

# Improving Formal Incivility Reporting in Ambulatory Oncology: Implementing the CIVIC Duty Program

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The aim of this quality improvement project was to increase formal reporting of incivility events committed by patients and their visitors on an ambulatory oncology infusion unit. Evidence-based interventions of providing education, raising awareness of existing policies, receiving support from leadership, and reinforcing use of reporting system were implemented and resulted in increased formal incivility reporting.

## AT A GLANCE

- Incivility in the clinical setting can negatively affect patient care and nurse satisfaction.
- Prevention and mitigation of incivility is challenging because of underreporting.
- Formal reporting of incivility is needed to determine accurate incidence and prevalence.

## KEYWORDS

incivility; oncology infusion unit; reporting; education; type 2 workplace violence

## DIGITAL OBJECT IDENTIFIER

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The American Nurses Association (2023, para. 3) defines *incivility* as “one or more rude, discourteous, or disrespectful actions that may or may not have a negative intent behind them.” Incivility may consist of a variety of behaviors, including passive-aggressiveness, nonverbal or verbal abuse, and sexual assault or harassment (Atashzadeh Shoorideh et al., 2021) (see Figure 1). In healthcare settings, these behaviors may occur among nurses, physicians, interprofessional colleagues, superiors, patients, and visitors. Incivility has become a prominent concern within the nursing work environment and can have negative consequences for patients, nurses, and healthcare organizations (Armstrong, 2018). The National Institute for Occupational Safety and Health (2020) categorizes workplace violence into four types: type 1 (criminal intent), type 2 (customer/client), type 3 (worker-on-worker), and type 4 (personal relationship). Because of the large scope of workplace violence, this project focused on acts of incivility committed by patients and their visitors, characterized as type 2 workplace violence (Byon et al., 2022).

Accurately quantifying the incidence and prevalence of incivility is challenging. In 2018, the Joint Commission (2021) reported that healthcare workers were five times more likely to experience workplace violence than all other workers. The Joint Commission (2021) also acknowledged that underreporting is a significant issue and recognized that actual rates may be much higher. Although no established benchmark for reporting incivility in the healthcare industry in the United States exists, Dressner and Kissinger (2018) report from the U.S. Bureau of Labor Statistics that the incidence of nonfatal occupational injuries and illnesses among RNs, including missed days from work, is 104.2 per 10,000 full-time employees.

To inform this project, a comprehensive review of the literature was conducted, and organizational culture and internal data related to incivility reporting were considered. The reviewed literature represented a variety of healthcare settings with a diverse group of healthcare workers. A theme identified in all studies was that formal reporting of incivility events committed by patients and their visitors continues to be underperformed by nurses. As a result, accurate incidence and prevalence rates of incivility are unknown. The literature identified facilitators of formal reporting to be a supportive