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State-Level Policy Analysis: Combating Incivility and Bullying in Nursing Workplaces for Enhanced Patient Care

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DOCTOR OF NURSING PRACTICE PROGRAM

A DNP PROJECT

Title: State-Level Policy Analysis: Combating Incivility and Bullying in Nursing Workplaces for Enhanced Patient Care

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Abstract

Background/Purpose: There continues to be a rise in workplace violence in healthcare, specifically in the form of bullying and incivility. Workplace bullying in nursing is a serious and concerning issue that has garnered increasing attention in recent years. It not only affects nurses in the form of staff turnover and burnout, but also poses risks to patient care and overall workplace morale. In Massachusetts, data collected on the prevalence of workplace violence shows an increase in incidence. There is a lack of regulation to guide organizational policies addressing incivility in the nursing work environment and ensure accountability.

Objective: The aim of this project is to conduct an analysis of existing policies related to incivility and bullying in the healthcare workplace. This analysis will inform a policy solution proposal to the American Nurses Association Membership Assembly Policy Development Committee to gain their support for an initiative to amend the Joint Commissions Workplace Violence Prevention Standards to include targeted language which addresses organizational accountability to decrease incivility and bullying in the nursing work environment.

Methods: The project design is a policy analysis and proposal utilizing the Centers for Disease Controls' (CDC) Policy Process framework. The planned strategies include facilitating engagement with shareholders and opinion experts, collecting evidence, and demonstrate progress toward developing the proposed policy solution.

Results: An analysis of national, state, and regulatory policies related to workplace violence (WPV) in healthcare, which includes the subject of incivility and bullying, was conducted following the CDC Policy Analytical framework. A gap in the language specific to incivility and bullying in actions that combat WPV was found when exploring policies addressing incivility

and bullying. An amendment to the Joint Commission (TJC) standards for WPV is a possible policy solution to address this gap.

Conclusion: An official policy solution proposal addressing workplace incivility and bullying was submitted to the American Nurses Association Membership Assembly Policy Development Committee. The Membership Assembly sets the policies and positions for the American Nursing Association (ANA). The goal of the submitted proposal was to gain support of the ANA to lobby for the amendment of language to the TJC WPV standards.

Introduction

The characteristics of bullying and uncivil behaviors, along with their actions, are captured as a form of workplace violence (WPV), type III coworker to coworker. Bullying goes by many names including harassment, horizontal violence, lateral violence, vertical violence, nurse hostility, abuse, and disruptive behavior (Castronovo et al., 2016). These behaviors can occur between co-workers, other team members, and within management including at the executive level. The American Nurses Foundation Workplace Survey (2022) found that bullying, incivility, and violence are widespread and influence the emotional health of nurses. For instance, American Nurses Foundation report that 60% of nurses experienced an incident of bullying or incivility in the past year (American Nurses Foundation, 2022).

Background & Significance

Research from the American Association of Critical-Care Nurses (AACN) from 2006 to 2018 concluded that improvements made to the elements of a healthy work environment, including communication, collaboration, effective decision-making, staffing, recognition, and authentic leadership, were not consistent or able to be sustained (Ulrich et al., 2019). The AACN 2021 status report concluded that 28% of nurses experienced verbal abuse by another nurse (Ulrich et al., 2022). In addition, only 40% were satisfied with their work environment compared to 62% satisfied in 2018 (Ulrich et al., 2022). Workplace violence costs the United States $151 billion annually, averaging $250,000 per incident (Chapin and Koller, 2022). The COVID-19 pandemic has brought attention and urgency to address the needs and the condition of work environments for all healthcare workers. Byon et al. (2022) concluded nurses suffered from increased physical violence and verbal abuse due to the pandemic.

A gap in the language specific to incivility and bullying in actions that combat workplace violence (WPV) was found when exploring policies addressing incivility and bullying. An amendment to the Joint Commission (JC) standards for WPV is a possible policy solution to address this gap. The addition of targeted language concerning incivility and bullying will require accredited organizations to direct policies and procedures to address this type of WPV. In addition, a policy amendment to include specific language concerning incivility and bullying aligns with the recommendations made in the Future of Nursing 2020-2030 report, addressing "the systems, structures, and policies that create workplace hazards and stresses that lead to burnout, fatigue, and poor physical and mental health among the nursing workforce" (National Academies of Sciences, 2021, p.313). It also addresses the quadruple aim of tending to the health and well-being of healthcare workers (Grant et al., 2020).

The American Nursing Association Massachusetts has been committed to activities for WPV policy initiatives. As a constituent member of the American Nursing Association (ANA), ANA Massachusetts is recognized as "the voice of registered nursing in Massachusetts through advocacy, education, leadership, and practice" (Massachusetts American Nurses Association, n.d.). An analysis of data from the American Nurses Foundation Workplace Survey (2022), reveals the state of Massachusetts reported that 64% of nurses had experienced bullying, and from that, 48% of incidents were from a fellow nurse. According to the US Bureau of Labor Statistics (2021), there are a total of 88,270 licensed and employed registered nurses in the state of Massachusetts. In addition, the city of Boston and the surrounding area has the fifth highest level of employment for registered nurses in a metropolitan area at a total of 66,120 (Bureau of Labor Statistics, 2021). While the data illustrates a need for continued support from the Massachusetts ANA, an incivility and bullying policy proposal will align with their mission to

lead advocacy efforts "for the best interest of all nurses and the broader healthcare community" (Massachusetts American Nurses Association, n.d.). Furthermore, such a proposal would meet the strategic goals of both the ANA and the ANA of Massachusetts.

Needs Assessment

A needs assessment and SWOT analysis were conducted for this policy project (see Appendix F), which proposes an amendment to the Joint Commission (JC) standards for workplace violence (WPV) to address incivility in the nursing profession. The addition of targeted language concerning incivility will require accredited organizations to direct policies and procedures to address this type of WPV. A needs assessment for this policy proposal includes an ongoing call for action to address WPV in healthcare, including incivility. A lack of a substantial change to the nurses' work environments continues to have a negative effect on healthcare systems, staff turnover, and patient outcomes (Clark, 2019; Edmonson & Zelonka, 2019; Pogue et al., 2022; Johnson et al., 2020). The American Nurses Foundation (ANF) Workplace Survey (2022) found that bullying, incivility, and violence are widespread and influence the emotional health of nurses. For instance, the ANF reports that 60% of nurses experienced bullying or incivility in the past year (American Nurses Foundation, 2022). Additionally, the American Association of Critical-Care Nurses (AACN) research from 2006 to 2018 concluded that improvements made in the health of work environments were not consistent or sustained (Ulrich et al., 2019). The AACN's 2021 status report revealed that 28% of nurses experienced verbal abuse from another nurse, and only 40% were satisfied with their work environment, compared to 62% satisfaction in 2018 (Ulrich et al., 2022).

This policy proposal results from analyzing alternative policy solutions to address incivility and bullying. One strength of the current JC standards for WPV is that multi-

disciplinary committees and healthcare stakeholders are involved in developing and approving

the language. In addition, the standards align with recommendations made in the Future of

Nursing 2020-2030 report addressing "the systems, structures, and policies that create workplace

hazards and stresses leading to burnout, fatigue, and poor physical and mental health among the

nursing workforce (National Academies of Sciences, 2021, p.313)". Another strength is the

reputation of the JC, which is known as the gold standard for quality and patient care. However,

a weakness is that the process for accreditation from the JC is voluntary, even though

approximately 23,000 organizations participate (Joint Commission, n.d.). Finally, the biggest

weakness is the identified gap in the target language to address incivility and bullying in the

standards. This gap hinders the advancement of addressing incivility because more easily

identifiable incidents of WPV, such as physical threats from a patient, overshadow less obvious

acts.

The current state of the nursing profession and public awareness of the consequences to

healthcare from WPV provide an opportunity for this proposal to succeed. The feasibility and

support of policy initiatives is more significant when collaborating with a large shareholder

organization, such as the American Nursing Association Massachusetts, which has a history of

commitment to WPV policy initiatives. On January 17th, 2023, *H.2330/S.1539 An Act Requiring*

Health Care Facilities to Develop & Implement Programs to Prevent Workplace Violence was

introduced to the House of Representatives in Massachusetts. Public support for this bill in

process is strong as several organizations within the state voice their support, for instance, the

Massachusetts ANA, the Massachusetts Nursing Association, the Massachusetts Health and

Hospital Association, and the Organization of Nurse Leaders. However, past attempts to pass

legislation to address workplace violence in healthcare have stalled due to issues regarding

employer responsibility and liability.

By contrast, there are recognized potential threats to the success of this policy proposal.

Specifically, possible resistance from shareholders who are hesitant to dedicate additional

resources to readdress the standards, as this work was recently completed. Also, an argument

could be made that the broad language in the standards would include incivility as it is

considered a type of WPV. As with all policy initiatives, a final threat is the current political

environment. The political climate and bitterness between parties can influence the progress of

the proposed amendment. The hope is that all shareholders consider the proposal due to the

influence of public opinion that nursing is the most trusted profession in the US.

For this policy proposal to succeed, it is important to explore opportunities and leverage

the support of the Massachusetts ANA. Engaging the Massachusetts ANA provides an

opportunity to secure a position for this proposal on the ANA policy advocacy agenda.

Problem

Workplace violence in healthcare continues to rise, specifically in the form of bullying

and incivility (Castronovo et al., 2016; Meier et al., 2021). The lack of a meaningful change to

the nurses' work environment continues to have a negative effect on overall healthcare, staff

turnover, and patient outcomes. Specifically addressing incivility and bullying will require

consideration by organizations while implementing policies and procedures. In Massachusetts,

the prevalence of workplace violence continues to increase. Unfortunately, there is a lack of

regulation to guide organizational policies addressing incivility and bullying in the nursing work

environment and ensure accountability.

Purpose

The purpose of this project was to analyze existing WPV policies related to incivility and bullying in the healthcare workplace to inform a proposal to the American Nurses Association Membership Assembly Policy Development Committee to support an initiative to amend the Joint Commissions Workplace Violence Prevention Standards to include target language addressing organizational accountability to decrease incivility and bullying in the nursing work environment.

Aims

Aim #1: Conduct a policy analysis of existing polices related to incivility and bullying in the healthcare workplace.

- Objective: Identify two to three recommendations based on the policy analysis to improve incivility and bullying in the workplace by November 2023.

Aim #2: Stakeholder engagement to inform the policy recommendations included in the policy proposal.

- Objective: Interview five to ten stakeholders, identified through engagement activities, to gain their input regarding existing polices and suggestions to improve incivility and bullying in the workplace by November 2023.

Aim #3: Prepare a policy solution proposal with recommendations to amend language in the Joint Commission's Workplace Violence Prevention Standards.

- Objective: Policy solution proposal submitted to the American Nurses Association Membership Assembly Policy Development Committee in December 2023.

Aim #4: Gain support from the Massachusetts ANA to address incivility in the nursing profession.

- Objective: A letter of support from a policy committee member and personal attendance of 100% to committee meetings during the project period.

Aim #5: Bring awareness to the issue of incivility and the need for policy implementation.

- Objective: Actively participate in two advocacy events during the project period with documentation of participation.

Review of Literature

Evidence-Informed Health Policy Question

In evaluating nursing work environments (P) will specific language addressing workplace incivility and bullying (I) included in polices, standards, and regulation (C) decrease the prevalence of this behavior and improve nurses work environment (O)?

Synthesis of Evidence

A literature review was undertaken to identify and synthesize the evidence supporting a policy amendment and address the evidence-informed health policy question (see Appendix G). A total of thirty-three articles were appraised using the Johns Hopkins Nursing Evidence-Based Practice (JHNEPB) model and guidelines as outlined by Dang and Dearholt (2018). The thirty-three articles were evaluated for their evidence level and quality: one was evidence level I, fifteen at level III, nine at level IV, and eight at level V; all are rated good to high quality.

The characteristics of bullying and uncivil behaviors, along with their actions, are captured as a form of workplace violence (WPV). Bullying includes harassment, horizontal violence, lateral violence, vertical violence, nurse hostility, abuse, and disruptive behavior (Castronovo et al., 2016). These behaviors can occur among coworkers, other team members, and within management, including at the executive level. The past two years' events have

brought awareness to the need for action to address workplace violence and mental health

support.

Work Environment

Nurses generally practice in demanding, high-stress environments. Grant et al. (2020)

best describe that a nurses' practice is challenged by a "fast-paced workflow, workplace violence,

bullying, unpredictable changes in patients' conditions, death, disability, and the fear of making

errors that can affect a patient's life "(p 316). This contributes to the high percentage of nurses

suffering from burnout, compassion fatigue, PTSD, anxiety, depression, and suicide. In response

to these conditions, the ANA's initiative Healthy Nurse Healthy Nation provides resources,

collects data, and connects nurses to each other, employers, and organizations (ANA, 2023).

In the same way, nonprofit organizations, societies, unions, and government agencies

have launched position statements, frameworks, or initiatives to address the issues that

incorporate incivility, such as healthy work environments and WPV. Some examples are the

American Association of Critical Care Nurses (AACN) *Standards for Establishing and*

Sustaining Healthy Work Environments: A Journey to Excellence, American Nurses Association

(ANA) *Zero Tolerance*, and the American Nurses Association (ANA) *#EndNurseAbuse*

Initiative. Many factors contribute to a healthy work environment, including staffing, leadership,

and policies to protect nurses from WPV and prevention and support for mental health and

physical injury. Within these position statements, frameworks, and initiatives, a call for action

continues. The recent release of the Future of Nursing 2020-2030 addresses the health and well-

being of nurses; "It is essential to address the systems, structures, and policies that create

workplace hazards and stresses that lead to burnout, fatigue, and poor physical and mental health

among the nursing workforce" (National Academy of Sciences, 2021). It is well documented that

improving the work environment is one mechanism to address nurse bullying and uncivil

behaviors (Gosselin & Ireland, 2020; Meir et al., 2021; Pogue et al., 2022; Ulrich et al., 2022).

Workplace Violence

WPV is a consistent occurrence within the healthcare environment with alarming

statistical evidence. For example, in a survey reported by Grant et al. (2020), nurses were most

likely to experience verbal abuse (83%), physical abuse and discrimination (both at 47%), and

sexual harassment (40%) (p.315). In addition, the Joint Commission issued in their June 2021 R3

report that healthcare and social service workers were five times more likely to experience WPV

than other workers. The Joint Commission (2021a) defines workplace violence as:

An act or threat occurring at the workplace that can include any of the following verbal or

nonverbal written or physical aggression, threatening, intimidating, harassing,

humiliating words or actions, bullying, sabotage, sexual harassment, physical thoughts,

and other behaviors of concern involving staff licensed, practitioners, patients, or visitors.

Many professional organizations, such as the American Medical Association and the American

Hospital Association, have drafted position statements and guidance for program development

addressing workplace violence in healthcare (Joint Commission, 2021b). In addition, a bill

passed by the House of Representatives in April 2021, *Workplace Violence Prevention for*

Health Care and Social Service Workers Act H.R 1195, directed employers to develop,

implement, and maintain a workplace violence prevention plan to include education, training,

and reporting requirements (GovTrack.us, 2021). This bill was reintroduced in the Senate and

remained in the Committee on Health, Education, Labor, and Pension in 2022 (GovTrack.us,

2023). This effort is an achievement in combatting the issue of transparency, reporting, and

protection. However, there is a lack of acknowledgment of other forms of WPV, such as bullying

and incivility. However, much of the recent work addressing WPV in healthcare does not explicitly identify incivility or bullying as a component of WPV. For example, the report by Noga et al. (2021) described the process of developing the Massachusetts State Violence Prevention Program, which focuses on mitigating physical harm and threats of harm from an external source, specifically from patients or visitors. However, they do not discuss strategies to mitigate disruptive or bullying behavior by staff or coworkers.

The current events and the impact of the pandemic have brought attention and urgency to address the needs and conditions of work environments for all healthcare workers. This is illustrated by Byon et al. (2022), whose work concluded that due to the pandemic, nurses suffered from staff shortages, work pressure, lack of peer and organizational support, increased anxiety and physical violence, and verbal abuse. In addition, Ghaziri et al. (2022) found that over one-third of the participants experienced more incivility during the pandemic, and half reported witnessing more incivility than before the pandemic.

Bullying and Incivility in the Work Environment

Workplace violence, in the form of bullying and incivility, is complex and will take a multisystem approach to overcome. The ANA position statement *Incivility, Bullying and Workplace Violence* (2015) states with "regard to individual and shared roles and responsibilities of registered nurses and employers to create and sustain a culture of respect, which is free of incivility, bullying, and workplace violence" (p.1). The culture of bullying and incivility within the nursing profession has been referred to as 'eating your young'; considered a part of the job and a rite of passage (American Nurses Association, 2015; Brewer et al., 2020; Clark, 2019; Edmonson & Zelonka, 2019). A permissible culture of incivility generates poor or unhealthy working environments, which impact a nurse's mental and physical health. The review of the

literature concluded that the effects of nurse bullying are associated with symptoms such as headaches, frequent illness, fear of going to work, poor quality of life, and mental health issues such as depression, anxiety, and suicide (American Nurses Association, 2015; Brewer et al., 2020; Edmonson & Zelonka, 2019; Pogue et al., 2022; Sabbath et al., 2018). It has also been correlated to a poor work environment, high rate of absenteeism, quality of care, poor patient outcomes, burnout, nurse turnover, and intent to leave the profession (American Nurses Association, 2015; Brewer et al., 2020; Edmonson & Zelonka, 2019; Johnson et al., 2020; Pogue et al., 2022; Sabbath et al., 2018; Sauer & McCoy, 2018). An estimated 31% of nurses left their position due to toxic abuse, and 34% of nurses left or are considering leaving the profession due to bullying (Edmonson & Zelonka, 2019; Clark, 2019). The report from Ulrich et al. (2022) concluded that overall, 67% of nurses surveyed intended to leave their position, citing their health and safety as one of the reasons. Likewise, Sauer and McCoy (2018) reported that a higher rate of bullying was significantly associated with a higher odd of the intent to leave. Ghaziri et al. (2022) concluded that there is an association between incivility and burnout, along with burnout linked to a nurse's intent to leave.

The American Nurses Foundation Workplace Survey (2022) found that bullying, incivility, and violence are widespread and influence the emotional health of nurses. For instance, they report that 60% of nurses experienced an incident of bullying or incivility in the past year (American Nurses Foundation, 2022). Sauer and McCoy (2018) found that 68% of nurses witnessed coworkers being bullied. The AACN 2021 status report concluded that 28% of nurses experienced verbal abuse by another nurse; also, only 40% were satisfied with their work environment compared to the 62% satisfied in 2018 (Ulrich et al., 2022). Ghaziri et al. (2022)

reported that in incidences of incivility, either witnessed or experienced, 41.8% were perpetrated

by a registered nurse, and 40.5% were by supervisors or mid-level managers.

Similarly, the prevalence of incivility within nursing education is a concern, with 78% of

students experiencing bullying in nursing school (Edmonson & Zelonka, 2019). In 2018 the

National League for Nursing (NLN) released a statement on building a civil, healthy academic

work environment. NLN predicts that uncivil behavior within the academic work environment

can lead to learned behaviors by newly graduated nurses (Clark, 201 9). Hence, 60% of new

nurses report leaving their first job within 6 months due to the behavior of coworkers (Edmonson

& Zelonka, 2019).

Outcomes

Finance, Wellbeing, and Safety

Incivility and bullying have a significant financial impact, not only from nurse turnover

but also decreased quality of care and patient satisfaction scores. An integrative literature review

by Houck and Colbert (2017) analyzed the relationship between patient safety and workplace

bullying. They identified impacts on patient safety, such as medication errors, delayed care, and

patient falls. These events are considered nurse-sensitive patient safety indicators and burden the

hospital economically (Clark, 2019). Edmonson and Zelonka (2019) explain that a bullying

culture contributes to the cascade of a poor work environment with an increased risk to patients.

Therefore, lower Hospital Consumer Assessment of Healthcare Providers and Systems

(HCAHPS) patient satisfaction scores result in higher nurse turnover; ultimately costing the

average hospital $4 million to $7 million a year (Edmonson & Zelonka, 2019). They also

determined that "the average cost of turnover for a bedside RN ranged from $38,000 to $61,000

per nurse" (Edmonson & Zelonka, 2019, p.277). It is summarized by Sauer and McCoy (2018),

the importance of addressing nurse turnover as human resources account for a large percentage of an organization's budget. Likewise, Sabbath et al. (2018) found increased mental health care utilization and spending for victims of certain types of workplace incivility and bullying.

Incivility and bullying are associated with poor patient outcomes and medical errors (Pogue et al., 2022; Johnson et al., 2020). A reported financial impact from the loss of productivity due to incivility is approximately $11,581 per nurse a year (McPherson, 2019). McPherson (2019) concluded from the nurses in an uncivil work environment, 48% intentionally reduce their work effort, 38% intentionally decrease the quality of their work, 66% experienced reduced job performance, and 78% had a reduced level of commitment (p. 456). In addition, incivility creates a decrease in communication and teamwork, ultimately impacting patient care. Cooper et al., (2022) tested the hypothesis of surgeons who model unprofessional behavior undermine a culture of safety, impede teamwork, and increase the risk of a medical error and risk of surgical complications. The result of their study provides evidence of an association between unprofessional behavior and the team performance by directly measuring patient outcomes. Johnson et al. (2020) determined that incidents of incivility may contribute to medical errors and performance.

Association to Massachusetts

In the state of Massachusetts data collected on the prevalence of workplace violence continues to increase. The Massachusetts American Nursing Association has been committed to activities for WPV policy initiatives. According to the US Bureau of Labor Statistics (2021) there are a total of 88,270 licensed and employed registered nurses in the state of Massachusetts. The city of Boston and surrounding area has the fifth highest level of employment for registered nurses in a metropolitan area at a total of 66,120 (Bureau of Labor Statistics, 2021). An analysis

of data from the American Nurses Foundation Workplace Survey (2022), the state of

Massachusetts reported 64% of nurses had experienced bullying and from that, 48% of incidents

were from a fellow nurse. A recent report by Massachusetts Health and Hospital Association,

Violence in Massachusetts Healthcare Facilities: A Call to Action (2023), states that in a

Massachusetts healthcare facility, someone most likely a clinician or employee is either

physically assaulted, endures verbal abuse, or is threatened every 38 minutes. This time is an

increase from their data in 2020 which concluded it to be every 57 minutes (Massachusetts

Health and Hospital Association, 2023).

Current Efforts

It follows that many organizations have launched position statements, frameworks, or

initiatives to address the issue of incivility thus impacting healthy work environments. A few

examples include the publication from the National Institute of Occupational Safety and Health,

Workplace Violence for Nurses, and the Joint Commission (JC), who has issued multiple

statements (2008, 2013, and 2016/2021a) addressing healthcare civility and a culture of safety.

Specifically, *Bullying has No Place in Healthcare* (2016/2021a) concluded workplace incivility

is at epidemic levels and impacts patient safety. Also, the National Advisory Council on Nurse

Education and Practice published a report in December 2007, *Violence Against Nurses.* There are

advocacy campaigns that address incivility and a call to action such as the ANA *End Nurse

Abuse* and the American Medical Association *Bullying in the Health Care Workplace*. Along the

same lines attempts have been made to pass legislation at the state level. For instance, the

*Massachusetts Act Addressing Workplace Bullying, Mobbing, and Harassment, Without Regard

to Protected Class Status While Promoting Healthy Workplaces S.1200* (GovTrack.us, 2023) has

been through the state House and Senate Committee's since 2015 and has yet to pass.

Alternatives

Even though the prevalence and repercussions of nursing incivility is well documented in literature, there are a variety of concepts that aim to mitigate but not overcome incivility. Recommendations made around of these concepts include addressing them on the macro and micro level, such as awareness and reporting campaigns, leadership challenges promoting a change in culture and positive work environment, no tolerance policies, and civility care teams. Hence, exploring policies addressing incivility resulted in a gap in the language specific to incivility in actions that combat WPV. This assessment included possible actions such as new policy proposal in addressing incivility, modifying conditions for reimbursement, educational requirements, modification of conditions of accreditation, and a new task force to assess and address incivility. Despite the fact these alternatives will have some degree of influence, after assessing the impact and feasibility, the most promising alternative is to add language targeting incivility to hospital accreditation requirements.

An amendment to the Joint Commission 2022 Standards for Workplace Violence is a possible policy solution to address incivility in the nursing profession. The addition of targeted language concerning incivility will require accredited organizations to direct policy and procedures to address this type of WPV, which will improve overall patient/staff satisfaction and outcomes. A common theme identified in the recommendations to combat incivility and bullying in the workplace is for organizational involvement to facilitate a culture of safety. Brewer et al. (2020) goes as far to state to confront the issue of bullying leaders need to consider the organization's role in preventing and enabling bullying in the workplace. As states are exploring legislation and regulation to protect healthcare workers from physical violence there needs to be

a consideration for incivility and bullying as a part of workplace violence. Johnson et al. (2015) determined after an analysis of the language around issues of workplace bullying in organizational and regulatory documentation, there were multiple gaps. For example, they determined a lack of defined terms and definitions, conflicting interpretations, and enforcement of policies as well as poorly worded policies, indicating that workplace bullying is not a high priority for the organization. In conclusion Johnson et al. (2015) determined the overall gap was the lack of discussion in any of the documents referring workplace bullying as an occupational hazard. Therefore, they recommend advocating for inclusion of language both at an organizational and government level that reinforces workplace bullying as an occupational health and safety issue.

According to Goeschel (2011), regulatory interventions are becoming increasingly common to address quality and safety concerns. Goeschel elaborates this notion by describing the use of systems thinking to facilitate change in developing regulation or accreditation, as organizations are accountable for institutional activities. Even though each person is ultimately responsible for their own behavior organizations have a responsibility to provide a safe and healthy work environment thus fostering personal professional behavior. The policy proposal to amend the Joint Commission standards for WPV is consistent with the inclusion of language addressing bullying in the revised 2023 Magnet Application Manuel. This language directly addresses an organization structure and process aimed at WPV, bullying, and incivility. Meyer et al. (2021) explains the language was added because of research into policy statements from professional organizations, advocacy groups, and two decades worth of data.

The Joint Commission (2021b) WPV standards of 2022 establishes clear lines of accountability within a hospital in addition to standardizing policies and procedures for reporting

and data collection. The structure of the new standards approaches workplace violence as an

organizational issue and requires a systems approach to change the culture of safety and enable

sustainable change (Arnetz, 2022). Incivility and bullying are at epidemic levels, impacting

patient safety (Joint Commission, 2021a). There is a lack of regulation to guide organizational

policies addressing incivility in the nursing work environment and ensure accountability.

Framework

The framework chosen for this policy project is the Centers for Disease Controls' (CDC)

Policy Analytical framework, see appendix A. It is comprised of five specific domains which

include problem identification, policy analysis, strategy and policy development, policy

enactment, and policy implementation (CDC, 2014). As any policy process is dynamic, this

framework was chosen for its flexibility. The framework recognizes the importance in evaluating

alternative factors and potential influence of external factors (CDC, 2014). In addition to the five

domains, the framework has two continuous domains: evaluation, and shareholder engagement.

Shareholders are an essential component to the framework as they are engaged or reengaged to

assist in interpreting findings and drawing conclusions during the policy process (CDC, 2014).

The development process in the CDC policy framework is described as an assessment;

collecting evidence to confirm that the policy solution meets the standards and all necessary

components (CDC, 2014). Also formulating a proposal that accounts for political and

operational feasibility and financial impact. The information from this process will provide

important material that will direct policy content along with roles and responsibilities related to

enactment (CDC, 2014). Additionally, the framework allows for a continuous consideration of

shareholders and evaluation. Therefore, the following planned strategies will facilitate

engagement with shareholders, collecting evidence, and progressing towards developing the

proposed policy solution (CDC, 2014). The CDC Policy Process (2014) defines shareholders'

(stakeholders) engagement as obtaining, educating, and fostering participation and support. It

also stresses the importance of identifying and engaging shareholders as early as possible. This

allows for a review and affirmation of the purpose, as well as develop evaluation questions,

evaluation design, and data collection methods (CDC, 2014).

Methods

The purpose of this scholarly project is to submit an official policy solution proposal

addressing workplace incivility and bullying to the American Nurses Association Membership

Assembly Policy Development Committee. The Membership Assembly sets the policies and

positions for the American Nursing Association (ANA). It is their guidance that establishes the

association's point of view on relevant issues regarding nursing practice, health policy, and social

concerns (ANA, 2023). Within this scholarly project the DNP project lead will conduct an

analysis of existing national policies related to nursing incivility and bullying in the workplace to

inform and support the policy solution of an amendment in the Joint Commissions Workplace

Violence Prevention Standards to include target language addressing organizational

accountability to decrease incivility and bullying in the nursing work environment.

Setting

This setting for this policy analysis was mainly in the state of Massachusetts with the

support of ANA Massachusetts. The project evaluated existing policy on incivility and bullying

in the workplace in the state of Massachusetts and in the United States. The policy solution did

focus on the nursing population in an acute care setting. It did not include school nursing, home

health care, long term care, or ambulatory settings, as the Joint Commission does not regulate

those areas of care. The project proposal impact will be on the national level as the Joint

Commission accredits acute care centers throughout the United States.

Participants and Recruitment

During the policy project implementation, activities for shareholder engagement will

include subject matter experts within the state of Massachusetts and national associations,

interaction with fellow nurse's, members of the national and Massachusetts American Nurses

Association, faculty at George Washington University, Massachusetts legislatures and other

shareholders within health care. Shareholders or opinion experts were contacted through an

introductory email stating a summary of the project and to ask for their time to discuss their point

of view on the topic. Through each individual interaction the DNP project lead would ask if there

are other opinion experts they could recommend who would be beneficial to the project. The

DNP project lead networked at conferences and ANA events for potential shareholders or

opinion experts.

Project Interventions and Development Process

The following are the planned strategies that were used to facilitate engagement with

shareholders, opinion experts, collection of evidence, and progressing towards developing the

proposed policy solution (CDC, 2014). A policy analysis of alternative policy solutions

regarding the topic of incivility and bullying in the nursing profession was conducted. Building

upon the literature review, an analysis of applicable policy alternatives was evaluated and used to

inform and develop the proposed policy solution. An additional search was conducted of

electronic databases, such as CINHAL and PubMed for current peer reviewed articles. Also, a

search was conducted for recent professional organization position statements or reports

addressing incivility and bullying in healthcare from the national and state level. These include

but not limited to the American Operating Nurses League, American Association of Retired

Persons, the American Hospital Association, and the American Medical Association. This

analysis included engagement with shareholders and opinion expert to collect information

pertaining to existing policies and recommendations to inform the development of the policy

recommendations.

       As the goal of this project was to submit this policy solution to the American Nurses

Association Membership Assembly Policy Development Committee, shareholder engagement is

essential. This includes opinion experts, leaders in healthcare organizations, practicing nurses,

leaders in nursing professional organizations and state policy experts. The DNP project lead

reached out to individuals to schedule interviews. The goal of these interviews was to gather

information about existing policy or input regarding solutions to the problem of workplace

incivility and bullying. Also, information pertaining to opposition and gain insight to if any

previous attempts for targeted language have failed. Within the state of Massachusetts, the goal

of the interviews was to gather information on the opposition to passing the workplace violence

bill in the state along with knowledge of any efforts to address incivility or bullying.

       The American Nurses Association Membership Assembly requires the policy solution

proposal to identify the problem, state a desired outcome, propose a solution, provide an

argument to why the ANA would want to solve this problem, and identify any prior solutions

that were not successful (ANA, 2023). In addition, the policy solution proposal must meet the

following criteria: align with the ANA strategic goals, address a nationally relevant issue facing

nursing, facts and figures, and must be submitted by the established deadline (ANA, 2023). It is

strongly recommended for proposals that are submitted by an individual member to collaborate

with their state ANA association.

Thus, using the collected information a policy solution proposal was written to include all the requirements. Submission of this proposal requires a letter of support and is recommended to have the support of the state ANA chapter (ANA, 2023). The DNP student leading this project is a current member of the ANA of Massachusetts and a member of the Policy Committee which meets once a month. To gain support for the policy solution the DNP project lead participated in activities to increase awareness of incivility or bullying and the need for policy implementation. This was done by actively participating in at least two advocacy events during the project period. The project lead was able to connect with resources at the ANA for opportunities for engagement on their online platform, such as blogs or podcasts. In addition, was able to search and attend events such as ANA Massachusetts Annual Meeting and state policy hearings for bills pertaining to workplace violence in healthcare.

Outcomes

Outcomes that will be measured align with the aims presented.

Aim #1 Conduct a policy analysis of existing policies related to incivility and bullying in the nursing workplace. The outcome is to identify two or three recommendations based on the policy analysis to improve incivility and bullying in the workplace by November 2023. This is measured by completing tasks on time. A Gantt chart was used to monitor the project timeline.

Aim #2 Interview five to ten shareholders or opinion experts to gain their input regarding existing policies and suggestions to improve incivility and bullying in the workplace by November 2023. An analysis of the themes from these interviews is used to inform the policy recommendations included in the policy proposal. This is measured by the number of interviews conducted and the type of shareholder interviewed. The goal is to have an interaction with a shareholder at least twice a month during the project timeframe. Using the field note and

interview template in Appendix G, the interaction with shareholders was documented, as well as

contact information and any further connections they provide. The information is tracked on a

spreadsheet along with field and interview notes.

Aim #3 Prepare a policy proposal with recommendations to amend language in the Joint

Commission Workplace Violence Prevention Standards. The outcome is the policy proposal

submitted to the American Nurses Association Membership Assembly Policy Committee on the

submission date in December 2023. This is measured by an email confirmation for the submitted

proposal. A Gantt chart tracked all requirements completed by the deadline.

Aim #4 Gain support from the Massachusetts ANA for this policy solution to address

incivility and bullying in the nursing profession. This is measured by a letter of support to be

included in the policy solution proposal from at least one policy committee member. Personal

attendance to the Policy Committee meetings is tracked and documented with a goal of a 100%

attendance.

Aim #5 Bring awareness to the issue of incivility and bullying and demonstrate the need

for policy implementation. This is measured by official documentation representing participation

in at least two events. The goal is to actively participate in at least two advocacy events during

the project period. These activities are tracked on a spreadsheet, and documentation of

participation has been obtained. The activity tracker is located in Appendix D.

Project Timeline

A Gantt chart was used to track this project's progress and target dates. The DNP project

lead became a member of the Massachusetts ANA Policy Committee in February 2023, which

will continue through 2024.

Budget and Resources

The DNP project lead did incur the cost for this project with a budget set at $1000. In addition, the budget includes organization membership fees, event fees, and accommodation or travel expenses.

Evaluation

A Driver diagram was utilized for this project (Appendix H). Driver diagrams are used to demonstrate a theory of proposed changes and the effects to achieve the set aim (IHI, 2023). It allows for the visualization of relationships when planning project activities and evaluation throughout the project. This evaluation allows for the planning of interventions and understanding how they will impact primary drivers to achieve the aim. Evaluation is an overarching domain in the CDC's Policy Analytical framework, as evaluation is used throughout to inform each step in the policy process.

Data Analysis, Maintenance & Security

The data and information collected for this project was stored and analyzed by the DNP project lead. The collection of field notes and interviews have been re-analyzed monthly to identify any additional resources or pathways. All notes and tools for this project are stored electronically on the DNP project lead's password-protected laptop aligned with standard conduct.

Anticipated Findings

The analysis of existing national and state policy related to incivility and research of current literature, along with information obtained from shareholder engagement, will direct the language to be proposed targeting incivility and bullying. The ANA Massachusetts Policy Committee will support the policy proposal submitted to the ANA Membership Assembly Policy

Committee for consideration to be added to the ANA policy agenda for 2024-2025. The policy proposal is to petition the Joint Commission to amend the Workplace Violence Prevention Standards with the proposed target language for incivility and bullying.

Results

Project Summary

There is a need to improve regulation to guide organizational policies addressing incivility and bullying in the nursing work environment and ensure accountability. The purpose of this scholarly project was to submit an official policy solution proposal addressing workplace incivility and bullying to the American Nurses Association Membership Assembly Policy Development Committee. The Membership Assembly sets the policies and positions for the American Nursing Association (ANA). It is their guidance that establishes the association's point of view on relevant issues regarding nursing practice, health policy, and social concerns (ANA, 2023). An analysis of national, state, and regulatory policies related to workplace violence (WPV) in healthcare, which includes the subject of incivility and bullying, was conducted following the Center for Disease Control (CDC) Policy Analytical framework.

Outcomes

The CDC Policy Analytical framework of domains was used to assess the outcomes. Domain I, Problem Identification, was addressed in the first section of this paper. The outcomes measured align with the aims presented. The data collection, evaluation, and analysis methods table located in Appendix B.

Domain II: Policy Analysis

Domain II provides the structure to conduct an environmental scan, identify policy options, assess those options based on health impact, feasibility, and economic and budgetary impact (CDC, 2014). A summary can be found in the policy analysis table in Appendix C.

Aim #1

Conduct a policy analysis of existing policies related to incivility and bullying in the nursing workplace. The outcome was meet by identifying three recommendations based on the policy analysis to improve incivility and bullying in the workplace by November 2023. All tasks were completed on time per the project timeline. The policies analyzed are discussed below as well as a summary table in Appendix C.

National Policy Alternative

H.2663/S.1176: Workplace Violence Prevention for Health Care and Social Service Workers Act.

On April 18th, 2023, the *Workplace Violence Prevention for Health Care and Social Service Workers Act* (WPVA) was introduced to the House of Representatives the 118th Congress 1st session (2023, 2024). The legislation aims to address workplace violence by directing employers to develop, implement, and maintain a workplace violence prevention plan to include education, training, and reporting requirements (Workplace Violence Prevention for Health Care and Social Service Workers Act, 2024). It would be the responsibility of the Occupational Safety and Health Administration (OSHA) to enforce compliance and perform inspections as a result of this legistlation. This legislation defines workplace violence as the "threat or use of physical force against a covered employee that results in or has a high likelihood of resulting in injury, psychological trauma, or stress, without regard to whether the

covered employee sustains an injury, psychological trauma, or stress" (Workplace Violence Prevention for Health Care and Social Service Workers Act, 2024 p. 27).

Current Activity

The bill was introduced to Congress by U.S. Sen. Tammy Baldwin (D-WI) and U.S. Rep. Joe Courtney (D-CT) and was referred to three House committees: House of Education and the Workforce, House of Energy and Commerce, and House Ways and Means. A similar bill was introduced in the Senate on the same day and refereed to the committee of Senate Health, Education, Labor, and Pension. Yet, no hearings have been scheduled at the time of this scholarly project. There is some partisan support in the House, Democrat 141-10, and only Democratic support, 35, in the Senate (Workplace Violence Prevention for Health Care and Social Service Workers Act, 2024).

Interest Groups and Shareholders

Many organizations have launched position statements, frameworks, or initiatives to address the issue and impact healthy work environments. Some of these supporters include:

- American College of Emergency Physician

- American Counseling Association

- American Medical Association

- American Nurses Association

- American Psychiatric Association

- American Public Health Association

- American Society of Radiologic Technologists

- Coalition of Labor Union Women

- Emergency Nurses Association

- National Association of Emergency Medical Technicians

- National Association of Social Workers

- National Nurses United

- Organization of Nurse Leaders

- Service Employees International Union

- American Society of Safety Professionals

- International Brotherhood of Teamsters

However, it is challenging to locate an organization that publicly opposes this bill. The past attempts to pass legislation to address workplace violence in healthcare has stalled in progress regarding employer responsibility and liability. There has been noted concerns from Republicans and leadership of healthcare organizations regarding the increased burden of the reporting requirements, the cost associated with compliance, the cost of penalties a hospital can incur, and penalties against the assailant (Committee on Education & the Workforce, 2021). The opposition suggests the answer to combating workplace violence is focusing on the root cause of violence, not the organizations. The current political climate and bitterness between parties is a threat to this bill. The hope is all shareholders consider their support due to the influence of public opinion, including nursing is the most trusted profession in the United States.

A Policy Solution

The current purposed legislation, WPVA, directs employers to develop, implement, and maintain workplace violence prevention plan, including education, training, and reporting requirements (Workplace Violence Prevention for Health Care and Social Service Workers Act, 2024). Under this act, using the Occupational Safety and Health Administration's definition of workplace violence, incivility is considered a type III, worker-on-worker violence. The option is

to incorporate targeted language in the bill to focus on reporting and interventions specific to

incivility and bullying. There has been some opposition to this bill, for example, the American

Hospital Association (AHA) and Republican Leader Virginia Foxx (R-NC), who is a member of

the Senate committee. Their argument is the requirements purposed in the bill will drive up

compliance costs and overwhelm the industry (Committee on Education & Labor Republican,

2021). According to a survey conducted in 2018 by the AHA, 97% of respondents indicated they

already have workplace violence policies in place, suggesting this bill is not necessary

(Committee on Education & Labor Republican, 2021). There is a lack of detail in this bill as to

the requirements therefore leaving it up to OSHA to construct, which adds to the timeline of

implementation. This bill might not solve the problem completely; however, it will help address

the issue and uncover additional areas for future work to address the underlying root causes.

Unfortunately, it does not seem feasible or efficient to suggest a change of language for this bill

due to the amount of effort and cost needed to gather support.

State Policy Alternative

Massachusetts Workplace Violence in Healthcare

H.2330/S.1539 An Act Requiring Health Care Facilities to Develop & Implement Programs to

Prevent Workplace Violence.

On January 17th, 2023, the Act was introduced to the House of Representatives in

Massachusetts, the 193rd General Court 2023 2024. The legislation aims to address workplace

violence in a healthcare setting by requiring employers to develop and implement a program to

prevent workplace violence.

This legislation defines workplace violence as a physical threat or attack on an employee

in a healthcare facility (WPV, 2023). It details an employer's actions, including a facility-specific

risk assessment that is completed in collaboration with employees and any labor organization.

The facility requirements after their risk assessment are listed below (WPV, 2023).

- Examine all factors that may put an employee at risk of violence.

- Develop and implement a program to mitigate any danger, including but not limited to employee training.

- A reporting system for ongoing monitoring of incidents.

- A written violence prevention plan; must include:

    o A list of factors and circumstances that may pose a danger.

    o Description of methods an employer will use to alleviate those hazards, such as training, change in job design, staffing, or security equipment.

    o A post incident debriefing process.

    o A description of the reporting and monitoring system.

An employer is required to designate a senior manager responsible for the development and support of an in-house crisis response team and implement an assault staff action program (WPV, 2023). The program is to include such items as group crisis intervention, individual crisis counseling, victim support groups, employee victim family crisis counseling, peer health, and professional referrals. (WPV, 2023).

The state Department of Public Health (DPH) will enforce these requirements. An employer's violation of rules, regulations, or requirements is punished by fines of not more than $2000 for each offense (WPV, 2023). The required reporting by employers is made to DPH within set time frames. For example, every 180 days, a report comprised of all incidences that occurred to an employee within the facility. Also, the department will make available to the public aggregated data, statewide and by county, of reported information (WPV, 2023).

Furthermore, the Act protects employees as they cannot be penalized for filing a complaint or event notice with the DPH (WPV, 2023). Additionally, it ensures the employee victim paid time off for services such as legal and medical assistance. This time off is in addition to any accrued vacation or sick time (WPV, 2023). Lastly, the Act declares an employer shall not coerce, interfere, restrain, or deny any right provided in this Act (WPV, 2023). The protection affirms termination or discrimination of an employee for exercising their right and are entitled to their original job or position (WPV, 2023).

Current Activity

Recently the Act was introduced to the state Senate on February 16th, 2023, and has moderate partisan support, democrat 77-10 (LegiScan, 2024). The bill currently sits with the Joint Public Safety and Homeland Security Committee, which includes 20 members along with the chair Senator Walter Timilty (D) and chair Representative Carlos González (D) (LegiScan, 2024). The bill's primary sponsor is Senator Joan Lovely, a sixth-term state Senator from the second Essex district in Massachusetts. A hearing was held on October 4, 2023, that resulted in 10 individuals testifying in support of the bill. There was not any testimony in opposition of the bill.

Interest Groups and Shareholders

Public support for this bill is strong as several organizations within the state voice their support, for instance, the American Nursing Association of Massachusetts, the Massachusetts Nursing Association, the Massachusetts Health and Hospital Association, and the Organization of Nurse Leaders. However, it is challenging to locate an organization that publicly opposes this bill. The past attempts to pass legislation to address workplace violence in healthcare stalled progress regarding employer responsibility and liability. There is concern from Massachusetts

Republicans and some leadership of healthcare organizations regarding the increased burden of

the reporting requirements, the cost associated with complying, and the cost of penalties a

hospital can incur (Committee on Education & the Workforce, 2021). The opposition at the state

level, like national resistance, suggests the answer to workplace violence is focusing on the root

cause of violence, not the organizations.

A Policy Solution

This bill has a greater chance of adoption compared to the national bill. One strength is

that it provides in detail the role organizations will have; however, it lacks specific language

addressing incivility or bullying. One option is to incorporate targeted language to the bill,

focusing on reporting and interventions specific to incivility and bullying. This option is

moderately feasible as it is the start of the legislative session with the opportunity to introduce

new language to the bill. The potential impact is smaller as this will address organizations only

in Massachusetts, whereas the other two options have a large national impact. Unfortunately, in

previous years, this bill has not make it out of committee.

Regulation Standard Option

Joint Commission Workplace Violence Standards

The Joint Commission (JC) announced in June 2021 a new and revised workplace

violence and prevention standards and requirements for 2022. This incorporates an annual

organizational analysis, internal reporting and investigation, prevention program, training,

education and provides resources. The accreditation manual's glossary defines workplace

violence as "An act or threat occurring at the workplace that can include any of the following:

verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or

humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other

behaviors of concern involving staff, licensed practitioners, patients, or visitors" (JC, 2021b p.1)

The 2022 standards are as follows:

The Standard EC.02.01.01: The hospital manages safety and security risks; requires an

annual assessment and develop actions to mitigate or resolve risk based on assessment (JC,

2021b).

The Standard EC.04.01.01: The hospital collects information to monitor conditions in the

environment; requires a process for continuous monitoring, reporting, and investigations in

addition to a specific list of types of incidents that are to be captured (JC, 2021b).

Standard HR.01.05.03: Staff participates in ongoing education and training (JC, 2021b).

Standard LD.03.01.01: Leaders create and maintain a culture of safety and quality

throughout the hospital. This requires a creation of a multidisciplinary team to develop and

maintain a workplace violence prevention program (JC, 2021b).

As described on the JC website, "new standards are added only if they relate to patient

safety or quality of care, have a positive impact on health outcomes, meet or surpass law and

regulation, and can be accurately and readily measured" (JC, 2021b).

Interest Groups and Shareholders

The process to develop and approve a new or revised standard by the JC requires input

from a diverse group of relevant parties such as healthcare professionals, subject matter experts,

consumers, government agencies and providers (JC, 2021a). As well as a multi-step processes of

evaluation, edits and approvals by committees and advisory groups such as the Nursing Advisory

Board and ultimately the Board of Commissioners. It follows then due to involvement of

multiple shareholders in the submission and approval process for a change to a standard; a

champion is needed to lead the effort. Obtaining support from these interested parties will not

only provide momentum but also will help identify opponents of such language. The American

Hospital Association is opposed to the WPVA, yet the new JC standards were approved

suggesting there is potential for lesser opposition.

A Policy Solution

Incivility is a component of workplace violence and should be taken into consideration

by organizations while implementing policy and procedures to meet the requirements of the new

standard. This alternative is to add language to the regulation requirements targeting incivility.

As a result, the processes implemented by organizations to meet the requirements will ensure

incivility is specifically addressed. Implementation of the processes can assist in facilitating a

change to organizational culture, as the interventions are targeted providing staff with awareness

and ability to speak up including a way to report situations. Data collection will allow an

organization to see their prevalence of incivility, hence, tailoring appropriate mitigation actions.

An initial increase in the data surrounding reported incidents will be expected, but over time the

numbers should decrease based on implemented mitigation. Likewise, the cost benefit to

organizations such as decrease in absenteeism, turnover, and increase in productivity will be

evident over time. This option has a higher likelihood of feasibility, as the new accreditation

standards are approved and their definition of WPV incudes language addressing incivility and

bullying.

The Standard EC.02.01.01: The new language to address incivility would require an

additional assessment tool such as Organizational Civility Scale (OCS) or the Negative Acts

Questionnaire-Revised (NAQ-R).

The Standard EC.04.01.01: The new language would add incivility to the list of required

incidents.

Standard HR.01.05.03: At the time of inspection, the education and training requirements will be assessed for the inclusion incivility.

Standard LD.03.01.01: New language will include a requirement for a creation of a committee to address incivility.

Conclusion

Despite the fact these three alternatives will have some degree of influence, the most promising alternative is to add language about incivility to the JC's Workplace Violence Prevention Standards. Amending the language has potential for a quicker adoption and minimal financial impact overall. Regardless of extent of opposition this alternative has a high degree of sustainability and little financial impact as the requirement already exist, therefore is the strongest option. Incivility is a component of workplace violence and should be taken into consideration by organizations while implementing policy and procedures to meet the requirements of the new standard.

Domain: III Strategy and Policy Development

Domain III is to provide a strategy for the development of furthering adoption of the policy solution by a process of "identifying and educating shareholders, sharing relevant information, and conducting additional analyses as appropriate to support adoption, implementation and evaluation" (CDC, 2013). The following aims and outcomes contribute to achieving the goals in the process.

Aim #2

Interview five to ten shareholders or opinion experts to gain their input regarding existing policies and suggestions to improve incivility and bullying in the workplace by November 2023. An analysis of the themes from these discussions were used to inform the policy

recommendations included in the policy proposal submission. This was measured by the
frequency of interviews conducted and the type of shareholder who was interviewed. The goal
was to interact with a shareholder or opinion experts at least twice a month during the project
timeframe. The information was tracked on a spreadsheet along with field notes. A total of thirty
connections were initiated between June and October 2023. Twenty-two interactions resulted in
an in-person meeting, and two attempts of the thirty were unsuccessful. Fourteen opinion experts
were knowledgeable in both policy and incivility/bullying. An observation to note in this data set
is the average of continuous engagements, with four interactions per expert.

Figure 1

Count of Shareholder Interactions
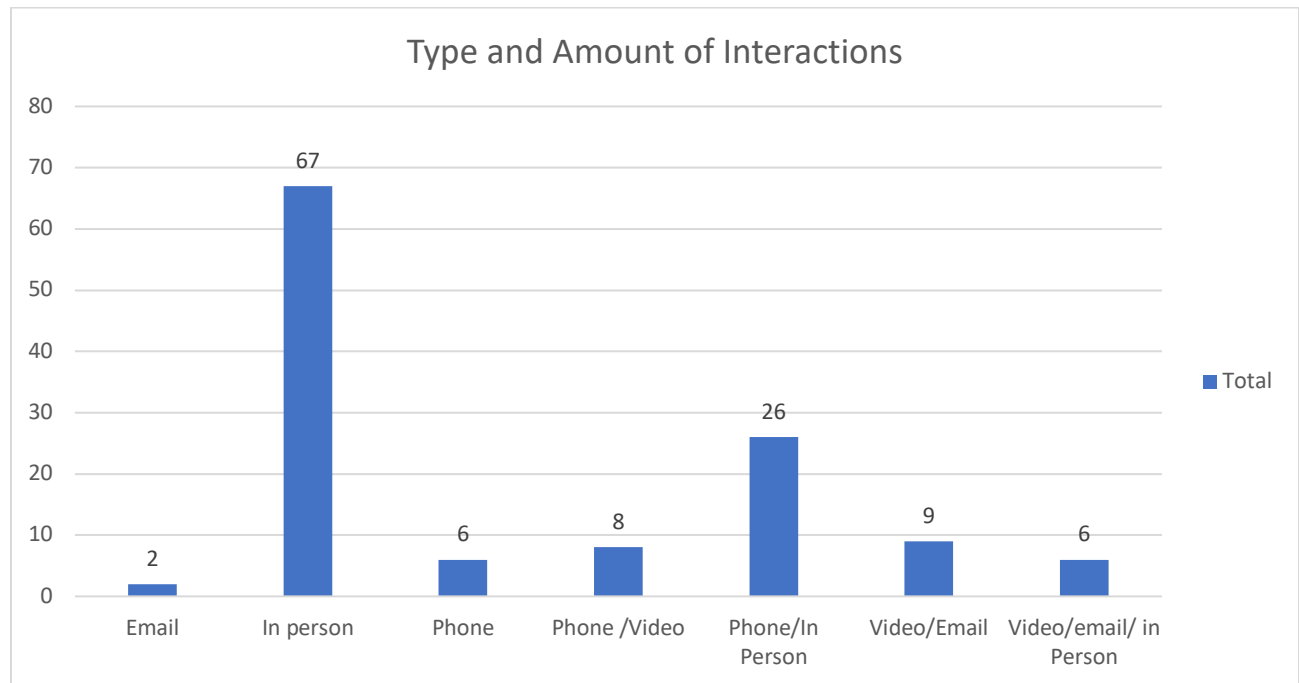
Figure 2

Shareholder Interactions by Subject
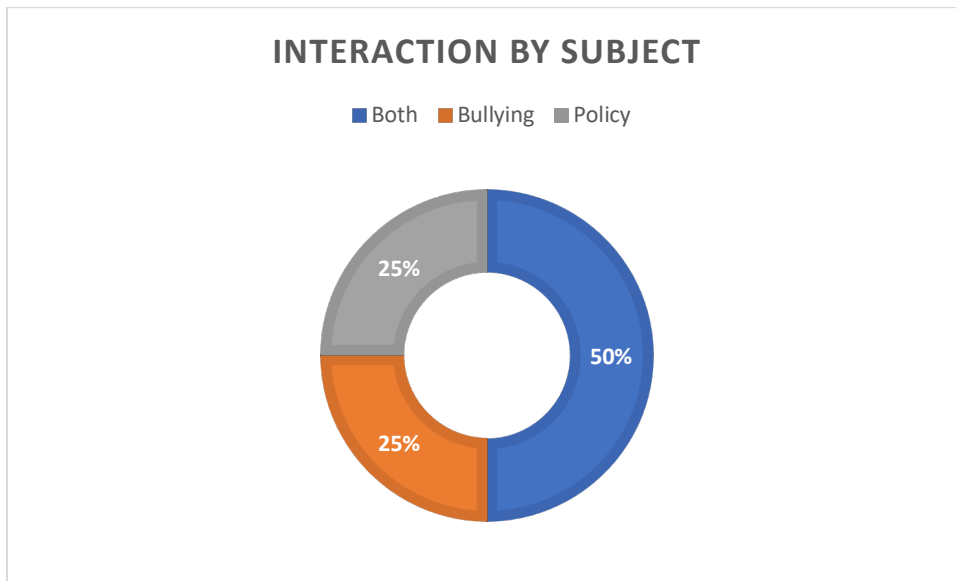
Aim #3

Prepare a policy proposal with recommendations to amend language in the Joint

Commission Workplace Violence Prevention Standards. The outcome is the policy proposal

submitted to the American Nurses Association Membership Assembly Policy Committee during

the submission window in December 2023. This outcome was measured by confirmation that the

policy proposal was submitted in January 2024. The proposal is to help "develop policies that

effectively address nationally relevant challenges impacting nurses and the practice of nursing

and advance ANA's strategic priorities" (ANA, 2023). The submitted proposal met the

requirements by aligning with ANA's strategic goals, addressed a nationally relevant issue

facing nursing, included citations for facts and figures, and was submitted prior to the deadline.

Aim #4

Gain support from the Massachusetts ANA (ANA MA) for this policy solution to address

incivility and bullying in the nursing profession. This outcome was measured by personal

attendance at the monthly Policy Committee meetings, this has been tracked and documented

with a goal of 100% attendance. An attendance tracker was used to measure this aim with a

current attendance of 100%. As a member of the policy committee the topic of this policy

proposal is supported and aligns with the goals of ANA MA.

Aim #5

Bring awareness to the issue of incivility and bullying and demonstrate the need for

policy implementation. This outcome was measured by the official documentation representing

participation in at least two events. The goal was to actively participate in at least two advocacy

events during the project period. These activities were tracked on a spreadsheet. From June to

November, a total of five events were completed, two in Massachusetts and three with a national

audience. The in-person events yielded the most connections with opinion experts.

One in-person event attended was hosted by ANA MA, *Advocacy in Action*. The event

included appointments and conversations with the offices of five MA state legislators, lobbying

for the MA WPV bill with the inclusion of language addressing psychological safety. The second

in-person event was hosted by ANA MA, a *Summit on Workforce and Racism*. This event

included the ANA MA Annual meeting, that allowed for conversations with local shareholders.

As a 2023 fellow at the American Nursing Advocacy Institute, this DNP team lead attended a

conference meeting with national nurse policy experts in Washington, D.C. In addition, the

cohort lobbied on Capitol Hill for support of legislation addressing WPV in healthcare and the

importance of including language for psychological safety.

This DNP team lead participated in an online conference hosted by the American

Academy of Nursing, *Protecting our Caregivers: Comprehensive Strategies for Eliminating*

Workplace Violence. This event included presentations by opinion experts and the chance to

connect with national nurses during breakout sessions. Lastly, this DNP team lead was chosen as

a Spotlight Champion by the ANA Healthy Nurse Healthy Nation organization. This included a

collaborative blog post about nursing incivility published on June 22, 2023.

Discussion

There is a need to improve regulation to guide organizational policies addressing

incivility and bullying in the nursing work environment and ensure accountability. The purpose

of this scholarly project was to submit an official policy solution proposal addressing workplace

incivility and bullying to the American Nurses Association Membership Assembly Policy

Development Committee. The Membership Assembly sets the policies and positions for the

American Nursing Association (ANA). It is their guidance that establishes the association's point

of view on relevant issues regarding nursing practice, health policy, and social concerns (ANA,

2023). An analysis of national, state, and regulatory policies related to workplace violence

(WPV) in healthcare, which includes the subject of incivility and bullying, was conducted

following the Center for Disease Control (CDC) Policy Analytical framework. In addition,

research of current literature, along with information obtained from shareholder engagement, has

directed the language to be proposed targeting incivility and bullying. The most promising

alternative is to add language addressing incivility and bullying to the JC's Workplace Violence

Prevention Standards. An amendment to the language has the potential for a quicker adoption,

high degree of sustainability, the least financial impact overall as the standard requirement is

already in place. Therefore, a proposal of a policy recommendation to address incivility and

bullying by campaigning the JC to amend their WPV Prevention Standards was submitted to the

American Nurses Association Membership Assembly Policy Development Committee for

consideration.

Implications for Practice

This scholarly project demonstrates the impact a nurses' voice can have by advocating for a healthy work environment that does not tolerate bullying or incivility. It also brings awareness and knowledge to individual nurses in hopes to empower a nurse to advocate for change in their work environment. As well as the important role and power participation in a professional organization can provide.

Implications for Healthcare Policy

As the hope is to impact regulation policy, this scholarly project has made an impact to national and state policy by networking, lobbying, and participating in addressing WPV. Members of other nursing specialty organizations can adopt or reexamine their campaign addressing WPV to include incivility and bullying.

Implications for Executive Leadership

Organizational and nurse leaders can reevaluate their own institutional policies for the inclusion of incivility and bulling. This scholarly project demonstrates the impact incivility and bullying can have on resources along with the need or benefit by addressing the issue.

Implications for Quality and Safety

Nurses practice in a diverse and complex environment. This scholarly project advocates for the overall health and well-being of nurses within their practice environment, which in turn impacts the quality and safety of care. Incivility and bullying within the nursing profession impedes the nurse's ability to provide high quality compassionate and safe care (Grant et al., 2020). The Institute for Healthcare Improvement quadruple aim is to deliver high quality care by improving the health of populations, enhancing the patient experience, reducing the cost of care, and addressing staff well-being (Fitzpatrick et al., 2019). This scholarly project incorporates the

quadruple aim in its overarching goal recognizing the impact incivility and bullying can have on quality and safety.

Plans for Sustainability and Future Scholarship

In policy, success is achieved over time therefore incrementalism and persistence can be an effective strategy (Patton et al., 2023). Through continued networking and building relationships the DNP team lead will maintain interest and support for policy acceptance and implementation. Sustainability can be achieved by maintaining contact with opinion leaders and continue to evaluate the advocacy plan. This includes seeking opportunities with other nursing associations to move the agenda forward. Partnership and affiliation with professional associations can bring credibility, resources, and strengthen the potential for a policy's success. It is also imperative that the agenda aligns with the organization's mission, vision, and strategic plan.

Moving forward, if the policy proposal application is accepted it will be presented at the National Membership Assembly for debate in June 2024. There it will be decided if it will be part of the ANA policy agenda for the upcoming year. Continued participation in monthly ANA MA Policy Committee meetings and collaboration with ANAI cohort will allow this DNP team lead to build relationships at the state and national level. This long-term commitment and participation within these groups provides an opportunity to keep the agenda part of the active conversation and sustainability to the projects goal. In addition, it allows for more networking opportunities, time to build relationships, and advances the agenda.

Conclusion

The events surrounding the pandemic have contributed to increased public awareness of the prevalence of workplace violence in healthcare. This has led to momentum in addressing

workplace violence at state and organizational levels. However, the type I and type II WPV, external physical threat and verbal abuse, overshadows type III WPV, incivility and bullying coworker to coworker. Regulatory standards are one way to address this issue by holding organizations accountable to explicitly address incivility and bullying while collecting much needed data.

The analysis of existing national and state policy related to incivility and research of current literature, along with information obtained from shareholder engagement, has directed additional language to be proposed targeting incivility and bullying. The ANA Massachusetts Policy Committee has supported the policy proposal submitted to the ANA Membership Assembly Policy Committee for consideration to be added to the ANA policy agenda for 2024-2025. The policy proposal is to petition the Joint Commission to amend the Workplace Violence Prevention Standards with the proposed target language for incivility and bullying. The policy proposal not only aligns with the ANA strategic goals, but their acceptance will bring resources and opportunity to work with the Joint Commission to move the policy amendment forward.

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Appendix A.

Center for Disease Control Policy Analytical Framework

Appendix B.

Data Collection/Evaluation and Analysis Methods Table

Aims/Evaluation Questions	Measures	Measure Type	Data Source	Timing	Calculation Statistics	Goal/ Benchmark
Conduct a policy analysis of existing policies related to incivility and bullying in the nursing workplace.	Identify two or three recommendations based on the policy analysis to improve incivility and bullying in the workplace.	Process	Policy Analysis Table (CDC)	Completed once	Frequency	3 Policies Options
Interview 5-10 shareholders or opinion experts to gain their input regarding existing policies and suggestions to improve incivility and bullying in the workplace by November 2023	Number of interviews conducted, and the type of stakeholder interviewed.	Process	Excel Tracker	Weekly	Frequency	2 interactions per month
Prepare a policy proposal with recommendations to amend language in the Joint Commission Workplace Violence Prevention Standards.	Confirmation of the submitted proposal in December 2023.	Outcome	Document	Once	Frequency	Submission complete
Gain support from the Massachusetts ANA for this policy solution to address incivility and bullying in the nursing profession	Attendance to the Policy Committee meetings.	Process	Excel Tracker	Monthly	Percentage	100% attendance
Bring awareness to the issue of incivility and bullying and demonstrate the need for policy implementation.	Actively participate in at least two advocacy	Outcome	Excel Tracker	Monthly	Frequency	2 Events

	events during the project period.					

Appendix C.

Policy Analysis Table

Table 2. Policy Analysis Table				
Criteria	**Impact**	**Feasibility**	**Economic and Budgetary Impact**	
Scoring Definitions	***Low***: *small reach, effect size, and impact on healthcare populations* ***Medium***: *small reach with large effect size* or *large reach with small effect size* ***High***: *large reach, effect size, and impact on healthcare populations*	***Low***: *No/small likelihood of being enacted* ***Medium***: *Moderate likelihood of being enacted* ***High***: *High likelihood of being enacted*	***Less favorable***: *High costs to implement* ***Favorable***: *Moderate costs to implement* ***More favorable***: *Low costs to implement*	***Less favorable***: *costs are high relative to benefits* ***Favorable***: *costs are moderate relative to benefits (benefits justify costs)* ***More favorable***: *costs are low relative to benefits*
Policy 1 **Federal Bill H.R.2663/ S.1176**	☐ Low ☐ Medium ☑ **High** Concerns about the amount or quality of data? (Yes / **No**)	☐ Low ☑ **Medium** ☐ High Concerns about the amount or quality of data? (Yes / **No**)	**Budget** ☑ Less favorable ☐ Favorable ☐ More favorable Concerns about the amount or quality of data? (**Yes** / No)	**Economic** ☐ Less favorable ☑ **Favorable** ☐ More favorable Concerns about the amount or quality of data? (Yes / **No**)
Policy 2 **Massachusetts State Bill H.2330/S.1539**	☐ Low ☑ **Medium** ☐ High Concerns about the amount or quality of data? (Yes / **No**)	☐ Low ☑ **Medium** ☐ High Concerns about the amount or quality of data? (Yes / **No**)	☑ Less favorable ☐ Favorable ☐ More favorable Concerns about the amount or quality of data? (**Yes** / No)	☐ Less favorable ☑ **Favorable** ☐ More favorable Concerns about the amount or quality of data? (Yes / **No**)
Policy 3 **Regulatory Standard Amendment**	☐ Low ☐ Medium ☑ **High** Concerns about the amount or quality of data? (Yes / **No**)	☐ Low ☐ Medium ☑ **High** Concerns about the amount or quality of data? (Yes / **No**)	☐ Less favorable ☑ Favorable ☐ More favorable Concerns about the amount or quality of data? (**Yes** / No)	☐ Less favorable ☐ Favorable ☑ **More favorable** Concerns about the amount or quality of data? (Yes / **No**)

NOTE: Scoring is subjective and this table is intended to be used as an organizational guide.

Appendix D.

Activity Tracker

Date	Title of Event	Format	Target Population	Comments	Outcome Connections
6/1/23	ANA Summit on Workforce and Racisim	In person	State Nurses	Annual Meeting combined; 2 days	5
7/26/23	Protecting our Caregivers: Comprehensive Strategies for Eliminating Workplace Violence Policy Dialogue	Webinar	National Nurses	American Academy of Nursing; breakout sessions	0
9/27/23	ANA MASS Advocacy in Action	In Person	State Policy Makers		10
6/22/23	HNHN Champion Highlight: Newsletter	Phone	All Nursing Community	Collaberative blog published in June	3
28-Oct	ANAI Conference	In Person	National Nurses/Legislators	3 days	8

Appendix E.

Field and Interview Notes

DNP Policy Project: Incivility   **Date**

Field and Interview Notes

Name_____

Organization_____ Policy or Bullying/Incivility

Professional Role

_____

Why do you think incivility and bullying in nursing continues to be an issue?

What factors need to be addressed on a policy level?

Other Questions Addressed

_____

Take Away/Suggestions/Connections

_____

Reflection/Impact to Project

Appendix F.

SWOT Analysis

Helpful To achieving the objective	*Harmful* To achieving the objective
Strengths • The Joint Commission's Board of Commissioners includes physicians, administrators, nurses, employers, quality experts, a consumer advocate, and educators. • Development and approval of the standards required input from a diverse group of stakeholders. • A multi-step processes of evaluation, edits and approvals includes the Nursing Advisory Board. • Gold Standard for quality and patient care, with 23,000 plus organizational members.	**Weaknesses** • Standards not consistent in addressing all types of workplace violence. • Addition of language for addressing incivility require organizations to address and be accountable for this type of workplace violence. • Compliance to the Joint Commission standards only to organizations that volunteer for accreditation. • Multiple stakeholders needed for submission and approval process to change a Joint Commission standard. • Will needed to gain support and traction to the Joint Commission committee for consideration. • My personal lack of connections to stakeholders at the state and national level.

Internal Origin

Helpful To achieving the objective	Harmful To achieving the objective
External Origin *Opportunities* - Current focus on polices and actions to address workplace violence in healthcare. - Public awareness of workplace violence in healthcare. - Respect and trust of the nursing profession. - Legislators and organizations interest in healthcare related topics. - Ongoing conversations surrounding the consequences of the pandemic. - Aligns with the American Nursing Association and Massachusetts American Nursing Association strategic priorities and mission. - Aligns with suggestions from the *Future of Nursing 2020 -2030*.	*Threats* - Lack of interest in amending standards. - Resistance of stakeholders to dedicate resources. - An argument could be made that the broad language in the standards would include incivility as it is considered a type of workplace violence. - Current political environment. - Current economy, inflation, limited resources dedicated to priority issues.

Appendix G.

Evidence Table

Article	Author, Date & Title	Type of Evidence	Population, Size, Setting	Intervention	Findings that help answer the EBP Question	Measures Used	Limitations	Evidence Level & Quality
1	American Association of Critical Care Nurses. (2016). *AACN standards for establishing and sustaining healthy work environments: A journey to excellence* (2nd ed.).	Position/ Consensus Statement	N/A	N/A	Provides goals, rationale, and strategies for a HWE.	N/A	Age of document	IV, A
2	American Nurses Association. (2015, July 22). *ANA Position Statement: Incivility Bullying and Workplace Violence.*	Position Statement	N/A	N/A	Data on prevalence, impact and causes; proposes strategies and call for action	N/A	Eight years old.	IV, A
3	American Nurses Foundation. (2022). *Pulse on the Nation's*	Non-Experimental Survey	n=11,863 nurses in US	Nursing profession two-year	Overall findings include unhealthy	N/A	Limited data on bullying and incivility	III, A

	Nurses Survey Series: 2022 Workplace Survey.			impact assessment	work environments statistics for workplace bullying incivility and violence.		
4	Arnetz, J. (2022). The Joint Commission's new and revised workplace violence prevention standards for hospitals: A major step forward toward improved quality and safety.	Commentary	N/A	N/A	Description of the new and revised standards along with areas that it can impact.	N/A	Does not provide differentiation of types of WPV	V, A
5	(2021). AANA, AORN, ASPAN position statement on workplace civility: The official voice of perioperative nursing	Position statement	N/A	A position statement from 3 organizations to support the development of policies that address mitigate and report uncivil behavior as well as accountabilit	The joint responsibility of all health care professionals and the employers and organizations to create an environment that is safe and healthy.	N/A	Lack bullying context	IV, A

				y and maintaining professionalism in the work environment				
6	Brewer et al. (2020). Workplace bullying among nurses and organizational response: An online cross-sectional study	Cross-sectional study	Convenience sample registered nurses in the US, n=242	organizational support or lack of support betrayal after a nurse experience bullying an impact to the nurse's well-being including burnout	Nurses who experienced organizational betrayal were more likely to experience burnout organizational support was a significant predictor of job satisfaction and absenteeism	Survey, negative acts questionnaire institutional betrayal questionnaire for health the well-being index a job satisfaction scale and demographics	Limitation noted that causal relationships cannot be determined as well as the sample appeared to lack racial and ethnic diversity	III, B
7	Byon, H. (2022). Nurses 'experience with type II workplace violence and underreporting during the COVID-19 pandemic.	Cross-sectional study	N=373	Prevalence and experience of physical violence and verbal abuse by nurses who did and did not care for COVID patients.	Provides evidence on the impact to nurses well-being from their work environment.	Surveys	Self-reported data only.	III, B

8	Castronovo et al. (2016). Nurse bullying: A review and a proposed solution.	Non-experimental	Nursing Profession	A review of prevalence and impact of nurse bullying in addition to a proposed solution and policy implication	Proposal development and implementation of measure tied to reimbursement on nurses perspective to worst place bullying.	N/A	Does not provide details to why the other options do not work	V, A
9	Clark, C. (2019). Fostering a culture of civility and respect in nursing.	Non-Research	Nursing Profession	Identifies the risk presented by disrespectful and disruptive behaviors period. Provides multiple steps to improve the culture of the work environment.	N/A	N/A	Micro interventions, lack bullying	V, A
10	Cooper et al. (2019) Association of Coworker Reports About Unprofessional Behavior by	Retrospective Cohort study	cohort included 13,653 patients and 202 surgeons at	Investigate an association of prior coworker reports about surgeons'	Patients of surgeons with greater number of coworker reports had a significant increase rate of	NSQIP Database	Coworker reporting is subjective data and due to use of database unable to	III, B

	Surgeons with Surgical Complications in their Patients.		2 academic health system	unprofessional behaviors and their patients risk for complications	any complication. Correlations of team performance and unprofessional behavior		adjust for surgeon volume or case mix	
11	Edmonson & Zelonka (2019). Our own worst enemies, the nurse bullying epidemic.	Non-experimental	N/A	Discusses form of nurse bullying factors that contribute to it as well as clinical and financial outcomes	Provide quantitative data on perpetrators prevalence financial impact to organizations impact individual nurses and possible strategies	N/A	Does not include any regulatory or policy perspective	III, A
12	Ghaziri et al. (2022). Registered Nurses' Experiences with Incivility During the Early Phase of COVID-19 Pandemic: Results of a	Cross-sectional retrospective mixed methods	Convenience sampling data collected through an online questionnaire of professional nursing	Experience of incivility before and during COVID 19	47.3% of respondents from MA. Greater than 1/3 experienced more incivility during COVID-19 than before and almost half	Survey incivility, cyber-incivility, workload, and demographics.	Small sample size, self-reported data	III, A

	Multi-State Survey.		organizations and unions in California Massachusetts New Hampshire and Washington state. n=562		witnessed more incivility before the pandemic. Perpetrators registered nurses (41.8%) and supervisors or middle level managers (40.5%)			
13	Goeschel, C. (2011). Defining and assigning accountability for quality care and patient safety.	Non-Experimental	N/A	Discussion of regulatory challenges of defining accountability for quality and safety. regulatory accountability value to profession policy makers and patients.	Applying systems theory and systems thinking to developing accountability and health care.	N/A	General, no WPV or work environment.	III, B
14	Gosselin & Ireland (2020). Addressing incivility and bullying in the practice environment.	Literature Review	Sourced from published literature internet books and	Aim to identify knowledge related to incivility in the workplace	Reinforced the ongoing professional issue that continues to impact patient outcome nurse	N/A	Recommendations and impact was focused around oncology nursing	V, A

			clinical guidelines	the impact it can have on nursing and patient outcomes and identify interventions.	outcome in organizational outcomes			
15	Grant et al. (2020). Creating healthful work environments to deliver on the quadruple aim: A call to action.	Non-Research	N/A	N/A	An evidence-based practice strategies to mitigate violence and bullying, supporting healthy work environments.	N/A	Road map for a nurse leader, no regulatory	V, A
16	Houck & Colbert (2017). Patient safety and workplace bullying: An integrative review.	Integrative review	11 Articles	N/A	Review of articles with findings that associate workplace bullying and patient safety.	N/A	Inconsistent use of terms and definitions in the article.	V, A
17	Hussein, M. (2021). The impact of hospital accreditation on the quality of healthcare systematic literature review.	Systematic review	N = 76 articles that evaluated the impact of overall hospital accreditation programs on the	N/A	Hospital accreditation stimulates performance improvement and patient safety	N/A	Not searching gray literature	III, A

		quality of healthcare services.					
18	Johnson et al. (2015). An Investigation of Organizational and Regulatory Discourses of Workplace Bullying.	Cross-sectional study, critical discourse analysis	22 Documents from genre of guideline, regulation, polices & procedures and code of conduct	N/A	Undefined terms, poorly worded polices implying bullying not a high priority, no discussion of bullying as an occupational hazard.	Data analysis following Fairclough's CDA, intertextuality, lexical analysis	Use of discourse theory limits results to subjective	III, B
19	Johnson et al. (2020). Incivility and Clinical Performance, Teamwork, and Emotions: A Randomized Controlled Trial.	Randomized Controlled Trial	N=58 BSN students (All have AD RN) divided into two groups	Experimental group was exposed to a brief incident of incivility and then asked to perform a scenario in simulation examining the pathways where incivility affects clinical performance	exposure to a brief relative low level incident of incivility may contribute to medical errors	Measure emotional state cognitive performance, team performance, team behavior, and manipulation test (to determine how the uncivil behavior is perceived).	Small sample size and noncomplex scenario	I, A

20	The Joint Commission. (2008, July). *Behaviors that undermine a culture of safety*.(updated 2021)	Position/ Consensus Statement	N/A	N/A	Acknowledgment of intimidating and disruptive behaviors and the consequences in the healthcare environment.	N/A	Age of original language, was updated in 2021, but only with the new standards.	IV, A
21	The Joint Commission. (2012, November). *Improving patient and worker safety: Opportunities for synergy, collaboration, and innovation.*	Position Statement/ Monograph	N/A	N/A	Health and Safety of healthcare workers and the healthcare environment.	N/A	General	IV, A
22	The Joint Commission. (2021a, June). *Bullying has no place in health care*	Position/ Consensus Statement	N/A	N/A	Defines workplace bullying and evidence to support action.	N/A	Last update included the language and reference of standards	IV, A
23	The Joint Commission. (2021b, June). *Workplace Violence*	Position/ Consensus Statement	N/A	N/A	The rationale and references for the new requirements providing a statement for	N/A	Lack incivility and bullying language	IV, A

	Prevention Standards.				each element of performance.			
24	Massachusetts Health and Hospital Association. (2023, January). Violence in Massachusetts Healthcare Facilities: A call to action.	Non Experiment al Survey	N = 56 Hospital members in MA	Summary of 3 years of data collected on WPV in MA	Evidence of issue and rise of WPV in MA	N/A	Lack incivility and bullying language	III, A
25	Meier, A., Evans, R., & Erickson, J. (2021). Strengthening a culture to address bullying and incivility in the care environment.	Non-Research	N/A	Explanation of new additions to the magnet manual as a strategy to address bullying and incivility in healthcare.	Demonstrates the importance and need for targeted language for incivility and bullying.	N/A	Speaks to the Magnet model and application	V, A
26	National Institute of Occupational Safety and Health. (2021, August). *Workplace Violence for Nurses*	Non-Research	N/A	N/A	An online educational tool that provides and understanding of the scope and nature workplace	N/A	All WVP	IV, A

					violence including definition risk factors and prevention			
27	Noga et al. (2021). Developing statewide violence prevention programs in health care: An exemplar from Massachusetts.	Non-Research Organizational experience	N/A	Massachusetts health and Hospital Association developed an action plan to increase communication policy development and strategic protocols to address workplace violence.	Creation of work groups & committee that created care for the caregiver initiative: resources to enhance safety of work environment and well-being. Creation of guidance in developing healthcare safety and violence prevention programs within hospitals.	N/A	The report does not address incivility and bullying.	V, A
28	Pogue et al. (2022). Associations among the nursing work environment,	Cross-sectional Descriptive study	Sample of nurses working throughout Alabama	Association of work environment, reported bullying and	40% of nurses reported experiencing bullying by nurses. Work environment	Survey to measure work environment, nurse reported	Cross sectional data cannot determine causal relationship	III, B

					bullying, care quality and patient safety grade.	between variables or examine workplace bullying as a process	
	nurse-reported workplace bullying, and patient outcomes		n= 943 nurses	patient outcomes.	sig. associated with nurse reported bullying; WP bullying associated with poor patient outcomes.		
29	Sabbath et al. (2018). Mental Health Expenditures: Association with Workplace Incivility and Bullying Among Hospital Patient Care Workers	Retrospective Cross-Sectional study	2 Boston area hospitals random sample of 2,000 registered nurses and patient care associates, n=793 workers	Determine the extent which hospital worker exposure to several types of workplace incivility and bullying is associated with increased utilization of mental health care services.	Victims of certain types of workplace incivility and bullying had higher mental health care utilization and spending then unexposed group	Healthcare Utilization; Incivility and Bulling from survey	limitation small sample size risk of type 2 error	III, A
30	Sauer & McCoy (2018). Nurse Bullying and Intent to Leave	Cross-sectional study	Random Registered nurses in southeastern United States N= 345	The impact bullying has on a nurse's intent to leave job.	40% experienced bullying. Bullying was significantly associated with higher odds of intent to leave	Survey; negative acts questionnaire, intent to change unit, intent to leave,	Self-reported data and small response rate.	III, B

					both for leaving the unit & organization. 68% witness coworkers being bullied	perceived stress scale, resilience scale		
31	National Academies of Sciences, Engineering, and Medicine. (2021). *The Future of Nursing 2020-2030: Charting a path to achieve health equity.*	Non Experimental White Paper	N/A	A published report by a committee who examines the current challenges as well as identifying key areas to strengthen the nursing profession.	one of the areas of findings and recommendations is in regards to the health and well-being of nurses	N/A	Does not address bullying specifically	IV, A
32	Ulrich et al. (2019). Critical care nurse work environments 2018: Findings and implications.	Non Experimental Survey	AACN members n = 8080	an evaluation of the work environment of critical care nurses in the year 2018	Provides evidence of the relationship of work environment to nurses well-being job satisfaction and patient outcomes.	N/A	Large amount of extra data	III, A

| 33 | Ulrich et al. (2022). National nurse work environments – October 2021: A status report. | Non Experiment al Survey | Nurses in all practice environme nts across US n=9862 | An evaluation of the work environment of nurses in the year 2021. This is the first year it was expanded to include nurses and all working environments | Further evidence supporting the importance of healthy work environments and a comparison to the results from 2018. | N/A | Large amount of extra data | III, A |

Appendix H.

Driver Diagram

Primary Drivers	Secondary Drivers	Change Concepts

Aim: ANA policy agenda to include initiative to purse an amendment to Joint Commission WPV standards.

Policy solution proposal submitted to the ANA Membership Assembly for consideration.

Support and awareness of the need for targeted language addressing incivility and bullying in healthcare.

Develop language for standards to target incivility and bullying in healthcare.

Massachusetts ANA support for policy proposal.

Policy analysis of Incivility and Bullying in Nursing.

Join Massachusetts ANA Policy Committee.

Attend advocacy events to network with stakeholders and promote the need to address incivility and bullying.

Stakeholder and Opinion expert engagement.