Title:
A Cognitive-Behavioral Rehearsal Intervention to Increase Nursing Students' Self-Efficacy to Respond to Lateral Violence

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Session Title:
Student Issues: How They Feel
Slot:
A 04: Friday, April 8, 2016: 10:45 AM-12:00 PM
Scheduled Time:
11:05 AM

Keywords:
lateral violence, nursing students and response training

References:

Abstract Summary:
The steps and principles of a cognitive behavioral rehearsal were utilized in developing an intervention to increase nursing students' self-efficacy to respond to lateral violence. Participants reported a statistically significant increase in self-efficacy both immediately following the intervention and three months afterward.

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tr>
<td>At the end of this presentation, learners will be able to justify the need for addressing lateral violence in contemporary pre-licensure nursing education.</td>
<td>(1) Impact of lateral violence on nurses, organizations, patients, and healthcare. (2) Decreased tolerance of lateral violence by nursing students and nursing profession. (3) Lateral violence and the nursing shortage.</td>
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<td>At the end of this presentation, learners will be able to identify the steps and essential principles of a cognitive behavioral rehearsal intervention to increase nursing students’ self-efficacy to respond to lateral violence.</td>
<td>Presentation of this research: (1) Research design, (2) participants, sample and sampling, (3) intervention (design and implementation), (4) discussion of intervention content, and (5) results (statistical and clinical significance).</td>
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<td>At the end of this presentation, learners will be able to apply the tenets of this cognitive behavioral rehearsal intervention to multiple environments in nursing education.</td>
<td>Implications for educators: Suggestions and examples for application of the principles of this intervention in didactic, clinical, and simulated educational environments.</td>
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Abstract Text:

Each year, between 53% and 80% of nurses experience lateral violence (Cleary, Hunt, & Horsfall, 2010; Walrafen, Brewer, & Mulvenon, 2012). Hostile work environments created by lateral violence are consistently cited as contributing factors to alarmingly high rates of staff turnover and attrition, especially among newly licensed nurses (Booth 2011; Chachula, Myrick, & Yonge, 2015). With the nursing shortage predicted to reach 1,052,600 nurses by 2022 (Bureau of Labor Statistics, 2012), healthcare agencies cannot afford to lose nurses because of lateral violence. Lateral violence, a form of workplace bullying among nurses, includes behaviors that are intended to demean, belittle, or otherwise undermine a targeted individual (Vessey, Demarco, & DiFazio, 2010) and contributes to a range of negative consequences for targeted nurses (Dehue et al., 2012; Lovell & Lee, 2011) and their patients (Laschinger, 2014). It also creates financial burdens for organizations that spend approximately 20% of an annual nursing salary to replace each nurse who leaves (Boushey & Glynn, 2012).

In response to these negative consequences, organizations have adopted zero-tolerance policies, including protocols for responding to reported cases of lateral violence and other disruptive behaviors. Unfortunately, these programs only address lateral violence once it has occurred and negative consequences may have already ensued. Furthermore, fear of retribution by the perpetrator and lack of managerial/administrative support for targets can deter reporting altogether. The lack of success achieved by reactive approaches such as zero-tolerance policies indicates that proactive solutions are needed. Intervening during nursing education can prepare newly licensed nurses to effectively manage instances of lateral violence prior to encountering it in the workplace. The need for a preventative approach to lateral violence is confirmed by increasing numbers of appeals for lateral violence response training issued by nursing students (Brox, 2015; Lissade, 2015; National Student Nurses’ Association, 2015).

This presentation introduces original research that tested an intervention to increase nursing students’ self-efficacy to respond to lateral violence using a randomized-cluster, experimental, time-series design. Participants were recruited from senior nursing classes at two baccalaureate nursing programs in a Midwestern urban setting. Each educational setting served as a cluster; one was randomly assigned as the intervention group (n = 41), the other as the control group (n = 47) for a total N = 88. A five-step intervention was developed by applying the principles of Social Skills Training, a form of cognitive behavioral therapy. This type of training is designed to provide individuals with the ability to respond appropriately in conversational exchanges. Participants in this intervention first received education about lateral violence and the importance of being able to effectively respond. Next, the Principal Investigator and a Research Assistant role-modeled effective and ineffective responses to lateral violence scenarios for participants. Following role-modeling, participants received scripted scenarios depicting common lateral violence situations. Using these scripts as guides, participants practiced rehearsing effective responses and managing lateral violence. During the rehearsal step of the intervention, the Principal Investigator and Research Assistant provided individual feedback on response techniques and interactions. A guided discussion concluded the intervention, allowing participants to share their perceptions of the experience and to generalize communication strategies from the intervention to other situations.

Baseline data measuring participants’ self-efficacy to respond to lateral violence were collected prior to the intervention (T1). The impact of this intervention was measured immediately following the intervention (T2) and again three months later (T3). Results of this research revealed statistically significant increases in self-efficacy to respond to lateral violence ($p = 0.000$) on all measurements at T2 and T3, suggesting a sustained impact of the intervention. Furthermore, significant differences existed between the intervention and control groups at T2 and T3, providing support for the effectiveness of the intervention on increasing self-efficacy to respond to lateral violence. Finally, quartiling revealed an increase in self-efficacy among all quartiles. The highest increases in self-efficacy occurred in the lower two quartiles, indicating the greatest increases in self-efficacy among those who reported the lowest prior to the intervention.
More than half of newly licensed nurses are likely to encounter lateral violence during their first year of practice. These experiences often contribute to the decision to quit a job or leave the profession altogether. Despite its negative impact on targeted individuals, organizations, and the profession of nursing, surprisingly few attempts have been made to remedy the problem. The few which have been tried have proven unsuccessful in either decreasing incidence of lateral violence or improving outcomes for targets. Preventative measures are clearly needed to prepare newly licensed nurses to effectively manage lateral violence, prior to entering the nursing workplace. The intervention presented in this research provided a simulated experience for common lateral violence situations. Including this type of education in nursing curricula allows nursing students to practice responses in a non-threatening environment and has potential utility in multiple educational settings. Simulated clinical experiences should include elements of lateral violence to facilitate mastery of responses in high-pressure situations. Clinical instructors can also use elements of role-play and simulation in post-clinical debriefings to immediately reinforce effective responses to lateral violence encountered during clinical rotations. Future research can determine (1) whether nursing students who complete lateral violence training during their programs of study are more prepared to manage lateral violence during their first year of practice, (2) the need for booster interventions to respond to lateral violence, and (3) the effect of increased preparedness on retention rates among newly licensed nurses within their first year of professional nursing practice.