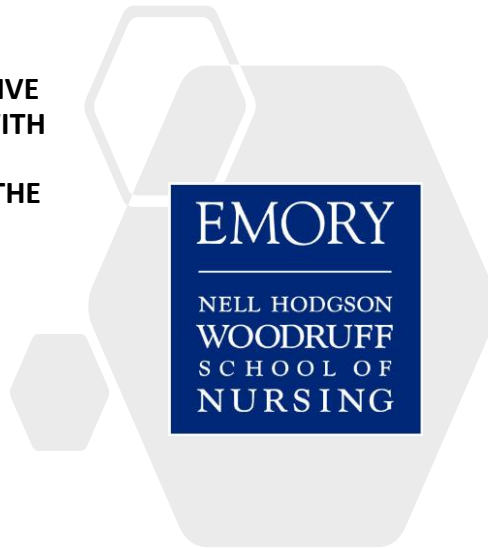**IMPLEMENTING COGNITIVE REHEARSAL TRAINING WITH NURSING STUDENTS TO COUNTER INCIVILITY IN THE CLINICAL SETTING AS STUDENTS AND NEW GRADUATE NURSES**
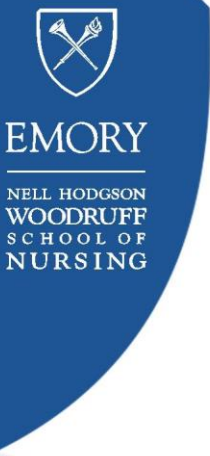
LisaMarie Wands, PhD, RN, CHSE-A, CNE

Carrie McDermott, PhD, APRN, ACNS-BC

Laura Kimble, PhD, RN, FNP-C, FAHA, FAAN

Noreen Bernard, EdD, RN, NEA-BC

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Background

New graduate nurses have been known to be targets of uncivil behavior, which can negatively affect nurses' well-being and organizational outcomes. Cognitive rehearsal training (CRT) serves as a mental plan to manage incivility in the clinical setting through conscious practice of holding in mind negative or stressful information received without immediately reacting. High-fidelity simulation-based learning experiences (SBLEs) provide a platform for students to practice a variety of skills.

(Aul, 2017; D'Ambra & Andrews, 2014; Hazelwood et al., 2017)

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Disruptive Behaviors

Type	Definition
Incivility	• Lack of respect for others • Psychological in nature • Low-intensity, rude, or inconsiderate conduct • Unclear intent to harm target
Bullying	• Repetitive behavior that happens a minimum of 2x/week • Long-term behavior that continues for a minimum of 6 months • Targeted person finds self-defense difficult and cannot stop abuse
Horizontal/Lateral Violence	• Interactions between workers at comparable organizational levels that are unkind, antagonistic, or discourteous.

(Lachman, 2015)

Incivility in Nursing

- 85% of nurses reported incivility in the past year (Lewis & Malecha, 2011)
- Incivility was experienced by 29% to 57% of first year nurses (Laschinger et al., 2013; Laschinger & Read, 2016).
- 55% of new graduate nurses reported experiencing incivility in the past month (McDermott, et. al., 2021)
- Nursing students report common uncivil behaviors in clinical education settings-exclusionary behavior, belittling, and intimidation (Anthony & Yatsik, 2011)

Purpose

The study purpose was to test the effect of CRT, practiced during an SBLE embedded with incivility, on stress, work satisfaction, and coping self-efficacy of nursing students during transition to practice.

METHODS

Design, Setting, Sample, Intervention, Measures, Data Collection

Design, Setting, & Sample

- Mixed methods
  - Pre-/Post-test quantitative with qualitative follow-up
- School of nursing simulation center
- Final-semester prelicensure Bachelor of Science in Nursing students

Cognitive Rehearsal

- Based on cognitive behavioral therapy
- Useful for managing unexpected, stressful situations
- Consciously pause to prevent reacting
- Recognize negative behaviors, pause, depersonalize the situation
- Respond professionally to disrupt the negative behavior
- 2-hour educational intervention:
  - » Didactic
  - » Demonstration
  - » What would you do scenarios
  - » Script
  - » Rehearse
  - » Role Play   (Griffin, 2004)

Simulation

- Complex, multi-patient simulation
- Manikin-based
- Focused on priority setting
- Embedded incivility with an actor

Data Collection

- Quantitative via REDCap
  - Demographic form
  - Index of Work Satisfaction (IWS; Stamps & Piedemonte, 1986)
  - Perceived Stress Scale (PSS; Warttig et al., 2013)
  - Nursing Incivility Scale (NIS; Guidroz et al., 2010)
  - Occupational Coping Self-Efficacy Questionnaire (OCSEQ; Pisanti et al., 2015)
- Qualitative interviews were conducted post-graduation

RESULTS

Fall 2019, Spring 2020, Spring 2021

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Sample

Characteristic	Representation		Characteristic	Representation
Sex (%, n)			Race (%, n)	
• Female	90.9 (199)		• White	54.1 (118)
• Male	6.8 (15)		• Black	16.5 (36)
• Non-binary	0.9 (2)		or African American	
• Other	0.5 (1)		• Asian	15.1 (33)
• Prefer not to answer	0.9 (2)		• Native	0.5 (1)
			Hawaiian or Pacific Isl	
			ander	7.3 (16)
			• Multi-racial	2.8 (6)
Age (mean, SD)	25.6 (7.2)		• Other	3.7 (8)
			• Prefer not to answer	
BSN Track (%, n)			Ethnicity (%, n)	
• Traditional	31.5 (69)		• Non-Hispanic	87.2 (191)
• Accelerated	68.5 (150)		• Hispanic	11.0 (24)
			• Prefer not to answer	1.8 (4)

Quantitative Results – Significant Highlights

- CRT was rated as moderately to highly useful by 74% of participants.
- IWS
  - Total sample had greater disagreement at Time 2:
    - I wish the physicians here would show more respect for the skills and knowledge of the nursing staff. ($p = .033$)
    - The nursing personnel on my unit pitch in and help one another when things get in a rush. ($p = .010$)
  - Spring 2020 had greater disagreement at Time 2:
    - There is a lot of teamwork between nurses and doctors on my unit. ($p = .025$)

Quantitative Results – Significant Highlights

- PSS
  - Fall 2019 group reported a decrease in perceived stress from Time 1 to Time 2 ($p = 0.35$)
  - Spring 2021 group reported an increase in perceived stress from Time 1 to Time 2 (p = 0.22)
  - Fall 2019 group reported lowest frequencies; Spring 2021 group reported greatest frequencies
    - Upset because of something that happened unexpectedly ($p < .001$)
    - Unable to control the important things in your life ($p = .045$)
    - Could not cope with all the things you had to do ($p = .006$)
    - Difficulties were piling up so high that you could not overcome them ($p = .019$)

Quantitative Results – Significant Highlights

- NIS
  - Spring 2021 group with highest agreement
    - Hospital employees raise their voices when they get frustrated. (p = .043)
  - Spring 2020 group with highest agreement
    - People blame others for their mistakes or offenses. (p = .040)
  - Spring 2021 group reported greater incivility (p = .006) overall
- OCSEQ
  - Groups were similar at Time 1
  - Spring 2021 experienced gain (p = .022)

Qualitative Findings

Theme	Description
Stepping back and stepping up	Sometimes stepping back and away and sometimes stepping back before speaking up to address incivility
Consequences of stepping up	Experienced or perceived outcomes of speaking up for oneself or others
Degrees of welcomeness/unity	Perceptions of the culture of the unit and what made the new nurses feel welcome/supported versus unwelcome/unsupported
Drivers of incivility	Circumstances leading to incivility on the unit
Incivility on display	Demonstration of incivility in view of others
Training stickiness and usefulness	Applicability of training once on the unit

Limitations

- Faculty facilitators experienced moral distress enacting incivility during SBLE, which affected intervention delivery
- Faculty needed better training
- The COVID-19 pandemic interrupted the study's timeline and disrupted usual clinical activities.
- Self-reported variables

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Discussion/Implications

- Incivility is commonplace in nursing
- Incivility may have been even more common during the pandemic
- Students view education to deflect incivility as useful
- But is not known if the intervention can decrease perceived stress
- One educational intervention may be insufficient. Nurses entering practice may benefit from ongoing conversation/education/experience-based learning

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