Combining Cognitive Rehearsal, Simulation, and Biomarkers to Assess Newly Graduated Nurses' Ability to Address Workplace Incivility

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Conflicts of Interest and Disclosures

Neither the planners or presenters indicated that they have any real or perceived vested interest that relate to this presentation.

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The presenters also wish to acknowledge our study participants
Meet our Esteemed Colleague

Dr. Janet Willhaus
Conceiving the Study
Session Objectives

- Define workplace aggression: incivility, bullying, and mobbing
- Describe how biomarkers, simulation, and Cognitive Rehearsal can be combined to explore the impact of incivility on nurse performance and patient safety
- Discuss CR as a technique that can be used by newly graduated nurses to address workplace incivility
Workplace Aggression

Incivility, Bullying, and Mobbing
Workplace Incivility

Workplace Bullying

The National Institute for Occupational Safety and Health (cdc.gov/niosh)
Workplace Mobbing

Impact of Incivility on the Practice Environment

- Patient Safety and Quality Care
- Nurse Performance, Clinical Judgment, Patient Advocacy
- Recruitment and Retention
- Collaboration and Inter-professional Teamwork
- Job Satisfaction—Intent to Leave
- The ‘Bottom Line’

Cognitive Rehearsal

1. Learning and didactic instruction
2. Rehearsing specific phrases to use during uncivil encounters (creating a personalized statement using an evidence-based framework)—*Scripting!*
3. Practice sessions to reinforce instruction and rehearsal
4. De-briefing and reflection

ANA, 2015; Griffin 2004; Griffin & Clark, 2014; Stagg, Sheridan, Jones, & Speroni, 2011, 2013; Willhaus, Clark, & Kardong-Edgren, in progress
CUS(sing): To get attention when you really need it: CUS!

I am Concerned

I am Uncomfortable

This is a Safety issue

TeamSTEPPS: Team Strategies and Tools to Enhance Performance and Patient Safety

http://teamstepps.ahrq.gov/
Purpose

Explore the efficacy of a cognitively rehearsed intervention strategy to address workplace incivility so that nurse performance was unaffected and patient safety protected.
Theoretical Framework

Theoretical Model of Stress and Coping (Lazarus & Folkman, 1984)

- When faced with emotional or physical stressors, both cognitive and behavioral resources are used in coping
- Physiological responses occur with behavioral & psychological stress

Richard Lazarus  
Susan Folkman
Methods

- Sample: Newly graduated nurses within 6 months \((n=11)\)
- Screened using the PCL-C prior to admission to the study
- Instruments:
  - Brief Resilience Scale
  - Stress Appraisal Scale
- Physiological Measures:
  - Salivary Alpha Amylase
  - Mean heart rate
  - Maximal heart rate
- Standardized Patient HCAAPS scores
- Observation checklist scores
Methods

- Cognitive Rehearsal Intervention: In-person didactic and rehearsal (60-90 minutes)
- Students assigned into 3 groups
  - Group 1: Control-hurried (After)
  - Group 2: Intervention-uncivil (Prior)
  - Group 3: Control-uncivil (After)
Incivility Exposure

- Scripts the same for all three groups
  Conveyed in either hurried or uncivil manner
  No profanity or name calling

- After report
  Participated in a simulation of 1) nursing assessment with a patient recovering from a CVA and 2) administering morning medications \((\text{digoxin, antibiotic with patient teaching})\)

- Debriefing followed simulation
  Audio recorded for later transcription and analysis
Scenario Description

- Two nurses work together on a busy unit in a large medical center. The off-going nurse has worked several consecutive shifts, is exhausted, and anxious to go home. The oncoming nurse is a few minutes late arriving on the unit.

- Participant receives either “hurried” nurse handoff or “uncivil” nurse handoff depending on group assigned.
Role Playing and Debriefing the Scenario
<table>
<thead>
<tr>
<th>Group</th>
<th>Informed consent:</th>
<th>Rest 45 minutes:</th>
<th>Hurried handoff:</th>
<th>Patient care</th>
<th>1:1 Debrief</th>
<th>Cognitive Rehearsal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control-Hurried GROUP (n=5)</td>
<td>Saliva Sample</td>
<td>Heart rate, BRS, SAS, Saliva Sample</td>
<td>Heart rate, BRS, SAS, Saliva Sample</td>
<td>Simulation: Heart rate, SAS, Saliva Sample</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention-Uncivil GROUP (n=3)</td>
<td>Saliva Sample</td>
<td>Cognitive Rehearsal</td>
<td>Heart rate, BRS, SAS, Saliva Sample</td>
<td>Uncivil handoff: Heart rate, BRS, SAS, Saliva Sample</td>
<td>Patient care: Simulation, Heart rate, SAS, Saliva Sample</td>
<td>1:1 Debrief Heartrate, SAS, BRS, Saliva Sample</td>
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<td>Cognitive Rehearsal</td>
</tr>
</tbody>
</table>
Results

- No significant differences or consistent patterns:
  - Biological measures
  - Standardized patient HCAAPS scores
  - Observation checklists

- Trend in groups receiving uncivil reports
  - Brief Resilience Scale—downward trend in stated resilience
  - Stress Appraisal Scale—upward trend implying threat
Despite Expressing a High Level of Confidence in Using CR as an Intervention

Only **One** Participant Attempted to Use the Intervention (Intervention-Uncivil Group)
Anecdotal Observations from Simulation

- Expected behaviors were made into a check-list to provide consistency for objective observations across all simulations
- All simulations were videotaped and recorded, however many were lost or unusable (only 7 of 11 were rated)
- Only 1 of 7 participants checked for an apical pulse
- No consistency regarding asking about allergies or providing patient teaching
- Some participants failed to check the armband
Results: Debriefing

- Control-hurried (Intervention After to Simulation)
  Report chaotic and rushed
  Impacted ability to perform well-informed care
  Would ask more questions in the future

- Intervention-uncivil (Intervention Prior to Simulation)
  Report stressful, rude, uncivil and eye-opening
  Uncertain about patient condition or what to do
  Would ask nurse to slow down and allow for questions

- Control-uncivil (Intervention After to Simulation)
  Report rough and abrupt
  Determined not to let experience adversely affect patient care
  Carried stress from the report to the care of the patient
**Interventionist Observation**

Participants reported a high level of confidence using CR; many stated they "would use the intervention" in their work setting right away and expressed being ready to use it in the simulation.

**De-briefer Observation**

Participants receiving the *hurried report* appeared to be more critical of the nurse giving report than the other two groups.

Participants receiving the *uncivil report* appeared to internalize the belief that they did something wrong (i.e., "I must have done something wrong").
Recommendations

- Adoption of TeamSTEPPS model or other evidence-based framework across all hospitals and health professions schools
- Repeat intervention with a larger sample size of undergraduate students at a different time of the year
- Deliberate practice model (determine dose)
- Practice using CR integrated throughout curricula
- Repeat intervention with practicing RN group
- Replicate study without biomarker indicators
- Replicate in practice setting
- What other similar interventions might be available to less experienced instructors?
Open Forum and Dialog
Thank You and Contact Information

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