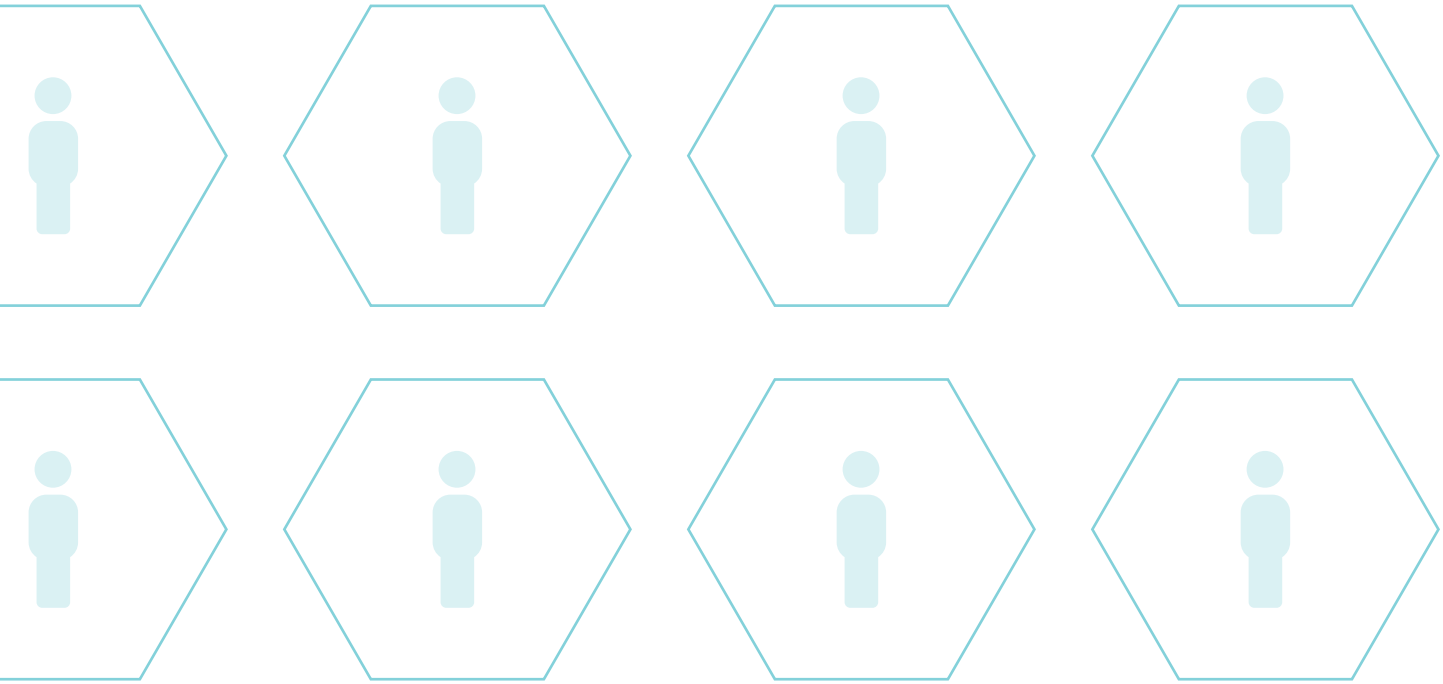
Health Quality Alberta

Promoting civility for safer patient care

A guide and toolkit for healthcare providers and organizations



Health Quality Alberta

Health Quality Alberta is a provincial agency that brings together patients, families, and our partners from across healthcare and academia to inspire improvement in patient safety, person-centred care, and health service quality. We assess and study the healthcare system, identify effective practices, and engage with Albertans to gather information about their experiences. Our responsibilities are outlined in the *Health Quality Council of Alberta Act*.

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Contents

PLEASE NOTE:

- The inclusion of any organization, product, or resource in this document is provided for information purposes only and does not constitute an endorsement or recommendation. Users should evaluate all resources independently to determine their suitability for their needs.
- There is a limited evidence base for strategies to address incivilities and the broader range of unprofessional behaviours in the workplace. Although rigorous evidence is limited, the tools and resources included in this document reflect good practices that support positive workplace environments.

Promoting civility in healthcare is not optional – it's essential. Incivility undermines trust, increases risk of harm to patients and providers, and drives up costs, while civility fosters psychological safety, collaboration, and learning. By using the tools and strategies in this guide, leaders and teams can take practical steps to prevent harm, support staff well-being, and strengthen patient safety. Every interaction matters – start today to make respect and civility the standard in your workplace.

A few notes about this toolkit

This toolkit includes information, tools, and resources to support healthcare individuals, leaders, organizations, and education programs to promote civility in their workplaces and address incivility when it occurs.

ADDITIONAL RESOURCES

Links to additional resources that support people to take action are included in this toolkit.

TOOLS

The tools provided in this toolkit are available as separate printable PDFs on the Health Quality Alberta website.

The toolkit is focused on common and harmful incidents of incivility that can become normalized and impact patient care. Topics that are relevant to incivility, but outside of the scope of the toolkit include:

- Widescale culture change initiatives. The Health Quality BC Culture Change Toolbox includes a collection of tools and interventions for changing culture.
- Initiatives that support equity-informed practice and attention to power and difference within teams and organizations.
- Behaviours that require a mandated response under the *Occupational Health and Safety Act*, *the Human Rights Act*, or *the Criminal Code*.
- Incivility and violence from patients.

Introduction

Healthcare workplaces are often fast-paced and high-stress environments where emotions can run high. This, combined with the hierarchical nature of healthcare and inherent power imbalances, makes the system more susceptible to unprofessional behaviour. Changes in legislation and societal tolerance have brought greater attention to overt forms of harassment, discrimination, and violence, while subtle or normalized expressions of harm may be tolerated.[1] The impact of these seemingly minor incidents of incivility is recognized as significant and harmful in the workplace and negatively affects patient safety and care.[2-6] The tolerance of incivilities may also allow harassment and discrimination to persist through less overt behaviours that do not attract the same attention and response as more overt actions.[1] Efforts to address undesirable behaviours in the workplace must therefore focus on the entire continuum of workplace behaviours, striving to promote civil, respectful, and professional interactions.

WHAT IS INCIVILITY?

For the purposes of this toolkit, the terms civility/incivility are used to describe the more subtle and ambiguous behaviours that convey disrespect. The term incivility encompasses a variety of behaviours and includes "aggressive or dismissive language and actions or inactions that degrade working relationships".[7] Incivility is subjective and as interpreted by the individual.

Other terms such as unprofessional behaviour, disrespectful or rude behaviour, and bullying, may appear in this document and are used to describe a broader range of behaviours. While this guide focuses on promoting civility, many of the resources in this guide are relevant to behaviours beyond incivilities.

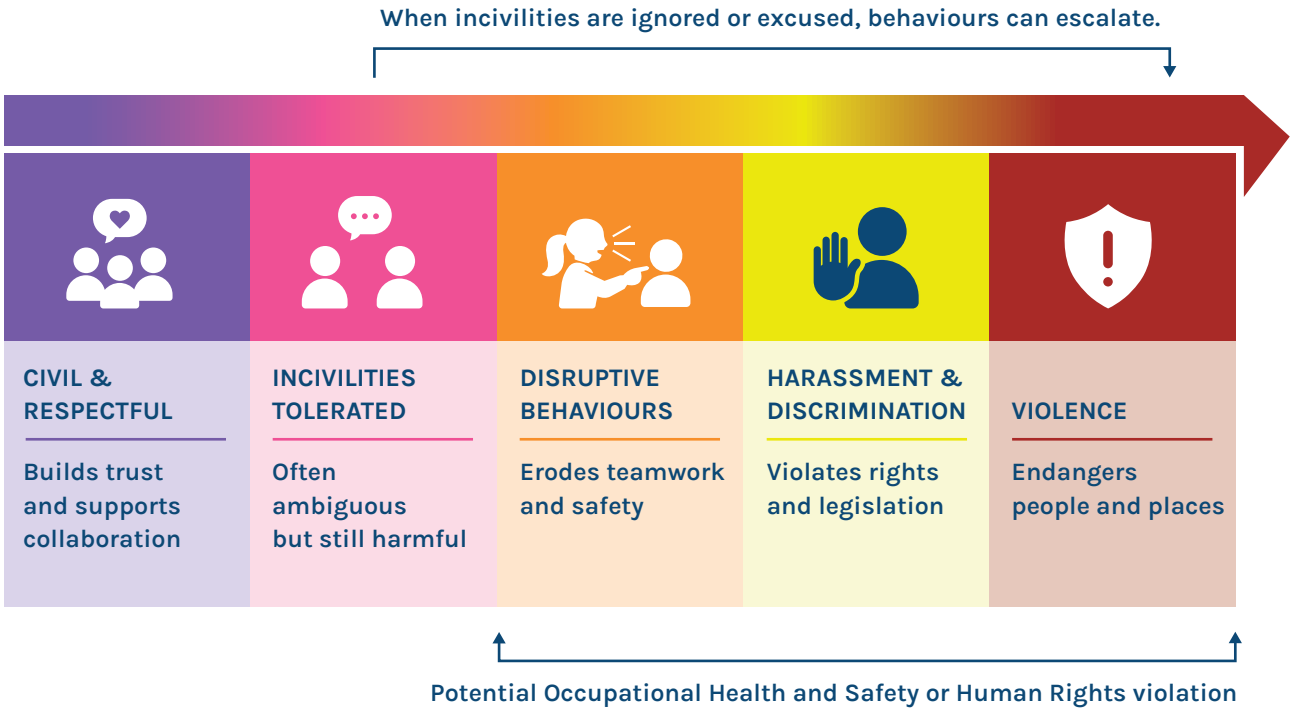
WHAT INCIVILITY IS NOT

Incivility is not performance management or constructive feedback communicated in a respectful, fair, consistent, and accountable manner. It is not advocacy by an individual or group that challenges the status quo when it is conducted in a mutually respectful manner and is not directed at achieving personal gain or status at the expense of others.

IMPORTANT NOTE:

When talking about incivility, it is essential to consider the context in which interactions occur and the individual communication styles of those involved. Behaviours that may appear abrupt, dismissive, or undermining can sometimes reflect differences in neurodiversity, culture, language, or stress response rather than an intention to be disrespectful. Attention to impact remains important, but without understanding and consideration of the context of the situation, well-intended actions can be misinterpreted, leading to unnecessary conflict or harm. All individuals share responsibility for taking an open and curious approach as well as reflecting on how their actions are experienced by others and adjusting when harm occurs. This perspective does not minimize or excuse the impact of incivility; rather, it recognizes that people express themselves differently and encourages a response grounded in understanding, respect, and accountability.

CONTINUUM OF WORKPLACE BEHAVIOURS



Civility happens when expectations are clear, behaviours are addressed, and systems improve.

Promoting civility requires action at all levels of the healthcare system; everyone has a role to play. Organizations are accountable for the environment in which people work and must not only have processes in place to respond to incidents, but also build a culture where incivility cannot take root. Leaders play a critical role; they must model appropriate behaviour and be supported to develop the knowledge and skill to respond effectively when incidents of incivility occur. Individuals are accountable for ensuring their own actions and behaviour reflect civility. They need to be supported by their organization's culture and processes to be respectful in their communications and to recognize and respond to incivility effectively when it occurs. They need to see that reports of incivility are taken seriously, managed respectfully, and addressed appropriately. Education institutions responsible for training and developing healthcare providers must create supportive learning environments, preparing students to communicate respectfully and to recognize and respond to incivility effectively. When learners are exposed to incivility, they are more likely to exhibit it in practice.[7,8]

Impact of incivility

Incivility is a patient safety issue. Incivility among healthcare workers damages teamwork and communication, essential components of patient safety.[2-5,9-14] When staff feel intimidated to speak up, they withdraw from engaging and collaborating with others, experience moral distress, and lose trust in the team and organization. This can lead to errors, harm or near harm to patients, neglect of care needs, complaints, and potentially worse clinical outcomes.

Incivility impacts the healthcare workforce. Although incidents of incivility are likely underreported there is evidence that these events are common and negatively affect both the recipient and those observing.[1-5,13-15] Healthcare workers exposed to incivility experience burnout, reduced work satisfaction, and decreased confidence in reporting errors and close calls, which in turn affects their performance, and attentiveness, leading some to prematurely leave their jobs or profession.[9,10] A study of Canadian nurses found that workplace empowerment, supervisor and coworker incivility, and burnout were strongly related to job satisfaction, organizational commitment, and turnover intentions.[12]

When someone is the target of rude behaviour:[15]

61% experience reduced cognitive function
80% spend time worrying about it
38% reduced the quality of their work
48% reduced their time at work

Individuals observing rude behaviour experience

20% reduction in cognitive ability and are
50% less likely to help others.[13,15]

Particular attention must be paid to the experience of groups who have been identified as being disproportionately the target of incivility, often reflecting underlying power imbalances and systemic inequalities. Those most at risk of being the target of incivilities include women, new staff, staff with disabilities, and those from under-represented groups.[1-6] Younger staff and those with lower professional status, such as nurses and aides compared to physicians, are also particularly vulnerable.[5,6]

Incivility and patient safety

- Patients cared for by physicians who have reported incidents of disrespectful behaviour are 20-30% more likely to have a surgical site infection, 20-40% more likely to develop sepsis, 24-30% more likely to die if trauma care is required.[9,10,11]
- 40% of healthcare providers have been so intimidated by a colleague's behaviour that they avoided seeking help or clarifying an order, leading to potential harm. 47% felt pressured to complete a medication task despite concerns about safety.[12]
- Simulation-based studies have found that even mild incivility caused significant declines in team performance and care outcomes. Rudeness alone explained nearly 12% of all the variance in diagnostic and procedural performance and those exposed to incivility scored lower on every performance metric.[13,14]

"I think this dose looks wrong, but I am not calling the doctor – last time he snapped at me in front of everyone."

– Nurse to colleague

Incivility increases costs for organizations and the healthcare system. The impact of incivility is compounded at the organization and system level, driving up costs and risk.[15] Incivility is a known factor associated with staff turnover, absenteeism, and recruitment challenges. It can also erode productivity, as well as expose organizations to the risk of lawsuits, regulatory complaints, and reputational harm.

Civility is not just about being polite – it directly affects the safety and quality of patient care. Promoting civility is a critical patient safety strategy and a sound financial investment. The cost of inaction is too high. This toolkit can be used to raise awareness about the impact of incivility and to support organizations and leaders to take action to promote civility, thereby improving patient safety, quality of care, staff well-being and retention, and operational efficiency.

The evidence is clear; incivility is common and has harmful effects. Commit now to civility in your workplace to create safer care, stronger teams, and a healthier system.

The cost of incivility

- The financial consequences of bullying and harassment in the National Health Services (NHS) are estimated to cost the service in England at least £2.28 billion ($2.96 billion) a year.[16]
- The total cost of burnout (which is associated with incivility) for all physicians practising in Canada in 2012 was estimated to be $213.1 million related to early retirement and reduced clinical hours.[17]
- According to the 2025 Nursing Solutions Inc. (NSI) National Health Care Retention & RN Staffing Report a 1% change in RN (registered nurse) turnover (which is associated with incivility) can cost or save a hospital approximately $262,500 annually.[18]
- The estimated cost of medication errors (which are more likely to occur in uncivil environments) in the U.S. is $42 billion annually.[19]

Take an integrated approach

Promoting civility requires an ongoing, multi-faceted, and integrated approach. The approach should incorporate actions at the individual, leadership, and organizational levels, recognizing that those at the organizational and leadership level will have the greatest impact.

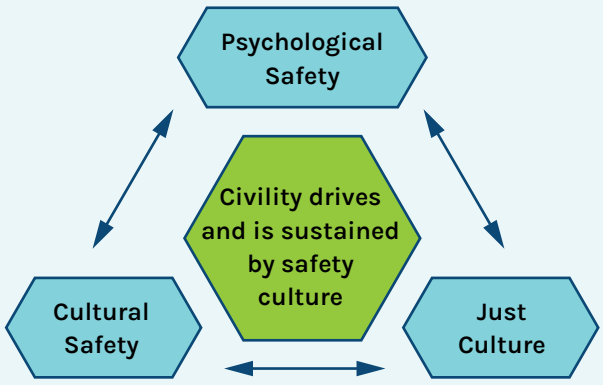
Strategies to address incivility often focus on modifying individual behaviour; however, there is evidence to suggest targeting organization and system factors can be more impactful. Organization and system factors that contribute to incivility include high job demands, a culture of silence, inadequate support from colleagues and managers, and how leaders respond to incivility. Organizational change and job insecurity have also been identified as contributing factors.[6,20-23]

The image below, from the University of Surrey, illustrates how the workplace context impacts the way people interact, which drives outcomes, clearly demonstrating the importance of action at the organization and system level. Their guide, Addressing Unprofessional Behaviours Between Healthcare Staff,[6] includes strategies that target workplace context and reflects an integrated approach.

Reproduced from: Maben, Jill. Aunger, Justin. A. Abrams, Ruth. Mannion, Russell, Pearson, Mark. Wright, Judy M. Jones, Aled. Westbrook, Johanna.(2023). Addressing unprofessional behaviours between healthcare staff:A guide. University of Surrey: Guildford. https://workforceresearchsurrey.health/projects-resources/addressing-unprofessional-behaviours-between-healthcare-staff/ with permission under CC By-NC-SA 4.0 license

An integrated approach and safety culture

An integrated approach includes clearly articulated expectations for civil and respectful behaviour; education, monitoring and assessment to prevent incidents; and a consistent response to incivility that focuses on positive behaviour change. These strategies are most effective in an environment that promotes open communication, accountability, and learning which are characteristics of an organization with a strong safety culture. Psychological safety, just culture, and cultural safety are aspects of safety culture that are strongly connected to incivility.



Civility serves as a foundation for psychological safety, just culture, and cultural safety, which in turn reinforce and sustain respectful behaviour.

PSYCHOLOGICAL SAFETY

in the context of patient safety means employees feel safe to speak up, share ideas, and admit mistakes without fear of punishment or humiliation.[24]

JUST CULTURE

is evident when healthcare workers are treated with respect and feel supported when something goes wrong or nearly goes wrong with patient care.[25] In keeping with a just culture, considering situational context and adopting an open, curious stance helps ensure that responses to perceived incivility remain fair, inclusive, and oriented toward learning and improvement rather than assumption or blame.

CULTURAL SAFETY

further recognizes that experiences of safety are shaped by power, identity, and systemic inequities, and that some individuals face greater risk when speaking up.[26, 27]

Examples of integrated approaches

The NHS Civility and Respect program is an example of a program that has taken an integrated approach. The program is focused on creating positive working environments that are kind, compassionate, and inclusive for all. While preventative in nature, the program's tools and resources also provide guidance for responding to incivility reflecting a comprehensive approach.

Workplace Strategies for Mental Health identifies evidence-based actions for civility and respect that can be implemented at little or not cost. These actions reflect an integrated approach that considers both prevention and response.

Organizational self assessment

This checklist can be used as a self-assessment for organizations to identify strengths and opportunities for improvement within their environment. Topics on the checklist that are addressed in this tool and resource guide are identified with a symbol ⊖.

Set expectations

- ☐ Organization values, including a commitment to just culture, are communicated and monitored. ⊖
- ☐ A code of conduct that includes definitions and examples of expected and unacceptable behaviour is in place. ⊖
- ☐ Policies and procedures related to workplace behaviours are established. ⊖
- ☐ There is visible support from executives, senior leaders, and champions throughout the organization.
- ☐ Executives, senior leaders, managers, and clinical educators model desired behaviours.
- ☐ Interpersonal behaviour is evaluated in recruitment, performance review, and credentialing.

Prevent incivility

- ☐ Psychosocial hazards and workplace stressors are identified and addressed. ⊖
- ☐ Orientation to expectations of workplace behaviour and related policies and procedures is provided during onboarding and on an ongoing basis.
- ☐ Staff formally commit to a code of conduct that is consistently and equitably enforced.
- ☐ Education about what it means to be civil is provided through communication skills training programs for individuals and teams. ⊖
- ☐ Conflict management skills training for managers and teams is provided. ⊖
- ☐ Intervention skills training for managers, leaders, and executives is provided. ⊖
- ☐ An assessment of organization culture and staff perceptions about the extent and impact of incivilities is conducted regularly. ⊖
- ☐ A reporting system or process for identifying concerns about incivilities and other behaviours is in place.
- ☐ Support programs to promote employee wellness are available. ⊖

Respond to incivilities

- ☐ A standardized process for documenting, evaluating, and investigating reports is used. ⊖
- ☐ A visible tiered approach for intervention that emphasizes timely response, self-regulation, positive change, and professional accountability is in place. ⊖
- ☐ A resolution process that considers needs of both the complainant and the respondent is adopted. ⊖

Set expectations

Civility in the workplace is fostered through mutually determined and agreed-upon expectations. Although setting expectations is primarily a leadership and organizational responsibility, a collaborative approach builds understanding and trust, promoting buy-in from everyone involved. Leaders across the healthcare system and clinical faculty who mentor students must demonstrate their commitment to a civil and respectful workplace through their words and actions.

For healthcare professionals, expectations of behaviour are also set by their regulators and professional associations through documents such as a code of ethics, code of conduct, and standards of practice. These are useful resource documents for organizations when setting expectations of behaviour.

TO SET EXPECTATIONS:

- ☐ Monitor and communicate organization values, including a commitment to just culture. ⊖
- ☐ Maintain a code of conduct with definitions and examples of expected and unacceptable behaviour. ⊖
- ☐ Establish policies and procedures related to workplace behaviours. ⊖
- ☐ Demonstrate visible support from executives, senior leaders, and champions throughout the organization.
- ☐ Model desired behaviours.
- ☐ Evaluate interpersonal behaviour in recruitment, performance review, and credentialing.

Develop a code of conduct

A code of conduct sets overarching expectations of behaviour. To build commitment, it is best developed and monitored using a collaborative process involving wide representation from those to whom it will apply. The code of conduct connects an organization's mission and core values to behaviours and practices and sets the foundation for organizational culture.

CHECKLIST FOR DEVELOPING A CODE OF CONDUCT

Content elements	Comments
☐ **Preamble**	Link expectations of conduct to the underlying values of the organization. Clearly state what behaviours will not be tolerated.
☐ **Purpose**	Explicitly make the link between unacceptable behaviour and its impact on patient outcomes, healthcare team, and the workplace.
☐ **Applicability**	Specify who the code pertains to and indicate if a separate code(s) of conduct exists for some healthcare provider groups.
☐ **Definitions**	Include a definition for the behaviours included in the code.
☐ **Examples of behaviours**	Provide examples of expected behaviours, but also behaviours considered inappropriate to make it clear what is and is not acceptable.
☐ **Overview of the reporting, intervention, and resolution process**	The code should describe what processes are in place to address situations where behaviour is not in compliance and link to related information. Details are typically provided in other policies.

EXAMPLES:

Alberta Health Services Code of Conduct

Covenant Health Code of Conduct

Policies and procedures related to workplace behaviours

Policies and procedures create a commitment to and a process for following through when behaviours do not meet the standards outlined in the code of conduct. Policy statements and procedure documents are insufficient on their own but are necessary to establish expectations that can then be reinforced through more active prevention and response strategies. Zero tolerance policies are not recommended as this can be interpreted as punishment for every incident. The preferred approach is to create policies and procedures that hold individuals accountable for their behaviour while acknowledging human fallibility and the reality that anyone can occasionally make poor behavioural choices despite their best intentions.

TIPS FOR POLICIES AND PROCEDURES

Policies provide guidance for preventing and responding to all inappropriate workplace behaviours and may include the following elements:

- Policy statements that identify a commitment to civility and the shared accountability to promote respectful behaviour.
- Roles and responsibilities for everyone in the workplace, including the process each person involved in an incident must follow.
- Staged, progressive approach to intervention emphasizing both personal and system accountability.
- Procedures for reporting, evaluation and initial review, investigation, management approach, resolution and reconciliation, follow-up, and documentation.
- Processes that ensure *Occupational Health and Safety Act* and *Human Rights Act* legislative requirements are met.
- Protection from retaliation for those who report and mechanisms to ensure reporting systems are not misused.
- Support for patients/their families and other providers who are involved or witness incivilities or other inappropriate behaviour.

RESOURCES

- The Alberta Occupational Health and Safety Act has specific requirements to prevent workplace harassment and violence and to address incidents when they occur that must be incorporated into policy.
- Workplace Strategies for Mental Health offers guidance for the development of policies and procedures to address harassment and bullying in the workplace.
- The Continuing Care Safety Association has an Integrated Health and Safety Toolkit that includes customizable resources including sample policies related to harassment and violence in the workplace.

Prevent incivility

Prevention strategies should be aimed at creating and sustaining an environment where incivility is minimized, and people feel empowered to address it in a constructive way when it happens.

This includes education, tools, surveillance systems, as well as ongoing identification and removal of contributing system issues. Getting feedback from staff about potential system issues that may be creating frustration and conflict helps identify contributing factors that can be addressed. This demonstrates leadership commitment and fosters open communication and continuous improvement.

Everyone has a role to play in prevention. Organizations must establish a culture and structures that foster civility. Within that culture and structure, individuals, teams, and managers play a role in promoting civility by being aware of taking responsibility for their own behaviour and well-being.

TO PREVENT INCIVILITY:

- ☐ Identify and assess psychosocial hazards and workplace stressors. ⊖
- ☐ Orient everyone to expectations of workplace behaviour and related policies and procedures during onboarding and on an ongoing basis.
- ☐ Consistently and equitably enforce a code of conduct.
- ☐ Provide communication skills training programs for individuals and teams. ⊖
- ☐ Offer conflict management skills training for managers and teams. ⊖
- ☐ Deliver intervention skills training for managers, leaders, and executives. ⊖
- ☐ Assess organization culture and staff perceptions about the extent and impact of incivilities regularly. ⊖
- ☐ Establish a reporting system or process for identifying concerns about incivilities and other behaviours.
- ☐ Offer programs to promote employee wellness. ⊖

SPECIFIC STRATEGIES TO MINIMIZE INCIVILITY CAN INCLUDE:

- Teams' agreement on how they will communicate and work together and hold each other accountable for respectful interactions.
- Managers and leaders acting as role models and developing skills to respond when someone's behaviour is not conducive to a respectful workplace.
- Individuals developing the communication and conflict management skills to act in a respectful manner and to be supported to address incivilities from others.

Prevention – individual level

SELF-AWARENESS AND SELF-CARE

Many individuals and managers do not recognize their own uncivil behaviour, often because the behaviour is low-intensity and had ambiguous intent.[15] Civility is a deliberate action that requires self-awareness, and personal accountability for behavioural choices.[28] Organizations should encourage individuals to reflect on their own behaviour and to participate in personal and professional development activities that reinforce respectful communication.

Stress from life or work events can also contribute to incivility. The emotional exhaustion and cynicism associated with burnout can lead to irritability, negative attitudes toward colleagues, and a diminished sense of empathy, making individuals more prone to engage in or retaliate with uncivil behaviour.[29] This can create a "vicious cycle" where burnout fuels incivility, which in turn exacerbates burnout. Individuals need to pay attention to signs of burnout and be supported to take action to address their health and well-being.

RESOURCES

Self-reflection

Individuals may also want to reflect on their own behaviour to identify if they are contributing to incivility in the workplace.

- SafeCare BC has developed the Civility Matters Checklist for individuals to use as a self-reflection tool about their own behaviour. Although this checklist was created for use in long term care, it is applicable to other settings.
- The Ontario Medical Association has a series of articles about The Five Fundamentals of Civility.[28] The information offers an opportunity to learn and reflect on the causes of incivility and the strategies that can be adopted to foster civil behaviour, even at times of risk. While geared towards physicians, the information would be of interest to other healthcare professionals and leaders.
- Workplace Strategies for Mental Health provides information including a short eLearning module for individuals to reflect on how they handle conflict and to learn techniques to resolve conflict themselves.

Prevent burnout

Unaddressed burnout can increase the risk of developing clinical depression or other serious conditions. The following resources can help individuals identify the potential for burnout and access wellness information.

- Workplace Strategies for Mental Health has information about work-related stress and strategies to help identify risks and prevent burnout.
- Physicians who are members of the Canadian Medical Protective Association have access to the Physician Well-Being Index. Validated by the Mayo Clinic, this web-based tool provides a way to quickly assess levels of distress, track information over time, and gain access to wellness resources.
- The Health Worker Burnout Toolkit includes evidence-informed strategies to improve the mental health of healthcare workers. The interventions are categorized at the system, organization, team, and individual level.
- The Alberta Continuing Care Safety Association offers a free on-demand course about Mental Health and Wellness designed to support individuals to reflect on their mental health and learn how to improve their psychological wellness at work and in life.

Prevention – manager/team level

Prevention at the manager and team level focuses on defining and fostering respectful communication and creating safe spaces for sharing ideas, raising concerns, or talking about errors. Managers need to understand what incivility looks like and how it impacts individuals, teams, and patients.

Assessing psychological safety and team function and taking action to improve helps managers and teams identify factors that contribute to incivility and to create an environment where incivilities are less likely to occur. Managers also play an important role in promoting civility by paying attention to signs of burnout within their teams and supporting staff mental health and well-being.

Most importantly, civility is promoted through the actions of leaders at all levels of the organization who model the behaviours they expect of others and hold everyone accountable for their own behaviour.

ASSESS AND PROMOTE PSYCHOLOGICAL SAFETY FOR TEAMS TO IDENTIFY AND ADDRESS DRIVERS OF INCIVILITY

- The Psychologically Safe Team Assessment was developed by the Workplace Strategies for Mental Health team and researchers from Queen's University, along with technical development and support from the Canadian Centre for Occupational Health and Safety. This free online assessment tool highlights team strengths and areas for improvement. Free and practical tools to help build a more effective and resilient team are available to support managers to act on the results.
- Workplace Strategies for Mental Health offers free workshop materials like the psychologically safe interactions workshop. The objective is to describe interactions that support all employees to feel safe speaking up about legitimate concerns in the workplace, effectively resolve most disagreements themselves, respectfully intervene when witnessing inappropriate behaviour, and feel included and valued. Teams are guided to share personal reflections, consider how they interpret the behaviours of others, and identify as a group how to intervene in a respectful way.
- TeamSTEPPS is an evidence-based framework to optimize team performance and improve patient safety by enhancing communication and teamwork skills. Healthcare Excellence Canada offers a free online course that introduces the framework. Additional information and resources about TeamSTEPPS can be found at the Agency for Healthcare Research and Quality.
- The Team Agreement Process available from Workplace Strategies for Mental Health, helps team members co-create a plan for how they will interact with each other at work. This process promotes civility through an agreed upon plan for how team members can respectfully hold each other accountable for their interactions.

PROMOTE WELLNESS

- The Health Worker Burnout Toolkit includes evidence-informed strategies to improve the mental health of healthcare workers. The interventions are categorized at the system, organization, team, and individual level.
- Workplace Strategies for Mental Health offers strategies for organizations and leaders to take a trauma-informed approach to supporting employees.

CULTURE SELF-ASSESSMENT FOR MANAGERS

Managers can complete a culture self-assessment to reflect on their strengths and areas requiring further work in building their organization's culture of dignity and respect.

People focus	Sometimes	Most of the time	Always
Do you give people personal responsibility?			
Do you actively seek out the views of others?			
Are you committed to team development?			
Do you instill confidence in others?			
Do you encourage open feedback and debate?			

Personal integrity	Sometimes	Most of the time	Always
Do you do what you say you'll do?			
Do you show respect to everyone?			
Can you say sorry when you've made a mistake?			
Are you open and honest about your mistakes and do you learn from others?			
Are you fair in your dealings with others?			

Visibility	Sometimes	Most of the time	Always
Do you actively promote an open-door approach?			
Do you champion a culture of civility and respect?			
Are you available to listen to the views of others?			
Are you prepared to talk to patients and families about the need for civility and respect?			
Have you put building a culture of civility and respect on your main agenda?			

CULTURE SELF-ASSESSMENT FOR MANAGERS (CONTINUED)

Promoting standards	Sometimes	Most of the time	Always
Do you establish individual and team goals?			
Do you give personal recognition to others?			
Do you use feedback and coaching constructively?			
Do you schedule regular time for improving interpersonal relationships?			
Are you constantly looking for opportunities for improvement?			
Challenging the status quo	**Sometimes**	**Most of the time**	**Always**
Do you openly challenge unacceptable behaviour?			
Do you seek out prejudiced attitude?			
Do you critically examine policies and procedures to make sure they're fair to everyone?			
How did you do? Add up the ticks in each column			
Now multiply each column total by the appropriate weighting factor.	0	2	5
Total score (Maximum total score possible is 125)			

IF YOU SCORED:

- 0–50: You don't yet understand what is needed.
- 51–75: You have some awareness of requirements, but significant effort is still needed.
- 76–100: You have reasonable skills.
- 101–125: You have excellent skills.

Now ask your team to complete the questionnaire anonymously and see how they rate you.

Adapted with permission from Public Services Health & Safety Association's Bullying in the Workplace Handbook.

Prevention – organization level

A range of system and organizational factors contribute to incivility. Prevention strategies at the organizational level require an intentional focus on promoting civility in the workplace, addressing contributing factors, and providing everyone with the skills to effectively manage conflict.

PROMOTE CIVILITY AND RESPECT

Embedding civility into everyday interactions can prevent many forms of unacceptable behaviour before they occur. This will also strengthen collaboration, reduce conflict, and ultimately create conditions that support safe, high-quality care. Organizations need to raise awareness about the importance of civility and implement actions that foster an environment where incivilities are not tolerated. Strategies to address factors such as psychological safety, workload, and burnout that are known to contribute to incivilities should also be implemented.

RAISE AWARENESS

- The Civility Saves Lives website includes research on the impact of incivility as well as resources to support action. This information can be used to support awareness activities.
- SafeCare BC has an Online Toolkit for Long-Term Care Staff with resources to promote civility in the workplace including resources that can be used to lead a Safety Huddle on the topic of civility and respect to help raise awareness with teams and identify potential areas of concern.

ACTIONS TO PROMOTE CIVILITY

- The NHS has developed a framework to guide human resource practitioners and NHS provider leaders in creating a culture of civility and respect. Along with the framework, a toolkit that serves as a practical guide to initiate and sustain activities that promote a culture of civility and respect following the AIM (analyze, intervene, measure) approach was created. This toolkit is a good resource for organizations wanting to implement strategies to promote civility and respect.
- Civility Matters is a project in B.C. that is aimed at cultivating an environment where every individual feels valued, heard, and respected. More information, including tools and resources, can be found on the project's website.

ADDRESS CONTRIBUTING FACTORS

- The University of Surrey Addressing Unprofessional Behaviours Between Healthcare Staff guide[6] includes specific strategies to address the five organizational and systemic issues identified in their research that contribute to incivilities. Thirteen types of strategies linked to the different issues are outlined.
- Health Quality Alberta offers information and resources to support a just culture in healthcare organizations. A just culture creates an environment where people feel safe to speak up about safety issues and errors and trust that they will be treated fairly. Reduced ability to speak up has been shown to increase the risk of incivilities.[22]
- The Health Worker Burnout Toolkit includes evidence-informed strategies to improve the mental health of healthcare workers. The interventions are categorized at the system, organization, team, and individual level.
- The Mental Health Commission of Canada released the National Standard of Canada for Psychological Health and Safety in the Workplace; a set of voluntary guidelines, tools, and resources intended to guide organizations in promoting mental health and preventing psychological harm at work.
- The Continuing Care Safety Association provides information and resources to support Psychological Health and Safety in Continuing Care.
- Workplace Strategies for Mental Health offers strategies for organizations and leaders to take a trauma-informed approach to supporting employees.

Manage conflict

People working together bring different experiences and perspectives and as such will not always agree on things. This diversity can drive innovation and creativity. In a psychologically safe workplace, where civility is promoted, conflict is addressed respectfully at an early stage to prevent things from escalating. Managers, teams, and individuals need education to understand how to manage conflict in a respectful way that focuses on solutions.

RESOURCES

Workplace Strategies for Mental Health has a conflict resolution process for leaders that includes materials for a Resolving Conflict Workshop to help leaders and employees learn how to preserve the dignity of all parties, avoid forced, or insincere apologies, commit to improving relationships, and develop an accountability process.

Respond to incivilities

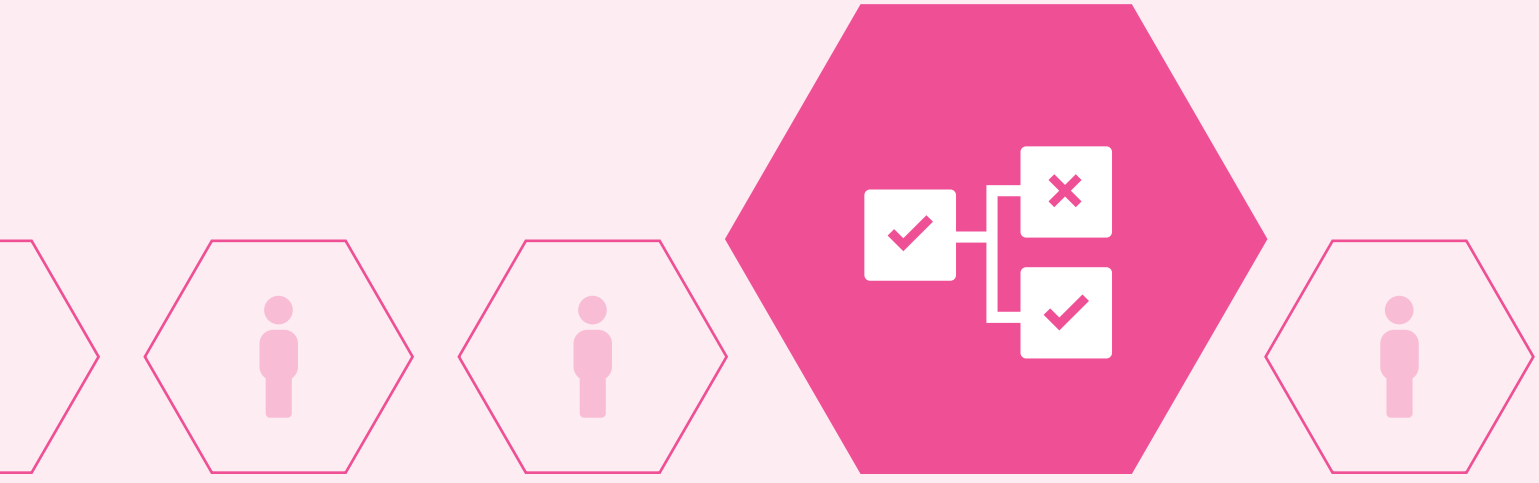
When incivility or other inappropriate behaviour occurs, organizations are responsible to respond consistently in all circumstances. Ignoring the incident or intervening selectively gives tacit approval to the behaviour and feeds a downward spiral towards a negative workplace culture where patient care can be impacted. A timely response sends a message that incivility is not acceptable, keeps incidents from escalating, and prevents further harm for everyone involved.

Incidents should be resolved at the lowest level possible, reserving a report and investigation process for serious and/or persistent issues or issues where a formal response is mandated (i.e. occupational health and safety, human rights concerns). Processes and support for informal resolution should be in place to ensure incidents are addressed in a respectful way that encourages self-refection and personal accountability. A trauma-informed approach considers the impact of processes on the complainant and respects their preferences for resolution. In developing response strategies, relevant legislation, and provisions of collective agreements must also be considered.

Organizations are also responsible to support managers and individuals to respond appropriately. Managers need to develop the knowledge and skills necessary to consistently respond to incidents in a respectful way. Individuals should be supported to respond to incidents in the moment and, when that is not possible or effective, be equipped to report and address incivilities through more formal processes.

TO EFFECTIVELY RESPOND:

- ☐ Use a standardized process for documenting, evaluating, and investigating reports. ⊖
- ☐ Establish a visible tiered approach for intervention that emphasizes timely response, self-regulation, positive change, and professional accountability. ⊖
- ☐ Adopt a resolution process that considers needs of both the complainant and the respondent. ⊖



Individual response strategies

Organizations and leaders are primarily responsible for responding to incivilities; however, everyone who is the target of, witness to, or recipient of incivilities has a role to play. Individual responses will depend on the circumstances of the incident as well as the individual's personal and professional circumstances and experience. There are complex reasons why an individual may not feel comfortable addressing incivility on their own such as:

- disempowerment through isolation and exclusion[1,30]
- fear of retaliation or stigmatizing from the source of incivility and/or colleagues[30,31]
- fear of job loss[28]
- normalization and acceptance of the behaviour by the team and/or leaders[1,30,31]
- discomfort of getting someone else in trouble[30]
- ambiguity of the behaviour[1,31]

Organizations need to support individuals to recognize incivilities, respond in the moment if they feel comfortable, and to document the incidents following established processes.

"I asked them three times to help with the transfer, but they just kept talking and ignored me."

– Healthcare aide in a continuing care home

SUPPORTING INDIVIDUAL RESPONSE

Organizations need to support individuals to:

✔ **Inform the person who is behaving disrespectfully that their behaviour is inappropriate if they feel comfortable to do so.**

Individuals will have different levels of comfort and skills in responding to incivility. Where possible, individuals should be encouraged to address incivilities in the moment recognizing that it is not always appropriate given power imbalances and risk of ongoing and/or escalating response.

Everyone should be coached to focus on the behaviour and its effect, not on the person who is behaving poorly, and to make it clear that the behaviour is unwelcome and ask that it stop.

✔ **Report behaviours that are recurring or serious.**

Reporting incivilities and other behaviours ensures that the concern can be addressed. Reporting can be informal, such as to a supervisor or someone in the human resources department, or more formal, through a reporting system depending on the organization. Those who report (complainant) must feel safe, supported, and free from fear of retaliation. In return they are accountable to avoid frivolous or vexatious reporting and to fairly report only facts, not opinion, speculation, or gossip.

✔ **Enlist the support of a friend or colleague (peer).**

Having someone present to witness the behaviours can help validate concerns and substantiate the account and can help minimize the need for the individual to be alone with the person who is behaving disrespectfully. Individuals and their colleagues are accountable to avoid escalating the situation by spreading gossip, creating division on the team, ganging up on or excluding the person who initially displayed the behaviour.

✔ **Document ongoing or significant unprofessional behaviour.**

Documenting an incident can help clarify and understand the situation and relieve stress. In addition, documentation will be needed to support a formal review and response if this becomes necessary.

✔ **Seek confidential advice.**

If there is a pattern of behaviours, a supportive supervisor, human resources, or union representative can provide guidance on the organization's resources, policies, and procedures to address these behaviours. External resources include assistance programs (e.g., employee or professional and/or protective association) or a health profession regulator.

✔ **Reflect and reframe their own perspectives when appropriate.**

Incivility is subjective and as interpreted by the individual. Responding to incivility with openness and curiosity rather than judgment may help de-escalate conflict, uncover underlying issues, and create a space for learning, accountability, and agreement on what civility looks like for those involved.

PERSONAL DOCUMENTATION TEMPLATE

Individuals who feel they are the target of incivilities are encouraged to document the incident(s). Documentation can help clarify what happened and relieve stress. It can help detect a recurring pattern of subtle disrespectful behaviour that is otherwise difficult to prove.

Record only the facts of the incident and avoid opinion or speculation.

Date: _____

Time: _____

Place: _____

Person whose behaviour was inappropriate: _____

Who else was present: _____

Was a patient involved: ☐ **Yes** ☐ **No**

What happened? (Focus on the facts of what happened – where it occurred, what was observed or said, what led up to the incident. Avoid opinion or speculation.):

_____

_____

If a patient was involved, how was the patient's care affected? (Do not record personally identifying information about the patient.):

_____

_____

What action did you take at the time?

_____

_____

How did this incident affect you?

_____

_____

_____

_____

_____

_____

_____

_____

_____

RECOGNIZE INCIVILITIES

Incivility can become normalized making it difficult to recognize it when it occurs. Reflection on the behaviours of concern and documentation of incidents can help individuals determine an appropriate response.

Those who think they might be the target of incivility can use this free online self-test from *Bully Free at Work* to name and become more aware of the severity of the behaviours they are experiencing.

Organization and manager response

An effective strategy to respond to incivility prioritizes proactive, non-punitive interventions to support behavioural change and reserving more formal, disciplinary-based approaches for situations involving an ongoing pattern of incivility and/or serious incidents.

The response should address systemic factors, not just individual conduct, be authentic, and be consistently applied across all levels of the organization.[6,23] The principles of timeliness and fairness should be evident in all actions. The response should strike a balance between the rights and responsibilities of the complainant and respondent in all stages of the process.

Ongoing feedback and evaluation of the response strategy will help to ensure that actions are achieving the desired goals, are aligned to principles, and do not have unanticipated negative consequences.

The following elements should be considered when developing a response strategy.

- formal reporting process
- evaluation and initial review
- investigation
- phased approach to intervention with follow-up at each stage
- resolution
- documentation
- support for those involved

DEVELOPING A RESPONSE STRATEGY

1. Reporting

A reporting system for situations in which routine feedback in the moment is not effective or, for more serious incidents helps organizations identify incivilities and take appropriate action. Individuals must feel safe to report and confident that their report will be responded to in a timely, consistent, and fair manner.

Individuals are accountable for responsible reporting and refraining from malicious or frivolous reporting. Organizations are responsible for establishing processes to review reports to identify the appropriate response, investigating those that require further understanding, and consistently addressing behaviours as outlined in policies.

2. Initial review

Every complaint, whether verbal or written, should be evaluated as soon as possible to determine the most appropriate action. This can help identify situations of conflict that are better handled at the interpersonal level, and escalate reports of serious incidents that warrant immediate intervention.

The evaluation should answer three questions:

- Would a reasonable person find this behaviour objectionable or inappropriate?
- Does the behaviour meet the definition of inappropriate or unacceptable behaviour as described in the code of conduct?
- Was anyone harmed in the incident or does the behaviour require a response mandated by legislation (i.e. occupational health and safety, human rights)?

If the answer is **No** to these questions, a discussion with the complainant is warranted to determine how to resolve the issue.

If the answer is **Yes** to any of these questions, an initial review is needed to verify the facts of the situation with all those involved (complainant, respondent, witnesses) in a timely, objective, and fair manner. It is helpful to determine the complainant's expectations regarding the outcome.[32]

3. Investigation

For ongoing and/or more serious behaviour-related issues, an investigation is recommended. Through an investigation, additional information is gathered about contributing individual and system factors and the context in which the behaviour is occurring. A check of provider wellness can help identify potential physical and/or mental health concerns that may be contributing to the behaviour.

The nature of the issues will determine the level of investigation. Where a pattern of unprofessional behaviour is identified it may be most appropriate to have a manager lead the investigation and intervention. For more serious reports, the investigation should be conducted by a neutral individual or team from outside the work unit who is experienced in this process. When individuals from more than one healthcare discipline are involved in a conflict, a team approach demonstrates a fair and balanced process. Confidentiality from all parties and of all information collected throughout the investigation process is essential.

4. Progressive approach to incidents

A progressive approach to incidents that considers provider and staff wellness and contributing system factors and which supports behaviour change is recommended. Implementation of a structured response using a progressive approach has demonstrated positive outcomes.[33,34]

Most providers and staff can reflect and self-regulate when a behaviour of concern is brought to their attention. Punitive disciplinary action such as a formal reprimand, suspension, termination of employment or withdrawal of privileges should be reserved for more serious situations or when individuals refuse to change their behaviour despite repeated lower-level interventions.

The response will be influenced by severity of the behaviour as well as contributing and mitigating factors uncovered during the investigation. Multiple interventions over time may be required to support individuals in changing their behaviour. A documented plan for behaviour change may be helpful to articulate expectations including the timeline and consequences discussed in a behaviour-focused meeting. Documentation will make it clear what was agreed to and can help get commitment from the individual to follow through.

The response should:

- be appropriate to the nature of the situation
- intensify with recurring incidents and limited success of lower-level interventions
- be directed toward helping individuals address personal contributing factors (if applicable)
- consider the potential systemic issues and the context of the situation

Examples of actions that could be considered as part of a documented plan for behaviour change include:

- referral to a support or assistance program
- coaching and mentoring
- assessment of contributing factors and plan to address system factors
- counselling
- mediation
- behaviour-focused training
- work restrictions or suspension
- consult with or report to a health profession regulator
- termination of employment
- legal action

The success of the response approach relies on training and support for everyone who responds to behaviour-related incidents. Consistent and skilled responses help prevent escalation and reinforce organizational expectations while ensuring respect and accountability is fostered in all responses.

Managers should be supported to develop the confidence and skill to lead behaviour-related conversations through education and access to tools and resources to assist them in preparing for a meeting. Health Quality Alberta has developed two tools that managers can reference: a Checklist for Preparing for a Meeting and Sample Phrases (see P. 27-30). Planning for behaviour-related conversations helps to ensure the meeting conveys a positive, constructive intention. The use of consistent language reinforces this intent.

5. Resolution

Resolution closes the loop and can help repair damaged relationships between all involved. Determining the complainant's expectations for resolution during the review process can help ensure their needs are met as well as helping them understand what a realistic outcome will be. Follow-up during and after the intervention process without breaching confidentiality of the respondent will help reassure them that action is being taken. A trauma-informed approach to resolution considers the impact of the incident as well as past experiences as part of the outcome.

Timely response and definitive action in those rare but high-impact situations where disciplinary action is indicated, demonstrates to everyone involved that incivilities and other inappropriate behaviours are not tolerated.

6. Documentation

Documentation is essential if it becomes necessary to follow through with disciplinary consequences or if there is a potential for litigation. Documentation may be discretionary for an informal awareness conversation but is strongly recommended for ongoing concerns. A record of each meeting should include date and time, individuals involved, issues discussed, recommended or mandated interventions, specific goals and timelines for change, and explicit consequences for failing to follow-through. Follow-up and evaluation activities should also be documented. Everyone should know what will be documented and how that information will be used and shared.

7. Support all involved parties

Managing behavioural issues is a stressful and often distressing process for all involved. Supporting all those involved will help reinforce the organization's commitment to treating all workers with respect and compassion. Enhancing competency for individuals leading behaviour conversations helps to reduce stress and ensures interventions are conducted in a supportive and respectful way. Where available, employee and physician or health professional assistance programs should be engaged early in the process.

Individuals may want to ask someone else to attend formal behaviour discussions with them, such as a union or other representative as appropriate or legal counsel. Unionized employees are entitled to have a union representative present at all meetings. If the dispute is between members of the same union, each should have a representative. Use information from supporting documentation such as that collected through a review or investigation to structure the discussion. The discussion and action plan should always be focused on behaviours and support for positive change.

Checklist for Preparing for a Meeting

When a formal meeting is required, preparation for a behaviour-related discussion with an individual who is the subject of a complaint is recommended. The meeting should convey a positive, constructive intention. It can be beneficial to create a meeting plan to ensure the meeting is focused and all issues are addressed. 'Scripting' some of the phrases to use can help keep the meeting on track and convey key messages.

☐ Create a written narrative of the incident and related facts gathered through the review to:

- Clarify thinking
- Ensure adequacy and quality of data
- Be consistent (will be invaluable if there is a legal challenge)

☐ Plan content for the meeting:

- Focus on behaviour
- Use objective, non-judgmental, respectful language
- Avoid references to motives or speculation (e.g. a medical diagnosis or the respondent's character)
- Include as many examples of the unacceptable behaviour as possible
- Include the date, time, and location of events
- Refer to facts from witness statements
- Include other relevant circumstances and context
- Include the reasons the behaviour is unacceptable

☐ Prepare a script or a few select phrases that will:

- Convey your positive intent
- Describe what was observed
- Describe the impact of the behaviour on others
- Ask for a response
- Focus the dialogue on solutions
- Clarify expectations and consequences
- Express your support for the individual – be hard on the behaviour but soft on the individual
- Create a plan for follow-up

☐ Plan logistics for the meeting:

- Determine with input from the individual if someone else should be included (e.g., neutral peer, union representative)
- Set out the goals for the meeting and inform the individual well in advance of the meeting
- Choose a suitable site for the meeting that is private and safe should there be an escalation in behaviour
- Negotiate a time with the individual and keep the meeting to a maximum of one hour
- Prepare a draft action plan for behaviour change before the meeting
- Determine what is and isn't negotiable

☐ During the meeting:

- Always be respectful – thank the individual for participating
- Set out the rules of engagement allowing the individual time to respond and agree before proceeding
- Clearly explain the purpose and goals of the meeting
- Acknowledge the individual's worth and identify good attributes
- Review the written narrative of facts related to the incident or events
- Follow scripted and planned content and try not to deviate from what you prepared
- Speak slowly and carefully
- Refocus the discussion on behaviour if the individual tries to divert the issues; offer to discuss those matters at a separate meeting
- Stop and repeat information regularly to prevent misunderstandings; paraphrase and ask the individual to repeat what he or she understands from your statement
- Conclude with acknowledgement of your confidence in the individual's good intentions and expectations of cooperation for improved conduct in the future

Sample Phrases

Background

Behaviour-related discussions are always difficult for both the manager or leader and the person whose behaviour is not meeting expectations. In preparing for the meeting, it can help to script some key phrases to get the meeting started, convey positive intent, and keep the meeting focused on the behaviour in question and finding solutions.

Convey positive intent…

This is not about your competency or the quality of your work or care that you provide. It is about some behaviours that are causing difficulty for people you work with and that may be negatively impacting care and the work environment.

You have worked here since… and we value you as a (profession or job). However there are some specific issues that have been brought to my attention that I can't ignore. We need to talk about these and resolve them.

Your work and (professional) behaviour have always been excellent up until… Since then we've been observing behaviours and performance that are not typical and becoming increasingly concerned about these behaviours, as well as your health and well-being.

We are confused and really worried about what we are seeing in your behaviour lately.

Describe what behaviour was observed…

Specific examples of what I'm concerned about are as follows:… On (specific day or date), you (describe observed behaviour)…

Your colleagues/other members of the team/other staff report that over the last few months you have… (summarize behaviours documented by others). While each incident might seem relatively minor on its own, together they reveal a pattern of behaviour that is a concern. It is creating problems for others and interfering with the smooth functioning of this team/unit/department.

Describe the impact of the behaviour on others and on patient care, if applicable…

Because of this behaviour, your colleagues/other members of the team/other staff… (give examples of how the behaviour has affected others e.g., are reluctant to call you to clarify orders / have been requesting shift changes or call in sick so they don't have to work with you / avoid including you in meetings / delay taking action to avoid having to discuss a problem with you / do not communicate concerns about a patient's care with you).

When you said you would do this… but instead did this… this is what happened…

Your colleagues/other members of the team/other staff have reported feeling… when they have to work with you.

Your colleagues value you as a co-worker and are also concerned. Your behaviours are impacting them and the work environment and are affecting the quality of care/work the unit provides.

Ask for a response…

Tell me what happened.

Help me understand what was happening when…

What were you thinking/feeling when…

If applicable (e.g., ongoing behaviour-related issues): We discussed these concerns/behaviours when we met on (specify date of last meeting) and you agreed that you would change your behaviour. This hasn't happened. Can you help me understand why the behaviours have continued? Can you help me understand what is going on?

Focus the dialogue on solutions…

1. FOR SITUATIONS APPROPRIATE TO FIRST-LEVEL INTERVENTIONS

We have a responsibility to provide a safe and respectful workplace for everyone who works here.
What do you think you can and will do to change your behaviour? How can we support you in that?

You mentioned some workplace issues that you believe contributed to the incident. I will look into these.

The individual(s) involved in this incident would appreciate that you apologize for your behaviour that day. Are you willing to do this? How do you think we should handle this? Do you want me to arrange a meeting with them?

(Note: In-person apologies may be perceived as more genuine than a written apology. If a written apology is provided, it is strongly recommended that the manager or a human resources professional review it prior to it being provided to the individual(s).)

Here are some resources that you might a find helpful in (e.g., coping with stress, anger management, cultural sensitivity, team communication; describe resources offered by the organization or professional body).

2. FOR SITUATIONS REQUIRING HIGHER-LEVEL INTERVENTIONS:

I am concerned that you have been unable to change your behaviour on your own. We have spoken about and discussed these issues at length previously. We have provided you with resources and supports, however the behaviours have not changed.

We recommend that you have a confidential, independent assessment by an expert in this area who can recommend appropriate treatment and follow-up. We suggest you call. . . (Refer to appropriate resource: Workplace Health and Safety, Employee Family Assistance Program or equivalent for regulated healthcare professionals, or another specialized program as appropriate to the situation.) *We won't need to know the details of your situation, but we will need to know that you have followed through with this assessment.*

Clarify expectations and consequences...

I need you to STOP doing... KEEP doing... START doing...

I'll be sending you a letter to summarize today's meeting. This is not a disciplinary letter, however it will outline our expectations and what we have agreed to today as a plan of action.

You are responsible for your behaviour and we will continue to hold you accountable in that regard. If this happens again then we'll have to consider further steps including the possibility of discipline.

Express support for the individual...

You are an important member of this team/department/organization.

The quality of your work is excellent and we value you as a member of the team.

I am concerned about you and your health and well-being.

Create a plan for follow-up...

Let's meet again in (set a time period e.g., two weeks) to discuss how things are going.

I expect to see progress by...

I'll follow-up next week with (the individual(s) involved in the incident) about the apology you promised.

STRUCTURED RESPONSE APPROACHES

- The Vanderbilt Promoting Professionalism Model, developed by the Vanderbilt Health Center for Patient and Professional Advocacy (CPPA), is a structured, evidence-based approach to addressing behaviours that undermine a culture of safety and respect in healthcare settings. For 30 years, the CPPA has partnered with hospitals and health systems in the United States and internationally in more than 300 hospitals and health systems, including 10,000 outpatient practice sites, encompassing over 225,000 professionals, in conducting research, training peer professionals, and developing the tools and processes to identify, intervene, and support the two to four per cent of the professional workforce who model disrespect and threaten outcomes of care. A full description of this approach can be found in the Resource Spotlight on page 33.
- The NHS Civility and Respect Toolkit includes a structured response that incorporates the Vanderbilt model.

EMPLOYEE SUCCESS PLAN

- Workplace Strategies for Mental Health has a tool that helps inform the development of an effective workplace plan between the employer and employee. It can be used on its own, or as part of an existing approach to support an employee's accommodation need. It includes ideas intended to be no cost or low-cost to implement. Most require a small investment of time and/or a change in communication approach. While not specific to civility, the tool offers a structured way to assess and address potential contributing factors and includes a section on working with others.

BUILD KNOWLEDGE AND SKILLS

- CMPA offers an eLearning activity and two virtually facilitated workshops on managing unprofessional behaviour. These educational resources describe a step-wise approach. A video demonstrating the cup of coffee conversation approach is also available.
- Crucial Conversations is a common training program used in healthcare settings. The training focuses on skills for important, emotional discussions including how to speak and be heard, resolve conflict and create agreement. It is commonly offered by the University of Alberta Faculty of Medicine and Dentistry and the Canadian Medical Association.

  **Note: there are costs associated with this education.*
- The Centre for Patient and Professional Advocacy offers the Pursuing Professionalism: Addressing Behaviors that Undermine a Culture of Safety and Respect course. Courses include case-based simulations. Through practice exercises, group discussions, data analysis simulations, discussions with legal experts, and sharing personal stories, participants learn what infrastructure elements are required to identify, address, and support those colleagues who create risk and why the pursuit of professionalism is vital to a healthy culture and team performance. **Note: there are costs associated with this education.*

SUPPORT FOR ALL PARTIES

- Taking a restorative just culture approach can help to repair trust and relationships when individuals have been harmed by incivilities.
- Mersey Care offers a series of learning modules about Restorative, Just and Learning Culture. Module four focuses on respect and civility.

A final note

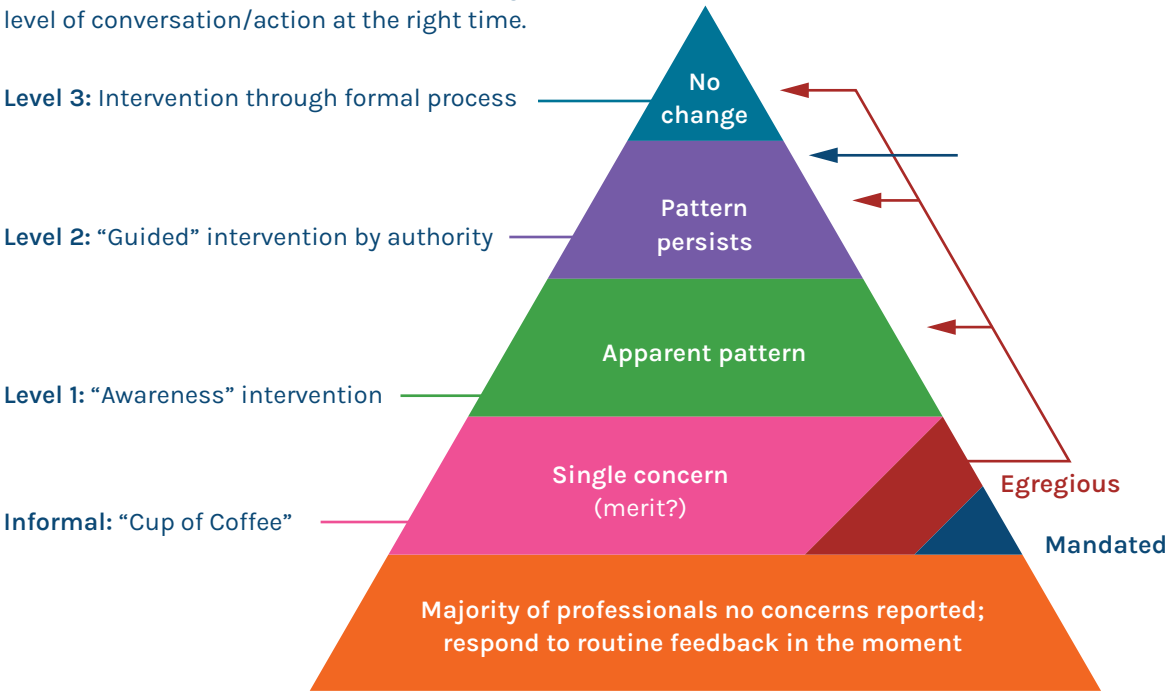
Civility is a fundamental part of safe care. The tools and resources in this guide help organizations, managers, and individuals recognize and address inappropriate behaviours, promote respectful interactions, and create environments where people feel comfortable to speak up. Implementation of strategies to prevent and respond to incivility and other behaviours when they occur prevents harm, supports staff well-being, and strengthens patient safety.

Resource spotlight

The Vanderbilt Health CPPA Tiered Intervention Model – An Evidence-Based Approach

CPPA'S APPROACH: PROMOTING PROFESSIONALISM PYRAMID

A tiered intervention model to provide the right-level of conversation/action at the right time.



Reports are screened to identify potentially egregious or mandated reports that may require immediate investigation/escalation.

Reproduced with permission from: Hickson, G. B., Pichert, J. W., Webb, L. E., & Gabbe, S. G. (2007). A complementary approach to promoting professionalism: identifying, measuring, and addressing unprofessional behaviors. Academic medicine: journal of the Association of American Medical Colleges, 82(11), 1040–1048. https://doi.org/10.1097/ACM.0b013e31815761ee

The Vanderbilt Health CPPA model recognizes that most people work and communicate in a respectful way and provides a structure to respond to what their model calls unprofessional behaviours in a proactive and informal way. Reports are screened to identify incidents that may need to be escalated to a formal response based on the nature of the concern. Other incidents are addressed through a tiered response. Their research has demonstrated that most unprofessional behaviours can be resolved through informal responses.[33, 35]

In the Vanderbilt Health CPPA model, the informal "Cup of Coffee" conversation as well as the Level 1 Awareness intervention are supported by peer messengers who are trained in using the model effectively. The vast majority of professionals respond to the "Cup of Coffee" or Level 1 interventions, a small number of professionals require a Level 2 intervention, which is led by authority/leaders in which a corrective plan is developed. An even smaller number move onto a Level 3 which is a formal intervention defined by the organization's policies and procedures.

"Cup of Coffee" conversation informal intervention for initial or single events when a pattern has not been identified and the incident is not of a serious nature that might require additional fact finding or investigation.[36]

A peer meets with the individual in a quiet and private setting to briefly review the observations and invites the individual to reflect on what happened. The conversation is brief, non-judgemental, and respectful and is intended to raise awareness without confrontation.

Common elements of the "Cup of Coffee" Conversation

- ☐ Introduce purpose and intent of the conversation.
- ☐ Review the incident, identify the behaviour of concern.
- ☐ Anticipate pushback, avoid being drawn into a debate and redirect back to the behaviour of concern.
- ☐ Express appreciation, ask the individual to reflect on the situation, and encourage them to respond differently in the future.

Awareness intervention – when the individual has not responded to the "Cup of Coffee conversations" and a pattern of unprofessional behaviour is apparent[37]

In most cases, the "Cup of Coffee" conversation is an effective way to support individuals to self-correct and adjust their behaviour for single or occasional incidents. For a small number of individuals, that intervention is not sufficient, and an apparent pattern of behaviour emerges.

Similar to the "Cup of Coffee" this conversation is led by a peer, and the individual is made aware of the incidents reported, that indicate there appears to be an apparent pattern of unprofessional behaviour that must be addressed. Having comparison data to support this conversation helps to keep the discussion more objective. Information should be provided to the individual in writing to support the conversation.

As with the "Cup of Coffee" conversation, the individual is asked to reflect on the information and consider how they can adjust their behaviour in future interactions. A follow up to acknowledge positive change or reinforce the message should occur.

Common elements of the Awareness Intervention

- ☐ Introduce purpose and intent of the conversation.
- ☐ Review the information that indicates an apparent pattern of behaviour.
- ☐ Anticipate pushback, avoid being drawn into a debate and redirect back to the behaviours of concern.
- ☐ Express appreciation, ask the individual to reflect on the situation, encourage them to respond differently in the future, and remind them you will be following up.

Guided Intervention by Authority[38]

When previous awareness interventions are not effective or where the unprofessional behaviours in question are more serious in nature, an authority guided approach is required. An individual with authority (e.g., supervisor, manager, clinical leader) meets with the respondent in private when there has been no or limited response to previous interventions and there is now a need to create a corrective action plan.

When having a Guided Intervention by Authority use the following as a guide for your talking points:

- ☐ Expectations
- ☐ Discrepancies
- ☐ Intervention
- ☐ Consequences
- ☐ Time frame
- ☐ Surveillance

Documentation is kept in the individual's performance management file. Acknowledgement, apology, and commitment to change behaviour may be all that is required of the respondent. If there are ongoing issues requiring repeated formal meetings, more aggressive behaviour change interventions may be required.

Intervention through Formal Process

For individuals who do not respond to the lower-level interventions or for egregious incidents, following a formal intervention process may be required. Actions are taken according to organization policies, bylaws, union agreements, or contracts.

"They told me I messed up when the patient showed up on the wrong day without even checking to see what was scheduled."

– Medical office assistant to colleague

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