Combining the Power of Cognitive Rehearsal, Simulation, and Evidence-Based Scripting to Foster Healthy Work Environments

Creating Healthy Work Environments 2019

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Greetings and Gratitude!

OBJECTIVES

- Describe the impact of workplace aggression on individuals, teams, organizations, and patient care.
- Explain Cognitive Rehearsal (CR) as an evidence-based strategy to address workplace incivility, particularly in patient safety situations.
- Practice CR using role-play, evidence-based scripting, and debriefing exercises to address incivility in health care.

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Defining Key Concepts

Authentic *respect* for others requiring time, presence, engagement, and an intention to seek common ground.

Clark & Carnosso (2008)

Civility in the Workplace

- Collaboration, collegiality, and teamwork
- Treating others in a professional and respectful manner
- "Stepping up" (serving on committees, helping colleagues, sharing the workload)
- Constructive, supportive, and professional relationships
- Taking collective responsibility for the work that needs to be done

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Workplace Aggression
*Incivility, Bullying, and Mobbing*

Workplace Incivility

A range of lower intensity acts of aggression *(including failing to take action when action is warranted)* which may result in <u>psychological or physiological distress</u> for the people involved. And, if left unaddressed, may spiral into more purposeful efforts to harm another and/or into more threatening situations.

Clark & Kenski, 2017; ANA, 2015; Clark, 2013, 2009, Pearson & Porath; 2013, 2009, 2005; Andersson & Pearson, 1999

It's not only what we do…*but what we don't do*

Staying silent when speaking up is indicated, failing to acknowledge or support a co-worker, ignoring others, withholding important or vital information
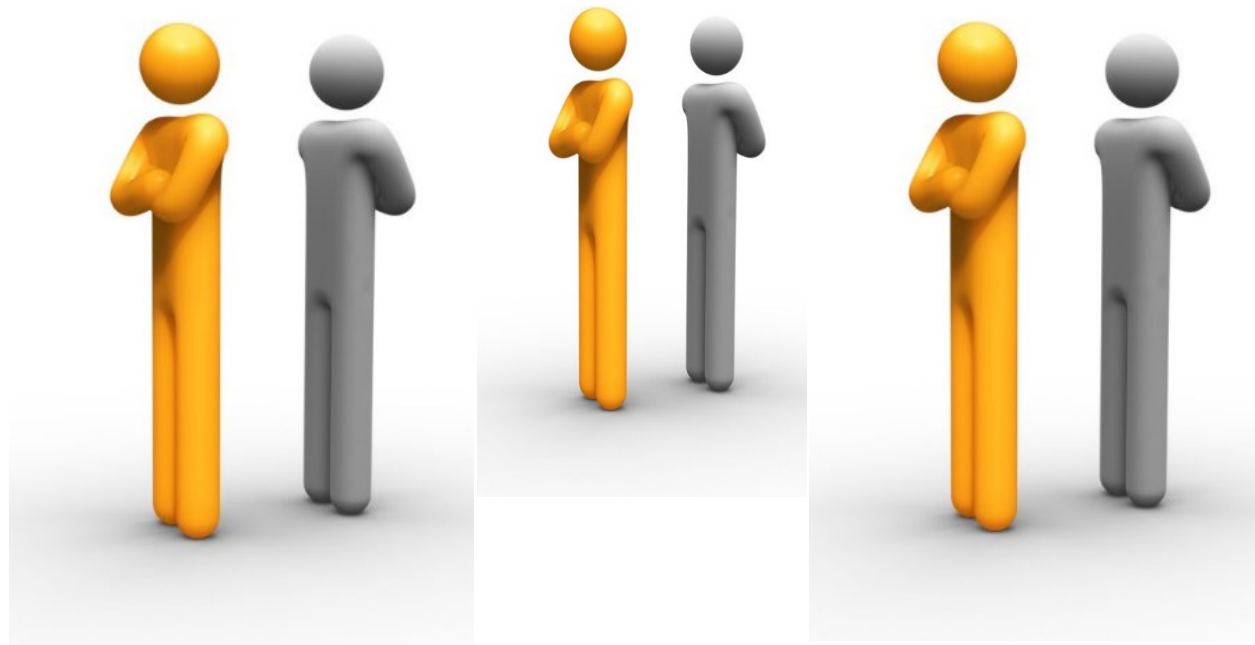
Workplace Bullying

Repeated, persistent, targeted pattern of abusive behavior designed to intimidate, degrade, and humiliate another. Usually characterized by a person asserting power over another.

Workplace Mobbing

Leymann, 1992; Davenport, Schwartz, & Elliott, 1999; Westhues, 2005, 2006; Samier, 2008; Khoo, 2010; Faria, Mixon, Salter, 2012; Harper, 2013; ANA, 2015; Castronovo, Pullizzi, & Evans, 2016

Rationale and Evidence for Fostering Civility in Nursing

Creating a Culture of Safety:
High Reliability Organizations (HROs)

An industry that does complex, high-stakes work where mistakes can equal great harm. HROs have systems in place that make them exceptionally consistent in accomplishing their goals and avoiding potentially catastrophic errors.

http://www.centerfortransforminghealthcare.org/hro_portal_main.aspx

Oster & Braaten, 2016; TJC, 2017; AHRQ, 2017

Incivility and Patient Safety

- Life-threatening mistakes, preventable complications, harm or death of a patient
- Unfavorable effects on nurse-assessed patient care; putting patient safety at risk
- Caused harm to patients or posed a risk to patients including:
  - ✓ Patient falls
  - ✓ Errors in treatments or medication
  - ✓ Delayed care
  - ✓ Adverse event or patient mortality
  - ✓ Altered thinking or concentration
  - ✓ Silence or inhibited communication
  - ✓ Patient complaints

monkeybusinessimages/iStock

Houck & Colbert, 2017; Maxfield & Grenny, 2017; Laschinger, 2014; Hutchinson & Jackson, 2013; Rosenstein & Naylor, 2012; Maxfield, Grenny, Lavandero, & Groah, 2011)

The *Sounds of Silence* in Health Care

2005

2011

2017

Slackers, timid supervisors, toxic peers, and arrogant doctors are common in health care; but while frustrating, these aren't the real problems.
*The **real** problem in healthcare is silence.*

Maxfield, Grenny, McMillan, Patterson, & Switzler, 2005; Maxfield, Grenny, Lavendro, & Groah, 2011; Maxfield & Grenny, 2017

Standards for Establishing and Sustaining Healthy Work Environments

- Skilled Communication
- True Collaboration
- Effective Decision Making
- Appropriate Staffing
- Meaningful Recognition
- Authentic Leadership
- Self-Care (Proposed)

Steve Hix/Fuse/Thinkstock

American Association of Critical Care Nurses (2016)
Harmon, R.B., et al (2017)

ANA Code of Ethics

Provision 1.5: The nurse creates an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and patients with dignity and respect; any form of bullying, harassment, intimidation, manipulation, threats, or violence are always morally unacceptable and will not be tolerated.

ANA, 2015
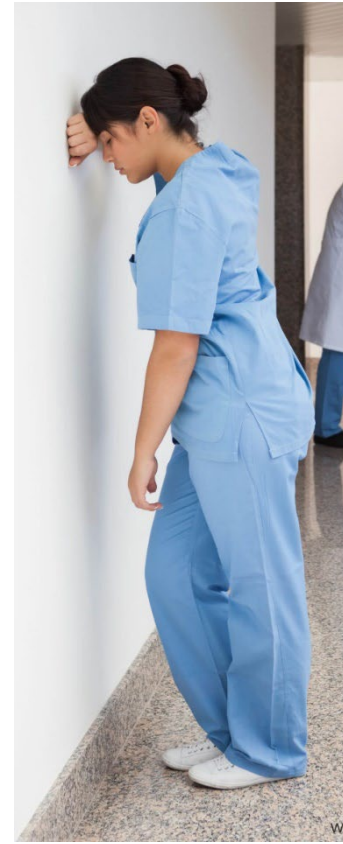
Detrimental Impact of Incivility

Impact of Incivility at Work

- Low morale, low productivity, high turn-over, and early retirement
- Increased absenteeism, tardiness, 'presenteeism'
- Diminished quality of work (especially of once highly productive people)
- Lack of meaningful participation in governance activities
- Working at home more than usual
- Increased isolation—*flying under the radar*
- Increased illness and health issues

(Crawford et al, 2017; Porath, 2016; Clark, 2013, 2017; Cipriano, 2013; Twale & DeLuca, 2008)

Negative Impact on the Practice Environment

- Patient Safety and Quality Care
- Clinical Performance, Judgment, and Patient Advocacy
- Recruitment and Retention
- Collegiality, Collaboration, and Teamwork
- Job Satisfaction—Intent to Leave
- The *'Bottom Line'*

Laschinger et al 2013; Brunt, 2011; Dellasega, 2009, 2011; Dellasega & Volpe, 2013; Johnston, Phanhtharath, & Jackson 2010; Clark & Springer, 2010; Cleary, Hunt, & Horsfall 2010; Felblinger 2009; TJC, 2009; Forni 2008; Clark, 2008

Evidenced-Based
Strategies

Skill Building

- Effective Communication
- Constructive Conflict Management

Don't make the mistake of assuming people can "just do it." Effective organizations use training, education, 'script development' and role play to improve communication and constructive conflict negotiation skills.

Maxfield et al, 2011

Cognitive Rehearsal: Evidence-Based Strategy to address uncivil behavior: Consists of 5 parts:

1. Pre-briefing and preparatory learning
2. Identifying and describing uncivil scenarios for simulation
3. Using evidence-based frameworks to role-play and rehearse responses (creating a personalized response)—Scripting!
4. Using deliberate practice to reinforce learning experience
5. De-briefing and reflection

Griffin 2004; Griffin & Clark, 2014; Sanner-Stiehr, 2017; Longo, 2017; Clark, in press
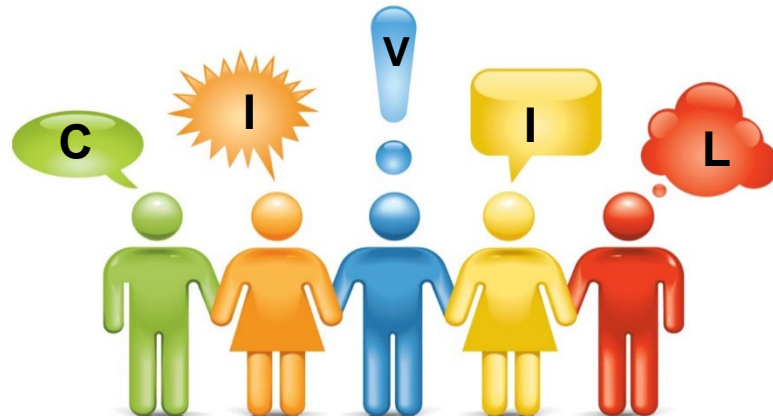
Prebriefing Session

- Describe purpose/objectives of the experience, simulation, scenario, encounter.

- Explain assumption of realism and suspension of disbelief is realism breaks down.

- Emphasize confidentiality.

- Reinforce the Basic Assumption: *We are intelligent, capable people who care about doing our best, and who want to improve our skills.* (Center for Medical Simulation)

- Invite clarifying questions.

- Remind about debriefing process.

Understanding Cognitive Rehearsal (CR)

- Technique to address uncivil encounters.

- Common examples of uncivil behaviors.
  - ✓ Refusing to help a colleague in need
  - ✓ Withholding important information
  - ✓ Gossiping or spreading rumors

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Using Evidence-Based Approaches to Script Responses, Role-play Scenarios, and Debrief the Experience

- Models for scripting personalized responses in one's own words rather than being rigidly *"scripted."*

- Role-play scenarios using scripted responses

- Debriefing session

Group Exercise

Consider a real or potential uncivil situation that has or could happen in health care.

Briefly describe the situation. Use an evidence-based approach to 'script' a response to address the situation.

Role play and debrief the encounter.

Thank You ❤️

C I V I L I T Y

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