Development of a Scale to Measure Self-efficacy to Respond to Disruptive Behaviors

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This Presentation

• To describe the development of a scale to measure self-efficacy to respond to disruptive behaviors in the nursing work environment.

• Audience Outcomes
  – Describe scale characteristics
  – Explain scale utility
Disruptive Behaviors

• Concept
  – Bullying, lateral/horizontal violence, incivilities

• Examples:
  – Verbal assaults
  – Non-verbal innuendo
  – Refusal to help, undermining
Negative Consequences

- Reduces respect
- Disrupts patient care
- Costs to individuals, institutions, nursing profession
Interventions

• Zero-tolerance policies
• Training for effective responses
  – Newly licensed nurses
  – Student nurses
  – Cognitive rehearsal (CR) format
  – Varying evaluations
Scale Development

• Purpose: To develop a scale to measure self-efficacy to respond to disruptive behaviors in the nursing work environment utilizing sociological and organizational theoretical frameworks.

• Stages:
  – I. Developmental Stage
  – II. Judgment/Quantification Stage
I. Developmental Stage

• Full literature review
  – Identify content domain and dimensions
  – Sampling and item development
  – Assimilate items into usable form
Theoretical Underpinnings

• Social Cognitive Theory
• Kirkpatrick’s Model

Step 1: Reaction
- Do participants value this training? Did they find it favorable?
- Assumption: A positive reaction is necessary for behavior change.

Step 2: Learning Skills
- Did participants acquire the skills taught in the training? Measure knowledge, skills, attitude, confidence

Social Cognitive Theory ², Self-efficacy as essential concept targeted by intervention and measured

Step 3: Behavior
- Did the participants implement skills taught in the training?
- Assumption: The participant must work in an environment that favors implementing this new skill or behavior.

Step 4: Results
- Were organizational outcomes impacted by skill implementation/behavior changes?
Additional Considerations

- Survey fatigue
- Attention spans
- Content blocking
II. Judgment-Quantification Stage

• Content Validity determined
  – Individual items
  – Scaling and format
  – Use expert panel 4-5 recommended minimum, depending on availability of experts and niche subject matter
Content Validity Indexes

- Content Validity Indexes (CVI)
  - 1-4 scale with anchors of 1 = “Not relevant at all” and 4 = “extremely relevant”.
- CVI calculated for each item on the scale (I-CVI)
  - I-CVI scores ≥ .78 were considered acceptable.
  - Two items < .78; revised and retained
- The S-CVI was calculated as S-CVI/Ave
  - The final S-CVI/Ave = 1
Piloting

- 15 items (n = 558 total; five collections in quasi-experimental CR study)
  - 3 overall self-efficacy
  - 2 situational
  - 2 cognition
  - 2 past behavior
  - 2 affect
  - 2 motivation
  - + 1 social desirability item
Piloted Scale

1. I am confident in my ability to respond effectively to disruptive behaviors among nurses.
2. In the past, I have been able to respond effectively to disruptive behaviors from a nurse or someone at work.
3. I think that the ability to respond effectively to disruptive behaviors among nurses is important.
4. I know how to respond to disruptive behaviors among nurses effectively.
5. I believe that my being able to respond effectively to disruptive nurses will help make the behaviors stop.
6. In stressful situations, I would be able to respond effectively to disruptive nurse behaviors.
7. In normal situations, I would be able to respond effectively to disruptive behaviors.
8. I believe in my ability to respond appropriately and effectively to disruptive behaviors directed at me by another nurse.
9. I do not know how to respond to disruptive behaviors.
10. I think that the ability to respond to disruptive behaviors from other nurses effectively is a valuable skill.
11. Generally speaking, I care about being able to respond to disruptive nurse behaviors effectively.
12. I would feel confident telling a nurse that I didn’t appreciate their disruptive behaviors.
13. In the past, I have been able to stand up for myself when disruptive behaviors were directed at me.
14. I do not think I would be able to respond effectively, if the disruptive behaviors were being directed at me.
15. I would be comfortable standing up for myself if disruptive behaviors were being directed at me.
Pilot Results and Refinement

• Factor Analysis
  – 3 Factors
  – Eigenvalue cutoff = 1.0
• Reliability
• Items eliminated
  – Negative recode items
  – Separate loading
  – Low correlations
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Final Scale

• N = 558
  – Pilot and experimental data
  – Final testing phase
• 10 items
• KMO = 0.859; Bartlett’s Sphericity = 0.000
• Cronbach’s $\alpha = 0.848$ overall scale
• Exploratory Factor Analysis with Promax rotation
Results of EFA

Factor 1 – 44.7% of variance

- I am confident in my ability to respond effectively to disruptive behaviors among nurses.
- In the past, I have been able to respond effectively to disruptive behaviors from a nurse (or someone at work)
- I know how to respond to disruptive behaviors among nurses effectively.
- I believe that my being able to respond effectively to disruptive nurses will help make the behaviors stop.
- In stressful situations, I would be able to respond effectively to disruptive nurse behaviors.
- In normal situations, I would be able to respond effectively to disruptive nurse behaviors.
- I believe in my ability to respond appropriately and effectively to disruptive behaviors directed at me by another nurse (or someone at work)

Factor 2 – 22.07 % of variance

- I think that the ability to respond effectively to disruptive behaviors among nurses is important.
- I believe that my being able to respond effectively to disruptive nurses will help make the behaviors stop.
- I think that the ability to respond to disruptive behaviors from other nurses effectively is a valuable skill.
- Generally speaking, I care about being able to respond to disruptive nurse behaviors effectively.

Total Variance: 66.77%
Next Steps

• Address organizational outcomes
  – Turnover
  – Patient care

• Continued psychometric evaluation and refinement
Thank you!
References