Chapter 68
Health and Mental Health

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ABSTRACT

As healthcare organizations use approaches such as structural empowerment theory and nurse residency programs to engage new graduate nurses in becoming productive members of the organizational culture, bullying and incivility experienced by these nurses can undermine organizations' efforts. Chapter 3 introduces the Reporting of Uncivil Conduct Chain of Command to provide support and direction to nurses that are experiencing bullying by perpetrators in the workplace. Unresolved and persistent uncivil conduct can result in health and mental health problems for affected nurses. Hence, in order to protect nurses' overall health and safety, it is necessary for organizations to adopt zero tolerance for bullying and incivility. Additionally, nurses may benefit from screening programs that can identify risks for self-harm secondary to stress and depression that could be caused by incivility in the workplace.

INTRODUCTION

Incivility impacts the health and mental health of affected nurses. For nurses, increased call-outs from work because of fatigue, frustration, anxiety, and depression associated with being bullied, not only places constraints on their colleagues, but impacts patient care. Annually, healthcare organizations have a financial loss of as much as $30,000 to $100,000 (Becher & Visovsky 2012) for each employee that has been effected by incivility within the workplace.

The very nature of the nursing profession and the interactions that nurses daily have with patients, families, and other health disciplines, can be emotionally and physically demanding. Nurses must arrive at the workplace attentive, well rested, and physically capable to complete patient assessments (i.e. physical, neurological, withdrawal from substances or alcohol), perform skilled care (i.e. wound dressings, administration of intravenous medications), and meet the psychosocial needs of patients and their family members. Bullying distracts nurses from performing well, the job they were trained to do, providing health care to patients.

Uncivil Behaviors Psychological Impact

Oyeleye, Hanson, O'Connor, and Dunn (2013) conducted a quantitative study using exploratory correlational methods. The purpose of the study was to explore the relationship of stress, burnout, and workplace incivility on nurses' turnover intentions (decision to leave their job) and psychological empowerment. A total of 61 nurses participated in the study; 87% (n= 53) were female and 28% (n= 8) were male. The ages of the participants ranged from 23 to 61 years and participants' races were white (n= 50, 82%), other, (n=1, 2%), African American (n=3, 5%), and Asian (n= 7, 12%). The nurses' years of experience in the profession varied from 1 year to 40 years.

Oyeleye et al. (2013) used the following five instruments in the study: Maslach Burnout Inventory (MBI), the Uncivil Workplace Incivility Scale (WIS), Spreitzer Psychological Empowerment Scale (PES), the Perceived Stress Scale (PSS10), and a Turnover Intention scale. Results indicated that there were statistically significant correlations between stress and burnout (p= .000), burnout and turnover intention (p= .005), and stress and incivility (p=.001). Study findings suggest that nurses experiencing increases in burnout and stress may leave their jobs.

Kang, Jeong, and Kong (2018) conducted a qualitative study using a grounded theory approach (Corbin and Strauss, 2015) to explore nursing students' experiences with incivility. Sixteen nursing students participated. The 16 nursing students had all experienced incivility during their clinical placement. Kang et al. (2018) invited the students to participate in one-on-one interviews. Results indicated that nursing students felt they were outsiders within the organizational hierarchy and culture of their clinical placement. Students verbalized feeling marginalized and in response became passive, submissive, and shocked that incivility had occurred in a professional setting.

Kang et al. (2018) concluded that when nursing students experience incivility during their academic preparation to enter the profession of nursing, their identity is threatened. Students undergo role conflict and have low self-esteem. Study findings suggest that nursing students that experience incivility should be provided counseling services and educational programs be developed by nursing programs to address the incivility and offer coping strategies. Schools of nursing are recommended to have guidelines that ensure students learn within supportive clinical environments that they feel safe within.

Structural Empowerment

Structural empowerment is a theory that views workplaces that empower employees as having a positive impact on work performance (Kanter, 1977). Power in the workplace can be attained both through informal and formal ways. Employees exhibit informal power when they form interpersonal allegiances and networks of peer groups, with subordinates and superiors within their organization, as well as outside of the organization. Formal power occurs within an organization when employees have roles that are visible and align with organizational missions and vision statements, and employees have jobs that have flexibility. According to Kanter (1977), employees tend to thrive, have job satisfaction, and are committed to their organizations success, when opportunities to learn and grow professionally are made available to them.

Structural empowerment, although developed in 1977, has been referenced within new graduate nurse residency programs such as the American Association of Colleges of Nursing Vizient (2019) programs, in the development of evidenced-based practice (EBP) projects as a prerequisite for completion of residency programs. The length of residency programs are usually one year and culminate in EBP projects such as

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