Neuman, J. H., & Baron, R. A. (2005). Aggression in the workplace: A social-psychological perspective. *Counterproductive Work Behavior: Investigations of Actors and Targets*, 7, 13-40.

⁴Sliter, M., Sliter, K., & Jex, S. (2012). The employee as a punching bag: The effect of multiple sources of incivility on employee withdrawal behavior and sales performance. *Journal of Organizational Behavior*, 33, 121-139.

Perhaps, in part, a result of its subtlety, incivility occurs frequently in the workplace, with estimates suggesting that up to 96% of employees are exposed to incivility either directly or indirectly.³ Furthermore, because of its low-intensity and ambiguous intent, the consequences associated with these uncivil behaviors are often dismissed, especially if an organization has a culture that perpetuates or enables these actions.

Incivility occurs frequently
in the workplace, with
estimates suggesting that
up to 96% of employees
are exposed to incivility
either directly or indirectly.

However, there are negative and destructive outcomes that arise in the workplace as a result of incivility and its perpetuation. For example, research shows that workplace incivility can lead to decreased life satisfaction, job satisfaction, citizenship behaviors at work, and mental and physical health. Incivility can also lead to increased workplace stress and burnout. In fact, because of its frequency and negative consequences, the financial cost of incivility is estimated at \$14,000 per employee annually due to project delays and cognitive distraction from work.⁴

Though intuitively known to be pervasive in the customer service industry, healthcare settings are not immune to incivility. In healthcare settings, incivility affects both patients and staff.

Somerset CPAs and Advisors, which offers consulting services in the healthcare industry, has worked with several clients struggling to manage employees who behave uncivilly. For example, within one medical practice, a physician was regularly written up because he would throw items in the operating room, direct profanity towards the nursing staff and senior management, and improperly fraternize with operating room and nursing staff. The physician was eventually terminated because of his disruptive behavior.

As another example, a physician's drug use likely contributed to her disrespect toward her colleagues, which ultimately lowered quality of care at a separate practice with which Somerset worked. In this case, incivility undermined communication between the physician and other care staff within the practice. As these examples demonstrate, incivility is particularly costly to healthcare as it diminishes the quality of care that patients receive and hurts healthcare organizations financially.

In fact, one estimate suggested incivility costs the healthcare industry more than \$4 billion dollars each year because of lost time, productivity, and the turnover and replacement cost of losing trained staff.⁵ In regards to diminished quality of care, frequently encountering incivility can lead to increases in medical errors as a result of being distracted. Related, 25% percent of healthcare workers saw a strong link between disruptive behaviors and patient mortality, and 53% to 75% of healthcare providers saw a strong link between disruptive behavior and adverse clinical outcomes such as patient safety, errors, adverse events, quality of care, and patient satisfaction. Finally, incivility within the healthcare field has also been shown to exacerbate the relationship between existing job stressors and strain among healthcare workers.⁶

³ Cortina, L. M., Magley, V. J., Williams, J. H., & Langhout, R. D. (2001). Incivility in the workplace: Incidence and impact. *Journal of occupational Health Psychology*, 6, 64-80.

³ Porath, C. L., & Pearson, C. M. (2010). The cost of bad behavior. *Organizational Dynamics*, 39, 64-71.

⁴ Lim, S., & Cortina, L. M. (2005). Interpersonal mistreatment in the workplace: The interface and impact of general incivility and sexual harassment. *Journal of Applied Psychology*, 90, 483-496.

⁴ Grandey, A. A., Dickter, D. N., & Sin, H. P. (2004). The customer is not always right: Customer aggression and emotion regulation of service employees. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior*, 25, 397-418.

⁴ Lim, S., Cortina, L. M., & Magley, V. J. (2008). Personal and workgroup incivility: Impact on work and health outcomes. *Journal of Applied Psychology*, 93, 95-107.

⁴ Pearson, C. L., & Porath, C. M. (2009). The cost of bad behavior. *Organizational Dynamics*, 39, 64-71.

⁴ Schwartz, J. E., & Stone, A. A. (1993). Coping with daily work problems: Contributions of problem content, appraisals, and person factors. *Work and Stress*, 7, 47-62.



Up to 75% of healthcare providers saw a strong link between disruptive behavior and adverse clinical outcomes such as patient safety, errors, adverse events, quality of care, and patient satisfaction.

To better understand the issue of incivility, its root causes, and its subsequent consequences, our own research has explored its sources, its frequency, and healthcare professionals' beliefs about why they and others have engaged in these harmful behaviors at work.

In one of our studies, we found that 93% of physicians and nurses experienced incivility from patients. However, the overall amount of incivility those physicians and nurses experienced was directed at them by their colleagues. In fact, 40% of them reported experiencing incivility from their coworkers or supervisors in a typical work week. When asked why they have perpetuated incivility, responses centered around the high stress work environment and the need to make life-altering decisions quickly.

In another study, we sought to answer the question of how much more damaging incivility from coworkers is in comparison to that from patients. We found that coworker incivility led to significantly higher levels of emotional exhaustion in emergency department physicians and care staff compared to patient incivility.⁷ Given the strong effects emotional exhaustion has on both burnout and turnover, our work is helping shed light on the ways in which incivility at work uniquely impacts healthcare, which is already plagued with issues such as nursing shortages.

Combining our research with others and insights from Somerset CPAs and Advisors, we offer the following 10 best practices for physicians seeking to manage incivility at work.

- 1 Recognize how your own behavior may be contributing to incivility.
- 2 Remind yourself and others that you all have the same objective: Providing the highest quality patient care. Focus on the greater goal.
- 3 Encourage staff to take breaks in between high-stress situations.
- 4 Focus on communicating with the betterment of the patient in mind.
- 5 Be aware of non-verbal communication that can convey disrespect to others.
- 6 Address disagreement over patient care in a private and respectful manner when possible.
- 7 Avoid personal attacks when agitated with a colleague.
- 8 Take care of yourself both physically and mentally through exercise, rest, and diet.
- 9 Do not stay silent if another colleague is creating an uncivil environment. Incivility usually begets incivility.
- 10 Nurture a culture of collaboration.

⁴ Zellars, K. L., Tepper, B. J., & Duffy, M. K. (2002). Abusive supervision and subordinates' organizational citizenship behavior. *Journal of Applied Psychology*, 87, 1068-1076.

⁵ Murray, C. J. S. (2008). On bullying in the nursing workplace. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 37, 393-393.

⁶ Gilin Oore, D., Leblanc, D., Day, A., Leiter, M. P., Laschinger, H. S., Price, S. L., & Latimer, M. (2010). When respect deteriorates: Incivility as a moderator of the stressor-strain relationship among hospital workers. *Journal of Nursing Management*, 18, 878-888.

⁷ Rosenstein, A. H., & O'Daniel, M. (2005). Disruptive behavior and clinical outcomes: Perceptions of nurses and physicians: Nurses, physicians, and administrators say that clinicians' disruptive behavior has negative effects on clinical outcomes. *The American Journal of Nursing*, 105, 54-64.

⁸ Woelfle, C. Y., & McCaffrey, R. (2007, July). Nurse on nurse. In *Nursing Forum* (Vol. 42, No. 3, pp. 123-131). Malden, USA: Blackwell Publishing Inc.

⁹ Amber, B., Burrows, D. N., Porter, C. O. L. H., & Stehman, C. R. (February 2019). The impact of coworker incivility among ED physicians. Poster presented at the Annual Meeting of the Society for Personality and Social Psychology, Portland, OR.



KELLEY

SCHOOL OF BUSINESS

Physician MBA

Healthcare is not just any business. Its complexities require a sophisticated knowledge of both medicine and business. That's why physicians enroll in the Business of Medicine Physician MBA program—a forward-looking, physician-only MBA from the top-ranked Kelley School of Business at Indiana University. Physicians learn how to increase access, efficiency, and revenue while enhancing quality of care and patient satisfaction. They also learn leadership, organizational development, and conflict resolution to leverage it.

Those interested in this topic or other topics at the intersection of medicine and business should contact the Kelley School of Business to explore the Physician MBA Program and the Business of Medicine Physician Executive Education programs.



kelley.iupui.edu/physician-mba



kbizmed@iu.edu



(317) 274-3855



Dominique N. Burrows

IUPUI School of Science
Department of Psychology



Christopher O. L. H. Porter, PhD

Indiana University
Kelley School of Business at IUPUI



Christine R. Stehman, MD

Indiana University
School of Medicine



Stephen J. Diagostino, CPA/ABV

Somerset CPAs and Advisors