

Walk in My Shoes

Can an exhibition of nurses' shoes and
stories promote change in nurses'
perceptions of their peers?

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Abstract

Horizontal hostility and incivility directed at novice nurses is a significant problem in hospitals. Attempts at addressing the issue through human resources policies and training have achieved limited success. Research suggests that self-awareness and perspective-taking are antecedents for behaviour change. This Major Research Project explored the use of an arts-based method to promote personal reflection and self-awareness among nurses about the impact of incivility on novice nurses. Staff nurses and students at a Toronto hospital were invited to attend an exhibition of nurse archetypes and artefacts and participate in activities designed to promote self-reflection. Twenty nurses and twenty-one nursing students completed an exit survey. Eighty percent of respondents indicated that the experience had encouraged them to reflect on their own behaviour; eighty-four percent reported they were more aware of the potential impact of their conduct; and 61 percent proposed that the exhibition had prompted them to consider changing their behaviour with peers. The outcomes suggest hospitals consider using arts-based approaches, such as an exhibition, as interventions to reduce nurse-to-nurse incivility.

Keywords: incivility, nurse-to-nurse hostility, novice nurses, sense-making, mental models, arts-based techniques,

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Prologue

“You can’t really understand another person’s experience unless you’ve walked a mile in their shoes.”

- Anonymous

Introduction

Incivility among nurses, and in particular, directed towards novice nurses is a significant problem in hospitals. Nurse-to-nurse hostility is so pervasive that the phrase “nurses eat their young” has been widely adopted to describe nursing work culture (Meissner, 1999; Mitchell, Ahmed, & Szabo, 2014; Robbins, 2015). Uncivil behaviour negatively impacts staff morale, increases turnover, erodes the quality of patient care and contributes to errors and adverse events (Berry P. A., Gillespie, Gates, & Schafer, 2012; McNamara, 2012; O'Daniel & Rosenstein, 2006; Rosenstein & O'Daniel, 2008).

Large numbers of newly licensed nurses leave the profession within their first few years of practice because of how they are treated by their more experienced nurse peers (MacKusick & Minick, 2010; Pellico, Brewer, & Kovner, 2009; Simons, 2008). The loss of novice nurses is of concern to the nursing profession and to the hospitals that require their skills. The human costs associated with this issue include exhaustion, burnout, mental and physical injury and illness (Laschinger & Leiter, 2006; Vessey, Demarco, Gaffney, & Budin, 2009; Woelfle & McCaffrey, 2007).

Given the serious implications of disrespectful behaviour amongst nurses, the overarching question studied in this Major Research Project was, “How might hospitals foster a nurse culture of respect that enhances the experiences of novice nurses?”

Organizations, including those within healthcare have a number of approaches to address workplace behaviour issues, which are illustrated in the following table.

Approach	Details	Barriers
Human resources policies	Describe expectations for behaviour, roles and accountabilities of individuals and the organization, as well as formal processes to rectify deviations from the policy (Cowan, 2011)	Mostly address employers' legislated obligations to provide a safe and harassment-free work environment, e.g. workplace harassment and violence policies. Since "civility" is not legislated, it often is not included in policy statements
Codes of conduct	Standards or expectations of conduct/ behaviour, "credos" based on corporate values (Vanderbilt University Medical Center, n.d.); or defined by professional college (College of Nurses of Ontario (CNO), n.d.)	Tend to be statements on corporate webpages, not integrated into leadership or human resources practices and processes. Difficult to implement, as leadership must model and actively hold themselves and others accountable
Training	Skills-based education focused on interpersonal communication, constructive conflict resolution, technique for giving and receiving feedback (Chant, Jenkinson, Randle, & Russell, 2002; Cross, n.d.)	Tend to be focused on skills only, and not motivation to change behaviour or address the emotional component of interpersonal relationships. If follow-up programs are not in place to reinforce learning, most of the skills taught are not practiced or applied
Team building	Formal sessions that focus on clarifying roles, common goals and interpersonal relationships (Buljac-Samardzic, Deckker-Doorn, van Wijngaarden, & van Wijk, 2010)	Often delivered as a "one-off" session with no follow-up. Progress and agreements made during the session fall apart when there is no follow-up or accountability
Performance management	Informal and formal feedback and discipline processes (Rayner & Lewis, 2011)	For unionized employees, discipline processes are legalistic; for managers, they are multi-step and time intensive

Table 1. Organizational Approaches to Addressing Incivility

These strategies, particularly when combined, may achieve short-term improvements, yet often fall short of sustaining the gains (Cowan, 2011). Not addressed by any of these approaches are these key prerequisites for change: that the individuals recognize that they need to change and are highly enough motivated to alter their behaviours.

Organizational and personal change frameworks suggest that awareness is an antecedent for change to occur. Awareness is created in organizational change models by leaders communicating a compelling need for change (Kotter, 2007). In personal change theory, the first stage of change includes awareness of the problem, emotional arousal or inspiration, and self-evaluation to appreciate that change is necessary for one's health, happiness, and success (Prochaska, Prochaska, & Levesque, 2001).

Leiter (2013) has suggested that empathy is a key element in improving workplace culture because it requires the individual to look at a situation from someone else's perspective. To be truly empathetic, the observer must think about a situation from an unfamiliar and potentially uncomfortable point of view. An empathetic response requires the individual to break from a reactive mode of thinking to a reflective, cognitive state that allows for perspective taking. (Joireman, Parrott III, & Hammersla, 2002)

The variety of approaches available in the organizational development field to promote personal reflection, increased self-awareness and empathy include such techniques as coaching, roleplay and facilitated dialogue. This Major Research Project explores the use of an arts-based approach, specifically a shoes and personas exhibition,

to encourage reflection about the experience and impact of incivility among novice and experienced nurses.

The question asked was, “How might an exhibit of nurses’ artefacts and stories of peer-to-peer hostility be used to encourage awareness and self-reflection and to change nurses’ perceptions of their peers?”

Arts-based approaches are rarely used as learning interventions in healthcare. The most common arts-based technique employed by hospitals is the translation of research into theatre (Jonas-Simpson, et al., 2012; Rossiter, et al., 2008). A shoe exhibition was selected for this study because of its potential to promote personal reflection, self-assessment and perspective taking, important antecedents for change (Barry & Meisiek, 2010; Springborg, 2012). According to Barry and Meisiek (2010, p. 4), the use of artefacts promotes “seeing differently, rather than more,” and the “questioning of the resolute matter-of-factness of our ready-at-hand schemas.” Shoes were also used as visual cues in the exhibit to evoke the age-old challenge: before you judge a person, *walk a mile in his—or her—shoes*.

This Major Research Project begins with a review of the issue of workplace behaviour as described in organizational and business scholarship. It includes definitions and descriptions for a range of disruptive behaviours, theories for how workplace aggression evolves from individual behaviour to workplace culture, the effects and impacts on people and workplaces, and the remedies used by most organizations to address the issue. The literature review moves on to examine incivility within the hospital environment, considers the possible causes and implications of disruptive

behaviour and explores the phenomena of incivility within the nursing profession in some depth.

This grounding in the scholarship provides the background against which to examine the systemic dynamics that make addressing nurse-to-nurse aggression so challenging. While nursing students experience interpersonal aggression from peers, faculty and placement supervisors during university, it is not until they begin working that their exposure is ongoing and they have fewer opportunities to extricate themselves from incivility. Shift work, union contracts, specialization and seniority are all factors that limit the avenues available to nurses to remove themselves from a hostile peer environment. A change in relationships at the unit-level, among peers, would have the greatest impact on the experiences of novice nurses.

This Major Research Project posits that commonly used approaches to address incivility are inadequate in raising awareness well enough to promote behavioural change, and that hospitals should consider adding arts-based techniques to address the missing elements of their change programs. This report of the development, design and implementation of the Walk in My Shoes exhibition, as shown at a Toronto hospital in June 2016, includes a description and analysis of participants' responses. It concludes with the researcher's reflection, a proposed framework for how an exhibit like Walk in My Shoes might be replicated and situated within a larger change program, and recommendations for the next stage in exploring the value and effectiveness of this approach.

The Problem of Incivility

People complain of experiencing or witnessing incivility in almost every aspect of their daily lives—while driving, dining in restaurants, waiting in line at the bank, and even while walking down the street. Examples of incivility in these contexts is the diminished use of *please* and *thank you*, the abrupt interruption of a conversation to take a cell phone call, the flaming email, the use of public spaces as if they are private ones, and blatant displays of disrespect by political leaders of all stripes (Alkon, n.d.).

Workplace incivility is a widespread problem in many organizations. Employee mistreatment of peers in its various forms—bullying, verbal and physical abuse, personality issues, social undermining, and incivility—are different expressions of disrespect displayed among people who are responsible for working together toward common organizational goals. The results of Porath and Pearson's (2005; 2013) incivility research over the past decade show that up to 98 percent of workers experience uncivil behaviour in their workplace and almost 50 percent, experience some form of it as frequently as once a week. The focus of this Major Research Project is on incivility as the entry level manifestation of workplace mistreatment. Defined as "low intensity, deviant behaviour with ambiguous intent to harm the target, in violation of workplace norms for mutual respect. Uncivil behaviours are characteristically rude and discourteous, displaying a lack of regard for others" (Andersson & Pearson, 1999, p. 457). The first feature of incivility is its low intensity. However, while the behaviours may appear inconsequential, the impacts are significant. The second element of incivility is that the behaviour is a violation of accepted norms for mutual respect. By "bending" the rules of

conduct, acts of incivility weaken expectations or standards for professional relationships among members of a workgroup. The final key feature of incivility is that it is not always clear if the other person intended to be rude or disrespectful. Incivility may be the result of thoughtlessness or attributed to other factors such as personality differences, not knowing norms for workplace etiquette or oversight and any resulting harm can be seen as unintentional (Pearson, Andersson, & Wegner, 2001). While incivility may appear mild on the surface and may not be deliberate, it is not easily shrugged off by the individuals who receive it or are witnesses to it. (Andersson & Pearson, 1999; Cortina, Magley, Williams, & Langhout, 2001; Lim, Cortina, & Magley, 2008).

A survey conducted by Porath and Pearson (2013) of 800 managers and employees suggests that the costs of incivility to organizations are significant, as illustrated in the following table.

The Costs of Incivility
48% decreased their work effort
47% intentionally decreased the time spent at work
38% intentionally decreased the quality of their work
80% lost work time worrying about the incident
63% lost work time avoiding the offender
66% said that their performance had declined
78% said that their commitment to the organization had fallen
25% admitted to taking their frustration out on customers
12% said that they left their job because of uncivil treatment

Table 2. The Organizational Costs of Incivility

Other studies have likewise shown a significant decline in job satisfaction, increased job withdrawal (Cortina, Magley, Williams, & Langhout, 2001), reduced performance on both routine and creative tasks, and decreased helpfulness behaviour associated with incivility (Porath & Erez, 2007).

The three defining features of incivility can lead some targets of incivility to experience significant distress because of the difficulties they have in making sense of the situation, deciding if they should respond to it, and living with uncertainties around what might happen next (Lim, Cortina, & Magley, 2008). The personal impacts of being exposed to incivility or being its direct target can include increased psychological distress and reduced cooperative behaviours. The targets of incivility may feel down, anxious, depressed, disappointed, moody, irritated, angry and hurt; they may also

experience diminished cognitive and affective functioning. The impact of uncivil incidents has long-lasting effects, sometimes lingering for a decade or longer following the event (Pearson, Andersson, & Wegner, 2001).

Incivility becomes a serious problem as it shifts from an occasional encounter to pervading a work group and becoming a regular feature of the social climate.

Unchecked incivility can create an uncivil organizational climate, as these types of behaviours multiply when there is little to no chance of negative repercussions for the perpetrator(s). If allowed to continue, incivility can escalate to more intense, overtly aggressive actions and, potentially, to violence (Andersson & Pearson, 1999; Namie, 2003; Pearson, Andersson, & Wegner, 2001). Figure 1 illustrates this behavioural continuum.



Figure 1. The Behaviour Continuum (University Health Network, 2013, used with permission)

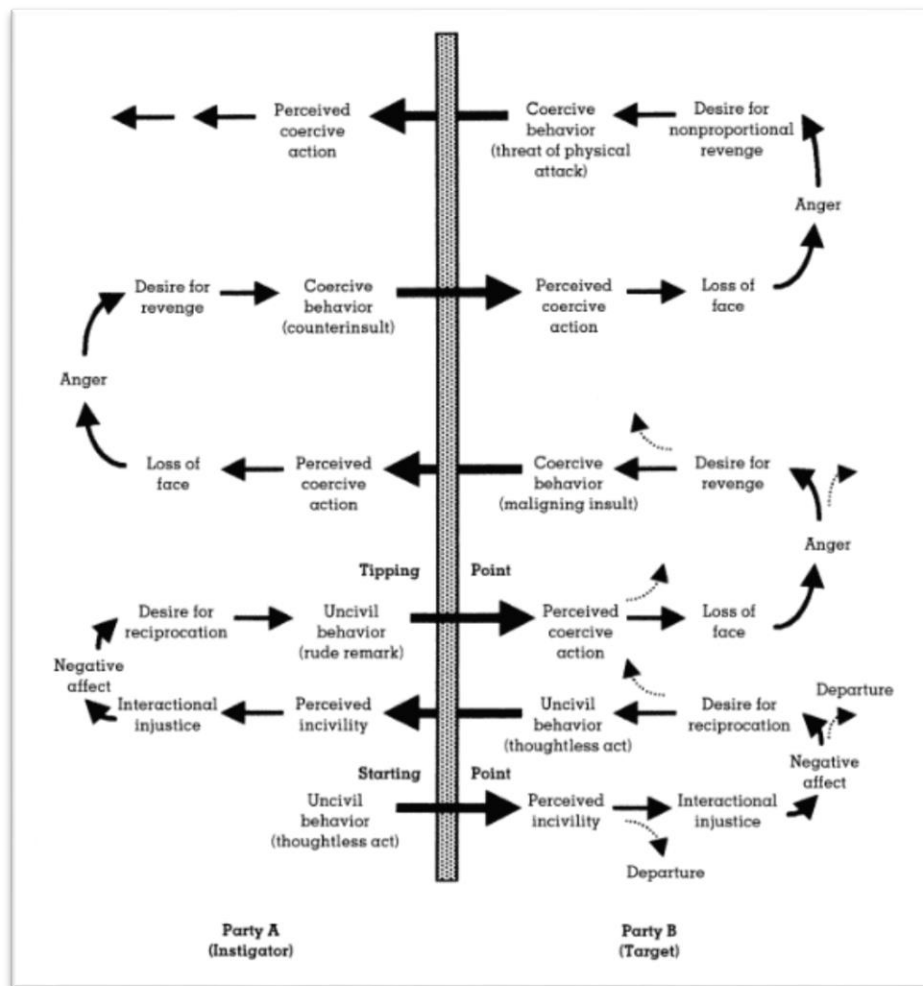
The following table defines each category of personal conduct along the behaviour continuum. A review of the table shows that some acts, such as gossip, shouting/yelling and joking, are found in more than one category. What differentiates

an uncivil act from harassment and bullying is the intention, intensity and duration of the behaviour.

<i>Civility</i>	<i>Incivility</i>	<i>Harassment</i>	<i>Bullying</i>	<i>Physical Violence</i>
Showing respect, care, and consideration for others, as well as recognizing the inherent value of each in the workplace.	Behaviours that are rude, disrespectful, inconsiderate or insensitive; where there may be no intention to harm, but the result makes for an unpleasant work environment.	Any objectionable behaviour, comment, display or communication that is known or ought reasonably to be known to be unwelcome, intimidating or offensive.	Behaviours in which targets are repeatedly, and over time, treated in a mean, insulting or abusive way. Bullying behaviour may or may not be initiated deliberately.	The use, threat of, or attempt of physical force against another that causes, or could cause, physical injury.
<ul style="list-style-type: none"> ▪ <i>Offering help to all colleagues</i> ▪ <i>Practicing inclusiveness</i> ▪ <i>Keeping conversations to a professional tone & volume</i> ▪ <i>Monitoring body language to ensure respect is conveyed</i> ▪ <i>Being generous with using please & thank you</i> 	<ul style="list-style-type: none"> ▪ <i>Skipping basic courtesies e.g. hello, & thank you</i> ▪ <i>Body language conveys dismissiveness or negative judgement</i> ▪ <i>Cliques, gossip, and social exclusion</i> ▪ <i>Being overly critical</i> ▪ <i>Shouting/yelling</i> ▪ <i>Withholding information or assistance</i> ▪ <i>Joking or making fun of another person</i> 	<ul style="list-style-type: none"> ▪ <i>Unwelcome remarks, jokes, innuendoes or taunting</i> ▪ <i>Unwanted actions based on a person's characteristics (race, ethnicity, religion, sexual orientation, etc.)</i> ▪ <i>Unwelcome sexually oriented remarks or requests</i> ▪ <i>Yelling or shouting to intimidate, coerce or belittle</i> 	<ul style="list-style-type: none"> ▪ <i>Insulting or mocking a person's skills, looks or habits</i> ▪ <i>Engaging in practical jokes to humiliate</i> ▪ <i>Spreading false/malicious rumours, gossip or innuendo</i> ▪ <i>Berating/ belittling or ridiculing</i> ▪ <i>Engaging in insulting nicknames</i> ▪ <i>Undermining, impeding or refusing to work with a person/ group</i> 	<ul style="list-style-type: none"> ▪ <i>Pushing and shoving</i> ▪ <i>Jabs or punches</i> ▪ <i>Throwing objects</i> ▪ <i>Words or gestures that threaten physical harm</i> ▪ <i>Physically blocking an exit/path</i>

Table 3. Behaviour Definitions and Descriptions (University Health Network, used with permission)

Erosion of group norms concerning thoughtfulness for others, demeanor and courteousness can lead to perceptions of unfairness in the interpersonal relationships among members and motivate a desire to retaliate (Bies & Tripp, 1995; Aquino, Tripp, & Bies, 2001). Incivility can escalate to harassment and bullying, and sometimes to physical violence, as the negative action of one party leads to an adverse reaction from the initial recipient of it, intensifying to increasingly counterproductive behaviours.



Two theories in Psychology—Self-Determination Theory and Social Learning Theory—help to explain the impact of incivility on both the individual and team levels in organizations. The physical and psychological distress and reduced cooperation caused by incivility, particularly when it is experienced with regular frequency, can be partially explained by Self-Determination Theory (SDT), which suggests that human behaviour is directed toward satisfying three psychological needs: competence, relatedness and autonomy. All three are essential for psychological growth, integrity, and well-being (Deci & Ryan, 2000). When the environment is overly controlling, unduly challenging or rejecting, the human response is to become controlled (to comply) or uncontrolled (to defy) and amotivated (to act helpless). These defensive, self-protective reactions to a negative environment can lead to significant adverse outcomes on the individual's vitality, and health (Deci & Ryan, 2000).

Bandura (1977) suggests that much of what is learned is the product of observing others' behaviours and the consequences thereof. Whether others are punished or rewarded for their behaviour influences the extent to which those actions are copied by others in the same social group. Social learning theory (Bandura & Walters, 1977) has relevance for understanding how incivility spreads across organizations and how it is perpetuated within teams (O'Connell, P. A. U. L., Pepler, D., & Craig, W., 1999; Randle, J., 2003). Unchecked incivility can foster an uncivil organizational climate. When people are treated rudely at work, about half the time they will tell a more influential colleague about what has happened but not report the incident to anyone in a position to address it within the organization. Peers may look for

ways to get even on a wronged colleague's behalf, leading uncivil behaviours to multiply when it is unlikely there will be any formal sanction.

Mental Models and Incivility

The concept of mental models may be helpful in understanding how incivility is perpetuated in ongoing conflicts between individuals and within groups. Mental models are the stories, images and assumptions we develop and maintain about ourselves, others and every other aspect of our world, that serve as "cognitive maps" enabling us to manage complexity and make sense of our world (Senge, Kleiner, Roberts, Ross, & Smith, 1994). Because, these cognitive maps are tacit, below our level of awareness and not visible to us, they remain, for the most part, unexamined and untested. Mental models influence our actions. If we believe people are inherently "good," we are more likely to be friendly to strangers than if we believe that most people can't be trusted (Senge, Kleiner, Roberts, Ross, & Smith, 1994). Differences in mental models explain why two people can observe the same event and describe it differently.

Our cognitive maps include self-generated beliefs we adopt based on our conclusions, at which we arrive through observation and experience. On the whole, we consider our beliefs to be *the truth* based on factual data *we have selected* (Senge, Kleiner, Roberts, Ross, & Smith, 1994). The Ladder of Inference, "A common mental pathway of increasing abstraction - often leading to misguided beliefs" explains how our "espoused theories" guide our behaviour (Argyris, 1983, p. 117). Figure 3 illustrates the Ladder of Inference in action.

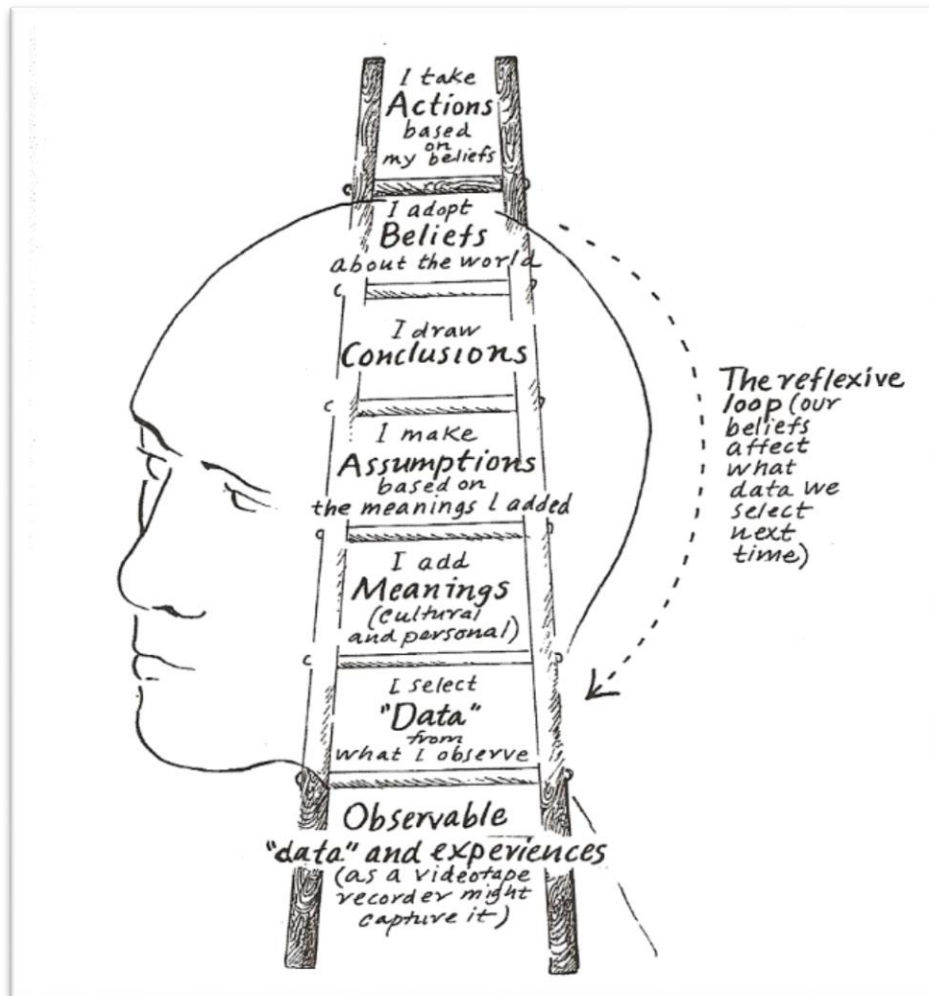


Figure 3. The Ladder of Inference (Senge, Kleiner, Roberts, Ross & Smith, 1994)

These leaps of abstraction happen instantly and for the most part below our level of awareness. The more we believe something about someone else, the more it reinforces our tendency to select data that reinforces that belief (Argyris, 1983). Our beliefs direct our behaviours. The people with whom we interact have their mental maps and are just as susceptible to the Ladder of Influence. Their beliefs about us will be based on their selected observations of our behaviours. Incivility between two people

can become entrenched because of different unvalidated and generalized beliefs held by each of the individuals involved in the relationship. It is only when individuals question their own assumptions about others, by becoming more self-aware of their thinking and reasoning and by using inquiry to seek clarification, can this pattern be broken (Senge, Kleiner, Roberts, Ross, & Smith, 1994).

Hospitals and Disruptive Behaviour

Concerns about patient safety have led hospital leaders to examine workplace culture. During their hospital stay, patients interact with many different people who are involved in their care, including physicians, nurses, diagnostic technicians, social workers, dietitians and others. Effective teamwork—demonstrated by trust, respect, collaboration, and open communication—amongst these care providers is essential for patients to be safe from preventable harm (O'Daniel & Rosenstein, 2008). Occurrences of incivility, bullying, and disruptive behaviours undermine patient safety (Leape, 2013; Spence Laschinger, 2014). In a nationwide survey of administrators, nurses, and physicians, between 53 and 75 percent of respondents reported a strong link between disruptive behaviours and the clinical outcomes of patient safety, errors, adverse events and quality of care. Twenty-five percent of respondents reported a relationship between patient mortality and disruptive behaviours (Rosenstein & O'Daniel, 2008).

If preventable harm is to be eliminated, hospitals need to foster a workplace culture of psychological safety when a staff member speaks up to identify and resolve threats to worker and patient safety (Leape, et al., 2012; Rosenstein & O'Daniel, 2006; 2008; Spence Laschinger, 2014). Errors are most often prevented when clinicians respectfully

share their perspectives and listen to the observations of other team members (Blatt, Christianson, Sutcliffe, & Rosenthal, 2006; Hines, Luna, Loftus, Marquardt, & Stelmokas, 2008; Manojlovich, 2010).

Nurse-to-Nurse Incivility

With 63 percent of registered nurses in Canada practicing in hospitals and involved in direct patient care (Canadian Federation of Nurses' Unions, 2015), most of the nursing scholarship on incivility is concerned with this setting. The pace of work, heavy workloads, volume of patients, and high-stakes nature of the acute-care hospital setting creates a pressure-cooker-like environment for working nurses trying to maintain healthy relationships with their colleagues. Nurse-to-nurse incivility and its repercussions have been characteristics of hospital-based nursing cultures for decades (Mitchell, et al., 2014). In the past what is defined here as incivility was sometimes dismissed as personality clashes that could not be avoided (Dellasega, 2011). When 44 percent of female nurses and 50 percent of male nurses reported in a national study (Statistics Canada, 2006) that they witnessed incivility or conflict in their workplace, the problem clearly extends far beyond personality differences. Reported in Canadian Nurse (Eggerton, 2011), the real percentages are probably much higher, as very often uncivil behaviours go unreported. In a 2010 unpublished study involving 160 nurses, conducted at the University Health Network and cited by Eggerton (2011), 95 percent reported that they had observed peer-to-peer aggression and 71 percent identified themselves as targets of it. These percentages are much higher than those reported in the general

workforce in Canada, where approximately 30 percent of workers say they are exposed to hostility or conflict from co-workers (Statistics Canada, 2006).

Nurse-to-nurse aggression is so long-standing and pervasive that nurses have a phrase for it, “Nurses eat their young” (Meissner, 1999). Hazing of new graduates and novice nurses continues today (MacKusick & Minick, 2010; Mitchell, Ahmed, & Szabo, 2014; Parker, Gilles, Lantry, & McMillan, 2014; Pellico, Brewer, & Kovner, 2009). It often takes the form of experienced nurses withholding or inaccurately communicating relevant procedural or educational information, as a way of exerting power over novices who depend on information and guidance from their senior peers. Other forms of hostility include verbal and non-verbal ostracism and more aggressive behaviours that can border on bullying (Felblinger, 2008).

Nurse-to-nurse hostility creates unsafe practices that put both staff and patients at risk. It reduces productivity and staff morale and increases turnover (Berry P. A., Gillespie, Gates, & Schafer, 2012; McNamara, 2012). Co-worker incivility has been found to be a key factor in burnout among nurses and contributor to compassion fatigue (Laschinger, Wong, Regan, Young-Ritchie, & Bushell, 2013). The physical symptoms of exposure to ongoing incivility can include increased blood pressure, sleep disturbance, headaches, and anorexia (Vessey, DeMarco, & DiFazio, 2010; Vessey, Demarco, Gaffney, & Budin, 2009). An unfriendly workplace is among the key reasons nurses leave clinical practice (MacKusick & Minick, 2010; Wilson, Diedrich, Phelps, & Choi, 2011). When changing jobs or careers are not viable options for a target of incivility, for instance, because of market conditions, union contracts and specialization, they often cope by

calling in “sick” to avoid having to work with nurses who treat them with disrespect. The literature suggests absenteeism for this purpose has become morally acceptable to nurses (Felblinger, 2008). It is not unusual for hospital units regularly to operate a shift two or more nurses “short”.

Some targets of incivility suffer from insomnia and nightmares that lead to sleep deprivation and impaired ability to focus on important patient-related details. Anxiety and depression, which can also result from continuous exposure to peer-to-peer hostility, likewise impact concentration and contribute to irritability that can significantly influence the quality of communication and interaction between team members, undermining both personal and patient safety (Leape, 2013; Leape, et al., 2012).

Kathleen Bartholomew (2006) found that many nurses struggled to acknowledge their own incivility toward their peers because it was incompatible with the caring image of nursing. Often nurses are unaware of the impact of their attitudes or behaviours on those around them. Almost et al. (2010) has suggested one way to increase self-awareness and reflective practice is for nurses to be exposed to experiences that support learning; that invite them to understand and reflect on attitudes, values and beliefs they hold that affect their workplace relationships.

Incivility and Novice Nurses

Research has shown that new graduate nurses are frequently the targets of incivility because they are at the bottom of the power-based hierarchy (McKenna, Smith, Poole, & Cloverdale, 2003; Kelly & Ahearn, 2008). As students, nurses are first exposed to incivility, bullying, and harassment from their peers, teachers, and hospital

placement supervisors (Cooper, et al., 2009; Kelly & Mcallister, 2013) and the abuse continues after graduation, when the novice nurse enters the hospital to work.

For new graduate nurses, the first few years of practice are essential for building skills and confidence (Chesser-Smyth, 2005; Dyess & Sherman, 2009). Only ten percent of nurse executives polled in a recent study believe that recent graduates are fully prepared to practice safely in a hospital setting. In the same survey, novice nurses themselves indicated that, for as long as a year after graduation, they lack the skills and confidence required to practice (Twibell, St. Pierre, Johnson, Barton, & Davis, 2012). Those new nurses who reported low job satisfaction pointed to an inability to ensure patient safety, lack of independent practice, few intrinsic and extrinsic rewards and dissatisfying relationships with peers, managers and inter-professional colleagues (Twibell, St. Pierre, Johnson, Barton, & Davis, 2012). In the United States, the turnover for novice nurses is approximately 30 percent in the first year of practice and as high as 57 percent in the second year (Bowles & Candela, 2005). New graduate attrition is costly to hospitals; replacing a single nurse can be as high as two times the entry salary of \$58,800. 00 (RNAO, 2016).

The practice in most hospitals is for new hires to be “precepted” by experienced nurses who are assigned to provide the novices daily supervision, coaching and mentoring. Frequently, the instigators of incivility directed towards novice nurses are the same senior nurses designated to support them (Mitchell, Ahmed, & Szabo, 2014; Vessey, Demarco, Gaffney, & Budin, 2009). Smith, et al. (2010) reported that 90% of new graduate participants experienced some degree of coworker incivility. When novice

nurses are subject to aggressive behaviours, they are less able to learn or work productively and are more susceptible to injury. Incivility directed at new graduates leads to cynicism and burnout; it is a key influence in novice nurses' intention to leave the profession (Berry P. A., Gillespie, Gates, & Schafer, 2012; Spence Laschinger, Grau, Finegan, & Wilk, 2010).

In Canada, approximately one-third of registered nurses are between the ages of 50 and 60 (Canadian Institute for Health Information, 2010). Over the next ten years, a large cohort of experienced nurses will retire. The Canadian Nurses Association has suggested there could be a potential shortfall of 60,000 nurses by 2022 (Canadian Nurses' Association, 2012). Recruiting and retaining new graduate nurses, therefore, is essential to ensuring that hospitals have the skilled workforce necessary to provide care.

Examining “incivility experienced by novice nurses in hospitals” from a systems-thinking perspective highlights the complexity of the issue and suggests that solving the problem of incivility may be more challenging for a hospital than for a for-profit organization. Senge posits that four levels are operating simultaneously in long-standing issues: events, patterns of behaviour, systems and mental models (Senge, Kleiner, Roberts, Ross, & Smith, 1994). The following table lists some of the key elements in the acute care hospital system that are interacting, influencing and confounding efforts to address incivility and disruptive behaviour.

Public Realm	Nursing Students/New Graduates	Acute Care Hospitals (Academic)	Nursing Units Managers/RNs
Aging population - greater number needing health care	Nursing faculty co-appointed with hospitals	Physician culture – highly hierarchical; bullying of students tolerated	High levels of specialization
High expectations of health care system	Competitive academic environment	Physicians hold key leadership roles in hospitals	Union contracts limit career mobility for RNs
Older people with complex, interacting health issues	Incivility & bullying of students and faculty	Specialized expertise valued over team behaviours	Pension plan incents nurses to remain in placement
Pressure on politicians to check spending on hospitals	Exposure to incivility during hospital placements	Acuity of patients requiring care	12-hour shifts, staffing models & overtime
	Steep learning curve of practical skills developed on the job	Gov't funding frozen or severely limited	Limited time to spend with patients and learners
	Dependency on senior nurses for learning skills and systems	Increasing demands on resources	Managers are RNs, often promoted from within
		Significant number of experienced clinicians will retire in next ten years	Managers have large purviews of control; bullying can be invisible
			Managers can be both victims and perpetrators of incivility/bullying
			Performance management processes are complex and lengthy

Table 4. Key Influencing Elements in Hospital Nurse-to-Nurse Incivility

The experience for some novice nurses can, unfortunately, follow the path illustrated in Figure 4, New Nurse Journey.

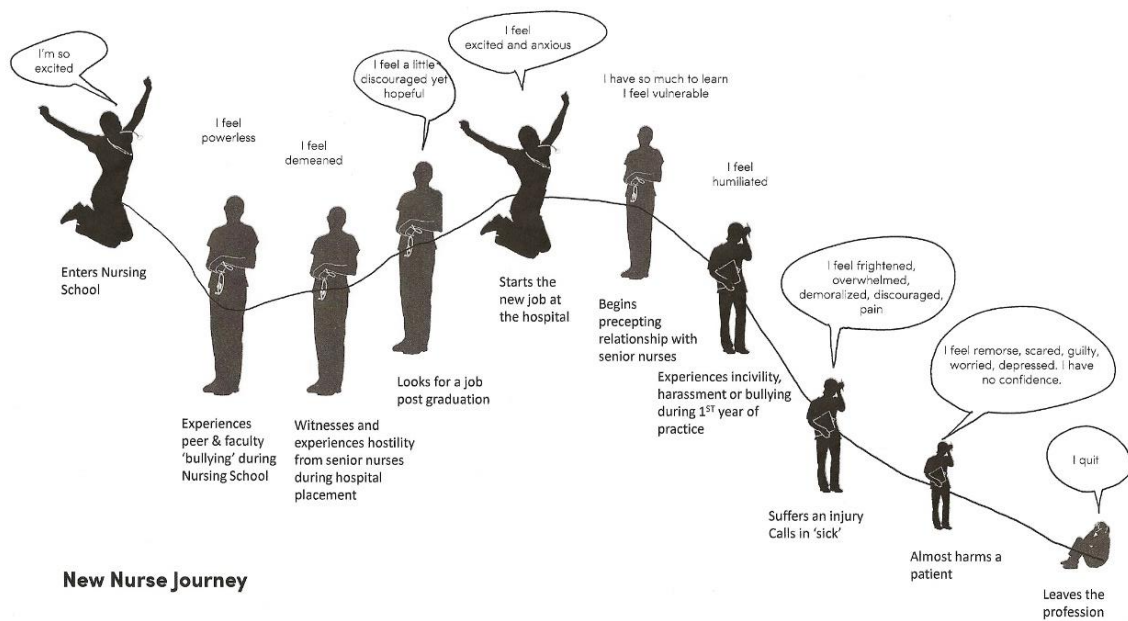


Figure 4. From Student to Novice Nurse – A Journey (Illustration by Tara O'Neil)

Addressing Incivility

While incivility shares with harassment and bullying many similar characteristics, it differs in important ways that may make it a more challenging problem to solve. Existing laws to address workplace harassment and violence require organizations to have policies and practices regarding these types of behaviours. These laws do not safeguard civility. The effects of incivility can go unnoticed by organizational leaders and unreported by the targets. Incivility by its nature is harder to detect and curtail than other forms of deviant organizational behaviour because of the variability in what people experience as uncivil. One individual may experience an act or comment as disrespectful while another may not notice it at all. The person on the receiving end may find it offensive, while the instigator may claim no harmful intent, that the recipient is too sensitive or that the words were meant in jest (Pearson & Porath, 2005). The very features of incivility—its low-intensity and ambiguous intent and targets’/ witnesses’ reluctance to report infractions of expected norms—make it harder to address through human resources practices (Cowan, 2011; Namie, 2003).

According to Pearson and Porath (2005), only about 25 percent of those who report incivility to proper authorities within their organizations, such as their manager or Human Resources representative, are satisfied with the way in which the incident is handled. Too often, habitual instigators are seen as getting away with uncivil behaviours without repercussions, perhaps because of the unique skills or knowledge they have, their formal position within the institution, or whom they know. Until recently, many senior leaders did not understand the severe effects of incivility, tacitly condoning the

behaviour by not addressing it and often promoting some of the worst perpetrators (Andersson & Pearson, 1999; Namie, 2003; Pearson & Porath, 2005; Porath & Pearson, 2013).

In most organizations, severely deviant workplace conduct is addressed by policies for harassment, bullying and workplace violence. Few organizations have policies that deal with the respectful work environment, and when they do, they are not effective in eliminating the issue (Coursey, Rodriguez, Dieckmann, & Austin, 2013; Cowan, 2011). Incivility is more likely to be addressed through codes of conduct/workplace ethics, corporate values statements, education to enhance interpersonal skills, and team orientation and performance management systems. The training is often mechanistic, oversimplified and does not prepare participants for addressing the issues as they arise in their worklife. Few organizations provide any follow-up to assist learners in integrating and transferring the learning from classroom to workplace (Cross, n.d.).

In most hospitals, such approaches have not successfully led to cultures of emotional safety and workplace civility. Education programs to equip students and novice nurses with the constructive conflict resolution and communication skills needed to manage the complex relationships inherent in the interprofessional, hierarchical environment of a hospital are insufficient and lack the required sophistication (Chant, Jenkinson, Randle, & Russell, 2002). Transition programs designed to assist with positive orientation and enculturation have been implemented in many hospitals. However, there is evidence to suggest that these programs are being used to help graduate nurses

to develop strategies to adapt to the environment, and have not been found to reduce the incidents of incivility directly (D'Amra & Andrews, 2014).

Nurses operate collectively in an interactive social system rather than in isolation; tactics to address incivility in nursing need to consider a socio-cultural perspective. Interventions would be best to examine the social relations in which incivility is embedded as well as the social consequences of both addressing and ignoring the behaviour (Randle, 2003). While incivility may be perpetuated within the context of organizations it is enacted by individual nurses and it is the nurse that ultimately decides what she or he will do or say. Organizational responses to address nurse-to-nurse hostility ultimately need to facilitate individual learning as well as promote social learning within the context in which nurses are working.

Focus of this Research Project

Having considered how system dynamics are influencing hospital culture and the experience of new graduate nurses, the researcher has chosen to focus on the experience of novice nurses within the hospital setting. While nursing students are subjected to incivility, harassment and bullying while at school, exposure there can be intermittent and transient as student class cohorts, teachers and placements change from course to course. Once new graduates begin a job in an acute care hospital, they become member of a set team or shift of nurses where they establish on-going and stable relationships. When incivility occurs in this environment, there are fewer avenues available for avoiding the perpetrator. A design intervention at the organizational and/or nursing team levels may have a greater impact on overall nurse culture, as it

could positively influence the next generation of nurse leaders and teachers in addition to enhancing the workplace environment for novice nurses.

Approach and Exhibit Design

Making Sense and Shifting Mindsets

People navigate their social and organizational environment by developing mental models (Senge, Kleiner, Roberts, Ross, & Smith, 1994). Sensemaking, an internal and reflective process wherein a person is actively trying to “make sense” or come to an understanding of a specific situation or problem (Weick, Sutcliffe, & Obsfield, 2005), is a crucial construct to understanding the mental models and patterns of uncivil behaviour among nurses. Maitlis et al. (2013) has suggested that emotion signals the need for and supplies the energy that drives sensemaking. Our thoughts, feelings, and behaviours are not only influenced by one’s own perceptions, but also by the perceptions of the people in one’s life (Kolko, 2010; Maitlis & Christianson, 2014). Weick, Sutcliffe and Obstfeld (2005) view sensemaking a matter of language, conversation and communication where situations, organizations and environments are figuratively “talked” into existence. Facilitated by exchanges with others, sensemaking is an ongoing process that involves the continued redrafting of stories that over time become more complete and resilient to criticism (Weick, Sutcliffe, & Obsfield, 2005).

Sensemaking among nurses significantly contributes to the seeming intractability of incivility; deeply held beliefs about others—both individuals and groups—are formed and lead to behaviours that perpetuate and escalate incivility.

These beliefs are socialized, and mental models are developed through a mutual relationship between sensemaking and emotion that shapes behaviour. Given the importance of sensemaking to the issue of incivility, the researcher chose an arts-based method that would evoke emotion and sensemaking amongst nurses to explore as an intervention that could be used in organizations to address incivility amongst nurses.

Use of an Exhibit

Given the documented gaps of the more common organizational approaches to addressing the issue of incivility, arts-based approaches were selected to review as possible solutions to the problem because of their power to evoke emotion, self-reflection, perspective taking and meaning making (Barry & Meisiek, 2010; Jonas-Simpson, et al., 2012; Lipson Lawrence, 2008; Nissley, 2010) to change existing mental models that underlie peer-to-peer incivility within the nursing community.

The use of arts-based approaches in organizational development change efforts is not common. In healthcare, these methods have primarily been used to translate research and educate students. Examples of uses include drama to translate research findings into an emotive and embodied format (Rossiter, et al., 2008) and as a vehicle to help medical students gain insight into the subjective experiences of patients (Shapiro & Hunt, 2003). Another form of drama, Readers Theatre (unstaged script readings), has been used in inter-professional student education to promote self-reflection and to facilitate greater empathy for others (Pardue, 2005). Studies of arts-based approaches in organizations suggest that they promote meta-level learning which is defined by Springborg (2012) as “changes in processes of perception, reasoning, and ways of

experiencing that shape our current experience and learning.” Meta-level learning surfaces assumptions about people, situations or issues facilitating a re-evaluation of these assumptions, which is essential if mental models are to change.

A shoe exhibition was selected for this study because of its potential to promote personal reflection, self-assessment and perspective taking - important antecedents for change (Barry & Meisiek, 2010; Springborg, 2012). In addition to having these qualities, an exhibit would also meet a number of pragmatic considerations, making it an attractive alternative to other approaches promoting sensemaking. These features are highlighted in the following table.

Parameter	Exhibit	Organizational Development Approaches	Other Arts-Based Approaches
Cost to design & implement	One-time costs for materials; facilitators are not required	Coaching – certified coach required to deliver multiple sessions Appreciative Inquiry/or facilitated group workshops- professional facilitator to design and deliver sessions Scheduling and replacing nurses to attend sessions	Various forms of Drama/Readers Theatre - professional script writing and actors to portray characters; costs increase with number of characters Scheduling and replacing nurses to attend performance/workshop
Time required for participants	20- 30 minutes	Coaching – 30 -60 minutes Workshops – 1 – 6 hours	Drama/Readers Theatre – 1- 3 hours
Number of participants	Unlimited number – dependent of space and length of exhibit	Coaching – individualized; less than 5 for group coaching Workshops – small groups 12-15 participants	Theatre – large numbers of participants Readers theatre – small groups

Table 5. *Pragmatic Considerations*

Why a Shoe Exhibit?

According to Barry and Meisiek (2010, p. 4), the use of artefacts promotes “seeing differently, rather than more,” and the “questioning of the resolute matter-of-factness of our ready-at-hand schemas.” Shoes were also used as visual cues in the exhibit to evoke the age-old challenge: before you judge a person, walk a mile in his–or her–shoes. Additionally, the use of shoes to illicit empathy has been used successfully by others such as the Empathy Museum in London. The Empathy Museum fitted visitors

with a pair of shoes that belonged to someone from a different walk of life, and immersed them in the shoe-owner's life through an audio narrative (Kemp, 2015). This exhibit seeded the idea of using shoes in this project. The concept was developed further to include shoes that were not work related, providing the exhibit goer with both work and personal aspects of the "character". This was intended to present the characters not as victims primarily but to encourage sensemaking around the characters as whole people. Telling the story of each character as a whole person supports a contrast between the uncivil and hostile behaviour towards or by the character and their humanity.

Krippendorff (1989, p. 38) proposes that "although largely unconscious, artefacts always mediate between the deep-rooted mythologies distributed in a culture and the material contexts of everyday life." He suggests that objects have four distinct socio-linguistic uses, as: expressions of user identities, signs of social differentiation and integration, content of communication, and material support for social relationships. Shoes, in this exhibition, are a common feature among all the characters. Nurses' shoes, with their combination of practicality, sturdiness and comfortable support, are a culturally understood symbol for how hard the work is. Nearly all nurses wear such shoes on shift, though many strive to differentiate theirs. Shoes can be meaningful expressions of identity. One study (Belk, 2003) suggests that both men and women view footwear as an extension of themselves, and are seen as "highly significant articles of clothing that are regarded as expressing the wearer's personality..." (Belk, 2003, p. 27). Each persona in the exhibit also "chose" for the display a second pair of shoes,

representing an aspect of non-professional life: a reminder to viewers that each character displayed is both a nurse (or a nursing student) and a human being with many unique facets, and interests.

Role of Artefacts in the Exhibition

Artefacts can elicit emotional responses and expression and can be used to promote reflection, communication and the co-creation of meaning (Sanders, 2000). “Playful Triggers” a term coined by Loi (2005; 2007), describes artefacts employed to communicate concepts on sensory, emotional, and intellectual levels that may not be fully conveyable through other means. Acting as prompts, the objects are designed to promote reflection and imagination, elicit responses, transfer ideas and, when physically handled, sensations. Playful triggers, incorporated in interactive activities, “generate receptive modes of thinking through their tactile, visual, mysterious, playful, tridimensional, poetic, ambiguous and metaphorical qualities” (Loi, 2007, p. 238). Using metaphor to tap into latent and tacit knowledge, they foster increased capacity to see from perspectives that may have been previously inaccessible (Akama, Cooper, Viller, Simpson, & Yuille, 2007).

Playful triggers are incorporated into the design of the Walk in My Shoes exhibition through two participatory techniques: “emotion pebbles,” colour-coded glass “pebbles” that participants are invited to select and drop into a container, reflecting their emotional reaction to each character’s story; and postcards that participants can fill out and “send to” the fictional characters.

The Researcher's Premise

The premise of this research is that the Walk in my Shoes exhibit's persona-shoe displays and interactive elements would promote self-reflection in participants, leading to insights into their own behaviour and its impact on nursing colleagues. This exploratory project is intended as a starting point for future study of the impact of using such an art-based technique, probably in combination with other learning approaches, to promote positive change in nurses' workplace relationships.

The research for Walk in My Shoes included the following key steps:

1. Develop five nurse personas and stories incorporating key elements from nursing scholarship.
2. Design interactive activities to promote engagement and self-reflection in measurable ways.
3. Design the exhibit's staging: character story/shoe displays and overall layout.
4. Secure an acute-care hospital site to host the exhibit and internally promote participation.
5. Develop recruiting and consent materials.
6. Promote the exhibition to its intended audience.
7. Stage the exhibit.
8. Observe overall participation and both informal and structured responses to the exhibition.
9. Analyze the resulting quantitative and qualitative data and synthesize findings into a report with recommendations.

Literature Review

A review of nursing scholarship on the topic of nurse-to-nurse conflict set out the extent and breadth of incivility issues amongst nurses. Search terms included phrases such as “nurse to nurse conflict”, “nurse bullying” and “horizontal hostility”. Narrative sources, including blogs and qualitative research studies, were mined for more intimate nursing perspectives and as sources for rich anecdotes of nurses’ experiences.

The literature review identifies these are the most common forms of peer-to-peer nurse incivility: abusing authority, gossiping and spreading rumours, excluding others, berating and being overly critical, withholding information, hazing/humiliating by a preceptor, refusing to help/collaborate, retaliating, ignoring and judging peer nurses. (Dellasega, 2009; Felblinger, 2008; Gaffney, DeMarco, Hofmeyer, Vessey, & Budin, 2012). Table 6 depicts how incivility and aggression are enacted within teams of nurses.

Examples of Nurse-to-Nurse Incivility

Giving particular nurses “the silent treatment.”
Spreading rumours about peers throughout the unit and hospital.
Publically criticizing or belittling another nurse regarding his/her nursing skills or abilities.
Failing to assist or support another nurse because you don’t like them; might include not helping with care, disregarding or disagreeing with decisions; not covering breaks even when so assigned.
Purposefully withholding information that would enable the nurse to perform his/her job.
Excluding another nurse from on- or off-the-job socializing; e.g. lunch room conversations; after-work socials.
Repeating information shared by a nurse colleague out of context, so it reflects poorly on him/her.
Running a “smear campaign” to turn other nurses and staff against a peer.
Making fun of another nurse’s appearance, demeanor or other trait.
Saying something unfavourable, then pretending it was a joke.
Sharing confidences that you were asked to keep private, possibility twisting them out of context.
Manipulating or intimidating another nurse to do your work for you.
Name-calling or using a “pet” name for another nurse.
Making another nurse look bad in front of patients, other nurses or supervisors.
Using body language such as eye-rolling to convey an unfavourable opinion of another nurse.
Teasing another nurse for his/her lack of skill or knowledge.

Table 6. Examples of Nurse-to-Nurse Incivility (Dellasega, 2011)

Additional findings suggest that novice nurses, frequently the targets for incivility, are more vulnerable than experienced nurses and less likely or able to challenge the behaviour. The impact of incivility often leads novice nurses to conform to group norms (Randle, 2003), be absent from work, and consider leaving the profession (D'Ambra & Andrews, 2014; McKenna, Smith, Poole, & Coverdale, 2003). Nursing blogs

draw attention to cliques as a feature of some forms of incivility. Nurses affiliate with “camps,” sometimes based on age, nationality, race or years of experience on the unit, and exclude and gossip about anyone who is not part of their group (All Nurses, n.d.).

The Design Elements

The researcher aimed to create an exhibition that could be replicated by hospitals if it was found here to be effective in promoting self-reflection and insight. To fulfill this purpose, the displays would need to be easy for a hospital to obtain, inexpensive, portable and simple to stage, including stands, posters, materials for interactivity and other elements. Several ideas were explored for the design. A folding, stand up, cardboard computer desk was selected, as it most effectively met these requirements. Ikea proved to be the best source for inexpensive instruction stands, drop boxes and glass containers. The final character-shoe display design for the exhibition is illustrated in the sketch below.

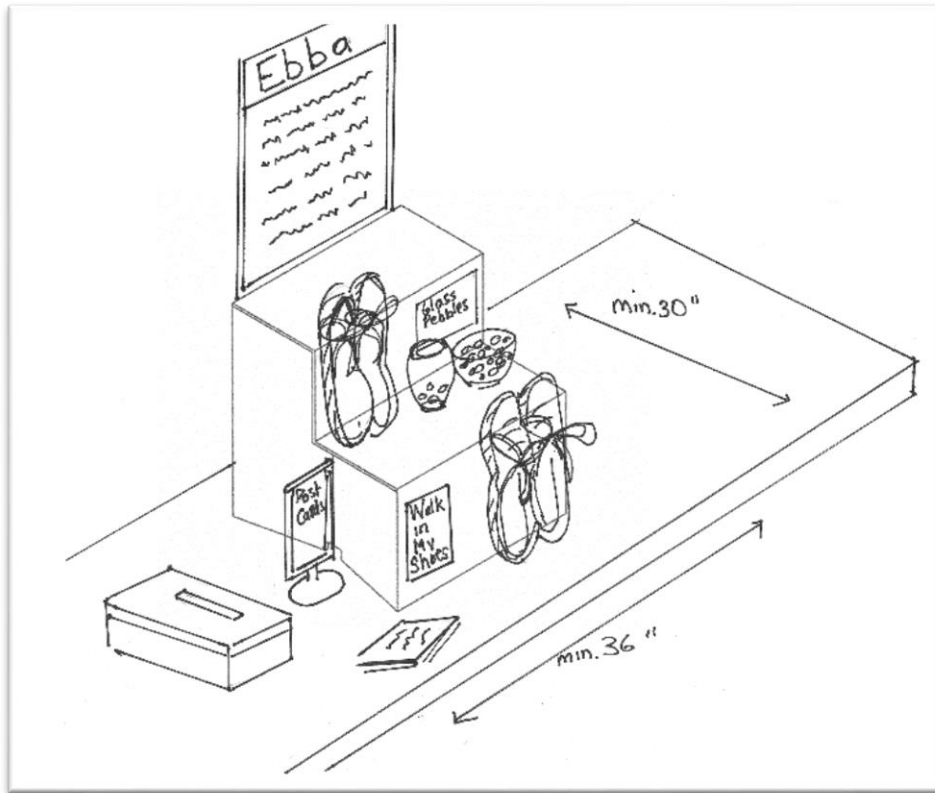


Figure 5. Walk in My Shoes Character-Shoe Display Design

Fictional Nursing Characters/Personas

Insights from the literature review were collated into groupings representing nursing demographics, common issues, interests, and experiences. A design technique called Personas (LUMA Institute, 2012) was used to develop five fictional nurse characters: “Ebba”, “Cas”, “Christine”, “Lotti” and “Neela.” For example, the “Ebba” character was developed to personify the experiences of a new graduate nurse, who finds herself assigned to a preceptor who is not willing to mentor and teach her. Ebba’s preceptor regularly humiliates her in front of the other nurses on the shift, which leads Ebba to seek support from her peers, who are also recent graduates. By the end of her

story, Ebba is questioning her career decision and even her ability to be successful as nurse. Elements for “Ebba’s” story were drawn from several qualitative studies conducted with recent nurse graduates that describe how preceptors assigned to mentor these novices often perpetrate incivility towards them by publically humiliating them (McKenna, Smith, Poole, & Cloverdale, 2003; Thomas & Burk, 2009), and leaving them to rely on often equally inexperienced peers for information and support (Gaffney, DeMarco, Hofmeyer, Vessey, & Budin, 2012). Other studies describe how recent graduates are placed into situations for which they are unprepared and feel like they’ve been “thrown in from the deep end,” (Kelly & Mcallister, 2013, p. 174), unsupported by their senior peers who assign them heavy workloads (Berry P. A., Gillespie, Gates, & Schafer, 2012).

These nurse characters serve as archetypes who narrate the experience of nurse-to-nurse incivility. While the composite characters were fictional, their stories, including motivations, reactions, and behaviours, express the key relevant findings from the nursing scholarship. Five characters were developed for the exhibit, which was sufficient to represent the nurse demographics found in hospital settings: placed in a timeline of professional experience; levels of experience and roles – novice nurses, preceptors, and near-retirement nurses; and varying aspects of and roles within peer-to-peer incivility. While the research findings were rich enough to develop additional characters, five was chosen as the number likely to ensure that nurses taking a 15- to 20-minute break would have enough time to view all of the characters and complete the activities.

Quotes from the published research informed the character descriptions, scenarios, behaviours and reactions. The characters' narratives focused primarily on their experiences with peer nurses. However, the final sentence of each nurse's story offered a "hint" about life beyond nursing. Each story was written in the first person and included "personal" background information, demographic information, described the nature of the incivility and the effect it was having on the character behaviour. Each story was limited to 275 - 300 words in length each to ensure it could be read by participants in a few minutes. The stories were printed on 20 inch by 30-inch poster board and attached to the backs of the character display units using Velcro tape, which facilitated easy assembly and dismantling.

The five characters are briefly described in Table 7. The complete character stories, as shown during the exhibit, may be found in Appendix D.

	Character	Summary
Novice Nurses	Ebba	<p>Quote: <i>"You know, as a new nurse it isn't possible to understand all of your responsibilities, so you count on the more experienced nurses helping you out."</i></p> <p>New grad with less than one year of experience</p> <p>Has grown up around nurses and has always wanted to be one</p> <p>Preceptor is not supportive, shuts down questions, is overly critical, and berates in public</p> <p>Is struggling but won't ask her preceptor's peers for help; concerned about the consequences</p> <p>Is not sure she is going to make it as a nurse</p> <p>Likes to kick around with her non-nursing friends wearing her leopard flats</p>
	Cas	<p>Quote: <i>"Just because I'm the new nurse on the shift, I seem to get all the jobs no one else wants."</i></p> <p>Has two years of experience and is working the night shift</p> <p>Always assigned "heaviest/most difficult" patients because he is the "strongest" on the shift</p> <p>Worried there will be negative consequences if he speaks up</p> <p>A peer uses a nickname with a racial overtone that he has said offends him</p> <p>Is considering advanced training to get him "off the floor" and into a role that he believes will garner more respect</p> <p>Likes to dress as a hipster and meet his friends downtown</p>
Preceptor Nurses	Lotti	<p>Quote: <i>"These new grads have a lot to learn, whether they know it or not. Maybe they should show more respect to us experienced nurses."</i></p> <p>15 years of experience as a nurse</p> <p>Critical of new graduate nurses; believes that respect has to be earned</p> <p>Feels that new grads don't appreciate experienced nurses</p> <p>Thinks it is her job to correct every behaviour and "knows what is best" for the novices</p> <p>Has decided to withhold information so these nurses "will learn" how much they <i>don't</i> know</p> <p>Loves to wear her stylish boots; they make her feel fashion-forward</p>
	Neela	<p>Quote: <i>"Nursing is a really tough profession. It's better if students find that out sooner than later."</i></p> <p>Has been a nurse for three years but has an additional 15 years of professional career experience</p> <p>Was treated poorly by other nurses when she started out</p> <p>Had to figure things out and be "tough" just to fit in</p> <p>Now addresses nursing students the way she was addressed as a novice</p> <p>Scoffs at one young placement's behaviour as misdirected</p> <p>Believes students need to find out right away whether they have the fortitude to be a nurse</p> <p>Loves to dance the Tango on Saturdays in her high heels</p>

Near Retirement Nurse	Christine	<p>Quote: <i>"I don't want others judging me, so I am not going to ask for help. It's hard keeping up. Sometimes, I feel like I am just hanging on."</i></p> <p>A nurse nearing retirement</p> <p>Just had a "near miss" with a patient's medication</p> <p>Didn't seek assistance because she didn't want her younger peer to know she misunderstood a new practice; was worried that she would be gossiped about</p> <p>Views the unit as having two camps—the mature nurses like herself and the new grads—and they don't mix</p> <p>Used to love being a nurse; now is hanging on until she can retire</p> <p>Is tired when she gets home and looks forward to slipping on her most comfortable shoes</p>

Table 7. Persona Descriptions

The Characters' Shoes

Shoes were used as props in the exhibition to support the theme of "walk in my shoes," seeing the world from someone else's perspective. Each character display included two pairs of shoes: one pair that would be worn while nursing and a second pair that the character would wear outside of work. The intent of having two sets of shoes was for the persona to be viewed as "more than just" a nurse. The self-imposed 300-word limit for each persona's story forced the researcher to prioritize the personal information shared with participants. The pair of non-work shoes and a statement "by" each character about the meaning the second pair of shoes holds for them offered participants a glimpse into the characters' lives outside of nursing.

Interactive Techniques

The exhibition included two interactive techniques, "Send a Postcard to the Character" and "Emotion Pebbles", that provided structured opportunities for participants to engage with and react to the displays. Both methods promoted self-reflection and gave the researcher a glimpse into how exhibit visitors were responding

to the characters and their stories during their time at the exhibit. An exit survey, the third structured feedback method, was designed to assess participants' perceptions of the exhibition's impact on them.

Send a Postcard to the Character

"Send a Postcard to the Character" provided a method for the researcher to gain insights into viewers' emotional reactions to the characters. "Mailboxes" (small cardboard containers) were located next to each character display to encourage the activity. Customized postcards were developed for each character and included a selection of three pre-written statements, one each of positive, neutral and negative reactions/responses, and a blank space use by participants wishing to write a character a personal message. Illustrated below is an example of "Send a Postcard to the Character".



Figure 6. Set up for the "Send a Postcard" Activity

Emotion Pebbles

“Emotion Pebbles” invited viewers to “select a coloured glass pebble that reflects how you feel about this nurse’s story.” This technique was intended to engage viewers in an active response and to assess their immediate emotional responses. Participants were invited to pick from among five different colours the glass pebble that best reflected their feelings about the character and his or her story, then drop the pebble into a glass container placed on the character’s shoe display. The colours of glass pebble were: red for anger, dark blue for sadness, green for fearful, light blue for compassion and yellow for indifference. These particular emotions were selected for the activity because they appear most consistently in the literature on workplace and societal incivility (Porath & Pearson, 2012; Phillips & Smith, 2002). Similar to the postcards, the glass pebbles provided a method to encourage reflection and capture the participants’ immediate reactions to the characters and shoes. The emotion pebble technique is displayed in the photograph below.

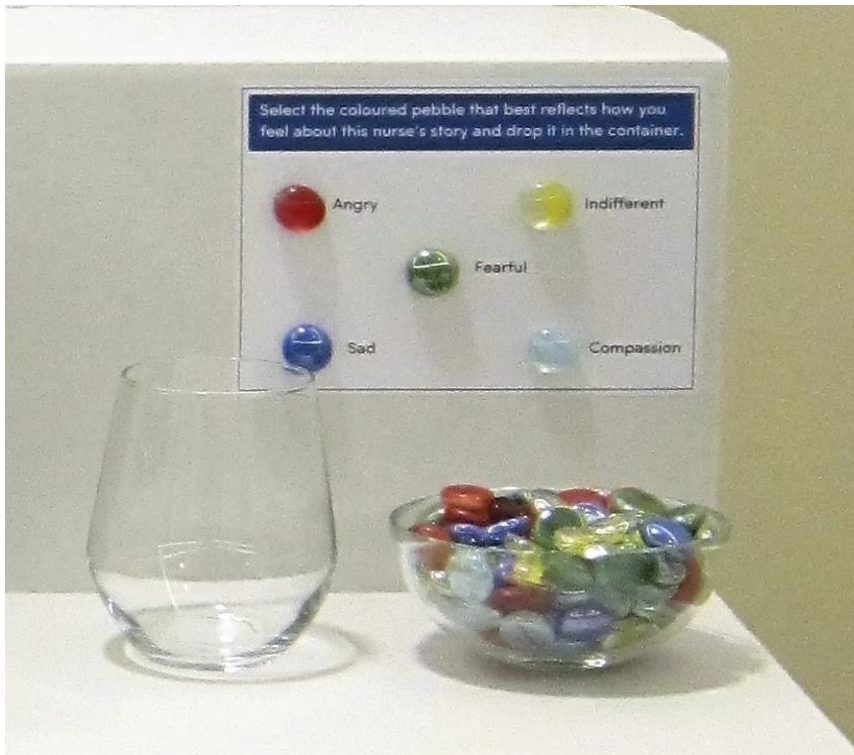


Figure 7. Emotion Pebbles Activity

The Character/Shoe Displays

The displays for exhibiting each character's story and shoes were white, two-shelfed, cardboard, stand-up desks that had been adapted for the exhibit, placed on tables. The lower shelf provided a resting place for the nurse's work shoes and space for the emotion pebbles and collection vase. Instructions for the emotion pebble activity were glued above the shelf. The second pair of shoes was leaned against the top shelf of the unit. The character storyboard was attached, using Velcro tape, to the back of the unit making it visible above the display. The last element of the presentation was the character's mailbox and customized postcards, which were arranged on the table next

to the desk. Each character/shoe display was on a separate table covered by a white linen table cloth. Figure 8 is a photograph of Ebba's character/shoe display.



Figure 8. Ebba's Character-Shoe Display

Exit Survey

A brief, paper and pencil exit survey was used to assess if the exhibit had provoked self-reflection in participants and consideration of their own behaviour and its potential impact on their peers. Participants replied to five statements by selecting a

response from a rating scale that included: strongly disagree, disagree, agree and strongly agree. The survey items were designed to assess whether the exhibit had:

- Encouraged reflection and assessment of the participant's personal behaviours with peers
- Promoted awareness of the impact of the participant's behaviour on colleagues
- Encouraged the participant to consider changing some behaviours directed towards peers

The survey also included an optional Comment section, to provide participants with an opportunity to elaborate on their responses or to provide feedback about the exhibit.

Tip Card

As they left the exhibit, participants were provided with a "tip card", developed based on published guidelines, with pointers for constructively addressing conflict situations and maintaining positive peer relationships.

Participants

The Walk in My Shoes exhibit was designed to be viewed by nurses and nursing students in a hospital setting. The exhibition took place at the St. Joseph's Health Centre of Toronto, during the day-shift lunch period, on June 15-16, 2016, with their Chief Nurse Executive sponsoring the event. The exhibit was advertised to the hospital's nursing community by sending a recruitment email and poster to nursing leadership and the hospital's professional practice council for further dissemination among nurses. While the target audience were nurses, other hospital staff, physicians, patients, and visitors were welcome to attend as well. Personally identifying information

was not collected; responses were categorized only according to three categories in which participants self-identified on completed postcards and exit surveys: Nurse, Nursing Student and Other.

Placement and Staging

The hospital space selected for the exhibit was an education classroom, approximately 30'x 30', which opened onto the cafeteria in the main building. This venue offered the exhibit both high visibility and a semi-enclosed area. The room proved to be ideal; it was large enough to provide some distance between the five character-shoe displays to give an element of privacy for viewers and yet small enough to foster a feeling of intimacy.

A poster describing the consent process was placed at one side of the entrance; on the other side hung a poster with the “walk a mile in my shoes” quote from Joe South’s song. The displays were arranged un-numbered, with three of the characters toward the back of the room and two near the front. A table with the exit survey and tip card was placed inside the room, at one side of the entrance. There was no defined path through the exhibit or order for participants to follow, allowing each person to choose how to proceed through the space. Figure 9 is a photograph of the exhibit set-up.



Figure 9. Walk in My Shoes exhibit set up

Observation

The researcher adapted Spradley's nine ethnographic observational frameworks (Wasson, 2000) to note participant movement through the exhibit and their types and levels of engagement with the displays. Observations included noting relative interest in and time spent with the five character-shoe displays, and the types of reactions each display provoked.

Results

The Walk in My Shoes exhibition consisted of five nurse character-shoe displays created from a review of the nursing literature to represent novice nurses, preceptor nurses and near retirement nurses. Each presentation included a short narrative about the nurse's experience with peer-to-peer incivility and its impact, and a story element of

personal strength or empowerment. Two sets of shoes were paired with each character: one worn while nursing and the other when the character pursued some other aspect of their life outside of work. Several techniques were used to understand the impact of the displays on viewers. The first approach invited participants to choose a coloured glass emotion pebble to represent the feeling evoked by the character's story. Another technique asked visitors to select or write a message on a postcard to send to the character. The final method was an exit survey completed by participants as they left the exhibition area. Table 8 outlines the methods and the level of analysis possible with each method.

Technique	Description	Level of Analysis
Emotion Pebbles "select one that reflects how you are feeling about the character's story."	Coloured glass "pebbles" representing five different emotions – Anger (red), Fear (green), Sadness (dark blue), Indifference (yellow), Compassion (light blue)	All combined
Postcards "You can send a postcard - message to the character if you like."	Customized postcards for each character with four responses to select from three pre-populated statements – negative, neutral and positive, plus an open text option	Nurse (all groups) Nursing Students Other
Exit Survey - "Attending this exhibit has made me..."	A survey with five statements four-point scale: Strongly Disagree, Disagree, Agree, & Strongly Agree One free text optional comment box	Nurse (four separate experience categories; analyzed if N > 5) Nursing Students (RPN > RN students and BSN students) Other (including non-coded surveys)

Table 8. Methods and Level of Analysis

For the purpose of understanding the impact of the exhibit, participants were grouped into the following categories on the exit survey:

Nurses	< 3 years 3-10 years 11-20 years >20 years
Nursing Students	Students enrolled in BSN program, completing a placement at St. Joseph's Health Centre Toronto
Others	All participants who did not select the Nurse or Nursing Student categories

Approximately 65 people attended the exhibit with 51 completing the exit survey. Participants included 20 nurses, 21 nursing students and ten others (participants who selected the Other category). Since there were fewer than five participants in three of the four nurse work experience categories (<3 years, 3-10 years, 11-20 years), these were combined into one grouping for the purpose of exit survey analysis. Ten nurse attendees with greater than 20 years experience completed the questionnaire. Their results were interpreted separately. The nursing student category was also divided into two sub-categories: RPN to RN and BSN students. A breakdown of the number of participants in each category that completed an exit survey is displayed in the following table.

Category	Exit Surveys Completed
Nurses	< 3 years - 3 3-10 years - 3 11-20 years - 4 > 20 years - 10
Nursing Students	RPN > RN - 7 BSN - 14
Other	Other - 8 No category selected - 2

Table 9. Number of Participants per Category

Overall Impressions

Visitors variably arrived at the exhibit by themselves, in pairs and in small groups. Three groups of nursing students attended with their instructors. Once people entered the area, they moved through it independently, visiting and spending time with each character-shoe display. They read the story and looked at the shoes on display. Many of the participants interacted with the character-shoe display by selecting an emotion pebble and/or writing a postcard message to the character before moving on to the next display.

Most participants spent approximately twenty minutes viewing the five character-shoe displays and participating in the exhibit activities. While there was no prescribed path for visitors to follow, most people moved through the exhibition in a clockwise manner and visited each character-shoe display. Groups arriving together broke this pattern, with the visitors spreading out and scattering themselves among the displays. Sometimes, people moving sequentially through the displays changed course to avoid crowding in front of a particular character, visiting another and then returning to the display they missed once it was free of visitors.

The atmosphere for the exhibit was quiet and reflective. Mostly, participants did not engage in conversation with other people in the exhibition space: teachers who brought students met them outside in the hallway or cafeteria afterwards to talk about the experience; visitors who had come in pairs or threesomes waited until they were outside of the exhibit space to talk.

Some people reacted physically to the characters' stories by shaking their heads and shoulders or leaving a character-shoe display abruptly. While most people moved silently through the exhibition, several visitors talked out loud directing their comments to no one in particular. Some of the commentaries included, *"This is so true."* *"My preceptor treated me the same way."* *"That's just like bullying. Shame on you."* *"Not me!"*

Emotion Pebbles

Participants were invited to select a coloured glass pebble that reflected their feelings about a character's story and to drop it in a glass vase container located on the display. This technique encouraged viewers to take action and to reflect on how they were feeling; it also provided information for the researcher about how they were reacting emotionally to the characters' stories.

Two hundred and sixty-five emotion pebbles were selected from the five options available: Anger (red), Fearful (green), Sadness (dark blue), Indifference (yellow) and Compassion (light blue). A few participants selected two different emotion pebbles to drop into a particular character's vase.

Anger emotion pebbles were chosen 79 times and represented 30 percent of the total. Compassion and sadness emotion pebbles comprised 27 and 26 percent, respectively, of those selected in response to the characters' stories. Eleven percent of all the pebbles chosen were for Fearful, and Indifference pebbles made up the remaining six percent. The following chart illustrates the distribution of emotion pebbles.

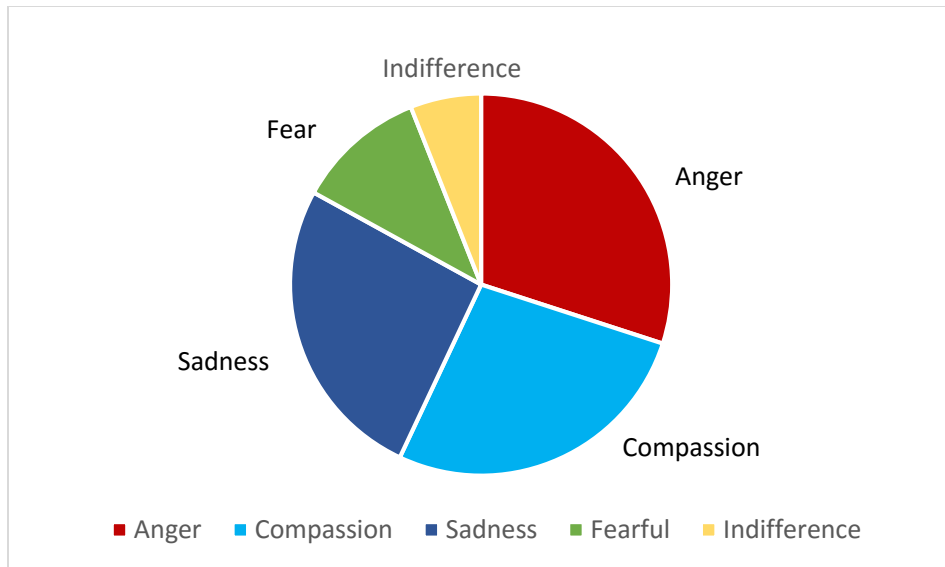


Figure 10. Distribution of Emotion Pebbles

The total number of emotion pebbles picked up voluntarily and placed in vases, and participants' specific colour choices suggest that the characters' stories often evoked an emotional response. The characters' stories stirred many viewers to react, even when taking action by choosing an Indifference pebble.

The following table shows the number of emotion pebbles chosen for each of the character's stories.

	Novice Nurses		Preceptor Nurses		Near Retirement	Totals
Emotion	Ebba	Cas	Lotti	Neela	Christine	
	Always wanted to be a nurse. Unsupportive & critical preceptor. No one with experience to turn to. Unsure if she can succeed.	On night shift Assigned "Joe jobs." Referred to by a nickname. Considering more school to get off the floor.	Hyper-critical of novice RNs. Withholds information so they will learn. They need to respect the preceptors.	Was treated poorly by peers when she started. Now treats her placement students the same way.	Almost made a medication error. Wouldn't ask younger Charge RN for help. Worries she will be gossiped about.	
Anger	13	13	27	21	5	79
Fear	6	3	4	11	6	30
Sadness	18	10	10	12	20	70
Indifference	0	3	3	3	6	15
Compassion	19	26	4	8	14	71
Totals:	56	55	49	55	50	265

Table 10. Emotion Pebbles

Ebba prompted 56 pebbles, the most of all of the character stories. Ebba was also the only character who did not evoke an Indifference response. Lotti's story provoked 27 Anger pebbles, the highest amount of a single pebble colour chosen in response to any story. The Neela character story resulted in the selection of the next highest number of Anger responses, with 21. Christine's story elicited the most Sadness responses. Cas's narrative produced the largest number of Compassion responses—26 pebbles—in contrast to Lotti who received the lowest amount of Compassion pebbles, a mere four. While all the characters' stories evoked some Fearful responses, Neela's narrative prompted the most, with 11 Fearful pebbles. While there were very few Indifference pebbles selected in comparison to the other emotion choices, Christine's story elicited the most of all of the characters: six yellow pebbles.

The two strongest emotional responses to each character’s story are displayed in the following table.

Character	Most Frequently Identified Emotions
Ebba’s story	Compassion and Sadness
Cas’s story	Compassion and Anger
Christine’s story	Sadness and Compassion
Lotti’s story	Anger and Sadness
Neela’s story	Anger and Sadness

Table 11. Emotional Responses per Character

From the selection of emotion pebbles, it appears that Ebba and Cas, the least experienced and youngest nurse characters in the exhibit, elicited the greatest feelings of compassion from participants. Readers of Christine’s story felt mostly sad about her situation. Lotti and Neela, the two most experienced nurses, provoked a mostly angry response.

Postcard Responses

Another technique used to encourage interactivity with the exhibit, and to assess how visitors were responding to the character stories, was the availability of customized postcards at each character-shoe display, inviting visitors to participate by sending a message to the character. The cards provided three pre-populated response options and a space for an optional personalized message.

One hundred and seventy messages were “sent” to the characters. Of these, 95 included a selection from the pre-populated message options and 75 (44 percent) had personalized messages written on them by the participants. Overall, 49 percent of the pre-populated messages sent to the characters were the positive option. Neutral and

negative message options were selected half as frequently. The Ebba and Cas characters received nearly all positive messages in their postcards from all three categories of senders, nurses, nursing students and others. The Christine character was sent mostly neutral messages when participants chose a pre-populated response option. Neela provoked the most disapproving responses, with 16 of the 17 messages she received being the negative pre-populated option. The numeric results for the postcards are displayed in the following Tables 12 - 14, separated by visitor category.

Character	Total Number of Messages Sent	Positive Message (PPM)	Neutral Message (PPM)	Negative Message (PPM)	Personalized Message
Ebba	18	7	1	0	10
Cas	12	4	0	0	8
Lotti	16	3	0	2	11
Neela	17	0	0	6	11
Christine	19	3	8	0	8
Totals	82	17	9	8	48

(PPM – pre-populated message) (RN – Nurse, NS-Nursing Student, O-Other)

Table 12. Postcards "Sent" by Nurses

Character	Total Number of Messages Sent	Positive Message (PPM)	Neutral Message (PPM)	Negative Message (PPM)	Personalized Message
Ebba	17	11	0	0	6
Cas	15	10	0	0	5
Lotti	11	0	0	5	6
Neela	11	1	0	7	3
Christine	11	0	10	0	1
Totals	65	22	10	12	21

(PPM – pre-populated message) (RN – Nurse, NS-Nursing Student, O-Other)

Table 13. Postcards "Sent" by Nursing Students

Character	Total Number of Messages Sent	Positive Message (PPM)	Neutral Message (PPM)	Negative Message (PPM)	Personalized Message
Ebba	5	3	1	0	1
Cas	3	2	0	0	1
Lotti	2	1	0	0	1
Neela	5	0	0	3	2
Christine	8	2	4	1	1
Totals	23	8	5	4	6

(PPM – pre-populated message) (RN – Nurse, NS-Nursing Student, O-Other)

Table 14. Postcards "Sent" by Others

Many visitors chose to write a personal message in addition to selecting one of the pre-populated options. In total, 75 personalized messages were sent to the

characters: 48 by nurses, 27 by nursing students, and six by other participants.

Sometimes, the personal messages elaborated on the pre-populated option chosen by providing more detail and specific advice. Overall, the notes written by participants were thoughtful and almost always supportive, even when the content of the message was a criticism of the character's behaviour.

A variety of different types of comments were made including expressions of compassion and encouragement, as well as tips for dealing with the behaviours. Also, some people expressed constructive criticism for characters Neela and Lotti to "read."

Examples of the notes written by nurses and nursing student participants to each of characters are found in Table 15.

Characters	Personal Postcard Messages
Novice Nurses	<div data-bbox="371 1150 428 1171">Ebba</div> <p>From nurses:</p> <ul style="list-style-type: none"> <i>I remember going through this, it was horrible and discouraging. Keep learning and growing because you'll have a better job and be a better nurse than her. It's what happened to me.</i> <i>Please ask for the preceptor to be changed. You have a right to ask for somebody else. Good luck!</i> <p>From nursing students:</p> <ul style="list-style-type: none"> <i>Ebba, I am so sorry you've gone through such a big challenge. It is awful to be disregarded and made an example of. This is tough, but you'll get through it! Have faith in your past successes.</i> <i>I had this experience with a nurse wanting to work with me. It hurt.</i> <p>From others:</p> <ul style="list-style-type: none"> <i>I hope you find someone you can bring this to— you deserve better.</i>

Near Retirement	Cas	<p>From nurses:</p> <ul style="list-style-type: none"> <i>If you are treated unfairly – patient assignment/nurse to nurse incivility, you should go to the manager to voice your complaint. We need nurses like you. Going back to school will not stop the incivility.</i> <i>You're a great nurse. Keep up the good work and commitment to your profession.</i> <p>From nursing students:</p> <ul style="list-style-type: none"> <i>Try hard to see past that oppressive behaviour. You didn't work hard to be treated that way. Call those nurses out. They know they're wrong.</i> <i>I hope things improve where you work so you can decide on an alternative (job or school) without the pressure of feeling like you need to escape your current situation.</i> <p>From others:</p> <ul style="list-style-type: none"> <i>Don't let this experience chase you from the bedside. Our patients really need you.</i>
	Christine	<p>From nurses:</p> <ul style="list-style-type: none"> <i>It is better to ask them than potentially harm a patient. I know it is hard.</i> <i>Believe in your nursing. Practice skills; if that means working a little slower, so be it. We're here for the patients, not to please other less compassionate RNs.</i> <i>We all make mistakes. We all need to be supportive of one another and learn from each other.</i> <p>From nursing students:</p> <ul style="list-style-type: none"> <i>Keep the passion going, don't become one of "those nurses" who show up physically, but not mentally.</i> <p>From Others:</p> <ul style="list-style-type: none"> <i>Hang in there! You have so much to offer these younger nurses.</i>
Preceptor Nurses	Lotti	<p>From nurses:</p> <ul style="list-style-type: none"> <i>There's a way to show them what they don't know without humiliating them. They can likely help you learn, too.</i> <i>It's important to remember we all started somewhere, usually with no experience. The health care team are equals [sic]; there is nothing wrong with speaking to all members.</i> <p>From nursing students:</p> <ul style="list-style-type: none"> <i>I don't think it is fair of you to assume all new nurses are the same.</i> <i>All staff are there to help; it seems like you feel threatened.</i> <p>From others:</p> <ul style="list-style-type: none"> <i>I think you should remember that you were new to nursing once, too.</i>

Neela	<p>From nurses:</p> <ul style="list-style-type: none"> • <i>There are ways to be tough and help students understand our role. Without compassion and empathy, you still haven't learned how to be a good nurse.</i> • <i>I'm sorry to hear about your negative experience; it's important to prepare our students, who will be our colleagues. I'd encourage you to treat them how you wanted/wished you were treated.</i> <p>From nursing students:</p> <ul style="list-style-type: none"> • <i>I understand students must be prepared, but you can give them tips to help reduce anxiety.</i> • <i>Good to be tough, so they know what to be prepared for, but I hope you provide encouragement and help them build on their strengths.</i> <p>From others:</p> <ul style="list-style-type: none"> • <i>It might be good to check in on your students to make sure your tough love approach is helping – not harming.</i>
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Table 15. Personal Messages for the Characters

Exit Survey

Fifty-one visitors to the Walk in My Shoes exhibit completed an exit survey as they left the character-shoe display area. Twenty nurses, 21 nursing students and ten people who selected the Other category completed a short questionnaire designed to assess reactions to the exhibition and its impact on the participants' perceptions of their personal behaviour, or on their motivation to change behaviours in relationship to peers.

A higher percentage of nursing students agreed or strongly agreed that the exhibit had made them more aware of incivility and its impact on others: 86 percent of the students agreeing with the statement as compared with 68 percent of the nurses who completed the survey. It is interesting to note that the percentage for the nurses with greater than 20 years' experience was 78 percent, higher than that of all working nurses with less experience.

The difference in the response between nurses and nursing students was even more significant for responses to, “The exhibit made me reflect on my behaviour with peers”: Ninety percent of the students agreed with this statement, while 75 percent of the nurses agreed. Both nurses and nursing students agreed that the exhibition had made them more aware of the possible impacts of some of their behaviours. Eighty-three percent of the nurses agreed or strongly agreed with the statement, while 95 percent (20 out of 21) of the nursing students shared the same opinion. This response pattern continued with the remaining items on the questionnaire. Sixty-five percent of the students agreed that the exhibit had made them consider changing some of their behaviours; the same was true for 58 percent of the nurse respondents.

Another contrast between nursing students and their experienced colleagues was in how they responded to: “The exhibit has made me recognize that I sometimes engage in uncivil behaviours.” Fifty-two percent of the students agreed, while only 20 percent of the nurses agreed with this statement.

It is also interesting to contrast the nursing profession responses (students and working nurses) with those of the participants who selected the Other participant category. The responses of these participants included slightly more agreement to statements in most areas than those for the nursing groups. The exceptions were for recognizing that they engage in uncivil behaviour from time to time and awareness of the impact of their behaviour on others, where the percentage agreement was lower when compared to nursing students.

The results of the exit survey may be found below in three tables: Table 16 compares all nurses with all nursing students and all others. Table 17 provides a comparison of scores between nurses with greater than 20 years experiences and all other nurses. Note that the only score that varies significantly between these groups is for awareness of incivility and its impact, as mentioned above. Table 18 compares the results for the two different types of nursing students that attended the exhibition. Differences can be seen between the RPN to RN students and the BSN students' responses for awareness of incivility, changing behaviour and the impact of their actions, with a higher percentage of BSN students agreeing or strongly agreeing with these statements.

Statements: * indicates: No response to statement	All Nurses N=20		All Nursing Students N=21		All Others N=10	
	SD/ Disagree	Agree/ SA	SD/ Disagree	Agree/ SA	SD/ Disagree	Agree/ SA
Attending this exhibit has made me:						
More aware of what nurse-to-nurse incivility is and how it impacts others. *1 Nurse	6 (32%)	13 (68%)	3 (14%)	18 (86%)	2 (20%)	8 (80%)
Consider changing some of my behaviours with peers. * 1 Nursing Student * 1 Other	8 (40%)	12 (60%)	7 (35%)	13 (65%)	5 (56%)	4 (44%)
Reflect on my behaviour with my peers.	5 (25%)	15 (75%)	2 (10%)	19 (90%)	3 (30%)	7 (70%)
Recognize that I sometimes engage in uncivil behaviours.	16 (80%)	4 (20%)	10 (48%)	11 (52%)	6 (60%)	4 (40%)
Aware of the possible impacts of some of my behaviours *1 Nurse	3 (16%)	16 (84%)	1 (5%)	20 (95%)	4 (40%)	6 (60%)

(SD-Strongly Disagree, SA-Strongly Agree)

Table 16. Overall Results for the Exit Survey

Statements: * indicates: No response to statement	Nurses > 20 years N=10		All Other Nurses N=10	
Attending this exhibit has made me:	SD/ Disagree	Agree/ SA	SD/ Disagree	Agree/ SA
More aware of what nurse-to-nurse incivility is and how it impacts others. *1 Nurse >20 years	2 (22%)	7 (78%)	4 (40%)	6 (60%)
Consider changing some of my behaviours with peers.	4 (40%)	6 (60%)	4 (40%)	6 (60%)
Reflect on my behaviour with my peers.	2 (20%)	8 (80%)	3 (30%)	7 (70%)
Recognize that I sometimes engage in uncivil behaviours.	7 (70%)	3 (30%)	8 (80%)	2 (20%)
Aware of the possible impacts of some of my behaviours. *1 All Other Nurses	2 (20%)	8 (80%)	1 (11%)	8 (89%)

(SD-Strongly Disagree, SA-Strongly Agree)

Table 17. Results of Exit Survey – Nursing Results Comparison

Statements: * indicates: No response to statement	All Nurse Students N=21		RPN to RN Students N=7		BSN Students N=14	
	SD/ Disagree	Agree/ SA	SD/ Disagree	Agree/ SA	SD/ Disagree	Agree/ SA
Attending this exhibit has made me:						
More aware of what nurse-to-nurse incivility is and how it impacts others.	3 (14%)	18 (86%)	2 (29%)	5 (71%)	1 (7%)	13 (93%)
Consider changing some of my behaviours with peers. * 1 Student	7 (35%)	13 (65%)	3 (43%)	4 (57%)	4 (31%)	9 (69%)
Reflect on my behaviour with my peers.	2 (10%)	19 (90%)	1 (14%)	6 (86%)	1(7%)	13 (93%)
Recognize that I sometimes engage in uncivil behaviours.	10 (48%)	11 (52%)	3 (43%)	4 (57%)	7 (50%)	7 (50%)
Aware of the possible impacts of some of my behaviours.	1 (5%)	20 (95%)	1 (14%)	6 (86%)	0 (0%)	14 (100%)

(SD-Strongly Disagree, SA-Strongly Agree)

Table 18. Overall Results of the Exit Survey – Nursing Student Comparison

Discussion and Limits of the Research

Discussion

Promotion of Self-Reflection

The overarching question guiding this Major Research Project was, “How might hospitals foster a nurse culture of respect that enhances the experiences of novice nurses?” More specifically, the research focused on exploring an arts-based method as a potential intervention to address incivility amongst nurses. Would an arts-based

approach, such as this exhibition of fictional nurse stories and artefacts, promote self-reflection and encourage nurses to examine the mental models they have formed about peer relationships?

The results of this study demonstrate that the exhibit does promote self-awareness and reflection in attendees. Eighty percent of respondents in the exit survey indicated that the experience had encouraged them to reflect on their own behaviour; 84 percent said they were more aware of the potential impact of their conduct and 61 percent proposed that the exhibit had prompted them to consider changing some of their behaviours with peers.

These responses suggest that the methods used in the exhibition—the personas' displayed stories and artefacts with participatory techniques—evoked emotional reactions, increased the participants' capacity to see nurse-to-nurse incivility from other perspectives and encouraged them to evaluate their personal behaviour and its impact on colleagues and student nurses. These outcomes suggest that the use of stories and playful triggers (Loi, 2007), such as the emotion pebbles and postcards, promote sensemaking (Maitlis & Christianson, 2014; Weick, Sutcliffe, & Obsfield, 2005).

The researcher's premise that the format of an arts-based exhibit in nurse education would encourage participants to reflect by stimulating their curiosity was confirmed with the Walk in My Shoes. Participants did not rush through the exhibition as if forced or unwilling to be there. Rather, each spent sufficient time with each persona to read the story and notice all the artefacts. Wolfe (2006), suggests that personal activities designed to engage participants' emotional and motivational interest

are likely to lead to more vivid experiences and enhance both meaning making and memory. The high rate of interaction by participants with the characters—sharing emotional reactions with the emotion pebbles and by writing to the characters on postcards and completing the exit surveys, bears this out.

The interactive elements of the exhibit also sparked imaginative thinking. The characters were explicitly fictional; so one wonders who they symbolized to the postcard writers. Who really were intended to receive these sincere and thoughtful personal message? Were they meant as notes to themselves? To the writers' nursing peers, juniors or seniors? To nurses and student nurses in general? To the researcher? To you, the readers of this research?

A noteworthy result are the differences in response types between staff nurses and nursing students. While the exhibit promoted self-awareness and insights for all participants, the strongest impact seemed to be made on the nursing students. One possible explanation for this difference may be that students are more receptive because they have not been socialized to accept incivility as 'normal' behaviour within nursing teams. An alternative hypothesis is that the students, who are more frequently the targets of incivility from senior nurses, may have come to the exhibit with heightened sensitivity to the issues because they were recently, or are currently, experiencing or witnessing hostility.

It is interesting how few participants viewed themselves as "sometimes engaging in uncivil behaviour," with only 38 percent of nurses and students agreeing or strongly agreeing with the statement. The researcher is concerned that only 20 percent

of nurses in the very categories from which incivility most often emanates indicated on their exit surveys that they gained self-awareness about their own uncivil behaviours. This outcome could have many explanations (including that those choosing to visit such an exhibit are not a representative cross section of nurses in those categories). A more likely explanation for this outcome is the characteristic of ambiguous intent, a feature of incivility that may lead participants to confuse the purpose of their actions with its potential impact. It seems likely that most nurses do not intend to be uncivil or cause harm to others, while at the same time, their behaviour could be experienced by peers as thoughtless, unkind or disrespectful. It is also possible that some of the most subtle forms of incivility depicted in the stories were not even noticed by participants because these behaviours are so common in nursing that there was nothing exceptional about them to warrant attention. Finally, Social Learning Theory (Bandura & Walters, 1977) posits that learning occurs socially through observation and modeling of behaviours, attitudes and the emotional reactions of others. Our abilities to manage interpersonal relationships is a result of copying the behaviors we observe in the group to which we want to be accepted as a member. Do nurses, over time, become unaware that their behaviours are uncivil because these behaviours been socialized as normal within nursing culture?

Limitations and Possible Enhancements

A limitation of the research design was that there is no opportunity to explore further with participants the questions arising from the results; or to study whether the exhibition promoted meta-level learning (Springborg, 2012). Did their experience with

the exhibit prompt participants to examine their assumptions and thinking about people or groups of nurses? Did the experience encourage them to explore relational issues with peers for “truths” other than their own?

This study was not designed with a longitudinal component to measure any lasting effect on participants’ thoughts or behaviours. Will they alter their behaviours towards peers? Will they be more sensitive and responsive to novice nurses, having had this experience? Will they reflect more on their behaviour and question their assumptions and beliefs going forward?

A future iteration of the exhibit’s design would include additional measurements to understand the nature and duration of the effects produced by the pilot conducted at St. Joseph’s Health Centre. The Kirkpatrick Model (Tamkin, Yarnall, & Karin, 2002) and its variations, developed to measure organizational learning and training programs, provides a helpful framework for thinking about what could be measured and the methods that could be applied to evaluate the exhibit as a learning intervention.

The following table summarizes the methods that would be used to assess the outcomes of the Walk in My Shoes exhibit based on the four levels of evaluation identified by Kirkpatrick Model (Tamkin, Yarnall, & Karin, 2002).

Kirkpatrick Levels of Evaluation	Method	Timing
Reaction –immediate responses to the learning event	Exit Survey Debriefing	Immediately after exhibit
Learning & Behaviour - the degree to which participants acquire and apply what they learned when they are back on the job	Interviews Survey	2-3 months after exhibit
Organizational Impact/Results – the degree to which targeted outcomes occur as a result of the intervention.	Interviews	4-6 months after the exhibit
	Survey Psychometric tools	Use of pre/post exhibit measures: 1-2 months in advance; & 4-6 months after exhibit
	Lagging indicators* such as incident reporting, absenteeism, turnover, employee engagement *cannot ascribe causality	6 or more months after exhibit

Table 19. Levels of Evaluation and Methods (Tamkin, Yarnall, & Karin, 2002)

The inclusion of a debriefing activity in the design would enable the researcher to explore the immediate emotional reactions and the nature of the experience for participants as they read the stories and responded to the emotion pebbles and postcard activities. Follow-up interviews with a randomized selection of participants two to three months following the exhibit would enable the researcher to understand the lasting effects of the exhibit on participants. The nature of these interviews would include inquiries into any changes in attitudes towards novice nurses or behaviours that participants attribute to the experience of the exhibit. Alternatively or as an additional measure, participants could be surveyed using the Workplace Incivility Scale (WIS)

(Cortina, Magley, Williams, & Langhout, 2001) which measures the frequency of a person's experiences of rude, disrespectful and condescending behaviours from superiors and peers. Finally, to assess potential impact at an organizational level, a psychometric survey such as the Civility Norms Questionnaire-Brief (CNQ-B) (Walsh, et al., 2012), designed to assess a workgroup's perceptions of civility norms, could be administered in advance of the exhibit and again four to six months following the exhibit to assess if there are changes in the workgroup's perceptions of civility. Lagging indicators, such as incident rates, absenteeism, employee engagement scores could also be reviewed for changes, however positive trending following the exhibit could not be directly attributed to the exhibit.

Another limitation of the exhibition design was the lack of structured opportunities for participants to engage in dialogue about their experiences. Arts-based methods have been used to stimulate discourse, group collaboration and learning (Akama, Cooper, Viller, Simpson, & Yuille, 2007; Lawrence, 2008; Loi, 2007); a well-facilitated dialogue amongst nurse participants might promote further reflection, as well as encourage cooperative learning and collaboration. Akama et al. (2007, p. 178) suggest that artefacts enable and facilitate the co-creation of meaning and are catalysts for clarifying, articulating and communicating tacit knowledge. For Loi (2007, p. 237), the primary aim of playful triggers is to establish a bond among participants by promoting dialogue, and acting as communication devices to improve collaborative practices. Another iteration of the exhibit's design might include an opportunity for

participants to engage in dialogue using the emotion pebbles and postcards as prompts to uncover deeper insights and to promote the creation of shared meaning.

The emotion pebbles and postcards might also serve as “boundary objects” (Arias & Fischer, 2000, p. 1), supporting and facilitating communication between communities of nurses, such as the different generations or ethnicities within a unit team. Arias et al. (2000) suggest that boundary objects can be used as a brokering tool across communities of interest to support reflection within a shared context, to reveal the tacit knowledge relevant to framing and resolving the problem that each group holds. Boundary objects help to facilitate alignment among different perspectives to create a shared understanding of the problem. Addressing incivility within teams of nurses necessitates that separate “factions” develop a common understanding and accountability for the problem and collaborate in the creation of solutions to resolve it.

Further study is required for confidence that the potential benefits of this arts-based method for promoting self-reflection and learning can be realized to improve nurse-to-nurse relations. An important next step is to replicate the approach in other acute care hospitals and compare the findings. It may also be of value to test the exhibit in other healthcare settings to assess its application among other populations in the healthcare field.

Possible Application in Organizations

The strategies currently applied by hospitals to address nurse peer-to-peer incivility fall short of solving the pernicious problem. Left unresolved, incivility can lead to burnout, increased sick time and attrition of nurses, losses in productivity, and

increased incidents of patient and worker harm. The results of this research project suggest that hospitals may do well to consider incorporating arts-based methods into their attempts to change nursing culture and interactions. The Walk in My Shoes exhibit can be adapted for use at both the corporate and unit levels of a hospital.

Given the prevalence and potential for incivility to escalate, most hospitals have established programs to combat it through education, performance management, behavioural policies and codes of conduct. Some hospitals are making concerted efforts to create “cultures of civility” as a foundation for efforts to improve both worker and patient safety (Mental Health Commission of Canada, n.d.; Vogus & Sutcliffe, 2010).

Illustrated below are the organizational elements that, together, contribute to building a civil and respectful workplace. The proposed strategy includes recommendations from the literature review conducted for this Major Research Project (Pearson, Andersson, & Wegner, 2001; Porath & Pearson, 2013) and the business scholarship on change and organizational strategy (Senge, Kleiner, Roberts, Ross, & Smith, 1994; Waterman, Peters, & Phillips, 1980). Brief descriptions of each of these components follow the diagram.

The Walk in My Shoes exhibit would be incorporated into ongoing awareness and education programs.

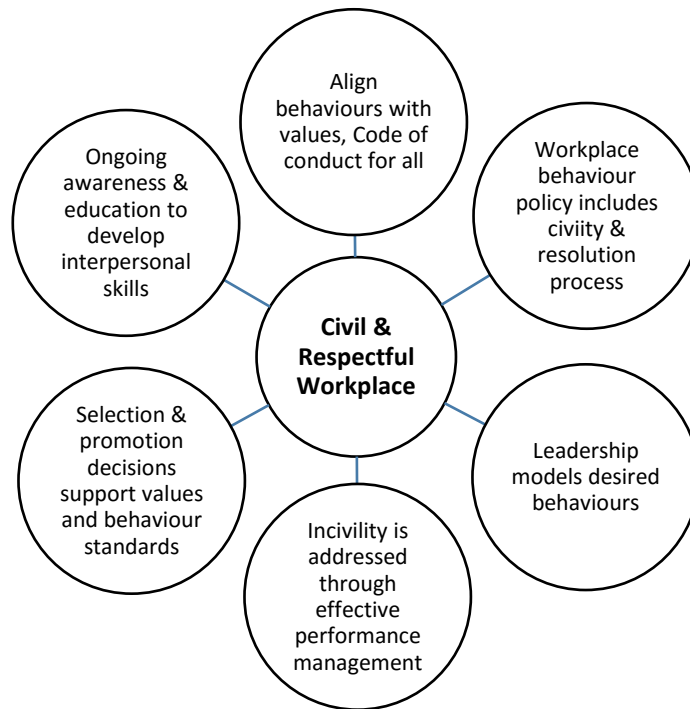


Figure 11. Organizational Strategy Elements for Civil/Respectful Workplace

Behaviours align with corporate values, code of conduct applies to everyone.

The organization has clearly understood values that have been embedded in human resources recruitment and performance management processes and codified in a credo or code of conduct to guide leaders', nurse and staff employees' and physicians' decision-making and behaviour.

Workplace behaviour policy and conflict resolution process. The organization has one clear policy to address workplace behaviour issues including incivility, harassment and bullying. There is a defined process for resolving issues that takes a

graduated approach, beginning with informal approaches and becoming progressively more formalized as incidents repeat or are significant infractions of behaviour code or policy.

Leaders model behaviours desired of staff. Leaders at all levels exemplify, through their own behaviours to peer and subordinates, the standards expected of employees. Leadership development programs are in place that include emotional intelligence, conducting difficult conversations, constructive conflict resolution.

Incivility is addressed through performance management. Managers use performance management processes to set behaviour standards and provide corrective feedback; and when required, use formal approaches such as documented discipline feedback leading, if changes are not assessed to be sufficient, to dismissal.

Recruitment and promotion decisions support values and behaviour standards. Selection of staff, leaders and physicians includes assessment of behaviours that support civility. Hiring decisions and promotions are contingent in part on these behaviours. Rewards and recognition programs, as well as internal promotions, are mostly based on consistent demonstration of behaviours aligned with the organization's values and standards of conduct.

Ongoing awareness and education to develop interpersonal skills. Awareness campaigns draw attention to respect and civility. Programs make connections between a civil workplace and patient and worker safety, innovation, retention of best talent, etc. Education programs are offered to promote the development of interpersonal skills.

Staging Recommendations for Organizations

Listed below are recommendations for staging a Walk in My Shoes exhibit in a hospital, including the resources required and the approximate costs associated with one exhibit. A full description of the exhibit elements as well as suggestions for bespoke exhibit can be found in Appendix D.

Sponsorship - Chief Nurse Executive in partnership with Human Resources Executive are best positioned within the organization to lead a culture change in nursing. Executive level sponsorship of civility lends importance to the programs and initiatives designed to support positive change.

Administration - Clerical support to arrange for room and set-up, printing of materials and assembly, forwarding of promotion emails and posters (8 - 10 hours/exhibition, approximately- \$350.00 - \$450.00)

Curation/Facilitation - Experienced facilitator from corporate nursing or organizational learning departments to develop communications, host the exhibit and facilitate interactions among participants (12 - 17 hrs/exhibition, \$650.00- \$1,000.00)

Space - A meeting room free of chairs, no less than 650 square feet in size. Six tables, each, no less than 36 inches by 30 inches in size. The area needs to be large enough to provide distance between the character-shoe displays to provide privacy for viewers and small enough to foster a sense of intimacy.

Exhibit Display – Five Character-Shoe display units, “Emotion Pebbles”, Postcards, Posters, table cloths, and miscellaneous items (approximately \$600.00, less if

posters and postcards are printed in-house) A full list of DIY Exhibition Materials and sources as well as guidance for staging a bespoke exhibit may be found in Appendix F.

Use Exhibit to Prepare People for Change - The issue with laying out such a strategy is that up to 70 percent of large-scale organizational changes fail; of those that do succeed many are unable to sustain their results, mainly due to employee resistance (Ewenstein, Smith, & Sologar, 2015; Towers Watson, 2013). Leading experts in change management advise that “readiness to change” plays a significant role in how accepting employees are to organizational change efforts. Leaders err when assuming that their employees are at the same stage of readiness as they are (Kotter, 2007; Prochaska, Prochaska, & Levesque, 2001; Weiner, 2009). Prochaska, Prochaska and Levesque (2001) recommend that organizational leaders understand the stages people move through to change, and invest more in preparing employees *before* implementing a change. Organizational and personal change frameworks suggest that awareness is an antecedent for change to occur. Awareness is created in organizational change models when leaders communicate a compelling need for change by publicizing it broadly and dramatically (Kotter, 2007, p. 3). In personal change theory, the first stage includes awareness of the problem, emotional arousal or inspiration, and self-evaluation to appreciate that change is essential for one’s identity, happiness, and success (Prochaska, Prochaska, & Levesque, 2001). The Walk in My Shoes exhibit would support organizational efforts to increase awareness, promote self-reflection and evaluation by doing so in a dramatic, personally effecting, and emotionally arousing way.

The review of nursing scholarship identifying contributing factors in nurse-to-nurse incivility informed the development of the following visual map. Four possible intervention points were identified where use of the Walk in My Shoes exhibit would be effective: during student nurse preparations for first clinical placement; novice nurse hospital orientation program; as a component of a managers' development program; and included in a comprehensive intervention to shift a nursing unit culture. Featured in Table 20 are brief descriptions of suggested applications of the exhibit as a method to promote awareness of the issue of incivility and facilitate readiness for change at each intervention point.

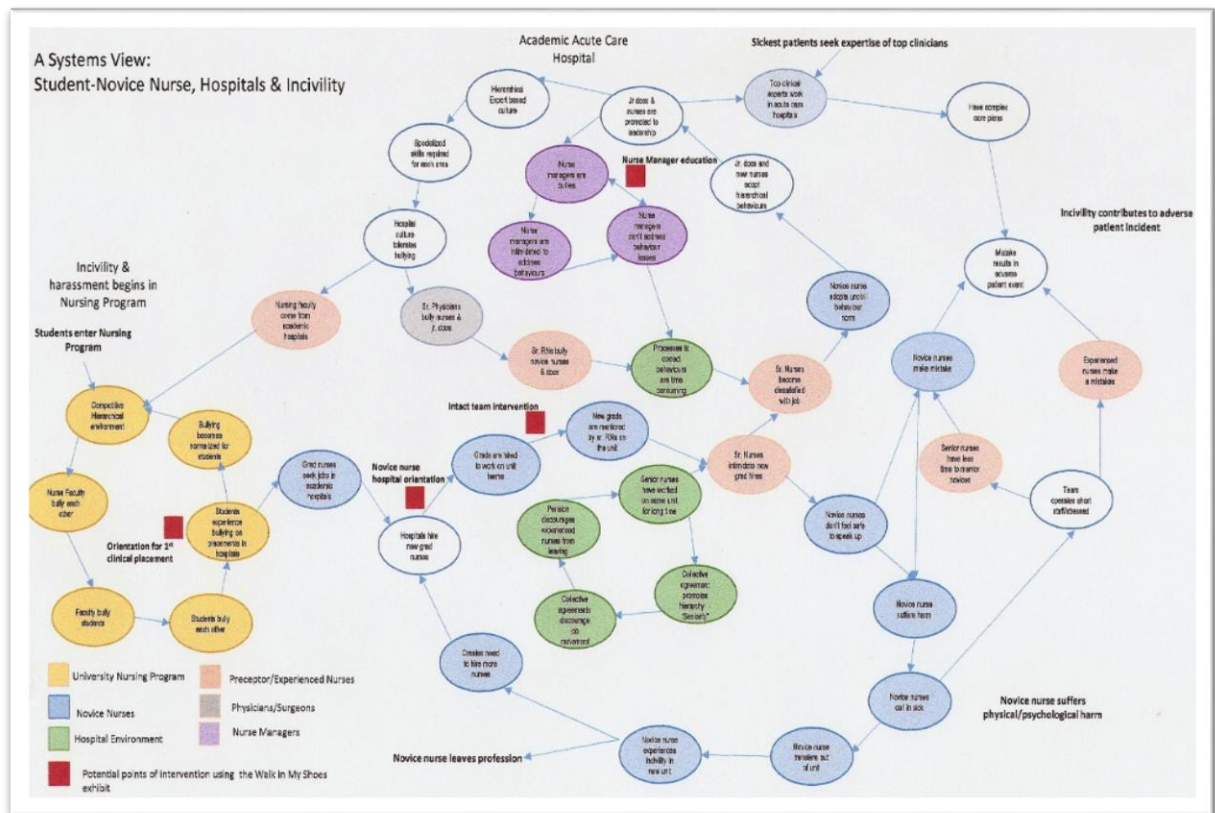


Figure 12. Systems View and Potential Points for Intervention

Level	Program
Organization-wide	<p>Student orientation to first clinical placement</p> <p>Preceptor Workshop for senior nurses who will supervise/mentor trainees</p> <p>Include facilitated dialogue and tools such as the Ladder of Inference, reframing and feedback models</p> <p>Run “Walk in My Shoes” during Nursing Week to heighten awareness of the issue and promote professional standards of behaviour, worker and patient safety</p> <p>Requires few resources to stage and nurses “drop by” during breaks/lunch</p> <p>A component of new nurse or student placement orientations, with a facilitated discussion component; accompanied by education about workplace behaviour standards and skills to address incivility when facing or witnessing it.</p> <p>New Nurse Manager orientation or as a component of clinical manager leadership development.</p> <p>Include facilitated dialogue about the role of the manager in modeling civility and addressing incivility when it occurs; and provide training on tools such as the Ladder of Inference, reframing and feedback models</p>
Team-level	<p>An Awareness event prior to a series of intact team interventions to build a healthy unit culture; include facilitated dialogue and tools such as the Ladder of Inference, reframing and feedback models; include the use of playful triggers to foster collaborative meaning making</p> <p>Leadership modeling of civility</p> <p>Follow exhibit with Appreciative Inquiry (Cooperrider & Whitney, 2001) workshops focused on the “best in nursing” to foster generative conversations and shared meaning making</p> <p>Address performance issues appropriately and as required to educate and maintain high standards</p> <p>Refresh nurses periodically on the code of conduct/professional standards of practice</p> <p>Provide education on techniques for giving feedback and constructive resolution</p>

Table 20. Application of the Walk in My Shoes exhibit for Hospitals

Next Steps

The premise of this research is that the Walk in my Shoes exhibit's character-shoe displays and interactive elements would promote self-reflection in participants, leading to insights into their own behaviour and its impact on nursing colleagues. This exploratory project is intended as a starting point for future study of the impact of using such an art-based technique, likely in combination with other learning approaches, to promote positive change in nurses' workplace relationships.

The results of the exhibit held at St. Joseph's Health Centre Toronto suggest that this method holds promise as one approach to address nurse-to-nurse incivility. Its simple design, low cost and adaptability make it an attractive option for hospitals with limited budgets and resources for organizational development initiatives.

While the focus of this research was to explore arts-based techniques specifically to address nurse-to-nurse incivility, the exhibit's format could easily be adapted to include characters from other healthcare professions, as members of inter-professional teams, to improve patient care by promoting greater understanding and empathy among teammates with different amounts of experience, professional backgrounds and types of training. As well, introducing a manager to the exhibit and creating a unit "back story" would provide an opportunity to examine a leader's role in promoting a healthy work environment.

Further study of the approach is necessary to assess whether the results can be replicated in other hospital settings. The findings reveal opportunities to enhance the

design of the exhibit. Additional work is required to develop a group discussion guide and a follow-up survey. The efficacy of the approach for intact nursing teams would be best evaluated through a pilot study to be conducted in an acute care hospital.

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Appendices


Appendix A

Recruitment Poster



Walk in My Shoes

EXHIBITION



It doesn't matter what it's called.
It still hurts.

June 15, 12:30 – 3:00 pm and June 16, 12:00 noon – 2:00 pm
Education Centre A

Nurses and nursing students are invited to participate in Walk in My Shoes, a graduate student qualitative research project about increasing self-awareness and insights into behaviours that contribute to nurse to nurse conflict.

The Walk in My Shoes exhibit aims to highlight the issue of nurse-to-nurse incivility and in particular its impact on novice nurses. The exhibition includes pairs of shoes that belong to five nurse characters created from a review of nursing literature.

Participants are invited to share their reactions to the shoes and nurses' stories by adding tokens into containers, and "sending" postcards to the nurse characters. The researcher will take written notes of movement through the exhibit and which characters people engage with more than others.

Participation in the study is voluntary and will involve completing a short exit survey. The total time commitment will range between 10-20 minutes. Participants are free to leave the exhibit at any time. However it will not be possible to remove or retrieve a survey or postcard once deposited in the boxes.

This study has been reviewed by and received ethics clearance through the St Joseph's Health Centre Toronto and OCAD University Research Ethics Committees.

The results of the study will be presented to students and faculty in the Strategic Foresight and Innovation Program at OCAD University and to the St Joseph's Health Centre Toronto Professional Practice Council.

Personal identifiers will not be collected but quotations may be used to illustrate results. At the end of the project, all records from the exhibit will be destroyed.

Your participation in the study will lead to a better understanding of how an arts-based approach like a shoe exhibition might be used to increase awareness of behaviours in the workplace. As a token of appreciation, participants will receive a tip card about peer-to-peer civility.

If you would like more information about the research study please contact Cathy Clarke by email (cc13sj@student.ocadu.ca) or phone (647-351-3533).



Appendix B
Recruitment Email



Subject: Nurses and nursing students invited to **Walk in My Shoes**, an exhibition of shoes and nurses' stories

Walk in My Shoes Exhibition

When: June 15, 12:30 - 3:00 pm, and June 16, 12:00 noon - 2:00 pm

Where: Education Centre A

Nurses and nursing students are invited to participate in **Walk in My Shoes**, a graduate student qualitative research project about increasing self-awareness and personal insights into behaviours that contribute to nurse to nurse conflict. This research is being completed as part of a Master of Design in Strategic Foresight and Innovation at OCAD University.

The Walk in My Shoes exhibit aims to highlight the issue of nurse-to-nurse incivility and in particular its impact on novice nurses. The exhibition includes pairs of shoes that belong to five nurse characters created from a review of nursing literature.

Participants are invited to share their reactions to the shoes and nurses' stories by adding tokens into containers and "sending" postcards to the nurse characters. Participation in the study is voluntary and will involve completing a short exit survey. The researcher will take written notes of movement through the exhibit and which characters people engage with more than others. The total time commitment will range between 10-20 minutes.

Personal identifiers will not be collected, but quotations may be used to illustrate results. At the end of the project, all records from the study will be destroyed.

Your participation in the study will lead to a better understanding of how an arts-based approach like a shoe exhibition can be used to increase awareness of behaviours in the workplace. As a token of appreciation, participants will receive a tip card about peer-to-peer civility.


If you would like more information about the research study, please contact Cathy Clarke by email (cc13sj@student.ocadu.ca) or phone (647-351-3533).

Thank you in advance for your interest in this research project.

Cathy Clarke
Principal Student Investigator
Master of Design Candidate
Strategic Foresight and Innovation

This study has been reviewed by and received ethics clearance through the St. Joseph's Health Centre Toronto and OCAD University Research Ethics Committees.

Appendix C
Consent Poster



Walk in My Shoes

EXHIBITION

Walk in My Shoes is a graduate student qualitative research project about increasing self-awareness and insights into behaviours that contribute to nurse-to-nurse conflict.

Walk in My Shoes aims to highlight the issue of nurse-to-nurse incivility and in particular, its impact on novice nurses.

The researcher will take written notes of movement through the exhibit and which characters participants engage with more than others.

The exhibition includes pairs of shoes that belong to five nurse characters created from a review of nursing literature.

The results of the study will be presented to students and faculty in the Strategic Foresight and Innovation Program at OCAD University and to the St Joseph's Health Centre Toronto Professional Practice Council.

Nurses participating in the exhibition are invited to add tokens into containers and send postcards to the nurse characters to share their reactions to the stories, and complete a short exit survey.

As a token of appreciation, participants will receive a tip card to enhance peer-to-peer relationships.


Your participation in this study is voluntary and will take between 10–20 minutes.

Personal identifiers will not be collected, but quotes may be used to illustrate results. At the end of the project, all records will be destroyed.

Participants are free to leave the exhibit at any time. However, it is not possible to remove or retrieve a survey or postcard once it is deposited in the boxes.

Having read this poster and chosen to enter the exhibit area, participants have indicated their consent to participate in this qualitative research project.

This study has been reviewed by and received ethics clearance through the St Joseph's Health Centre Toronto and OCAD University Research Ethics Committees.



Appendix D

DIY Design for Walk in My Shoes Exhibition

The Walk in My Shoes exhibit was planned to be simple to stage and affordable for hospitals to replicate. The following several pages provide specific information about where to obtain the materials used in the exhibit and the guidance for staging it or creating a bespoke version.

Materials

Materials	Quantity and Description/Considerations	Approximate Costs
Space	A room, free of chairs no less than 650 square feet. Six tables, no less than 30 inches by 36 inches.	
Tables	6 tables Minimum size: 36" x 30"	N/A
Tablecloths	6 white linen or textured tablecloths to fit table size Purchase if needed from Ikea CAJA white table cloth, article no. 802.107.87 http://www.ikea.com/ca/en/catalog/products/80210787/	\$20/ea. \$120. for 6 tables
Walk in my shoes quote poster	Design included in DIY Kit 36" x 24" poster Staples: http://www.staplescopyandprint.ca/	\$21./ea.
Shoe Stands	5 Oristand stand-up desks Purchase online at http://oristand.co/	\$30.CAD/ea. \$150. for 5 stands
Shoe Stand Signage	Design included in DIY Kit Print in colour and use spray glue to paste to stand as per diagram	N/A
Nurse character stories	5 character stories; design included in DIY Kit Print on 20" x 30" foam core board Staples: http://www.staplescopyandprint.ca/	\$14. /ea. \$70. for 5 posters
Nurse character shoes	2 pairs of shoes/nurse character (borrow) 1 pair of running shoes or another type of shoe typically worn by nurses 1 pair of non-nursing shoes – match to description in character story	N/A
Postcards	Each character has a unique postcard Designs included in DIY Kit Final print size 4" x 6" Staples: http://www.staplescopyandprint.ca/	\$20./50 cards \$100. For 5 sets of postcards
Postcard and exit survey instructions	Design included in DIY Kit Print on standard quality bond paper and cut 4" x 6" to fit frame 6 Ikea TOLSBY photo frames http://www.ikea.com/ca/en/catalog/products/30151035/	Frames: \$1. /ea. \$6. for 6 frames
Mailboxes	5 Ikea TJENA boxes (white, article no. 502.636.21; size 5" x 10 ¼" x 4") http://www.ikea.com/ca/en/catalog/products/50263621/ Cut 4 ½" x ¼ slot in the top.	\$2. /ea. \$10. for 5 boxes
Glass pebbles	5 different colours of glass pebbles (Vase filler gems) for each emotional response – anger, fear, sad, indifference, compassion, 25 of each colour – 125 pebbles /bowl Purchase at Michaels (Ashland decorative fillers- multicolour) or another craft store http://canada.michaels.com/on/demandware.store/Sites-MichaelsCanada-Site/en_CA/Product-Show?pid=10387106&cgid=	\$11./1.1k bag \$44. for 4 bags
Containers for glass pebbles	2 types of clear glass containers 5 glass bowls approx. 5" D x 2 – 3"H 5 everyday stemless wine glasses Purchase at Ikea BLANDA serving bowl (12cm), product no. 100.572.51 www.ikea.com/ca/en/catalog/products/10057251/ IVREG glass (15oz), product no. 502.583.23 http://www.ikea.com/ca/en/catalog/products/50258323/	5 Bowls \$2./ea. 5 Glasses \$2./ea. \$20. for 10 pieces

Exit Survey Box	1 Ikea TJENA box (white, article no. 402.636.26; size 10 ¾" x 13 ¾" x 7 ¾") http://www.ikea.com/ca/en/catalog/products/60330941/ Cut 6" x ¼" slot in top	\$4./ea.
Tip Card	Design included in DIY Kit Final print size 4" x 6" Staples: http://www.staplescopyandprint.ca/	\$20./50 cards
Miscellaneous	2-3 packs of Scotch indoor hook and loop fasteners – capacity- up to 3 lbs. to stick character posters to the back of shoe stands and to secure shoes X-Acto knife to cut slots in mailboxes and exit survey box Spray glue to glue Walk in My Shoes signage and pebble directions to stand Pencils /pens for participants to complete postcards and exit survey	\$10./package \$4.00 \$10.00/can \$5.00
Total approximate costs: \$600.00 for 50 participants		

Walk in My Shoes Character-Shoe Displays

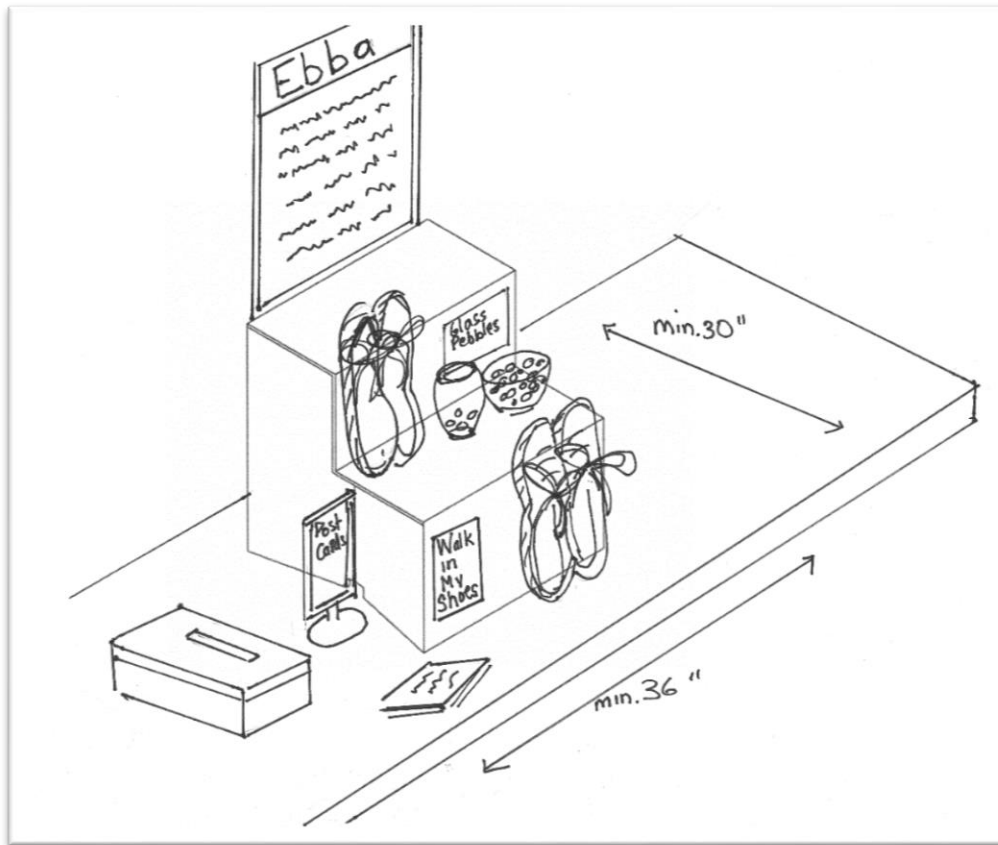
Shoes

Two pairs of shoes – a pair of sturdy running shoes and a pair of every day/evening shoes are required for each character (four sets of women's shoes and one set of men's shoes). Match the style of shoes to the character's story - Ebba - flats, Neela – well-fitting high heels for dancing, Cas - hipster runners, Christine - comfortable flat shoes, Lotti - fashion boots. Use small pieces of Velcro tape attached to the soles of the shoes to secure them to the stand.

Display Stands

Character-Shoe stands are cardboard stand-up laptop desks purchased from Oristand. Buy online at <http://oristand.co/>. Note: stands are shipped from Vancouver. Assume 10 working days for delivery. Set-up requires one table (36" by 30" min) per Character-Shoe display.

Display Setup



Walk in My Shoes Exhibit Layout

A room, free of chairs no less than 650 square feet is required. Six tables, no less than 30 inches by 36 inches, one per Character-Shoe display. Three displays are set-up at the back of the room and two near the front. There is no defined pathway or set order of characters in the staging of the exhibit. Ensure the space selected is large enough to provide some distance between the five character-shoe displays to provide an element of privacy for viewers and small enough to foster a feeling of intimacy.

Bespoke Character Stories

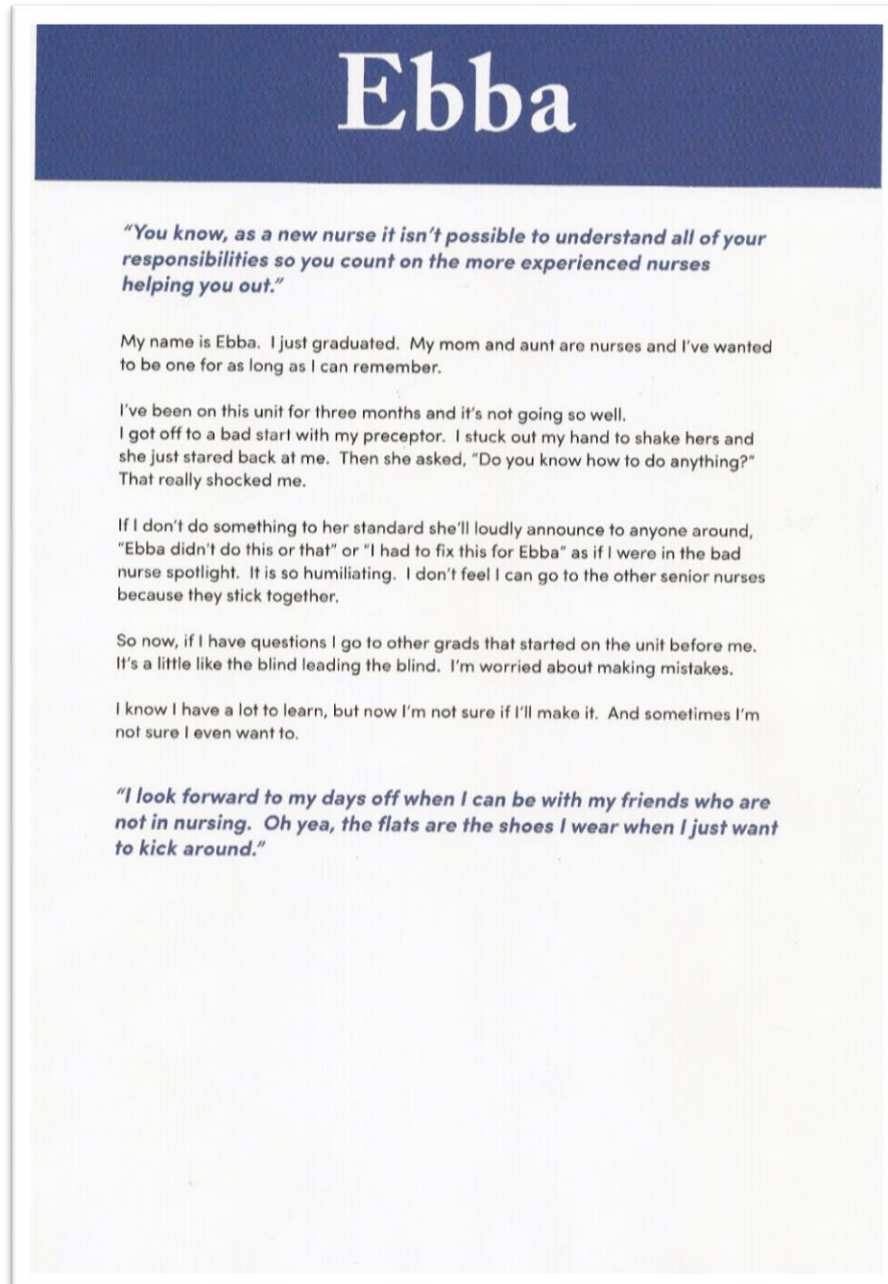
The following points provide guidance for organizations wishing to develop a unique set of characters. The character stories used in the Walk in My Shoes exhibit are also provided in this DIY kit.

Parameters for Stories

- | | |
|--------------------------|--|
| Characters | <ul style="list-style-type: none">• Represent a range of individuals and experiences• Include diversity of ages, roles, ethnicities and gender• 4– 7 characters; enough to show range and contrast; not so many that participants will have difficulty recalling the details |
| Length of Stories | <ul style="list-style-type: none">• Between 225-300 words |
| Story Elements | <ul style="list-style-type: none">• Use the scholarship to create characters that are “evidence based”• Use first person narrative, “I”• Provide personal background information about the nurse – outside interests, previous experience, etc.• Demographic information – without being too explicit about age, unit speciality, etc. –makes the character relatable to a wider audience• Describes the nature of the incivility and its effect on the physical and mental health and practice of the nurse |
| Posters | <ul style="list-style-type: none">• First name of character in extra-large type placed at top of poster• A quote to summarize in a sentence the essence of the character’s experience – in bold under the character name• Use left margins for all text• Leave 10” of unused space below the text to adhere the poster to the back of the display unit |

Walk in My Shoes Character Posters

Posters are printed on 20" by 20" foam core board, and Velcro tape is used to attach the poster to the back of the display stand.



Cas

"Just because I'm the new nurse on the shift, I seem to get all the jobs no one else wants."

I'm Cas. That's short for Casper.

I worked casual shifts for a year or so after finishing school but then landed this job on the night shift about nine months ago.

I seem to always end up getting the heaviest patients. The in-charge says it's because I'm the only one strong enough to lift them. I don't think that's fair.

I'm not sure the patients always get the best care. But there is no one around to watch. And I don't want to bring it up with our manager. I would be in real trouble then.

There is one nurse who never calls me by my real name. It's "Hey Ghost, come help me with this or can you take my patient, Ghost?" I don't like it. I think it's a put down. I've asked her to stop. She says she is just kidding. You know, I'm not even white.

I'm thinking about going back to school. I'd like to use my clinical skills more.

I'm looking into training to be an advanced practice nurse. I think you get a lot more respect and it would get me out of the union and shift work. It would be a lot better.

*"It would be great to have my nights free to hang out with friends.
The shoes: my Boxfreshes are kind of beat up but I really like them."*

Christine

"I don't want others judging me so I'm not going to ask for help. It's hard keeping up. Sometimes, I feel like I'm just hanging on."

I had a near miss today. I almost gave my patient the wrong medication. I was lucky.

There have been lots of changes and I've been on so many in-services, I'm having a hard time keeping it all straight.

There was no way I was going to ask that 20-something in-charge to help me. If I even hinted that I wasn't clear, I'd have people judging me or looking over my shoulder.

That's what it's like now. There are two camps - the new group of nurses who think they know everything; and the old guard like me.

I wasn't going to ask because then everyone would hear about it. The younger ones would gossip about me.... how I could have harmed the patient; how the older nurses just can't keep up. I know what almost happened. I don't need it rubbed in my face.

Some of us have been on this unit for thirty years. I'm not the only one finding it hard. We've got to stick together. It won't be long before I can retire.

I used to love being a nurse. Now I am just hanging on until I qualify for a full pension.

"My feet are really tired when I get home and these are my most comfy pair of shoes. When I slip them on...it's like walking on a cloud."

Lotti

"These new grads have a lot to learn whether they know it or not. Maybe they should show more respect to us experienced nurses."

Nurses coming out of school today are not prepared for the profession.

These new grads know a lot of theory but they can't do real nursing. They are so high and mighty with their degrees. I've been around long enough to know that you can't expect people to respect you, you have to earn it.

How they all like to shine in front of the docs! They'll talk with them like they're equals, discussing this new therapy or that research study. I don't think they know how silly they look. I gave it to one of them the other day. Told her she should stop wasting time.

I think it's my job to correct them; to show them the right way to do things. But, they don't like it when I tell them how it should be done. And you know what! One of them had the nerve to tell me how to nurse the other day.

I'm fed up and tired of them not caring enough. So today when one of our new hires asked me a question, I just pretended I didn't hear and walked away.

I think my new approach will be, don't offer; let them ask. Let them find out how much they don't know. Maybe they'll appreciate us experienced nurses more.

"My boots make me feel special. I feel dressed up and very fashionable when I wear them."

Neela

"Nursing is a really tough profession. It's better that students find that out sooner than later."

I've been a nurse for three years. Before that I worked as a financial analyst for 15. Really! It was a stable career but it was boring, every day the same, not like nursing.

So, when I started on this unit, I wasn't exactly an inexperienced professional. But I was treated like I was. Some of the nurses were just plain nasty. There were people I worked with who never spoke to me unless they had to; they really made me feel inferior.

There was no coddling. I learned to stand on my own really quickly. It wasn't easy but I figured I had to suck it up if I was going to make it. That's why I am tough on the students who are doing their placements here. I expect them to be prepared for their shift and I let them know if I think they are not stepping up.

I overheard one of the students tell her peer that she was having trouble sleeping at night because she was worrying about the day ahead. I told her, not sleeping isn't going to help you be a good nurse.

She can't be bothered by what people say or don't say; or expect anyone to treat her well until she's proved she deserves to be a nurse.

Nursing isn't for everyone. Better these students find out right away if they can really handle it.

"I feel very glamorous when I wear these shoes tango dancing on Saturday night."

Postcards

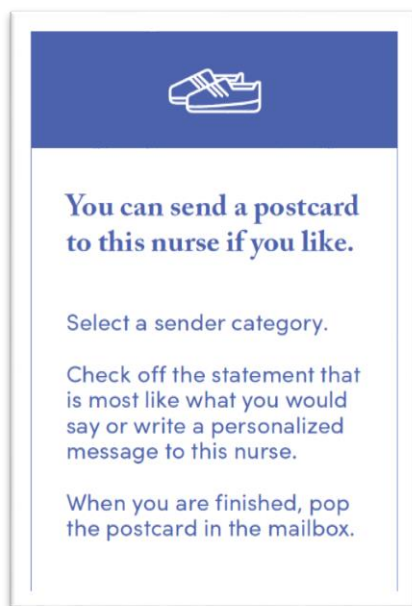
Bespoke Postcards

The following points provide guidance for organizations wishing to develop a unique set of postcards for the characters created for a bespoke exhibit. The postcards used in the Walk in My Shoes exhibit are also provided in this DIY kit.

- Use same participant instructions provided on Walk in My Shoes postcards
- Develop three pre-populated responses for each of the character's stories – one supportive or positive statement about the behaviour, one statement that acknowledges the situation that is neutral in tone; and one judgemental or negative comment about the behaviour
- Mix up order of pre-populated responses on the character postcards to prevent the positive or negative response from always being displayed first
- Include a space for participants to write a personalized response

Walk in My Shoes Postcards

Postcards are printed on 4" by 6" light card stock. Mailboxes are Ikea TJENA boxes (white, article no. 502.636.21; size 5" x 10 ¼" x 4"). Cut 6" x ¼" slot in the top. Instructions for Postcards are printed on regular bond paper and cut to 4" by 6" size. Two copies are inserted into Ikea Tolsby photo frame to create a two-sided sign.





You can send a postcard to Ebba if you like.

Check off the statement that is most like what you would say or write a personalized message to this nurse.

Please select a sender category. When you are finished, pop the postcard in the mailbox.

Dear Ebba,

- ☐ I know how you must feel. My preceptor treated me the same way.
- ☐ I am sorry your preceptor is so mean. It is hard enough being new.
- ☐ You can't expect your preceptor to coddle you. You have to learn things on your own too.
- ☐ _____

Sent by:

- ☐ Nurse ☐ Nursing Student ☐ Other _____



You can send a postcard to Cas if you like.

Check off the statement that is most like what you would say or write a personalized message to this nurse.

Please select a sender category. When you are finished, pop the postcard in the mailbox.

Dear Cas,

- ☐ I guess you don't really like being a bedside nurse. Is it too hard?
- ☐ I'm thinking about going back to school too. It would get me out of my unit and hopefully lead to a better job.
- ☐ You should go for it if you want to. Hope you do well.
- ☐ _____

Sent by:

- ☐ Nurse ☐ Nursing Student ☐ Other _____



You can send a postcard to Christine if you like.

Check off the statement that is most like what you would say or write a personalized message to this nurse.

Please select a sender category. When you are finished, pop the postcard in the mailbox.

Dear Christine,

- ☐ It is okay to ask for help. There is so much for all of us to learn all the time.
- ☐ You must feel terrible. It can happen when there is so much information to stay on top of.
- ☐ You could have killed the patient because you didn't want to appear like you didn't know what you were doing.

☐ _____

Sent by:

- ☐ Nurse ☐ Nursing Student ☐ Other _____



You can send a postcard to Lotti if you like.

Check off the statement that is most like what you would say or write a personalized message to this nurse.

Please select a sender category. When you are finished, pop the postcard in the mailbox.

Dear Lotti,

- ☐ These new grads need to appreciate what we've learned through experience at the bedside.
- ☐ I think you need to consider a new job. I get the feeling you are threatened by younger nurses.
- ☐ I know how you feel. I don't think they really understand what they don't know. It is a bit scary.

☐ _____

Sent by:

- ☐ Nurse ☐ Nursing Student ☐ Other _____



**You can send a postcard
to Neela if you like.**

Check off the statement that is
most like what you would say or
write a personalized message
to this nurse.

Please select a sender category.
When you are finished, pop the
postcard in the mailbox.

Dear Neela,

- ☐ How could you treat them that way when you know how it feels? Shame on you.
- ☐ You're just helping them know what it is really like when you work at a hospital.
- ☐ Better that they have the reality check while they're still in school.

☐ _____

Sent by:

- ☐ Nurse ☐ Nursing Student ☐ Other _____

Walk in My Shoes Postcard Messages – Positive, Neutral, Negative

Instructions: Send a postcard to this nurse:

You can send a postcard to this nurse if you like.

Check off the statement that is most like what you would say or write a personalized message to this nurse.

When you are finished writing, pop the postcard in the nurse's mailbox.

Customized for each character

1. New grad (1 year) Preceptor was not supportive. She is still struggling and not sure she is going to make it as a nurse.

Dear Ebba

- ☐ I know how you must feel. My preceptor treated me the same way. (Neutral)
 - ☐ I am sorry your preceptor was so mean. It is hard enough being new grad nurse. (Positive)
 - ☐ You can't expect your preceptor to coddle you. You have to learn things on your own too. (Negative)
- _____ (personal message)

2. Male Nurse: 2 years' experience; considering grad school or advanced training to get him "off the floor"

Dear Cas

- ☐ I guess you don't really like being a bedside nurse. Is it too hard? (Negative)
 - ☐ I'm thinking about going back to school too. It would get me out of my unit and hopefully lead to a better job. (Neutral)
 - ☐ You should go for it if you want to. Hope you do well. (positive)
- ☐ _____ (personal message)

3. Experienced Nurse (15 years' experience). Laments that new grads don't appreciate what the experienced nurses' offer.

Dear Lotti

- ☐ These new grads need to appreciate what we experienced nurses know. (Positive)
- ☐ I think you need to consider a new job. It looks to me like you're feeling threatened by the new grads. (Negative)
- ☐ I know how you feel. I don't think they really understand what they don't know. (Neutral)
- ☐ _____ (personal message)

4. Nurse nearing retirement. She recently had a "near miss" with a patient's medication order because she wasn't clear about the order. She didn't seek clarification from the in-charge nurse because she didn't want her younger peer to know she wasn't able to keep up.

Dear Christine

- ☐ It is okay to ask for help. There is so much for all of us to learn all the time. (Neutral)
- ☐ You must have felt terrible. It can happen when there is so much information to stay on top of. (Positive)
- ☐ You could have killed the patient because you didn't want to appear like you didn't know what you were doing. (Negative)
- ☐ _____ (personal message)

5. Nurse with almost 3 years' experience. While she hasn't always been treated very well by some her older peers, she has figured out that "you just have to suck it up" and has adopted some of their behaviours in her treatment of the students who are completing their placements on her unit.

Dear Neela,

- ☐ How could you treat them that way when you know how it feels? Shame on you. (Negative)
- ☐ You just helping them know what it is really like when you work at a hospital. (Positive)
- ☐ Better that they have the reality check while they're still in school. (Neutral)
- ☐ _____ (personal message)

Emotion Pebble Activity

Bespoke Exhibit Emotion Pebbles

For bespoke exhibits, select a range of 3-5 emotions that are relevant for the topic of the exhibit.

Walk in My Shoes Emotion Pebbles

Five different colours of glass pebbles (Vase filler gems) are used, one for each emotional response – angry, fearful, sad, indifference, compassion.

Sort and select five different colours for the emotions. For an audience of 50 people, 25 of each colour is required. Mix the coloured pebbles in a bowl for a total of 125 pebbles /bowl. The pebbles can be purchased at Michaels (Ashland decorative fillers- multicolour) or another craft store.



Instructions for Emotion Pebbles Activity

Instructions are printed on 4" by 6" bond paper and glued to the display stand. A sample of each colour pebble is glued next to the name of the emotional response it represents.

Two types of transparent glass containers are required:

Glass bowls – 1 for each stand, approximately 5" D x 2 – 3"H. Purchase at Ikea, BLANDA serving bowl (12cm), product no. 100.572.51

Stemless red wine glasses or a clear glass small flower vase. Purchase at Ikea, IVREG glass (15oz), product no. 502.583.23

Select the coloured pebble that best reflects how you feel about this nurse's story and drop it in the container.

Angry

Indifferent

Fearful

Sad

Compassion


Exit Survey

Bespoke Exhibit

Develop of selection of 4-6 statements or questions that will provide insights on topics relevant to the subject of the exhibit. Use a 4 -6 point Likert scale. Avoid providing a neutral rating option.

Walk in My Shoes Exit Survey questionnaire is printed on regular bond paper with two surveys per page and cut into 8 ½" by 5 ¼" size.

Thank you for visiting the Walk in My Shoes exhibit.
Before you leave, please answer the following questions.



Are you a nurse? ☐ Yes ☐ No Years' experience: ☐ < 3 years ☐ 3-10 years ☐ 11-20 years ☐ >20 years*

Are you a nursing student? ☐ Yes ☐ Other: _____

Please check the response that you agree with Attending this exhibit has made me:	Strongly Disagree	Disagree	Agree	Strongly Agree
More aware of what nurse-to-nurse incivility is and how it impacts others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consider changing some of my behaviours with peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reflect on my own behaviour with my peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognize that I sometimes engage in uncivil behaviours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aware of the possible impacts of some of my behaviours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* If there are less than 5 individuals in a category, the grouping will not be reported separately in public presentations of the research to protect the anonymity of participants.

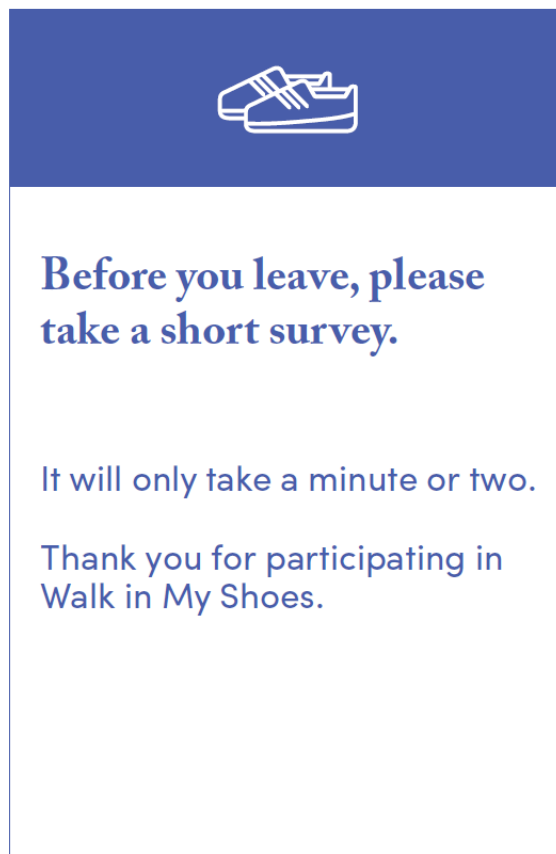
Please comment:
(Optional) _____

Thank you for participating in Walk in My Shoes.

Instructions and Collection Box for Exit Survey

Instructions for the exit survey are printed on bond paper and cut to 4" by 6" size. Two copies are inserted into Ikea Tolsby photo frame to create a two-sided sign.

Ikea TJENA box (white, article no. 402.636.26; size 10 $\frac{3}{4}$ " x 13 $\frac{3}{4}$ " x 7 $\frac{3}{4}$ "). Cut 6" x $\frac{1}{4}$ " slot in the top.




Walk in My Shoes Tip Card

Printed on card stock and cut to a final size of 4" by 6"

Side one:

Tips for Building Civility in the Workplace




- Treat others with respect, dignity and kindness.
- Consider how your words and actions impact others.
- Take personal accountability for your actions.
- Be open to other points of view, experiences and ideas.
- Listen to others with interest and respect.
- Offer assistance when needed and accept refusal of help gracefully.
- Collaborate and share information where appropriate.
- Avoid gossip and spreading rumours.
- Always speak directly to the person with whom you disagree.
- Be polite and respectful when raising issues. Apologize when needed.

Adapted from the American Nursing Association
<http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Nurse/bullyingworkplaceviolence/Preventing-Bullying-and-Civility-Best-Practices.html>

Please contact cc13sj@student.ocadu.ca if you would like a copy of the results of the Walk in My Shoes study.

Side two:

Tips for Resolving Conflicts



There are three steps you can take to prevent misunderstandings from turning into conflicts and small conflicts from turning into big ones.

1. Prepare yourself.

Consider: Your perspective

- How do you view the situation?
- How do you feel?
- What would you consider a good outcome?

Consider: Their perspective

- How might the other person see the situation?
- What would he/she consider a good outcome?
- How might have you contributed to the problem?

2. Make a deal that respects both of you

- Politely request a time to speak privately.
- Acknowledge how you have contributed to the problem.
- Share your point of view; ask for theirs.
- Find common ground.
- Seek a resolution that is fair for both of you.

3. Take action and follow-through

- Follow through on what you agreed to.
- Give the solution a chance to work.
- Check in and review your progress.

Adapted from the University Health Network's Code of Conduct hand book. Used with permission.

Walk in My Shoes Quote Poster

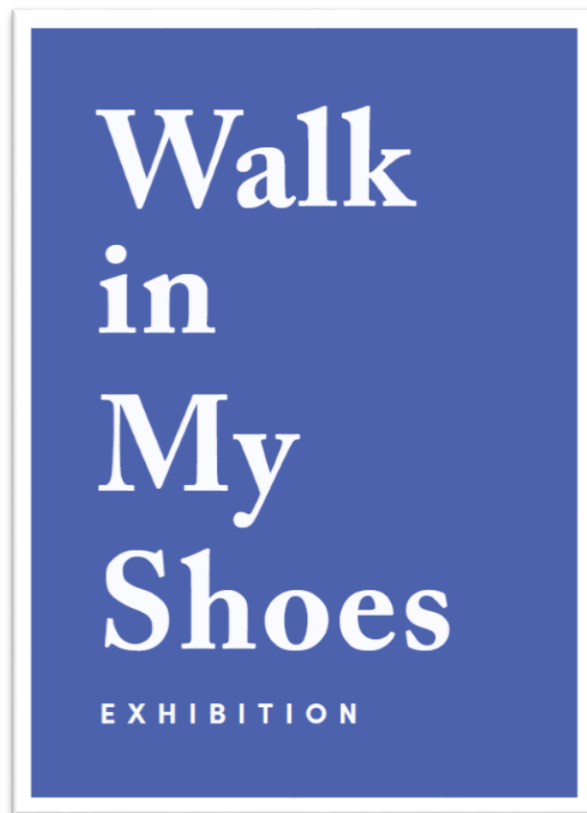
The poster is printed on form core board 36" x 24" poster size. To mount use an easel.

**"You can't really understand another
person's experience unless you've
walked a mile in their shoes."**

- Anonymous

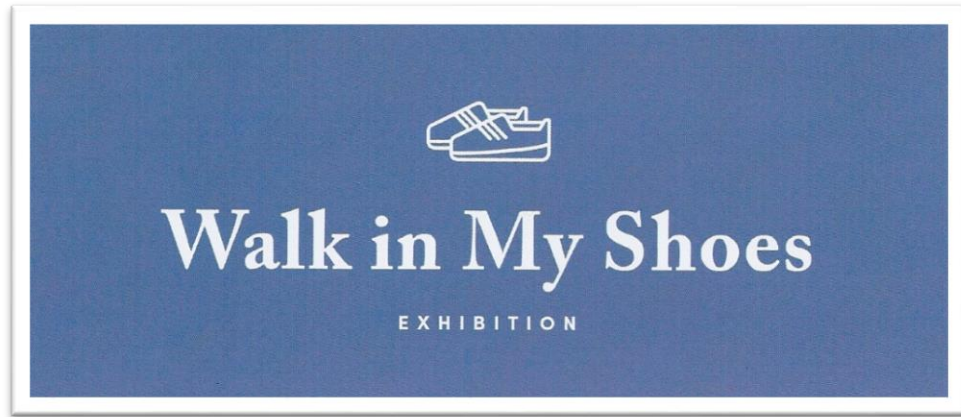
Walk in My Shoes Logo Sticker

Print sticker on regular bond paper and cut to 5" by 7" size. The sticker is glued on the stand to cover the Oristand logo.

**Additional Information****Colour**

HEX: #485daa

R: 72 G: 93 B:170



Text Fonts

Header: Adobe Caslon Pro Bold

Body Text: Sofia Pro - Alt