Background: Nurses must be able to effectively communicate information to other members of the healthcare team. Between 33% and 72.6% of nurses’ experience bullying in their work environment (Berry, Gillespie, Gates, & Schafer, 2012; Laschinger, Grau, Finegan, & Wilk, 2010). Bullying and incivility can negatively impact a nurses’ ability to communicate vital information to other team members. The Joint Commission reports that a root cause of the majority of Sentinel Events involve communication (Commission, 2015). There have been several initiatives aimed at improving communication between healthcare team members, but these programs are aimed at practitioners, not students. Nursing students have limited opportunities to practice communication between healthcare providers. Students are often exposed to incivility and bullying in clinical settings, but often do not report or seek help in dealing with these challenges (Anthony, Yastik, MacDonald, & Marshall, 2014). Many schools of nursing teach students to report findings using SBAR and CUS from TeamSTEPPS™. However, these skills are not always reinforced in clinical situations. Even more difficult is the ability to use the communication skills that have been taught when faced with incivility or bullying.

Researchers have reported that when people are confronted with incivility or bullying the victim has an increase in anxiety (Einarsen, Hoel, Zapf, & Cooper, 2011). Nursing students are particularly vulnerable to increased levels of anxiety when faced with incivility or bullying. These negative behaviors can cause students to doubt their ability to function as a student nurse, decreasing their self-efficacy and damages the learning environment.

Nursing students that have the opportunity to practice skills in simulation have decreased anxiety and increased self-efficacy in those skills (Megel et al., 2012). This suggests that a simulation scenario where students can practice communication skills in dealing with incivility and bullying in the workplace could alleviate some anxiety and increase self-efficacy in their communication skills when exposed to these situations as a registered nurse.

Methods:

Participants were recruited from undergraduate nursing students who are enrolled in a baccalaureate nursing program in the Southeastern United States. Institutional Review Board approval was obtained from the University. Subjects were a pre-test survey that included demographic information, the State Trait Anxiety Instrument, and the General Self Efficacy scale. All students completed an online module on how to communicate with difficult people prior to the simulation. Students completed a simulated nursing scenario that includes bullying behavior, followed by a debriefing session. Research participants will complete another survey, with the same tools, after the simulation activity. Research participants wrote a reflective journal describing their response to the simulation. The reflection journals were analyzed using content analysis (Vaismoradi, Turunen, & Bondas, 2013).

Results: Of the 47 students who participated in the simulation, 93.6% also participated in the research project. The mean age of participants was 22.72 (SD 5.31), and the majority of students were female (95.3%). Only 61.4% reported that they were comfortable or somewhat comfortable addressing conflict in the demographic survey. Analysis of reflection journal revealed many student were confident in their ability to manage conflict prior to the simulation. However, upon reflection they reported that they ‘froze’ or ‘hung up’ when faced with conflict. One
student said, “I calm up and get anxious...I need to learn to remain calm (to help my patient)”. Most of the participants felt that they had the tools that they need to address conflict, but were not able to utilize the tools in the moment. When faced with an abrupt provider some students found “I allowed the doctor to make me feel incompetent”. Using the tools helped students be able to advocate, for their patient, guided them to be more assertive in a way that “allowed us to be heard when we need to be.”

Many students reported they had greater confidence in their communication skills after the simulation, “more prepared to handle a difficult situation”, “I will not always be treated with respect and that some people are not good communication but given skills, I can handle the situation and improve the outcomes”, “I will not be afraid to call provider in the future”.

**Conclusion:** Students have limited opportunities to report findings to health care providers. Using evidence based tools for communication like TeamSTEPPS™ SBAR, and CUS provides students with a framework to report vital information. Incorporating communication into simulation allows students to perfect these skills increasing their confidence, promoting advocacy for patients and increasing patient safety.

**Title:**
Undergraduate Nursing Student’s Reflections on the Effectiveness of Communication Training During Simulation: Qualitative Analysis

**Keywords:**
Communication, Nursing education and Simulation

**References:**


**Abstract Summary:**
An intervention research project was conducted in which undergraduate students were taught communication skills used in clinical settings, then participated in a high-fidelity simulation with an incivility
component where they could use the communication skills. Students wrote reflection papers about their experience. The papers were analyzed using content analysis methodology.

Content Outline:

1. Introduction  
   1. Communication in healthcare settings  
   2. Incivility and bullying  
   3. Teaching undergraduate students to handle all types of communication  
      1. Expected norms for communication  
      2. Reality of communication  
      3. Best practice  
         1. TeamSTEPPS  
         2. Examples  
         3. Research  
            1. Methods  
            2. Results GSE, PSS  
            3. Research results in student’s words

Qualitative Themes

1. Informing future practice

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