EDUCATING NURSING STUDENTS TO RECOGNIZE AND REPORT NEGATIVE BEHAVIOR IN THE CLINICAL SETTING
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INTRODUCTION
Clinical rotations serve as an essential aspect of nursing education. Socialization to a culture of abuse can also begin during nursing student placement in the clinical setting if negative behavior is experienced or witnessed.

72%-100% of students reported witnessing or experiencing negative behavior (NB) in the clinical setting while many students never report the occurrence (Hinchberger, 2009; Longo, 2007). Unfortunately students mimic the behavior later in their careers.

BACKGROUND
Nursing is seen as a caring profession. The irony of negative behavior in nursing is troubling. Working alongside experts during clinical rotations enhances the educational experience of the student and the development of a student into a professional nurse. Role modeling does not always produce positive results.

72% of students reported that they believed the term “eating our young” to be true. Witnessing negative behavior can result in inner conflict within the student as they compare why they entered nursing school and behaviors they witness during their clinical rotations.

PURPOSE
The purpose of this mixed method, two group, posttest only study is to educate the senior nursing student to:
- Identify negative behaviors
- Recognize negative behaviors as unacceptable
- Understand the importance of reporting negative behaviors

Research Question:
Are senior baccalaureate nursing students who participate in a recognizing and reporting negative behavior training program better able to identify and more likely to report incidents of negative behavior in a clinical simulation exercise than comparable senior baccalaureate nursing students who participate in a program which addresses strategies for sleep and shift work?

METHODS
Setting:
Upper level university campus

Sample:
Senior baccalaureate nursing students
Convenience sample, randomly assigned to attend a one hour presentation:
- Intervention group (n=36)
  Recognizing and reporting negative behavior
- Attention control group (n=36)
  Strategies for adapting sleep to shift work

Recognizing Negative Behavior Tool
Author developed tool
Based on Iennaco (2013)
Behavior coding (dichotomous) based on observation
Face validity: completed by a panel of PhD and MS prepared educators

3 Sections:
- Demographics
- Quantitative questions (4)
  Level of Measurement: Nominal (Dichotomous)
  Two independent Groups, Chi Squared
  Level of Measurement: Interval (Likert like scale)
  Two independent groups, Independent t-test
  Alpha set at 0.05
- Open-ended Qualitative questions (4) (Colaizzi Method)

Participants viewed 4 vignettes of simulated clinical experiences containing:
- a staff nurse
- a student nurse
- two negative behaviors

Survey Process (Quantitative):
Students viewed a vignette. After each of the four vignettes they were asked to:
- Identify any negative behavior executed by the nurse to the student.
- If they would have reported the behavior to either their instructor or nurse manager.

Survey Process (Qualitative):
Four open ended questions asked the participants to respond as if they were the student in the vignette.
- The final question asked for their personal experience and if they reported it.

PRELIMINARY FINDINGS
Quantitative Results
Survey completion by students
- n=24 Intervention Group
- n=25 Attention Control Group
- Attrition Rate: 32% (n=23)

Demographics:
- No significant difference found between groups

Recognizing and Reporting:

Student responses when asked “If you were the student in the vignette”:
- What would you report?
  - Better ways to correct wrong actions
  - Hit my Hand
  - Keeping me from effectively learning
- How would you respond?
  - I wouldn’t know what to say
  - Open to learning if you are willing to teach

How would you feel?
- Afraid to go to clinicals
- An example of how not to be

When asked to describe their own personal experience:
- I hate students
- Under the microscope

CONCLUSIONS
Nursing students easily identified the overt negative behaviors.
- Continued education focusing on covert negative behaviors.
- Continued emphasis on the importance of reporting experienced and witnessed negative behavior.
The students did not recognize behavior as negative if the nurse:
- turned the incidence into a teaching moment
- acted to promote patient safety.

EFFECTS OF NEGATIVE BEHAVIOR

Psychological
- Anxiety
- Depression
- PTSD
- Suicidal Ideation

Physical
- Pain
- GI Disturbance
- Headaches
- Musculoskeletal Problems

Emotional
- Poor Concentration
- Loss of sleep
- Indecisiveness
- Forgetfulness