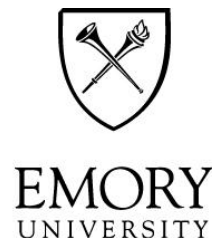# The Impact of Cognitively-Based Compassion Training on the Perceived Experience of Workplace Incivility among Neonatal Intensive Care Nurses

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Objectives:

Participants will able be to:

- Describe the problem of workplace incivility in healthcare

- Describe factors that may impact or be related to the incidence of workplace incivility in one group of healthcare workers

- Describe Cognitively-Based Compassion Training and its potential uses for staff support in the healthcare setting

Background

- **The Visit:** The Dalai Lama visit to Emory introduced us to "Cognitively-Based Compassion Training", which has been associated with decreased behavioral and immune stress response. In one study, elementary school children who experienced modified CBCT exhibited increased prosocial behavior.

- **The NICU Problem:** Decreased Retention of Experienced New Hires, with some nurses on exit interview reporting staff interactions as a factor in their decision to leave.

  - Workplace Incivility Education is conducted for all staff

- **The NICU Project:** The Healing Environment, one of five Core Measures to improve Developmentally Supportive Care, includes "a mindful and collaborative staff"

Defining the Problem

Workplace Incivility: Low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect; these behaviors are typically rude and discourteous, displaying a lack of regard for others. [1]

Other Names for lack of respect:

Horizontal Violence

Lateral Violence

Bullying

Nurse-to-Nurse Hostility

"Nurses Eat Their Young"

Negative Behavior

What Does Incivility Look Like?

Personal Attack

- Gossiping, spreading rumors, derogatory nicknames
- Teasing about personal issues
- Asking inappropriate questions about personal matters
- Raising one's voice, shouting at, humiliating another
- Treating differently from others, social isolation
- Refusing to speak to a colleague, being curt, using the "silent treatment"
- Blaming without facts
- Making someone the target of practical jokes

Erosion of Professional Competence

- Unwarranted or invalid criticism
- Excessive monitoring of another's work
- Withholding information (setting someone up to fail)
- Inappropriately exempting staff from responsibilities, or assigning low-skill work
- Being condescending or patronizing
- Impatience with questions, refusal to answer questions
- Public derogatory comments about another's work, including body language—eye rolling, dismissive behaviors

Attack through Roles or Tasks

- Assigning unrealistic workloads
- Not supporting a colleagues who is overloaded
- Blocking opportunities, e.g. not assigning interesting patients
- Blocking opportunities, e.g. not assigning patients that foster professional development
- Taking credit for another's work without acknowledging their contribution

What makes a nurse vulnerable?

- Being a new graduate nurse
- Being an experienced new hire
- Receiving a promotion, position, or honor that others feel is undeserved
- Having difficulty working well with others
- Receiving special attention from physicians
- Working under conditions of severe understaffing

What are the costs?

- **To Individuals**
  - Emotional pain and distress--anxiety, isolation, feelings of helplessness, fear of retaliation, dejection, decreased self esteem
  - Decreased job satisfaction
  - Increased burnout
  - Psychosomatic symptoms, physical illnesses
  - Increased absenteeism

What are the costs?

- **To Organizations:**
  - Loss of Productivity—increased absenteeism, ineffective teamwork
  - Increased turnover—in some organizations, nearly 60% of new graduate nurses change positions in their first year of practice
  - Increased costs—average cost of training a new nurse is $64, 000; increased health insurance costs for employees
  - Decreased employee morale, engagement, and commitment
  - Diminished customer satisfaction
  - Increased malpractice risk

What are the costs?

- **To Patients and Families:**
  - Decreased patient safety due to a breakdown in teamwork and communication
  - A survey of healthcare workers found that HCW reported a link between incivility and medication errors, adverse events and patient mortality.
  - Decreased patient/family satisfaction

But Why?

Oppression Theory:

- Nursing, as a profession, has experienced a lack of power, control and autonomy in hospitals, where the hierarchy has placed physicians and administrators in positions of power.

- Nurses may be doubly oppressed because they are socialized as both nurses and women.

- Lateral violence is born out of a sense of powerlessness.

- Nurse bullies seek to control the work environment by controlling the nurses in it.

But Why??

Organizational Factors = The Practice Environment

- Inherent stressors in the profession
  - High stakes, high emotion situations
  - Fatigue from shift work
- Health Care Environment Factors:
  - Increased productivity demands (short staffing)
  - Cost containment requirements
  - Long history of disruptive behavior by physicians being tolerated.

Recommended Approaches for Individuals

- A direct approach is often best:
  - When you do this/what happens is/ what I need you to do is
- If this proves too difficult or is unsuccessful, enlist the assistance of a leadership team member
- If the other person is a manager or supervisor, follow organizational chain of command, enlist HR help
- Avoid gossip: Examine your own behavior and expectations
- Step up and speak up when you witness someone experiencing incivility
  - Ask the victim to come with you to do another task; speak up on their behalf, or simply stand beside them

Recommended Approaches: Nursing Units

- Start the conversation about civility in our unit
  - Create norms of expected behaviors
  - Identify behaviors that cannot be tolerated
- Make civil culture a priority in the unit
- Provide training and coaching in relationship-building and collaborative practice
- Work together to identify incentives—what would inspire us to be more civil toward our co-workers
- Be consistent with constructive feedback

Recommendations for Organizations: The Joint Commission

- Educate all team members on appropriate professional behaviors and the organization's code of conduct

- Develop an organizational process for addressing disruptive behavior—ZERO TOLERANCE

- Hold all team members accountable

- Develop a system for on-going assessment of behavior and staff perceptions of risk for harm to patients

- Encourage training and dialogue

Why Cognitively-Based Compassion Training?

- These recommended approaches for managing workplace incivility are behavioral or organizational, external approaches

- Factors impacting or associated with incivility:

  - Burnout

  - Compassion Fatigue

  - Resilience

  - Compassion Satisfaction

  - Demographics

- Would an internal approach, helping individuals to better understand compassion and control their behavioral responses decrease incivility?

- Could CBCT help?

Study Aims

- To measure the current levels of perceived workplace incivility and the associated factors of resilience, burnout and practice environment among nurses in the NICU at Egleston.

- To explore the impact of Cognitively-Based Compassion Training on perceived workplace incivility and associated factors.

- To test the feasibility of nurses completing the eight week series of CBCT classes in addition to their normal work schedule.

Study Design

- Pre and Post Intervention questionnaires to compare three groups of nurses:
  - Nurses who attend a CBCT class offered at Children's
  - Two control groups
    - Nurses who expressed an interest in CBCT, but were unable to attend the class
    - Nurses who expressed no interest in CBCT

- A follow-up focus group for the participants to collect qualitative information about the barriers to participation and their reaction to the training

Study Design

- Pre-Intervention Survey for all Egleston NICU nurses, includes: (September 2014)
  - The Nursing Incivility Scale
  - The Practice Environment Scale
  - The Resilience Scale
  - The Professional Quality of Life Scale (Compassion Satisfaction)
  - The Maslach Burnout Inventory
- CBCT Class for volunteers who expressed interest was held October-December, 2014, consisting of eight weekly two hour long classes
- Repeat Survey (April 2015)
- Follow-up Interviews with class participants (April/May 2015)

Preliminary Findings

- There were only two groups of nurses (or we didn't ask the correct question—only five respondents were not interested in mindfulness)

- An evening, after-work class, may not be feasible for nurses: 160 nurses work in the NICU
  - 28 nurses expressed interest in the class
  - only 10 attended four or more classes.

- Initial survey results indicate that NICU nurses at Children's are similar to other groups in their perceptions of workplace incivility
  - 94 respondents, 67-71 useable surveys

Significant Findings on Initial Survey

- New nurses (less than 4 yrs. experience) reported more incivility from the medical team, and lower scores on the PES in Collegial Nurse-Physician Relations

- Nurses with less than 4 yrs. experience in the Egleston NICU had higher scores on the Nursing Incivility Scale/General Climate

- Generational Differences: Baby Boomers had higher Compassion Satisfaction scores (PROQOL) and lower burnout scores

- A positive correlation between Resilience score and the Nurse Incivility Source score.

Significant Findings on Initial Survey

- Higher emotional exhaustion was correlated with higher incivility scores in the general climate, from the medical team and from parents, and with perceived lack of respect.

- Significant correlations between all sources of incivility and the composite score of the Practice Environment Scale.

What is Cognitively-Based Compassion Training (CBCT)?

- Developed as a protocol for research Dr. Lobsang Tenzin Negi at Emory University.

- Adapted and secularized from the Tibetan Buddhist practice of *lojong* (mind training).

- Builds off of "mindfulness" and includes analytical styles of meditation to develop unbiased compassion.

- CBCT recognizes a biologically-given potential for compassion in all of us, but employs deliberate training to expand this capacity beyond the limits of in-group/out-group bias.

Key Components Of CBCT

1. Developing Attentional Stability
2. Self-Compassion
3. Impartiality (Equanimity)
4. Affectionate Love and Empathy
5. Strengthening Compassion

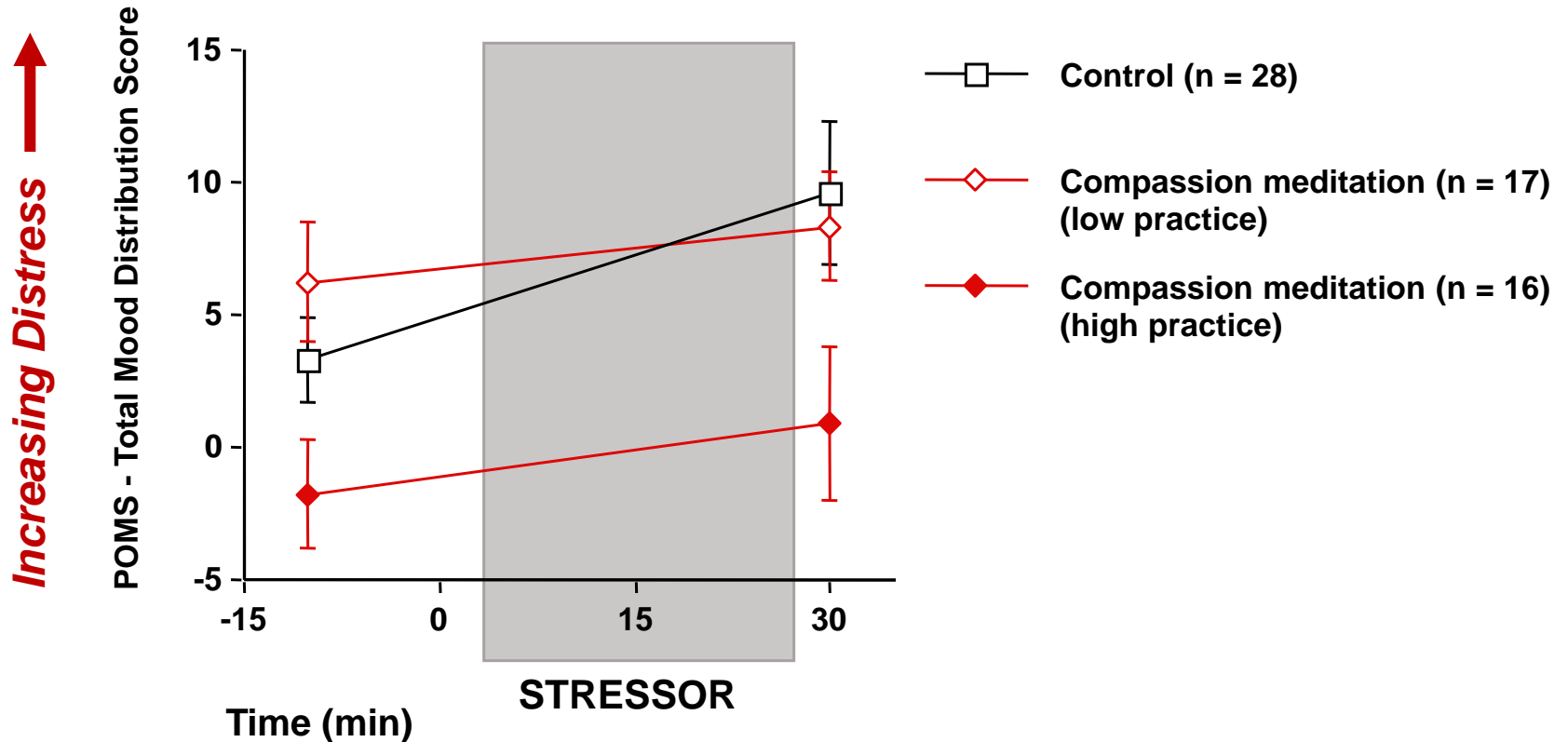# Effect of Meditation Practice on IL-6 Responses to the TSST when Compared to Control Subjects
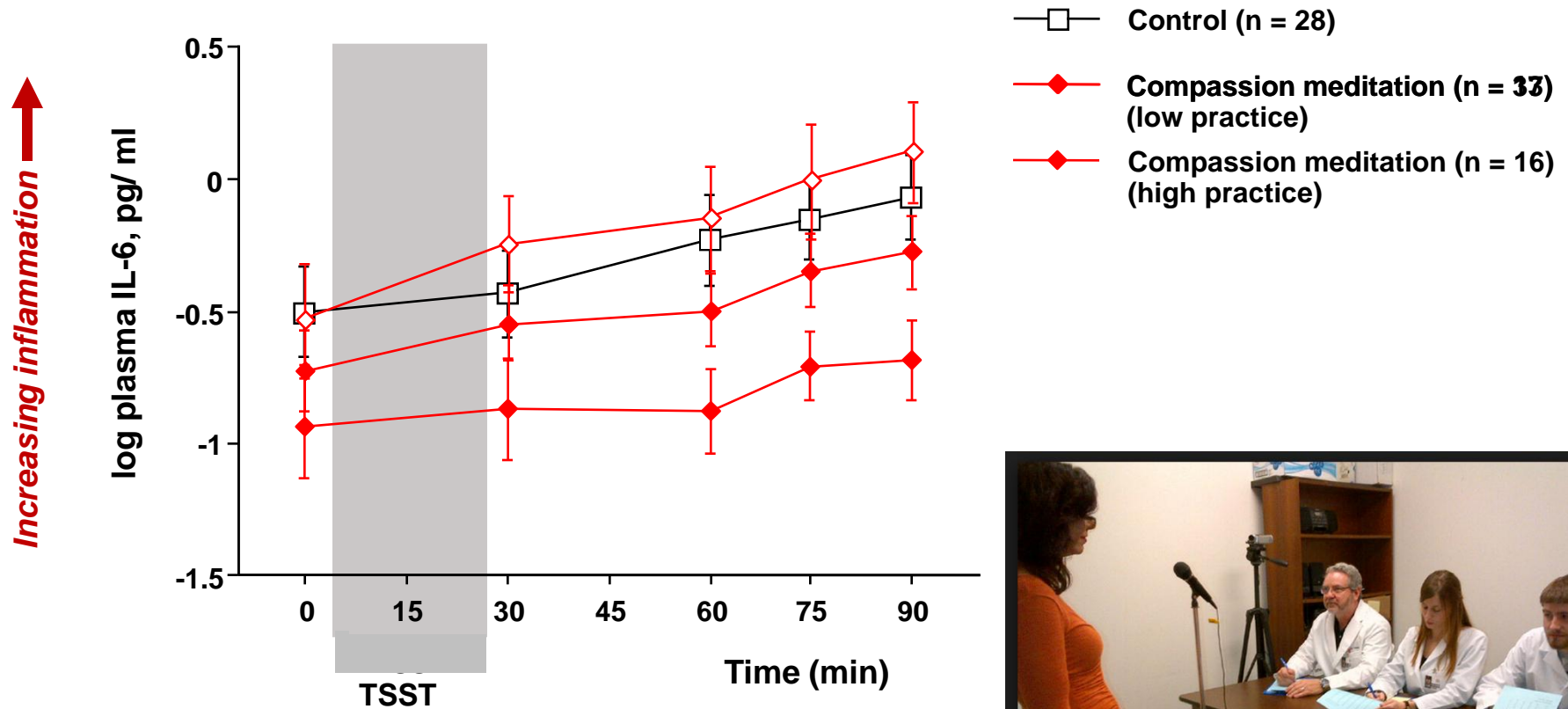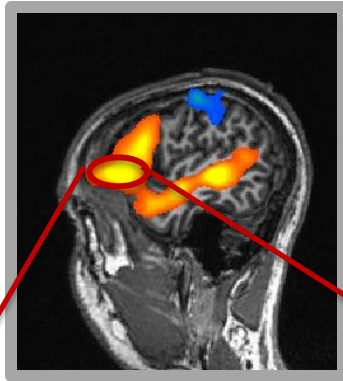

Pace et al., *Psychoneuroendocrinology*, 2008

Effect of Meditation Practice on Distress Responses to the TSST when Compared to Control Subjects
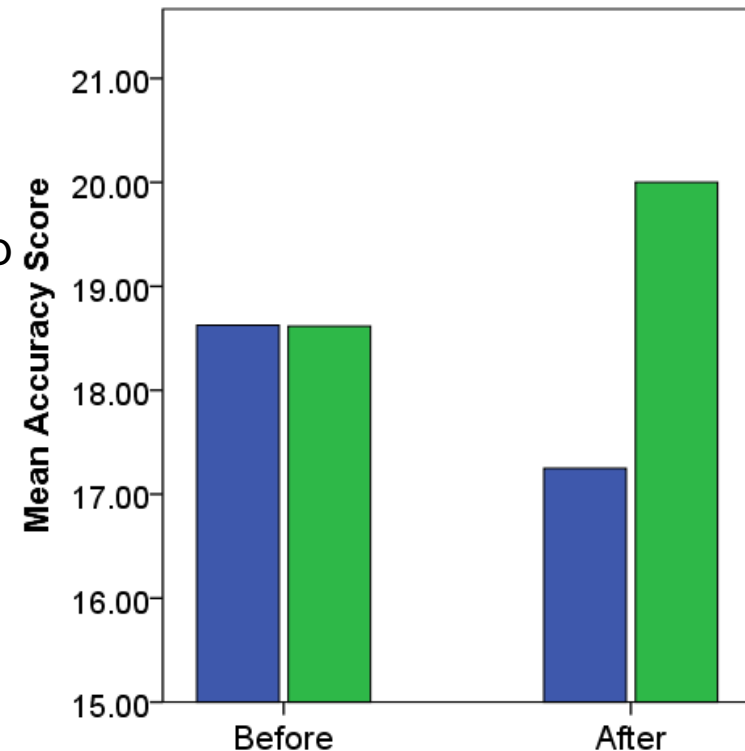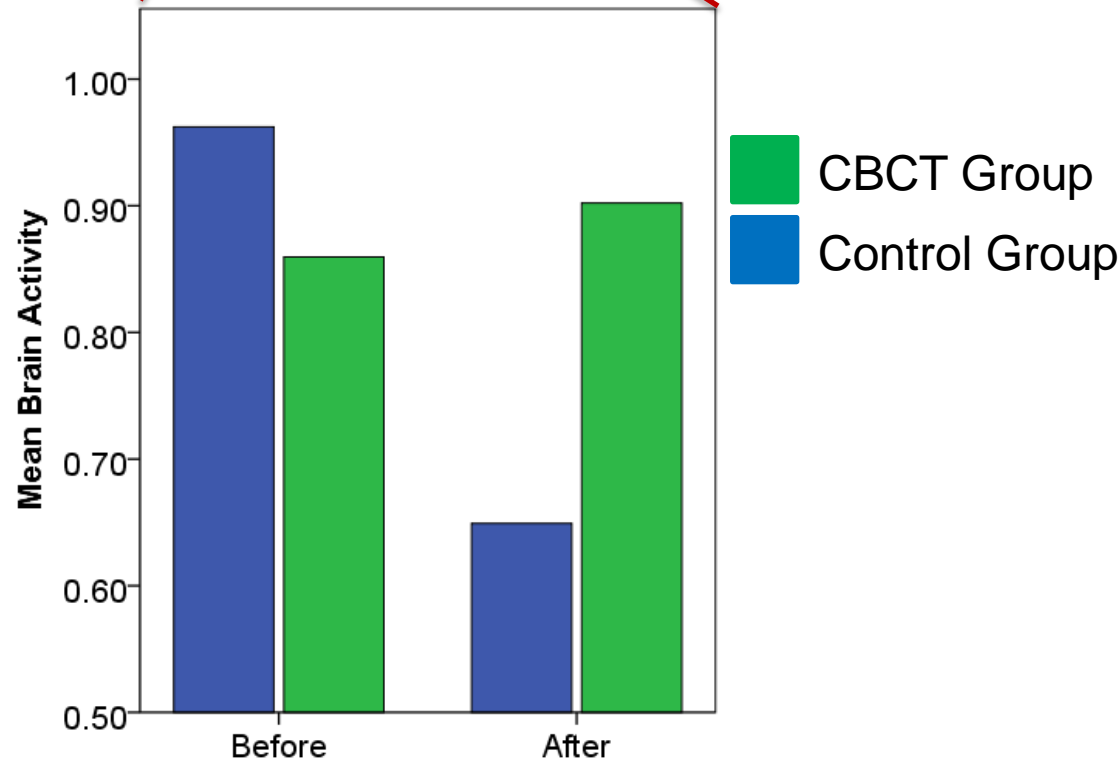
Findings from CBCT Research on Empathic Accuracy
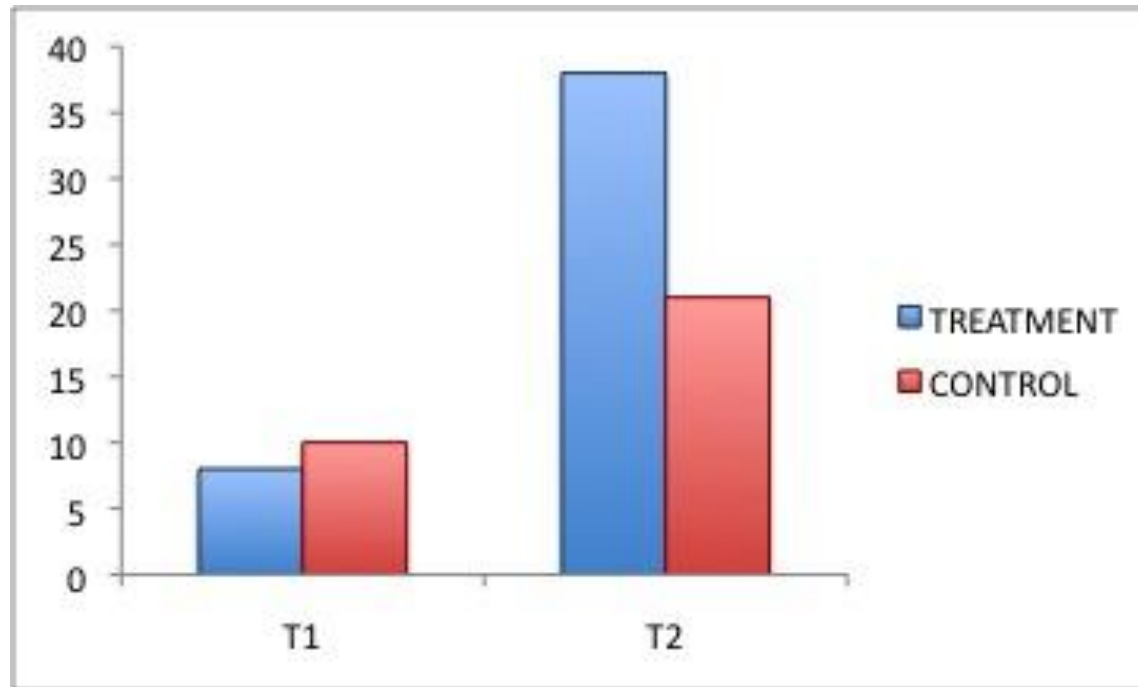*Inferior frontal gyrus brain activation and "Reading the Mind in the Eyes" task*

What is this person feeling?

A. Playful
B. Comforting
C. Irritated
D. Bored

CBCT Group
Control Group

Mascaro et al. SCAN 2012: Epub

Social Circles Task:
Number of In-Class Friendships

In a study at an elementary school in Atlanta, children who were taught CBCT over 12 weeks were 2.25 times more likely to name a peer as a friend than were children in the control (mindfulness only) group. They also had more mutual friendship and more across-gender friendships.

The CBCT children also exhibited more detailed and layered responses in moral reasoning tasks as judged by blind reviewers.

The Staff Support Chaplain

Caring for the soul and heart of staff who care for patients.

Companions on a journey walking along side.

Staff Care

Theology of Creation: Creating Order Out of Chaos

"Staff care is helping staff create order (find their center) in the midst of their chaotic personal and professional lives. Requires the ability to center one's self and invite calm – creating space that allows for the presence of the sacred reflection on one's vocational purpose and calling. A centering that sustains a sense of balance, meaning and purpose"

(Robin Brown-Haithco)

Work Related Stressors

- Identified through chaplain surveys.

- Narratives shared by staff.

- Matches data from nursing research.

The Balancing Act of Staff Support

- Healthcare is constantly changing.

- Complicated families and patients.

- Trauma, sudden death, violence: code silver/purple.

- Loss of meaning in vocation

- Compassion fatigue and burn out.

Staff Support Guiding Team

- Committee Work Group of Stakeholders: Directors, Managers, Chaplains, Social Workers, Child Life, Human Resources, Nurses.

- Discussions about needs.

- Identify the resources

- Decide on Outcomes

- Wellness Program - Support for the whole person.

Assessment Tools

- Strong for Life HRA

- NDNQI – National Database of nursing Quality Indicators

- Employment Engagement

- Employee Assistance Program

The Role of Staff Support Chaplains

- Bereavement Support
- Critical Incident Debriefing
- Moral Distress
- Appreciation and Celebrations
- Communication
- Education
- Ritual

Types of Interventions

Creating Sacred Space

A Call to Service

Cognitive Based Compassion

"All the other functions of prayer, however, are in reality functions of contemplation and meditation rather that petition. It is the means by which the mind may fix itself upon this or that noble or beautiful or awe-inspiring idea, and so grow to it and come to realize it more fully. "

(Huxley 1927, p 282)

Resources and Contact Information

- www.tibet.emory.edu

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