# Cognitive rehearsal

By Joy Longo, PhD, RNC-NIC



Learn a strategy for addressing incivility and bullying in nursing.

**UNPROFESSIONAL BEHAVIOR** within healthcare organizations, in the form of incivility and bullying, adds more stress to an already stressful environment and also jeopardizes patient safety. Too often, nurses are on the receiving end of incivility. Promoting a civil work environment requires effort by both the organizational leadership, through policies and action, and individual team members. On an individual level, nurses can help tackle unprofessional behavior using techniques such as cognitive rehearsal that promote communication and respect.

This article discusses some of the reasons behind workplace incivility, how individuals typically respond to disrespectful behavior, and how to use cognitive rehearsal as a tool to address it.

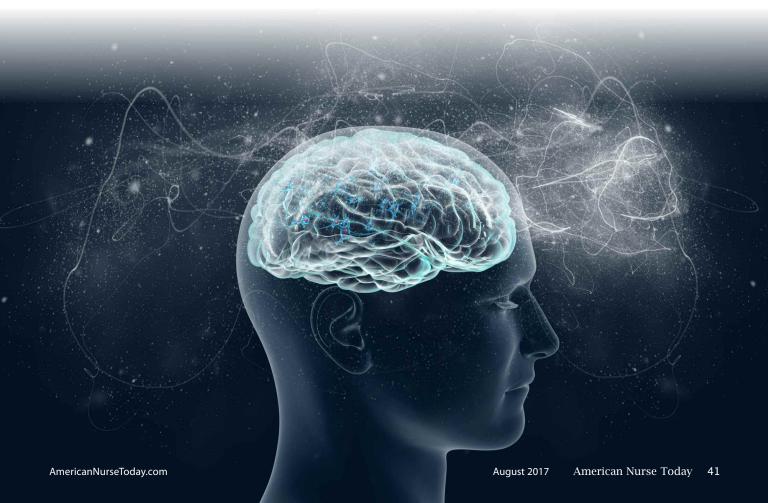
### What's behind incivility?

Conflict often arises in stressful environments with competing priorities and values at stake. Every day, nurses are expected to deliver competent, comprehensive patient care but are often met with distractions and a lack of resources. And as part of a healthcare team that includes various disciplines, nurses must struggle to make their priorities known, while acknowledging other team members' priorities.

Rather than recognizing each team member's unique contributions to patient care, coworkers may let conflicts develop and manifest as incivility and disrespect. When combined with technology that facilitates communication without face-to-face interaction, which makes saying things that would never be communicated directly to another person easier, professional encounters deteriorate and create a culture of incivility. (See *Incivility defined*.)

## How do you respond to incivility?

When faced with unprofessional behavior, most people



# Incivility defined

Andersson and Pearson define incivility as "low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect. Uncivil behaviors are characteristically rude and discourteous, displaying a lack of regard for others."

If not curtailed, incivility can escalate to more threatening behaviors such as bullying, which is defined as behaviors intended to degrade or humiliate another and that continue over a period of time. Examples of bullying include threatening language or behavior, constant and unreasonable criticism, and deliberate undermining of activities.

In 2015, in recognition of the issues associated with unprofessional behaviors that nurses can encounter, the American Nurses Association released a position statement on incivility, bullying, and workplace violence to bring attention to an issue that can have physical, psychological, and financial ramifications for individuals and organizations.

choose fight or flight. Some respond immediately as a form of defense, but reciprocating in a similar manner may perpetuate the problem. Others choose to ignore incivility in an attempt to minimize the situation, inadvertently sending a message that the behavior is acceptable. Some people, though, recognize the inappropriateness of the behavior, but they lack the knowledge and skills to respond accordingly.

To address incivility and bullying, a unified approach is needed in which all stakeholders assume a role in improving the work environment. As a nurse, you understand the organizational leadership's responsibility to address unprofessional behavior, but you also can take action to curtail incivility. Cognitive rehearsal is one way to mentally prepare yourself to address threats from incivility or bullying.

#### What's cognitive rehearsal?

When confronted with unprofessional behavior, your primary concern should be safety. Though direct communication can help de-escalate situations and repair

interactions, consider the well-being of each person involved. If an immediate threat exists, remove yourself from the situation. Without an immediate threat, appropriate responses that foster communication and collaboration are warranted.

One technique that's shown promise in curtailing incivility and bullying is cognitive rehearsal, which allows you to prepare to respond to unprofessional behavior in a manner that's not construed as retaliatory. Used as a strategy in behavioral health for impulse control, cognitive rehearsal involves memorizing responses designed to prevent acting impulsively. Rather than responding immediately or emotionally to unprofessional remarks or behavior, you hold and process them, which allows you to think about the potential situation and what the most appropriate responses might be. By using a planned, rehearsed response, you acknowledge the situation and create an opportunity to communicate expectations for appropriate behaviors and future interactions. (See Cognitive rehearsal in action.)

Griffin successfully used cognitive rehearsal by educating a group of 26 new graduate nurses about it during hospital orientation. One year later, Griffin found that all the new nurses could respond positively when confronted with uncivil behavior. Though a few of the staff nurses perpetuated uncivil behavior and responded negatively by shunning the new nurses, overall the technique led to positive responses from the staff nurses who were confronted, including making them aware of how certain behaviors were perceived. Since Griffin's original work, others have used cognitive rehearsal as a strategy to combat incivility and bullying.

#### Cognitive rehearsal in three acts

Griffin described cognitive rehearsal as a three-part process. First is participation in didactic instruction. This can include learning to recognize unprofessional behavior, understanding the consequences for employees and patients, discussing the theoretical underpinnings of incivility and bullying, and learning about the work and

(continued on page 51)

# Cognitive rehearsal in action

Tania is a new nurse who's recently completed orientation and is working the night shift on a medical-surgical unit. She's criticized by staff nurses because of her lack of experience and her need to ask for help with some procedures.

One night, she has to insert a nasogastric (NG) tube in a patient, but she hasn't performed this skill outside of the simulation lab in school. She seeks

assistance from a more experienced nurse, who says, "What did they teach vou at that school?"

As a result of the cognitive rehearsal training Tania had during hospital orientation, she responds calmly, "I was able to practice the skill in the laboratory, but I didn't have the opportunity to place an NG tube in a patient in the practice setting. It would help me

to review the procedure with you before going into the patient's room."

With this response, Tania communicated her concerns in a manner that both acknowledged her needs and provided opportunities for her colleague, avoiding a potentially emotional and confrontational situation that might have ultimately affected job performance and patient care.

tunities, receive tools for immediate integration into your practice or academic setting, and generate new ideas for your organization.

You'll also have access to preconference workshops and special sessions based on the QSEN competencies; abstract-reviewed concurrent session presentations; a poster reception of more than 75 poster abstracts in practice, academia, and research; and keynote speakers with expertise in the conference theme.

#### Teaching strategies

In this section of the QSEN website, nurses and others committed to patient safety and quality submit teaching strategies they've developed and used in their own practice or academic settings. All submitted strategies are peer-reviewed and revised as needed before publication. Each teaching strategy identifies the appropriate QSEN competency and setting along with supplemental materials needed for implementation. In addition, you'll find evaluation mechanisms and previous assessments. QSEN requires citation of the institute and the authors of the strategy used. Many of the creative strategies incorporate active learning, with a focus on nursing and continuing education, but they also can be adapted for patient teaching. (See *Examples of QSEN teaching strategies*.)

#### **Robust resource**

Reducing preventable medical errors and their consequences requires a focus on quality and safety. QSEN provides nurses and others in the healthcare community with a robust resource of information that aids in ensuring quality care for patients. Visit <a href="https://www.qsen.org">www.qsen.org</a> to learn more.

Both authors work at the Frances Payne Bolton School of Nursing at Case Western Reserve University in Cleveland. Ohio. Nadine Marchi is an instructor and volunteer teaching strategies coordinator with the QSEN Institute. Rachel Grdina is the codirector of the International Health Programs and WHO Collaborating Center, office manager of student services, and formerly the administrative coordinator for the OSEN Institute.

#### Selected references

Andel C, Davidow SL, Hollander M, Moreno DA. The economics of health care quality and medical errors. *J Health Care Finance*. 2012; 39(1):39-50.

James JT. A new, evidence-based estimate of patient harms associated with hospital care. *J Patient Saf.* 2013;9(3):122-8.

Kohn LT, Corrigan JM, Donaldson MS, eds; Committee on Quality of Health Care in America, Institute of Medicine. *To Err is Human: Building a Safer Health System.* Washington, DC: National Academies Press; 2000.

Page A, ed; Committee on the Work Environment for Nurses and Patient Safety, Institute of Medicine. *Keeping Patients Safe: Transforming the Work Environment of Nurses*. Washington, DC: National Academies Press; 2004.

#### (continued from page 42)

environmental factors that contribute to the behaviors.

The second part is learning and rehearsing specific phrases to use during uncivil encounters. For example, in response to a nonverbal innuendo, such as a colleague raising her eyebrows, you might say, "I sense (I see from your facial expression) that there may be something you want to say to me. It's okay to speak directly to me." In a situation of sabotage or negativity, the response could be, "There is more to this situation than meets the eye. Can you and I meet in private and explore what happened?" If you find that someone is withholding information, you might say, "It's my understanding that there's more information available regarding this situation and I believe if I had known that, it would have affected the outcome."

The final part of the process is rehearing the responses in preparation for encountering the behaviors in practice. Take about 20 minutes in a relaxed, non-threatening environment to practice your responses before you meet with the other person.

After going through this three-part process, you should be prepared to respond to a situation with confidence and in a positive, nonthreatening manner.

#### Take a stand

Cognitive rehearsal provides a proactive strategy for nurs-

es to take a stand against incivility and bullying in the workplace. Nurse educators in academic and clinical settings can provide programs that allow for mental practice, equipping nurses with the skills to respond to uncivil situations and protect themselves and their patients.

Joy Longo is an associate professor at Christine E. Lynn College of Nursing, Florida Atlantic University in Boca Raton, Florida.

#### Selected references

American Nurses Association Professional Issues Panel on Incivility, Bullying, and Workplace Violence. Position statement on incivility, bullying, and workplace violence. July 22, 2015. www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Incivility-Bullying-and-Workplace-Violence.html

Andersson LM, Pearson CM. Tit for tat? The spiraling effect of incivility in the workplace. *Acad Manage Rev.* 1999;24(3):452-71.

Driskell JE, Copper C, Moran A. Does mental practice enhance performance? *J Appl Psychol.* 1994;79(4):481-92.

Griffin M. Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. *J Contin Educ Nurs*. 2004;35(6):257-63.

Griffin M, Clark CM. Revisiting cognitive rehearsal as an intervention against incivility and lateral violence in nursing: 10 years later. *J Contin Educ Nurs*. 2014;45(12):535-44.

Leiter M. Springer Briefs in Psychology: Analyzing and Theorizing the Dynamics of the Workplace Incivility Crisis. Dordrecht, The Netherlands: Springer; 2013.

AmericanNurseToday.com August 2017 American Nurse Today