Abstract Text

Incivility is a major threat to nurse safety. Researchers have identified incivility as a problem in the nursing profession (Christie & Jones, 2013). A tragedy of incivility has been described as a psychological phenomenon decreased a nurse’s ability to deliver optimal patient care and compromised patient safety (Christie & Jones, 2013). Additionally, nursing students’ lack of status and power make them especially vulnerable to be victimized due to lack of hierarchy status (Christie & Jones, 2013). Nursing students are particularly vulnerable to incivility, which may have led to further abuse and bullying. The continued bullying has resulted in students leaving the profession, adding to the nursing shortage (Clarke, Kane, Lafreniere, & Rajacich, 2012). Also, the negative effects of incivility toward student nurses mirror profession nurses’ uncivil behavior which may cause minor to severe psychological effects (Clarke, Kane, Lafreniere, & Rajacich, 2012). Victims of uncivil behaviors reported a decreased sense of well-being, physical health complaints, and depressive symptoms that resemble post-traumatic stress disorder (Dehue, Bolman, Vollink, & Pouwelse, 2012). A tragedy of the uncivil psychological phenomenon was that it decreased a nurse’s ability to deliver optimal patient care and compromised patient safety (Christie & Jones, 2013). This consequence is a direct correlation to the nursing shortage, which is an important concern for the profession (Shaeffer, 2013). Incivility may interfere with student nurses’ professional development in nursing school, and ultimately cause nurses to leave the nursing profession (Clarke, Kane, Lafreniere, & Rajacich, 2012, Rad & Moonaghi, 2016). Nursing students, in undergraduate and graduate settings, are particularly vulnerable to incivility. The education of incivility among nurses increased their level of awareness, and enhanced skills may (a) decrease the number of nurses leaving their first employment role, (b) diminish disruptive behavior, (c) combat the future nurse shortage, and (d) recruit additional nurses into the workforce (Embree, Bruner, & White, 2013). Subsequently, knowledge of the incidence of nurse-to-nurse incivility served as a guide for all workers to be accountable for incivility (Embree et al., 2013, Rad & Moonaghi, 2016).

An innovative yet successful solution of cognitive rehearsal could be a milestone toward improving health-related outcomes and patient satisfaction metrics (Fehr & Siebel, 2016). The use of cognitive rehearsal could be the variable solution to teach nursing students the application of cognitive rehearsal in the workplace. One solution to impede incivility has involved using cognitive rehearsal (Griffin and Clark, 2014). Involved in four steps, cognitive rehearsal is a systematic approach to thinking that recognizes: awareness, automatic thoughts, processing new received information, and formulating a response against incivility (Griffin and Clark, 2014). The quantitative design which was used to test the assumption that cognitive rehearsal would help decrease the incidence of incivility. The use of the pretest and posttest surveys, provided evidence to support the application of cognitive rehearsal as a teaching-learning strategy. The statistical analysis used the one-way analysis of covariance (ANCOVA) test. The ANCOVA test examined the influence of the independent variable on the dependent variable using a regression analysis. The results of the ANCOVA were not significant, suggesting that there were not statistically significant differences in the STSS-W posttest scores between the groups while controlling for STSS-W pretest scores. The ancillary, independent sample t-tests were conducted and results indicated that there were not significant differences in the STSS-W scores between the two groups. A series of dependent sample t-tests were conducted and results indicated that there were significant differences between STSS-W pretest and posttest scores. Thus, time appeared to be a key factor in the change between test scores but the group placement did not seem to have a strong effect. The data revealed both similarities and differences from calculating the frequencies and percentages of the results. Future recommendations include: nurse educators and nursing students become aware of incivility and use caring behaviors in their experiences. Researchers recommended more diverse nursing participants and
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Title:
An Examination of Cognitive Rehearsal to Assist Nursing Students With Uncivil Behaviors

Keywords:
Incivility, Nursing shortage and Nursing students

References:


Abstract Summary:

Incivility is a major threat to nurse safety especially among student nurses. Researchers have identified incivility as a problem in the nursing profession (Christie & Jones, 2013). An innovative yet successful solution of cognitive rehearsal could be a milestone toward improving health-related outcomes and patient satisfaction metrics (Fehr & Siebel, 2016).

Content Outline:

Content Online Example

I. Introduction

A. Incivility is a threat to nursing

B. Nursing students are vulnerable to incivility

II. Body

A. Main Point #1: Incivility is a threat to nursing

1. Supporting point #1: Researchers identified incivility as a problem in nursing

   a) Christie & Jones, 2013

   b) Crost & Cash, 2012

B. 2. Supporting point #2: Nursing students are vulnerable to incivility

   a) Christie & Jones, 2013

   b) Dehue, Bolman, Vollink, & Pouwelse, 2012
C. 3. Supporting point #3 Incivility interferes with patient safety and ones physical well being
   a) Dehue, Bolman, Vollink, & Pouwelse, 2012
   b) Embree, Bruner, and White, 2013

D. 4. Supporting point #4 Incivility leads to the nursing shortage
   a) Shaffer, 2013
   b) Rad & Moonaghi, 2016

E. 5. Supporting point #5 Incivility disrupts learning
   a) Rad & Moonaghi, 2016
   c) Clarke, Kane, Lafreniere, & Rajacich, 2012
   e) Shaffer, 2013

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Professional Experience: Organized the first Health Fair At Texas Woman's University as an undergraduate. A BS and MS in Health Education, Internship in hospital setting and at the American Cross in community Health. Authored a children's Health Book, with five health songs wrote a Health Play, performed the health play at a elementary school with a Health fair and community resources. MSN in Nursing allowed me the opportunity to teach nursing for two years. I have just completed my PhD in Nursing Education.

Author Summary: Investigating a problem begins with a personal experience. A conversation following the experience gives a personal meaning to the experience, followed by a scholastic assessment. The questions of why, when and how formulate the depth of the investigation. The final step is to share the results with others. The goal of sharing is to increases awareness, and offer strategies to interrupt a recurring problem. This process completes the cycle of a personal and academic investigation.