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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Meet our Esteemed Colleague

Dr. Janet Willhaus

Conceiving the Study

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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

Clark & Kenski, 2017; ANA, 2015; Clark, 2013, 2009, Pearson & Porath; 2013, 2009, 2005; Andersson & Pearson, 1999

Workplace Bullying

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

Workplace Mobbing

Leymann, 1992; Davenport, Schwartz, & Elliott, 1999; Westhues, 2004; Harper, 2013; ANA, 2015; Castronovo, Pullizzi, & Evans, 2016

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'*

Kaiser Permanente Academy of Evidence-Based Practice, 2017; ANA, 2015: Laschinger et al 2013; Brunt, 2011; Dellasega, 2011; Dellasega & Volpe, 2013; Johnston, Phanhtharath, & Jackson 2010; Clark & Springer, 2010; Cleary, Hunt, & Horsfall 2010; Felblinger 2009; TJC, 2012; Hutton, 2008

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 **C**oncerned

I am **U**ncomfortable

This is a **S**afety 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 *(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

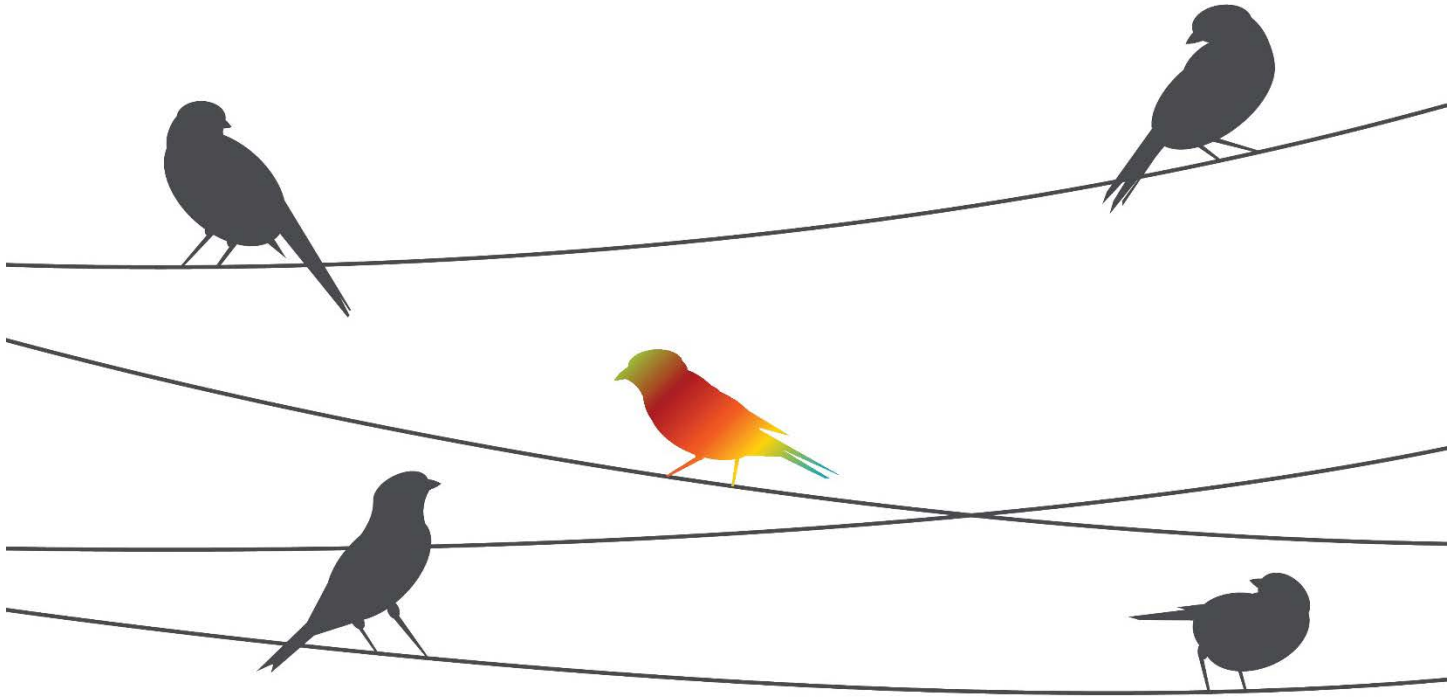
Control-Hurried GROUP (*n*=5)	**Informed consent:** Saliva Sample	**Rest 45 minutes:** Heart rate, BRS, SAS, Saliva Sample	**Hurried handoff:** Heart rate, BRS, SAS, Saliva Sample	**Patient care** Simulation: Heartrate, SAS, Saliva Sample	**1:1 Debrief** Heartrate: SAS, BRS, Saliva Sample	**Cognitive Rehearsal**
Intervention-Uncivil GROUP (*n*=3)	**Informed consent:** Saliva Sample	**Cognitive Rehearsal**	**Rest 45 minutes:** Heart rate, BRS, SAS, Saliva Sample	**Uncivil handoff:** Heart rate, BRS, SAS, Saliva Sample	**Patient care:** Simulation, Heartrate, BRS, SAS, Saliva Sample	**1:1 Debrief** Heartrate, SAS, Saliva Sample
Control-Uncivil GROUP (*n*=3)	**Informed consent:** Saliva Sample	**Rest 45 minutes:** Heart rate, BRS,SAS, Saliva Sample	**Uncivil handoff:** Heart rate, BRS,SAS, Saliva Sample	**Patient care:** Simulation, Heartrate, SAS, Saliva Sample	**1:1 Debrief** Heartrate, SAS, BRS, Saliva Sample	**Cognitive Rehearsal**

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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