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# Responding to disruptive behaviors in nursing: A longitudinal, quasi-experimental investigation of training for nursing students

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ABSTRACT

*Objectives:* The objective of this study was to determine the impact of a cognitive rehearsal intervention on nursing students' self-efficacy to respond effectively to disruptive behaviors.
*Design:* This quantitative study was part of a longitudinal, quasi-experimental program of research.
*Setting:* Interventions were conducted on site at facilities provided by participating pre-licensure nursing programs.
*Participants:* A total of 129 nursing students enrolled in their final academic year in three traditional format, pre-licensure nursing programs in the Midwestern United States were recruited to participate in this study.
*Methods:* A cognitive rehearsal intervention was delivered to increase self-efficacy to respond to disruptive behaviors in the nursing workplace. Data were collected in writing immediately prior to and following the intervention. Three months later, data were collected in electronic format through a link sent by text message to their mobile phones. Study data were collected on the Self-efficacy to Respond to Disruptive Behaviors Survey, a 10-point Likert scale measuring self-efficacy and its dimensions: knowledge, previous behavioral engagement, affect, and motivation toward responding effectively to disruptive behaviors.
*Results:* 129 students completed the surveys at pre and post-test; 109 completed the survey three months later. Measures of overall self-efficacy and knowledge ($p < 0.000$), and both measures of situational self-efficacy ($p = 0.002$; $p = 0.020$) remained significantly increased three months after the intervention, compared to pre-test. Past behaviors increased on post-test but returned to baseline at the three-month follow-up. The intervention did not significantly impact affect scores. Changes in motivation toward effective responses were mixed between measurements immediately following the intervention and three months later.
*Conclusion:* Cognitive rehearsal interventions can increase self-efficacy to respond to disruptive behaviors with sustained effects up to three months later. Further research is needed to determine the effects of self-efficacy to respond once participants have entered the nursing workplace.

## 1. Introduction

Nursing turnover rates have become a priority organizational concern in healthcare. Rates of turnover are historically highest among newly licensed nurses (NLNs) during their first year of professional practice (Kovner et al., 2014; NSI Nursing Solutions, 2017; NSI Solutions, 2015). High turnover negatively impacts organizational finances (CENTER for American Nurses, 2008; Hayden, 2016) and patient care (Bae et al., 2010; Houck and Colbert, 2016; Laschinger, 2014). Disruptive behaviors and dysfunctional relationships often contribute to the decision to leave a job (Blackstock et al., 2015; Jones and Gates, 2007). High turnover rates lead to disruptions in flow of care delivery which can compromise patient outcomes (Azzi et al., 2016; Bae et al., 2010; Cho et al., 2015). Due to the deleterious impact on patient outcomes, many organizations have implemented zero-tolerance policies or official policies and reporting mechanisms for incidents of disruptive behaviors. Unfortunately, the effectiveness of these policies is undermined by fear of retaliation, alliances that provide protection for perpetrators, and lack of appropriate managerial actions to address incidents (Gilbert et al., 2016; Jackson et al., 2010; Lindy and Schaeffer, 2010; Peters et al., 2011). Also referred to as lateral/horizontal violence, bullying, and incivilities, disruptive behaviors share two serious consequences: they undermine respectful communication and compromise safe patient care (Bae et al., 2010; Houck and Colbert, 2016; Laschinger, 2014; The Joint Commission, 2008).

Distractions caused by negative state anxiety and decreased teamwork on units with dysfunctional communication can also compromise patient care. Disruptive behaviors have a significant impact on the work environment which is closely linked to NLN outcomes and turnover rates during the first year (AbuAlRub et al., 2016; Blake et al., 2013;

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Brewer et al., 2013). Lacking experience and exposure to disruptive behaviors in a work setting, NLNs may be at particular risk for ineffective coping, increased risk for burnout, and intent to leave (Goussinsky and Livne, 2016; Laschinger et al., 2010).

Student nurses are aware that they are likely to encounter disruptive behaviors as NLNs. Lacking the training and confidence to respond, they have begun appealing to educators to provide response training in prelicensure education curricula (Bowllan, 2015; Brox, 2015; Lissade, 2015; National Student Nurses' Association, 2015).

Cognitive rehearsal (CR) has been successfully implemented in undergraduate nursing curricula to increase confidence to respond to disruptive behavior situations (Clark et al., 2014; Griffin, 2011; Griffin, 2004; Griffin and Clark, 2014; Sanner-Stiehr and Ward-Smith, 2015). Educators can implement this type of education prior to students' graduating and entering the workplace where disruptive behaviors are likely to be encountered. The purpose of this research was to examine the impact of a CR training intervention among pre-licensure nursing students in their final academic year. This research presents the first stage a longitudinal program of research that will ultimately the impact of self-efficacy to respond to disruptive behaviors on organizational outcomes. The Research Question associated with this study is: *What is the impact of a cognitive rehearsal intervention on self-efficacy to respond to disruptive behaviors among nursing students in their final academic year?*

## 2. Background

Disruptive behaviors are characterized by those referred to as, lateral/horizontal violence, incivilities, and bullying. Regardless of the terminology, disruptive behaviors result in two serious consequences: they compromise respectful relationships and ultimately decrease quality of patient care. Targeted individuals can experience symptoms of psychological distress, anxiety, depression, and even physical symptoms (Bardakçı and Günüşen, 2016; Demir and Rodwell, 2012; Kivimäki et al., 2003). Workplace culture as a whole can be negatively affected, leading to decreased productivity on units where teamwork is compromised (Berry et al., 2012; Lewis and Malecha, 2011). Unsurprisingly, absenteeism and turnover rates increase in workplaces where disruptive behaviors are prevalent, as affected employees attempt to distance themselves from negative environments (Akhter, 2015).

In 2008, The Joint Commission appealed to health care institutions to address these behaviors that compromise safety culture (The Joint Commission, 2008). Hospitals responded to this mandate, organizations implemented reporting protocols, often referred to as zero-tolerance policies, providing blueprints to manage reported incidents of disruptive behaviors. Unfortunately, fear of retaliation and lack of managerial support deter reporting and limit the utility of these policies (Jackson et al., 2010; Peters et al., 2011). If reporting mechanisms fail to deliver justice, the behaviors may continue and prompt employees to leave in search of more desirable working conditions. In fact, dysfunctional relationships and communication patterns precipitated by disruptive behaviors are consistently cited among leading contributors to turnover rates among NLNs (Blackstock et al., 2015; King-Jones, 2011; Laschinger et al., 2010; Laschinger, 2014; Ortiz, 2016). The resulting employee turnover rates lead to a self-perpetuating cycle of decreased patient care and increased costs for institutions paying to replace staff that leave. In the United States, the cost of replacing a single RN is estimated to equal an annual RN salary ranging between 37,700 USD–58,400 USD, costing hospitals an average of 5.2M USD–8.1M USD annually (NSI Nursing Solutions, Inc., 2015) and an unnecessary financial burden on an already economically strained health care system.

Disruptive behaviors have a long history in nursing, sometimes explained by hierarchical oppression (Dong and Temple, 2011; Matheson and Bobay, 2007; Purpora and Blegen, 2012; Roberts et al., 2009) or perpetuation through learned behaviors (Altman, 2010). Whatever the causes, younger generations of nurses are more likely to leave a job if dissatisfied with the work environment, changing expectations of the nursing workplace (Pricewaterhouse Coopers, 2011). A global nursing shortage is already reaching crisis levels in many places (American Association of the Colleges of Nursing, 2014; International Council of Nurses and Florence Nightengale International Foundation, 2006; Oulton, 2006; World Health Organization, 2013). An aging public population with increasing disease complexity is only likely to exacerbate the shortage (Dall et al., 2013). Furthermore, an estimated 50% of staff RNs are approaching retirement age which will contribute to the shortage when they leave the workforce (National Council of State Boards of Nursing, 2015). Maintaining adequate nurse staffing is essential in the delivery of high quality patient care (Cho et al., 2015; Duffield et al., 2016; Louch et al., 2016). Thus, reducing disruptions in nurse staffing disruptions due to avoidable causes such as disruptive behaviors must be a priority consideration.

### 2.1. Theoretical Underpinnings: Social Cognitive Theory

This research is guided by an integrated dual-theory framework that targets self-efficacy, or confidence, to respond to disruptive behaviors embedded within a business training model focused on organizational outcomes as described in the Kirkpatrick Model (Kirkpatrick and Kirkpatrick, 2006; Kirkpatrick et al., 2009). Social Cognitive Theory (SCT; Bandura, 1997) describes the crucial role of self-efficacy, also referred to as confidence in one's ability to perform a behavior in a given set of circumstances. Self-efficacy empowers one to exert influence over the environment and situational outcomes through self-determination of one's own behaviors (Bandura, 2001). An expanded conceptual mapping of SCT describes a combination of cognitive and affective variables influencing self-efficacy that are targeted by CR training: (1) knowledge about that behavior, how to successfully perform it, and contextual factors that may influence both engagement and outcomes; (2) past engagement in that behavior, including successful and unsuccessful attempts, (3) affect toward or value judgment made about that behavior and its importance; and (4) motivation toward engaging in it.

Each step of the Kirkpatrick Model should be evaluated to ensure that training is effective in achieving desired outcomes. The CR intervention in this research intervenes at Step 2 of the model, providing training for response skills to disruptive behaviors and increasing self-efficacy confidence to implement these response strategies.

Step 1: Reaction to the training
Step 2: Skill acquisition including *confidence* to perform the skill-*responding to disruptive behaviors*
Step 3: Implementing the skill
Step 4: Impact of the training on organizational outcomes- *staff retention and perceptions of patient care quality*

Each step of the Kirkpatrick Model should be evaluated to ensure that training is effective in achieving desired outcomes. This paper presents the results of Step 2. The subsequent steps in the Kirkpatrick Model can be tested in longitudinal stages of this research during the first year of professional nursing practice.

## 3. Methods

A longitudinal, quasi-experimental design was utilized to examine the effects of the CR training. Data were collected at three timepoints: pre-intervention, immediately post-intervention, and three-months after the intervention. Due to consistently successful results of CR interventions in previous research, all study participants were assigned to receive the intervention under intent to treat. This study was part of a larger program of research aimed at measuring the impact of self-efficacy to respond on patient care and turnover rates among these

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