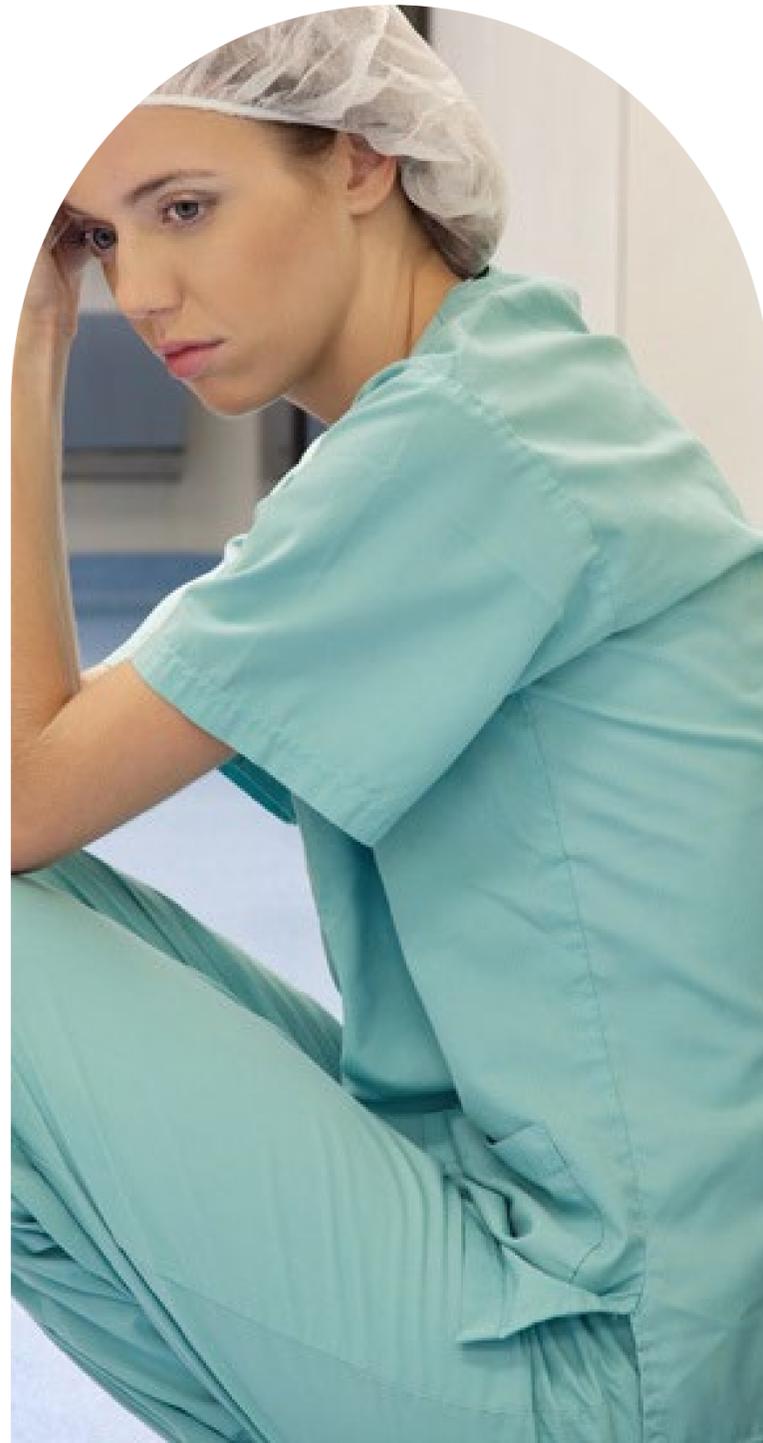


# Incivility in Veterinary Medicine

## A Call to Action

Ashley Byrne, LVT, CVT  
VCA Regional Technician Director  
WSAVT Past President  
Today's Veterinary Nurse EAB





# Incivility Defined

“Incivility is defined as the negative behavior of insulting others or violating the common norms of behavior in the workplace.”

“Negative behaviors with low-intensity and unclear intention that damage the targeted person”

# Like What?

Some of the terms used to describe incivility are **lateral violence, disruptive behavior, abuse, conflict, bullying, and aggression**

Horizontal vs Vertical

**More specifically :**

**Verbal:** raised voice/shouting, criticism/critical language, insulting (word choices - did you say that to be nice?), sarcasm, humiliation tactics, impolite tones

**Non - verbal:** Too close or distanced body positioning, narrowed/squinted eyes, exclusion from conversations (ex: facing away), eyebrow position, skipping greetings

Impatience in answering questions, gossip, refusing communication with certain people, swearing/inappropriate language, any form of sexual harassment (suggestions, jokes, unwelcome behavior), dismissive behaviors



[https://www.youtube.com/watch?v=Wz1xkj\\_\\_\\_\\_\\_](https://www.youtube.com/watch?v=Wz1xkj_____)

**SDZE**



# Why Does This Happen?

Why Do We Let It?



Healthcare Settings +  
the Phenomena of  
Abuse

Close Relationships  
with Coworkers

Normalization &  
Accountability  
Deficits

Cultural norms, neurodiversity, power dynamics, what  
else?





# The Impacts are Severe

## Patient Safety

Medical errors, higher mortality rates, lower quality of care

## Staff Safety

Higher incidence of physical injury, moral injury, and mental instability

## Staff Retention & Recruitment

High turnover rates  
The unemployment rate is low

*"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel". Maya Angelou*

# Patient Safety



Patient safety is defined as “the absence of preventable harm to a patient and reduction of risk of unnecessary harm associated with health care to an acceptable minimum.”



**Emotional  
Wake**

**Approachability**

**Risk of  
Consequence**

**Patients &  
people are at  
risk**

# Let's look at some numbers:



## Performance:

“Another simulation-based study examined how incivility influenced the performance of anaesthesiology residents by randomly assigning participants to either a normal or ‘rude’ environment during a validated, simulated operating room crisis. Of the control participants, 91.2% were rated as performing at their expected level, compared with only **63.6%** of those exposed to incivility. Incivility had a particularly negative impact on **vigilance, communication and teamwork, causing diagnostic errors and oversight of crucial elements, such as bolusing intravenous fluids, reducing the anaesthetic agent and calling for blood in a timely fashion.**”

## Mental Health:

“The review study of sources by Hawkins et al. assessed beginner nurses’ experiences of negative behaviors. The findings suggested that {up to} **57% of the nurses had experienced negative behaviors leading to depression, anxiety and work leave**”



## Patient Safety:

“57% of participants reported witnessing disruptive behaviours by **physicians** and 52% witnessed disruptive behaviours by **nurses** ; **32.8%** associated disruptive behaviour with the occurrence of AEs, **35.4%** with medical errors, **24.7%** with compromised patient safety, **35.8%** with poor quality of care and **12.3%** with patient mortality; **18%** reported being aware of a specific AE that had occurred as a direct result of **disruptive behaviour**”

# So, What Do We Do?

## Awareness

- Name it!
- Self-awareness
- Your coworkers & friends

## Communication Improvements

- Horizontal & Vertical

## Social Contracts

- Re-establishing norms

## Correct Behaviors

- Yourself – course correct
- Accountability (self and others)
- + Leadership team for others' behaviors

## Support

- Empowered to report
- Education to identify
- +Leadership Team





# Accountability

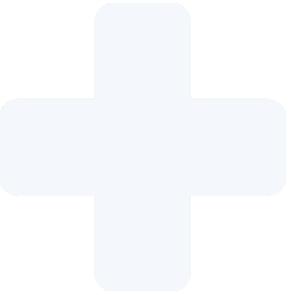


Supportive  
Accountability:  
Clear *and* Kind

Clear  
Communication  
of Expectations

Meaningful  
Support

Peer to peer  
vs  
Formal



Accountability is not blame



“but vs and”

# American Academy of Critical Care Nurses Position Statement & Action

**“Bullying, incivility, and verbal abuse in the workplace are unacceptable. All healthcare workers must be accountable for their behavior, and institutions must implement evidence-based policies and culture-changing programs to prevent and eliminate abusive, disrespectful, and noncollaborative behaviors in the workplace. AACN is committed to the creation and maintenance of healthy work environments that are free from intimidation, threats, and abuse, and thus, support patient care.”**



## Recommended Actions for Healthcare Institutions

- Provide tools and resources for staff to complete a self-assessment of their own behavior.
- Ensure widespread awareness of healthy communication and safety to mitigate distress.
- Encourage employees to promptly report incidents and ensure that no employee who experiences and reports bullying experiences reprisal.
- Take action to address policies and procedures for all abusive behavior, including cyberbullying, with guidelines on how to report violations, enforce disciplinary actions, counsel victims, and track institutional progress.
- Always take action when an incident of abusive behavior occurs: discipline offenders, counsel victims and other employees, perform follow-up analyses of incidents, and impose corrective measures to prevent recurrence.
- Establish interprofessional evidence-based educational interventions to prevent and respond to abuse.

## Recommended Actions for Nurses

- Communicate respectfully—online and in person.
- Hold yourself and others accountable for unacceptable behavior.
- Seek solutions as a team—investigate and analyze occurrences of abuse in the same manner as other incidents, such as medication errors.
- Develop a mentoring system among peers, supervisors, providers, and others to build on strengths and enhance personal skills.
- Contribute to building healthy work environments—establish norms of true collaboration and skilled communication in the unit, develop strategies and skills, and share best practices.
- Participate in interprofessional committees to develop organizational policies and strategies that promote civility.

# Final Thoughts:

- Respond vs react
- Authenticity
- “Not good with people”
- Simultaneous truths
- Intimidated vs intimidating
- Dignity + respect + belonging
- ACEs + upbringing: Was this person bullied? Are they now the bully or uncomfortable?
- Conflict is important – we don’t have to agree
- We don’t have to like each other
- Not just about what we do – but what we don’t do (not reporting, not speaking up)
- Rehearse practice examples

**We owe each other and our patients this**



# Discussion:

- Have you witnessed or participated in this behavior?
- Case examples: The stubborn Tech Sup, X glove/PPE use, pokey dog collar, emergency situations
- What else should we consider?

15 min:

<https://www.youtube.com/watch?v=4RUIhjwtCDO0>



- Ray



# Thank You!

[Ashley.Byrne@vca.com](mailto:Ashley.Byrne@vca.com)

[www.linkedin.com/in/ashleybyrne/vt](https://www.linkedin.com/in/ashleybyrne/vt)



<https://pmc.ncbi.nlm.nih.gov/articles/PMC8696574/>

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