Educating Senior Baccalaureate Nursing Students Skills Needed to Recognize and Report Negative Behavior in the Clinical Setting: A Pilot Study

By
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Statement of Problem

• Socialization into a culture of abuse begins during nursing student placement in the clinical setting
• 72%-100% of students reported witnessing or experiencing negative behavior (NB) in the clinical setting
• Many students never report the occurrence

(Ferns & Meerabeau, 2009; Hinchberger, 2009; Longo, 2007; Magnavita & Heponiemi, 2011)
Background

• Rely on healthcare organizations to provide the clinical experience needed for professional develop

• Accept the NB they experience as a “rite of passage”

• Mimic the behavior later in their careers

(Hinchberger, 2009; Magnavita & Heponiemi, 2011; Thomas, 2010)
Recognizing and Underreporting

- Recognizing
  - Need to identify behaviors as negative
  - Unacceptable
- Underreporting
  - Need to fit in
  - Temporary position in setting
  - Snitch
  - Nothing will be done
  - Fear of retaliation

(Chapman, et al., 2010; Ferns & Meerabeau, 2009; Hinchberger, 2009; Lovell et al., 2011; Thomas, 2010)
Detrimental Effects of Negative Behavior

• Psychological
  • Anger
  • Anxiety
  • Self-blame
  • Helplessness
  • Low self-esteem
  • Depression
  • PTSD
  • Suicidal ideation

(Brothers et al, 2011; Brunt, 2011; Crabbs & Smith, 2011; Longo, 2007; Rowell, 2005; Simons, 2006)
Detrimental Effects of Negative Behavior

- Physiological
  - Sleep Disturbances
  - Chronic fatigue
  - Weight loss or gain
  - Digestive Problems
  - Headaches
  - Musculoskeletal Problems

(Brothers et al., 2011, Crabbs & Smith, 2011; Johnston et al., 2009; Rowell, 2005)
Detrimental Effects of Negative Behavior

- Emotional
  - Poor concentration
  - Forgetfulness
  - Loss of sleep
  - Fatigue
  - Indecisiveness
  - Nightmares
  - Obsessive about the behavior

(Johnston et al., 2009)
Research Question & Study Design

• Are senior baccalaureate nursing students who participate in a recognizing and reporting negative behavior training program better able to identify and more likely to report incidents of negative behavior in a clinical simulation exercise than comparable senior baccalaureate nursing students who participate in a program which addresses strategies for sleep and shift work?

• Mixed method, 2 Group, Post Test only, Randomized Assignment
Theoretical Framework

Conceptual Model to Foster Civility in Nursing Education (Adapted for Nursing Practice)

CONCEPTUAL MODEL FOR FOSTERING CIVILITY IN NURSING EDUCATION (ADAPTED FOR NURSING PRACTICE)

Contributors to Stress in Nursing Practice
- High acuity patients and increased workloads
- Poor interpersonal relationships
- Organizational conditions/volatility
- Unclear roles and expectations and imbalance of power
- Lack of knowledge and skills in managing conflict

Contributors to Stress in Nursing Education
- Student entitlement and faculty superiority
- Demanding workloads and juggling multiple roles
- Balancing teaching acumen with clinical competence
- Technology overload
- Lack of knowledge and skills in managing conflict

High Stress Intersect

Practice Incivility

Culture of Incivility

Stress in Practice

HIGH STRESS

Stress in Education

Academic Incivility

Remedies, Encounters, and Opportunities for Engagement are missed, avoided, or poorly managed

Remedies, Encounters, and Opportunities for Engagement are seized, implemented, and well managed

Clark and Olender © Adapted 2010
Participants & Setting

• Eligibility criteria
  • Upper level campus of a public university in a large southwest city
  • Senior baccalaureate nursing students
  • Senior Leadership course
  • Convenience sample randomly assigned
    • Intervention or attention control group
    • Research Randomizer

(Urbaniak and Plous, 2013)
Sample Size and Intervention

• N=72 attended the educational sessions
  • n=36 Intervention Group Recognizing and reporting negative behavior: 1 hour session
  • n=36 Attention Control Group Strategies for adapting sleep to shift work: 1 hour session
Instrument

- Recognizing negative behavior tool
  - Based on Iennaco, 2013
  - Behavior coding (dichotomous) based on observation
  - Face validity: completed by a panel of educators

- Demographics
- Quantitative scenarios (4)
- Qualitative questions (4)

(Iennaco et al, 2013; Lammers & Badia, 2005)
Post-test Measurement

- Video of 4 simulated clinical scenarios containing 8 acts of negative behaviors
  - Survey completion by students
    - n=24 Intervention Group
    - n=25 Attention Control Group
    - Attrition Rate: 32% (n=23)
Statistical Test

- Demographics
- Level of Measurement: Nominal (Dichotomous)
  - Two independent Groups
  - Chi Squared
- Level of Measurement: Interval (Likert like scale)
  - Two independent groups
  - Independent t-test
  - Alpha set at 0.05
Demographics: Ethnicity

**Intervention**
- Caucasian
- African American
- Hispanic
- Asian
- Other

**Attention Control**
- Caucasian
- African American
- Hispanic
- Asian
- Other

\[ \chi^2 = 7.80 \]
\[ p = 0.14 \]
Demographics: Marital Status

Intervention

- Married
- Divorced
- Never married

Attention Control

- Married
- Divorced
- Never married

\[ \chi^2 = 2.9/7 \]

\[ n = 751 \]
Quantitative Results: Recognizing and Reporting

- Evaluated as nominal and interval data
  - Essentially no significant difference between groups in identification
  - One exception: grabbing of the arm
    - \( X^2 = .032 \)
    - No significant difference in t-test results
- N=33 or 67.3% experienced NB
  - 12 reported the behavior
Qualitative Findings

What would you report?

• Themes:
  • Better ways to correct wrong actions
  • Hit my Hand
  • Keeping me from effectively learning

How would you respond?

• Themes
  • I wouldn’t know what to say
  • Open to learning if you are willing to teach
Qualitative Findings

How would you feel?

• Themes
  • Afraid to go to clinicals
  • An example of how not to be

Describe your experience.

• Themes
  • I hate students
  • Under the microscope
Recommendations

• Focus intervention on covert/subtle forms of NB
• Incorporate role play
• Develop new scenarios
• Incorporate more covert/subtle forms of NB into each vignette
• Less time between intervention and survey
References


References


Questions?