

# Implementing a Cognitive Rehearsal Program to Combat Nursing Incivility

Catherine C. Razzi, DNP, RN, ACNS  
Assistant Professor, *Frances M. Maguire School of Nursing  
and Health Professions, Gwynedd Mercy University*

Ann L. Bianchi, PhD, RN, Chair

Kristen Herrin, DNP, RN, Committee Member

Kim Carson, MSN, RN, Clinical Mentor





Disclosure slide:  
No sponsorship or  
commercial  
support was given  
to the authors

- This presentation is based on a DNP scholarly project conducted as part of the requirements for The University of Alabama in Huntsville.  
Contributing authors:
- **Catherine C. Razzi, DNP, RN, ACNS**  
Frances M. Maguire School of Nursing and Health Professions, Gwynedd Mercy University, Chalfont, PA, USA
- Ann L. Bianchi, PhD, MSN  
Nursing, University of Alabama in Huntsville, Huntsville, AL, USA
- Kristen Herrin, DNP, RN  
Nursing, University of Alabama in Huntsville, Huntsville, AL, USA
- Kimberly Carson, MSN, RN  
Educator, Doylestown Hospital, Doylestown, PA, USA

# Objectives



To develop a quality improvement educational module designed to increase the awareness of incivility in the workplace



Train the participants to respond to incivility using cognitive rehearsal.

# Problem

- ▶ Culture of Nursing
- ▶ Novice Nurses
- ▶ Communication
- ▶ Outcomes of Incivility

So what really constitutes incivility?



# Literature Review

- Incivility in Nurses
- Effects of Incivility: detrimental effects on both victim and their patients
- Terms: Incivility, bullying, and lateral violence
- Decreasing Incivility: education, communication training, rehearsal, leadership/policy
- Measuring Incivility: Nursing Incivility Scale



# Research Question

- ▶ In registered nurses, does an incivility education module and cognitive rehearsal training affect nurse's perception and decrease in scores on the Nursing Incivility Scale one month post training?



# Conceptual Framework



The Neuman System Model (3<sup>rd</sup> edition, 1995)

# Setting and Sample



**Setting:** 232- bed community health center located in the Northeastern United States

**Sample:** Convenience sample of registered nurses.

➤ **Inclusion criteria:**

- Registered nurses in administration, care management, education, management, and unit nurses.
- No minimum level of experience is required.

# Procedure

Recruitment, consent, completed demographics and the Nursing Incivility Survey (time 1).



Participants selected 1 of 4 dates/times provided to attend the education session.



Attend the one hour education session: incivility focus and cognitive rehearsal.

Cognitive rehearsal  
training

Cue cards with scripted  
responses to uncivil  
behavior

Role playing using scripted  
responses

completed the Nursing  
Incivility Survey (time 2).

Completed the Post  
Program Survey and the  
Nursing Incivility Survey.



The participants were encouraged to use the over the next month.



One month following the education session participants completed the Nursing Incivility Survey (time 3).



# Education Session Content

Background and Significance of Incivility in Nursing

Terms: Civility, Incivility, Horizontal Violence, Bullying

Rationale for Incivility Program

The Culture and Causes of Incivility

Uncivil Behavior

Who is Involved; subscales of Sources of Incivility

Outcomes of Incivility

Responsibility of Leadership

Professional Working Behavioral Rules

Interventions

Cognitive Rehearsal education and practice

# Cognitive Rehearsal



Evidenced-based skill set



Assertive communication tool



Pre-rehearsed scripted communication technique.



Promotes effective communication



Antidote to ruminating, complaining, whining, or being passive and not speaking to perpetrator



Delivers a message to the perpetrator that uncivil behavior is not acceptable

# Scripted Pre-rehearsed Responses

## SCRIPTING CUE CARD

Possible Pre-Rehearsed Responses:

1. **Non-verbal innuendo** (raising of eyebrows, face-making)
  - *I sense (I see from your facial expression) that there may be something you wanted to address with me. It's okay to speak with me directly.*
2. **Verbal affront** (covert/overt, snide remarks, lack of openness, abrupt responses)
  - *The individuals that I learn the most from are clearer in their directions and feedback. Is there some way we can structure this type of learning situation?*
  - *That may be information I don't need to know/hear. What would help me is...*
3. **Undermining** (turning away, not available)
  - *When an event happens that is contrary to my understanding, it leaves me with questions. Help me understand how this situation happened.*
4. **Withholding information** (practice or patient)
  - *It is my understanding that there is (was) more information available regarding this situation, and I believe that if I had known that, it would (will) affect how I handle what I learn or need to know.*
5. **Sabotage** (deliberate setting up of a situation)
  - *There is more to this situation than meets the eye. Could "you and I" (whatever/whomever) meet in private and explore what happened?*

6. **Infighting** (bickering with peers—open contentious discussion is unprofessional and should be avoided)
  - *This is not the time or place—please stop.* (physically move to a neutral spot)
  - *I'm moving to another location.*
7. **Scapegoating** (attributing all that goes wrong to one individual—rarely is one individual, incident, situation the cause for all that goes wrong. Scapegoating is an easy route to travel, but rarely solves problems.)
  - *I don't think that is the right connection.*
8. **Backstabbing** (complaining to others about an individual but not speaking to that individual—like scapegoating, is maladaptive and nonproductive.)
  - *It's not right to talk about someone when they are not here. Have you spoken to her directly about your concerns?*
9. **Failure to respect**
  - *It bothers me to talk about that without their permission.*
  - *I only overheard that. It shouldn't be repeated.*
10. **Broken confidences**
  - *Wasn't that said in confidence?*
  - *That sounds like information that should remain confidential.*
  - *He/she asked me to keep that confidential.*

*Adapted from Effective Communication (Glod, 1998) for  
Cognitive Rehearsal by M. Griffin, RN CS, PhD (2003)*

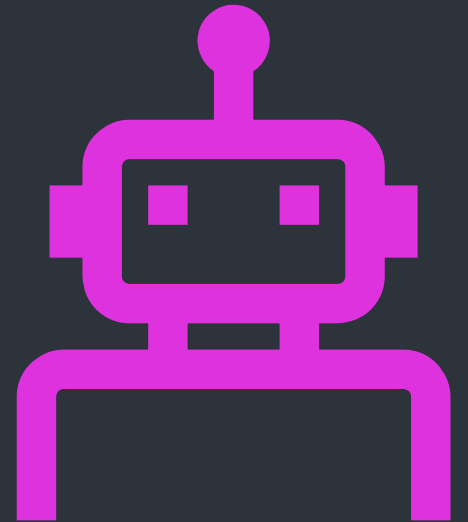
# Instruments

## 1. Demographics

## 2. The Nursing Incivility Scale (NIS): an agreement scale survey

- Developed by Guidroz, Burnfield-Geimer, Clark, and Schwetschenau (2010) as a research instrument.
- Designed to assess the experiences of hospital nurses with incivility.
- The NIS uses a Likert five-point scale which ranges from 1, strongly disagree, to 5, strongly agree.
- It measures incivility related to different sources, these are physicians, coworkers, patients, and direct supervisors.
- The survey is broken down to eight subscales; these subscales are: hostile climate, inappropriate jokes, inconsiderate behavior, gossip or rumors, free riding, abusive supervision, lack of respect, and displaced frustration.

## 3. Post-Program Survey



# Results

## Demographics (n-24)

	n	%
<b>Gender*</b>		
Female	18	100
<b>Age*</b>		
20-30 years	1	4.5
31-40	0	0
41-50	6	27.3
51-60	14	63.6
over 61	1	4.5
<b>Education*</b>		
Diploma	2	9.1
Associate Degree	1	4.5
Bachelor Degree	16	72.7
Masters' Degree or Higher	3	13.6
<b>Years of Nursing Experience*</b>		
2 years of less	1	4.5
6-10 years	2	9.1
Over 10 years	19	86.4
* missing data		



# Post Program Evaluation Survey

	n	%
<b>Content Relevant*</b>		
very Satisfied	13	56.5
satisfied	8	34.8
neutral	2	8.7
Dissatisfied	0	0
Very Dissatisfied	0	0
Not Sure	0	0
<b>Program Met Objectives*</b>		
Very Well	13	56.5
Good	9	39.1
Neutral	1	4.3
Poor	0	0
Very Poor	0	0
Not Sure	0	0
<b>Likely to Recommend*</b>		
Very Likely	16	69.6
Likely	5	21.7
Neutral	2	8.7
Probably Not Likely	0	0
Definitely Not Likely	0	0
* missing data		





## Results: ANOVA

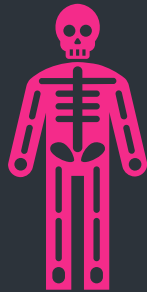


One-way repeated measures ANOVA compared scores on the NIS at time 1, time 2 and time 3

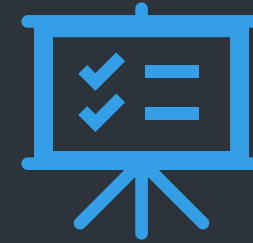


Alpha was set at .05

# Results: ANOVA



NIS total Time.....  
 $p < 0.000$



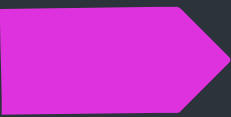
**Statistically significant difference for  
Subscales:**

inappropriate jokes (IJ)..... $p < 0.034$   
gossip or rumors (GR)..... $p < 0.005$   
free riding (FR)..... $p < 0.010$   
abusive supervision (AS)..... $p < 0.000$   
lack of respect (LR)..... $p < 0.008$



## Results: ANOVA

- Subscales found to **not** be statistically significant:
  - hostile climate (HC) .....  
 $p < 0.054$
  - inconsiderate behavior  
(IB) .....  $p < 0.14$
  - displaced frustration  
(DF) .....  $p < 0.17$



## Results: Mean Scores

### Mean Scores

- ▶ There was a statistically significant difference in means score in total time for the NIS.
- ▶ Even the subscales that were not statistically significant there was improvement in mean scores
- ▶ Mean scores on all subscales decreased between time 1 and time 3.
- ▶ Mean scores on all subscales decreased from time 2 to time 3.
- ▶ Time 1 and time 2 mean scores only decreased for IB and DF subscales.

# Mean Scores and Standard Deviations for Nurse Incivility Scale Total Time and Subscales

		N	Mean	Standard Deviation
<b>Total Time*</b>				
	time 1	24	2.68	.62
	time 2	24	2.78	.64
	time 3	24	2.48	.62
<b>Subscales IJ *</b>				
	time 1	24	2.38	1.05
	time 2	24	2.50	1.18
	time 3	24	2.24	1.09
<b>Subscales GR *</b>				
	time 1	24	3.35	1.16
	time 2	24	3.69	1.19
	time 3	24	3.26	1.12
<b>Subscales FR *</b>				
	time 1	24	2.43	.98
	time 2	24	2.82	1.01
	time 3	24	2.18	1.02
<b>Subscales AS*</b>				
	time 1	24	2.22	.74
	time 2	24	2.26	.73
	time 3	24	1.90	.72
<b>Subscales LR*</b>				
	time 1	24	2.5	.74
	time 2	24	2.60	.74
	time 3	24	2.30	.75
<b>Subscales HC</b>				
	time 1	24	2.63	.72
	time 2	24	2.847	.85
	time 3	24	2.667	.80
<b>Subscales IB</b>				
	time 1	24	3.597	.64
	time 2	24	3.485	.80
	time 3	24	3.26	.76
<b>Subscales DF</b>				
	time 1	24	3.385	.875
	time 2	24	3.27	.86
	time 3	24	3.05	.85



# Discussion

Linking to Neuman's conceptual framework: cognitive rehearsal incivility training can be an example of a primary, secondary, or tertiary prevention

Program provided information about the prevalence and subscores of incivility that nurses experience in the hospital setting.

It is apparent that nurses may encounter incivility daily at work.

Education session is needed to bring awareness and change behaviors.

Incivility programs can provide nurses with the tools they to identify uncivil behaviors and react in a proactive, professional manner. This will help to ensure a safe environment for themselves and their patients.

# Limitations

- ▶ Small sample size  
(incomplete data on surveys)
- ▶ Limited time to implement  
skills learned from the  
education session.



# Conclusion

- ▶ Incivility programs provide tools to identify uncivil behaviors and react in a proactive, professional manner.
- ▶ Helps ensure a safe environment for themselves & patients.
- ▶ Effective communication is an essential leadership skill, influences changes in group behavior.
- ▶ Collaboration is a method that will foster intraprofessional
- ▶ This will lead to change and empower nurses to influence and stop disruptive behavior in the workplace.



# Implications for Nursing



- Recommended to expand the project to other institutions
- Larger sample size and more time between the second and third surveys
- Recommended to compare nursing incivility scales in various departments and to look at incivility between administrators, physicians, and patients or visitors.

# Implementation of a New Policy

- ▶ Doylestown Hospital Incivility Policy Draft
  - ▶ Purpose
  - ▶ Scope
  - ▶ Principles
  - ▶ Terminology
  - ▶ Policy:
    - ▶ Requirement to complete incivility training module
    - ▶ Responsibilities of employees and managers
- ▶ Results from this project have been shared with the educator and will be presented to the administration for review and consideration of the implementation of such a policy.



# Dissemination



# In closing...

- ▶ Thank you: DNP committee Dr. Ann Bianchi, Dr. Kristen Herrin, and Kim Carson
- ▶ My family, staff and administrators at Doylestown Hospital, colleagues at Gwynedd Mercy University
- ▶ Future plans: Presented at grand rounds at another hospital
  - ▶ Plan for future presentations
  - ▶ Incivility program in University
  - ▶ Publish and disseminate results

