DESC in action: Three scenarios

The DESC model for addressing incivility has four elements:
D: Describe the specific situation.
E: Express your concerns.
S: State other alternatives.
C: Consequences stated.

The scenarios below give examples of how to use the DESC model to address uncivil workplace encounters.

Nurses Sandy and Claire

At the beginning of her shift, Sandy receives a handoff report from Claire, who has just finished her shift.

"Geez, Sandy, where have you been? You're late as usual. I can't wait to get out of here. See if you can manage to get this information straight for once. You should know Mary Smith by now. You took care of her yesterday. She was on 4S forever; now she's our problem. You need to check her vital signs. I've been way too busy to do them. So, that's it—I'm out of here. If I forgot something, it's not my problem. Just check the chart."

Not only is Claire rude and disrespectful, but she also is putting the patient at risk by providing an incomplete report. Here's how Sandy might address the situation.

Describe: "Claire, I can see you're in a hurry, and I understand you're upset because I'm late. We can talk about that when we have more time. For now, I don't feel like I'm getting enough information to do my job effectively."
Explain: "Talking about Mrs. Smith in a disrespectful way and rushing through report can have a serious impact on her care."
State: "I know we're both concerned about Mrs. Smith, so please give me a more detailed report so I can provide the best care possible."
Consequence: "Without a full report, I may miss an important piece of information, and this could compromise Mrs. Smith's care."

Nurse manager Alice and staff nurse Kathy

The anxiety level may rise for a nurse who experiences incivility from a higher-up. The following scenario illustrates an uncivil encounter between Alice, a nurse manager, and Kathy, a staff nurse.

"Hey Kathy, I just found out Nicole called in sick, so you're going to have to cover her shift. We're totally shorthanded, so you need to stay. You may not like the decision, but that's just the way it is."

Kathy is unable—and frankly, unwilling—to work a double shift. Exhausted, she'd planned to spend time with her family this evening. Also, she has worked three extra shifts this month. She decides she needs to deal with this situation now instead of setting up a meeting with Alice later in the week. Here's how she might use the DESC model with her manager.

Describe: "Alice, I can appreciate the need to cover the unit because of Nicole's illness. We all agree that having adequate staff is important for patient care."
Explain: "I'm exhausted, and because I have recently covered other shifts, I'm less prepared to administer safe, high-quality care."
State: "I realize that as manager, it's your responsibility to make sure we have adequate staff for the oncoming shift. But I'd like to talk about alternatives because I'm unable to work an additional shift today."
Consequence: "Let's work together to discuss alternatives for covering Nicole's shift. It's important for me to have a voice in decisions that affect me."

For a staff nurse, addressing a manager can be daunting. To have a critical conversation with an uncivil superior in an effort to put an end to the problem, you need the courage to be assertive. Engaging in stress-reducing and self-care activities and practicing mindfulness can boost your courage so you'll be prepared. Most of all, you need to practice and rehearse effective communication skills until you feel comfortable using them.

A 2014 study by Laschinger et al. found a compelling relationship between meaningful leadership and nurse empowerment and their impact on creating civility and decreasing nurse burnout. This study underscores the need for leadership development to enable nurse managers to foster civil work environments. To create and sustain a healthy environment, all members of the organization need to receive intentional and ongoing education focused on raising awareness about incivility; its impact on individuals, teams, and organizations; and most important, its consequences on patient care and safety.

Nurse Tom and Dr. Jones

This scenario depicts an uncivil encounter between a nurse and a physician.

Tom is concerned about Mr. Brown, a patient who's 2 days postop after abdominal surgery for a colon resection. On the second evening after surgery, Mr. Brown's blood pressure increases. Tom watches him closely and continues to monitor his vital signs. As the night wears on, Mr. Brown's blood pressure continues to rise, his breathing seems more labored, and his heart rate increases.

Tom calls Dr. Jones, the attending physician, to report his findings. Dr. Jones chuckles and says, "He's just anxious. Who wouldn't be in his condition?" and hangs up. Undaunted, Tom calls back and insists Dr. Jones return to the unit to assess Mr. Brown. Reluctantly, Dr. Jones comes to the unit, peeks into Mr. Brown's room without assessing him, and chastises Tom in front of his colleagues and other patients about his "ridiculous overreaction." Tom politely asks Dr. Jones to meet with him in an empty meeting room. Here's how Tom uses DESC to address the situation.

Describe: "Dr. Jones, I'd like to explain something. Please hear me out before you comment. I am a diligent nurse with extensive patient care experience."
Explain: "I know that as Mr. Brown's attending physician, you're committed to his safety. I assure you that everyone on the healthcare team shares your concern, including me. I called you immediately after determining persistent and notable changes in Mr. Brown's vital signs."
State: "Because we are all concerned about Mr. Brown's care, it would be best if you conducted an assessment and addressed me in a respectful manner so we can provide the best care possible. I will show you the same respect."
Consequence: "Disregarding important information or allowing your opinion of me to influence your response could compromise Mr. Brown's care. We need to work together as a team to provide the best care possible."