Revisiting Cognitive Rehearsal as an Intervention Against Incivility and Lateral Violence in Nursing: 10 Years Later

1. Which statement best describes the reasons behind disruptive, unprofessional behaviors:
   A. The role of women in society is subordinated.
   B. Gender difference can be a factor because men possess a more assertive communication style.
   C. Generally, nurses have limited control over their own practice.
   D. They are often an expression of the character of the workplace.

2. An educator observes a new experienced nurse orientee respond with “eye-rolling” during a patient hand-off and responds by saying, “I sense from your expression that you may have questions or concerns. Help me understand what I could explain better.” The statement demonstrates that the educator:
   A. Was trying to “pull rank.”
   B. Has little experience addressing disruptive behavior.
   C. Realized she was being challenged.
   D. Has learned to confront without conflict.

3. The essence of cognitive rehearsal includes:
   A. Confronting and blaming negative behavior.
   B. Conversations in relation to demeaning talk.
   C. Reviewing and observing role-playing lateral violence.
   D. Rehearsing and practicing responses to disruptive behaviors.

4. The cohort of nurses that is most likely to be vulnerable to an uncivil work environment would be those who are:
   A. Experienced in specialty practice.
   B. Unfamiliar with workplace norms.
   C. New to nursing practice.
   D. Older and near retirement.

5. The most plausible results of unresolved disruptive behaviors include:
   A. Decreased staffing and increased patient self-reliance.
   B. Increased staff turnover, as well as concerns with patient safety.
   C. Expansion of collegial criticism and bullying.
   D. Increased intensity of interactions and a decline in mutual respect.

6. The educational process for cognitive rehearsal typically consists of:
   A. PowerPoint slides, case studies, and open discussion.
   B. Discussions among physicians, nurses, and other health care professionals.
C. Didactic instruction, rehearsal of specific phrases, and practice sessions.
D. Onsite simulated role-playing, open discussion, and debriefing.

7. Incivility and bullying can have a negative impact on individuals, teams, and organizations because of:
   A. Leadership's perceived insensitivity to the problem.
   B. Health care organizations' focus on finances.
   C. The diminished quality of care provided by employees.
   D. Legal counsel's hesitancy to offer direction.

8. Practicing and rehearsing a “preprogrammed response” to an uncivil affront often results in:
   A. Escalation of the undesirable behavior.
   B. Higher levels of personal comfort and self-confidence.
   C. Decreased patient satisfaction.
   D. Diminished teamwork and collaboration.

9. An effective response to rumors, gossiping, or put-downs involving a coworker is to:
   A. Respectfully say, “She or he is a valuable member of the team and deserves our support.”
   B. Respond, saying, “Please don’t gossip and spread negative remarks.”
   C. Say and do nothing; the less is said, the better.
   D. Report the incident to the supervisor.

10. Cognitive rehearsal is considered to be:
    A. Quantitatively supported.
    B. Qualitatively proven.
    C. Evidence based.
    D. A sanctioned intervention.