Civility Under Pressure



SAFECARE BC

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What we're exploring together

- Recognize workplace incivility and distinguish it from conflict, bullying, and harassment.
- Understand how incivility impacts employee well-being, teamwork, psychological safety, and quality of care.
- Explore what drives incivility in healthcare, including stress, workload, fatigue, and communication challenges.
- Apply practical communication strategies to respond to incivility confidently and respectfully.
- Foster a culture of civility through everyday interactions, healthy boundaries, and shared accountability

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The five-second interaction



“You should know this by now.”

An eye-roll. A five-second exchange. What might happen next?

Civility isn’t constant agreement.

It’s how we treat one another when things get hard.

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What's one small behaviour that makes you feel respected at work?

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Civility ≠ being nice all the time

CIVILITY

Courtesy, dignity, and respect (even when we disagree!)

INCIVILITY

Low-intensity disrespectful behaviour; intent to harm may be unclear.

Direct ≠ disrespectful | **Assertive ≠ aggressive** | **Feedback ≠ humiliation**

Andersson & Pearson (1999), Academy of Management Review

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What does incivility look like?

- **VERBAL:** sarcasm, dismissive remarks, speaking over others.
- **NON-VERBAL:** eye-rolling, mocking expressions, contemptuous gestures.
- **RELATIONAL:** deliberate exclusion, gossip, withholding information.



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Not everything is the same

CONFLICT	Disagreement about goals, priorities, or expectations.
INCIVILITY	Disrespectful conduct; harm may be ambiguous.
BULLYING / HARASSMENT	Conduct that may meet legal or workplace-policy criteria for humiliation or intimidation.

Disagreement can be healthy. Humiliation is never necessary for accountability.

WorkSafeBC, Workplace Bullying and Harassment guidance

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Incivility is not rare

WHAT A 41-STUDY REVIEW FOUND

25%

Experienced incivility

30.1%

Witnessed incivility

Incivility was associated with poorer teamwork and communication openness.

Freedman et al. (2024), Journal of Advanced Nursing | 41 hospital studies

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Can rudeness affect clinical performance?

RANDOMIZED SIMULATION STUDY

24 neonatal intensive care teams

SITUATION

Mildly rude vs. neutral comments

IMPACT

Lower simulated diagnostic and procedural performance

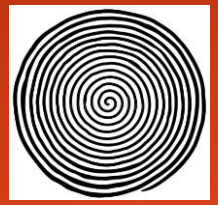
RIPPLE EFFECT

Reduced information-sharing and help-seeking

Riskin et al. (2015), Pediatrics | randomized simulation; not direct patient-harm data

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The incivility spiral



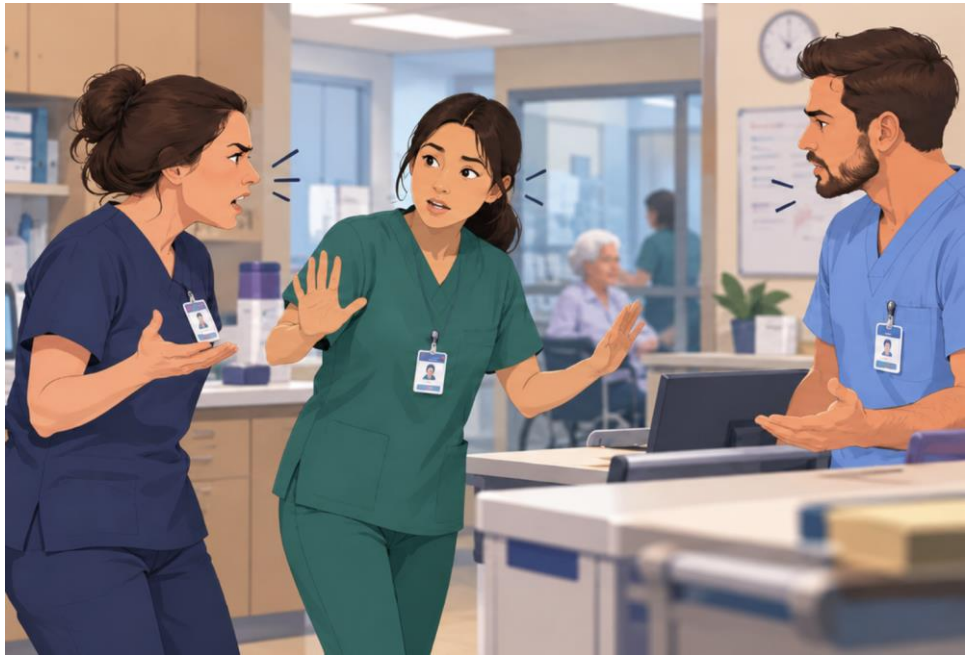
WHAT HAPPENS WHEN NOBODY INTERRUPTS?

Sharp remark

Negative interpretation

Withdrawal/defensiveness

More tension



Where could you interrupt the cycle?

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What might lead to incivility behaviours?

WORKLOAD

Competing demands and time pressure

FATIGUE

Reduced emotional bandwidth

MORAL DISTRESS

Constraints on delivering needed care



UNCLEAR ROLES

Expectations and handovers

POWER & NORMS

Hierarchy and learned team behaviour

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What can we do?

INDIVIDUAL & TEAM

- Emotional regulation
- Repair and accountability
- Respectful boundaries

ORGANIZATION & LEADERS

- Manage psychosocial hazards
- Fair expectations and workloads
- Respond to concerns consistently

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PAUSE before responding

P	**Pause and regulate**	Notice your reaction.
A	**Assess the situation**	Safety, urgency, context.
U	**Use respectful language**	Describe, don't label.
S	**Set a boundary**	Say what is needed.
E	**Engage support**	Repair, follow up, or escalate.

PAUSE is a session-specific teaching aid based on established communication principles.

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Replace the reflex with a response

WHAT TO SAY IN THE MOMENT

Sharp tone	"Can we start that conversation again?"
Interrupting	"I'd like to finish, then hear your view."
Public criticism	"Could we discuss that feedback privately?"
Dismissed care concern	"I still need us to review this concern."

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Case study | A resident-care concern

CHOOSE THE NEXT RESPONSE

“Seriously? I don’t have time for this right now.”

A “There’s no need to be so rude!”

B “I know you’re busy, but I’m concerned about a change in this resident’s condition.”

C Say nothing and avoid approaching them again.

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Case debrief | **Care comes first**

"I know you're busy, but I'm concerned about a change in this resident's condition."

1. Keep the clinical concern central
2. Use clear, respectful language
3. Follow up on the disrespect at an appropriate time

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Complex conversations: DESC

D

Describe

Observable behaviour

E

Express

Impact or concern

S

Suggest

Specific alternative

C

Consequences

Benefits for shared goals

Agency for Healthcare Research and Quality (AHRQ), TeamSTEPPS — DESC

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When a resident or family member is upset

COMPASSION AND BOUNDARIES CAN COEXIST

"I can hear how upsetting this has been. I want to help. I need us to speak without personal insults so we can work through the next steps."

Validate emotion → Explain next steps → Set a clear limit → Prioritize safety

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What can a bystander do?

Redirect:

"Can we come back to the concern that was raised?"

Support:

“I noticed that interaction. Are you okay?”

Seek Help:

Use supervisor, reporting, and safety pathways when warranted.



Psychological Health & Safety at Work

A workplace that promotes psychological well-being and actively works to prevent psychological harm.

Organization	• Business policies, procedures, strategic direction, mandates, decision-making.
Team	• Daily interactions, team work/collegiality, care for our colleagues.
Individual	• Care for ourselves, emotional awareness, courses/training, exercise, diet, taking breaks, coaching, counselling.

Source: CSA National Standard (CAN/CSA-Z1003); WorkSafeBC, Psychological Health & Safety definitions.

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Civility is everyone's responsibility

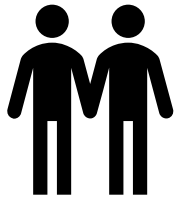
INDIVIDUAL

- Reflect on impact
- Repair missteps
- Set boundaries



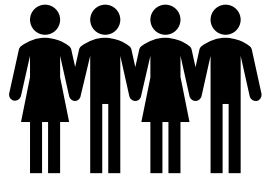
TEAM

- Welcome questions
- Agree on team norms
- Support speaking up



LEADERSHIP

- Address concerns fairly
- Model accountability
- Reduce avoidable pressures



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What is one thing you could do this week to make a difficult interaction more respectful?

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Takeaways

01	**SMALL MOMENTS MATTER**	Disrespect can change whether we ask for help.
02	**RESPECT ALLOWS DISAGREEMENT**	Clear feedback and healthy conflict belong at work.
03	**CULTURE IS BUILT TOGETHER**	Everyday habits and organizational conditions matter.

The way we care for one another helps shape the care we provide to others.

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Resources & further reading

AHRQ TeamSTEPPS	DESC communication tool
Freedman et al., 2024	Hospital incivility systematic review
Riskin et al., 2015	NICU team performance experiment
SafeCare BC	Civility Matters Toolkit
SafeCare BC	Kindness Cards
SafeCare BC	Additional Resources (articles, TedTalks)
WorkSafeBC	Bullying and harassment guidance

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Q&A



Thank you!

Let's Stay Connected

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I'd love to hear from you!

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