**Can Civility Improve Patient Quality and Safety? Evidence-Based Recommendations Using Systems Thinking**

The National QSEN RN-BSN Task Force

Ann M. Stalter, PhD, RN; Carol M. Wiggs, PhD, RN, CNM; Deborah Merriam, DNS, RN, CNE; Karen A. Goldschmidt, PhD, RN; Janet Phillips, PhD, RN, AHN; Jossie Brodhead, PhD, MS, MSHS, RNC-MNN, CNE; Amy S. Jauch, MSN, RN; Jeanne S. Ruggiero, PhD, RN; Debra L. Scardaville, PhD, RN, CPNP-PC; Kathleen Swanson, DNP, RN; and Sherri Winegardner, DNP, MSN, MHA, RN

---

**Background & Purpose**

- Incivility is rampant in healthcare (Clark, 2012)
- Leads to breakdowns in academic and practice systems
- Contributes to poor learning, faculty attrition, and negative patient outcomes (Clark, 2012)
- System breakdowns are the 3rd leading cause of death in United States (James, 2013)
- The QSEN Institute RN-BSN Task Force is charged with advancing the science of systems thinking

**Objectives**

- Share innovations or research in teaching strategies or curricular design that enhance QSEN competency integration in academic and/or practice settings
- Share innovations or research that demonstrates evidence of behavior change or system support by underlying quality and safety competencies
- Describe the current state of the implementation and dissemination of QSEN evidence-based practice in both academic and clinical systems

**Definition of Systems Thinking**

- Occurs when the individual’s social, cultural, physical, emotional, and political attributes change the system but at the same time is changed by the system (DelPrato, 2013)

**Methods**

- **Uman’s (2011) Eight Step Method**
  - **Step 1**: Critical for success
  - **Step 2**: Define actives and inactives
  - **Step 3**: Define the system of inquiry
  - **Step 4**: Define the research strategy
  - **Step 5**: Define the search strategy
  - **Step 6**: Conduct the search
  - **Step 7**: Select and review the evidence
  - **Step 8**: Implement, evaluate, and improve

---

**Study Selection Flow Chart**

---

**Civility Intersects Academic Practice Systems**

- **Outcomes**
  - The impact of faculty-to-faculty civility in the macro-system of healthcare while identifiable, needs further exploration
  - What is understood is that incivility in patient care settings negatively impact patient safety. However, no evidence suggests that such outcomes are associated (directly or indirectly) with faculty-to-faculty incivility
  - A relationship is proposed by Phillips et al. (2016) whereby faculty can guide systems thinking, proposing that empirical-referent viable practice system competence with interprofessional collaboration (ripple across)

---

**Implications for Nursing Practice**

- Three primary factors regarding the impact of incivility on micro and macrosystems in both academia and health care, and systems thinking were revealed: (a) rankism is a barrier to civility in nursing education (Fuller, 2004), (b) student behavior is influenced by faculty incivility (DelPrato, 2013), and (c) there is a need for empowerment and teamwork to transform systems (Houck & Colbert, 2017)

---

**References**

Clark, C. (2012). Strengthening Leadership Capacities to Foster Civility in Nursing Education. APAO Instructional Network: Denver, CO.


