

Title:

How One Organization Used Evidence to Address Lateral Violence Among Nurses

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Session Title:

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Slot:

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Scheduled Time:

8:00 AM

Keywords:

bullying, healthy work environment and lateral violence

References:

Cervalo, D.J., Schwartz, D.G., Foltz-Ramos, K.M., & Caster, J. (2012). Strengthening communication to overcome lateral violence. *Journal of Nursing Management*, 20, 599-606.

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Lim, F.A., & Bernstein, I. (2014). Civility and workplace bullying. Resonance of Nightingale's persona and current best practice. *Nursing Forum*, 49(2), 124-129.

Longo, J., & Hain, D. (2014). Bullying: A hidden threat to patient safety. *Nephrology Nursing Journal*, 41(2), 193-199.

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Abstract Summary:

The safety and well-being of patients and healthcare providers are being threatened by workplace bullying. Healthcare organizations must make it a priority to educate staff on bullying, and provide focused training on eliminating disruptive behaviors. A healthier work culture was reflected in the 2016 employee engagement scores.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Each participant will be able to define bullying and lateral/vertical violence and its effects on patient and nurse safety.	I. Background A. Definition of bullying, lateral violence (LV), and vertical violence (VV) 1. Repeated action that is unwanted by the victim 2. A serious problem that damages the dignity of the individual and profession 3. Overt or covert behaviors that are demeaning and affects the ability of the person to perform tasks 4. Violates a professional expectation of mutual respect B. Implications of bullying 1. Threatens a culture of safety a. Decreased job satisfaction b. Poor retention c. Increased chance of errors d. Delays in care e. Conflict f. Root cause of adverse events and poor patient outcomes 2. Cost to healthcare organization is \$4 billion due to increased absenteeism, work dissatisfaction, decreased productivity, and work-related injuries
Each participant will be able to discuss the research findings linked to prevention of bullying and lateral/vertical violence.	II. Literature Review A. Factors linked to bullying 1. Individual 2. Systemic B. Keys to prevention 1. Leadership support 2. Policies on bullying strictly enforced 3. Awareness of nurses' own bullying behavior 4. Effective communication and intervention 5. Shared accountability in addressing toxic behaviors C. Recommendations of the Joint Commission 1.

	<p>Skill-based training and coaching</p> <p>2. Non-confrontational surveillance</p> <p>3. Evaluation processes</p> <p>4. Organizational policies</p> <p>5. Reporting mechanisms with no fear of retribution</p>
<p>Each participant will be able to discuss how an organization can utilize education and cognitive rehearsal in addressing bullying and lateral/vertical violence.</p>	<p>III. Evidence-based Project and Nursing Research Council</p> <p>A. Identification of nursing units below national benchmark in RN-RN interaction</p> <p>B. EBP project conducted to identify best strategies to allow RNs to recognize and respond to bullying</p> <p>C. Findings from literature</p> <p>1. Perform an organizational assessment</p> <p>2. Clearly define bullying and lateral violence behaviors</p> <p>3. Develop an awareness campaign</p> <p>4. Provide education to nurse leaders and nursing staff</p> <p>5. Use cognitive rehearsal in education</p> <p>6. Develop policies and procedures that clearly delineate expected behaviors and consequences of bullying</p> <p>IV. Action Plan Developed Based on Findings</p> <p>A. Organizational assessment to determine extent and severity of lateral violence among nurses within the organization</p> <p>1. Nurses surveyed using the Lateral and Vertical Violence in Nursing Survey</p> <p>2. Results of survey demonstrate intervention needed</p> <p>3. Current practices</p> <p>B. Task force created to develop a strategic plan to reduce bullying among nurses</p> <p>1. Year one (2014)</p> <p>(a) Awareness campaign</p> <p>(b) Development of position statement</p> <p>(c) Development of an education plan</p> <p>2. Year two (2015)</p> <p>(a) Development and implementation of compact</p> <p>(b) Implementation of education plan</p> <p>(c) Review of use of just culture for nurse leaders</p> <p>3. Year three (2016)</p> <p>(a) Accountability measured by 2016 employee engagement survey</p> <p>V. Education Plan</p> <p>A. "Working in the Salad Bowl" 1.5 hour class</p> <p>1. Charge nurse audience</p> <p>(a) Half of the examples cited in survey were vertical violence by charge nurses</p> <p>2. Didactic instruction</p> <p>(a) Definition of lateral and vertical violence</p> <p>(b) Impact to patients and staff</p> <p>(c) Characteristics of bullies</p> <p>(d) Self-awareness</p> <p>(e) Personal and professional boundaries</p> <p>(f) Expectations on professionalism</p>

	<p>(g) Ways to resolve conflict (h) Tips on breaking the bullying cycle 3. Cognitive rehearsal 4. At completion of class charge nurses expected to demonstrate the ability to recognize, respond, and deescalate episodes of lateral violence VI. Results of 2016 Employee Engagement Survey A. Organizational results 1. In the category of "abusive behavior is not tolerated by my organization," overall nursing improved from 55.3% to 58.5% (benchmark 72.3%) 2. In the category, "I have good personal relationships with coworkers in my unit/department," increase from 78.8% to 82.6^ (benchmark 78.8%) B. Focused approach by nurse manager in one unit 1. Plan (a) "Working in the Salad Bowl" mandatory for all staff (b) Compact on professional expectations signed (c) Articles on bullying assigned with discussion at staff meetings (d) Staff coached and encouraged to address episodes of bullying (e) Nurse leader expectations of peer-to-peer accountability and taking action when bullying reported 2. Results from individual unit (a) "Abusive behavior is not tolerated by my organization," improved from 60% to 96% (b) "I have good personal relationships with my coworkers," improved from 76% to 100% VII. Conclusion A. Evidence-based strategies B. Focused approach can lead to significant improvements in reducing bullying among nurses C. Sustainability</p>
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Abstract Text:

Bullying and lateral violence in nursing is a serious problem and damages the dignity of the individual and the profession. A common definition of bullying at work is "repeated actions by one or more persons that are unwanted by the victim and cause humiliation, offense, and distress" (Sauer, 2012, p. 48). This form of incivility violates the professional expectation of mutual respect. These recurring behaviors, whether overt or covert, demean and demoralize a victim, which affects his or her ability to complete work tasks (Sauer, 2012). Bullying among healthcare workers is a threat to a culture of safety in the workplace (Lim & Bernstein, 2014). In addition to decreased job satisfaction and poor retention, unprofessional behaviors by nurses pose a threat to a healthy work environment and increases the chance of errors, delays in care, conflict, and can become the root cause of adverse events and poor patient outcomes (Longo & Hain, 2014). Bullying has become a major contributor to absenteeism, work dissatisfaction, decreased productivity, and work-related injuries, with an estimated cost of over \$4 billion a year (Hubbard, 2014).

Study findings support that bullying behaviors are precipitated by both individual and systemic factors. Organizations that have written policies in place stating that bullying behaviors are not tolerated must

strictly enforce these policies and investigate all claims (Sauer, 2012). Nurses also need to be aware of their own behaviors in perpetuating lateral and vertical violence. Developing effective communication skills is instrumental in cultivating strong interpersonal relationships. Although the nurse leader is pivotal in ensuring respectful work places, there needs to be shared accountability among all nurses in caring for self and others by confronting those who exhibit toxic behaviors (Cervalo, Schwartz, Foltz-Ramos, & Caster, 2012).

Research emphasizes the importance of both education and cognitive rehearsal in addressing bullying among nurses. Cognitive rehearsal consists of didactic instruction, identifying and rehearsing specific phrases related to bullying, and practicing the phrases to become skilled at using them (Griffin & Clark, 2014). The Joint Commission recommends: skill-based training and coaching; nonconfrontational surveillance; evaluation processes to determine staff perceptions of bullying behaviors; and organizational policies that are strictly enforced and allow nurses to report these behaviors without fear of retribution. Although elimination of bullying behaviors may be unrealistic, research suggests that recognition of bullying behaviors and the use of cognitive rehearsal can give nurses confidence in confronting those that exhibit these disruptive behaviors (Lee, Bernstein, & Nokes, 2014).

In 2012, the evidence-based practice and nursing research (EBP/NR) council of a large community teaching hospital identified that some nursing units within the organization had RN-RN interaction scores from the National Database of Nursing Quality Indicators (NDNQI) survey that were lower than the national benchmark. Council members considered that bullying or lateral violence could be a contributing factor. The council conducted an EBP project to identify the best strategies to prepare registered nurses (RNs) to recognize and respond to bullying to support the goal of improved RN-RN interaction. A comprehensive review of the literature was completed revealing best practice recommendations and the development of an action plan. Recommendations included:

- Performing an organizational assessment
- Clearly defining bullying and lateral violence (LV) behaviors
- Developing an awareness campaign
- Providing education to nurse leaders and nursing staff
- Using cognitive rehearsal in education
- Developing policies and procedures that clearly delineate expected behaviors and consequences of bullying

The first step of the action plan was to conduct an organizational assessment to determine the extent and severity of lateral violence among nurses. Lateral and Vertical Violence in Nursing Survey was used to determine the prevalence of lateral and vertical violence among RNs (Stanley, 2011). The survey was emailed to 1,425 RNs with a 34% return rate. The results of the study were as follows:

- 77% observed lateral violence
- 52% observed vertical violence (downward)
- 55% observed vertical violence (upward)
- 51% reported being a recipient of lateral violence
- 45% reported being a victim of verbal violence
- 23% reported being a victim of non-verbal violence

The current practice to address bullying behavior was found in the employee code of conduct and in clinical evaluations under "teamwork." Consequences for bullying were not consistent among nursing leadership, and there were no policies addressing bullying among nurses. As a result of these findings a task force was created to develop and implement a strategic plan to reduce bullying behaviors among RNs. The plan would incorporate strategies from the evidence and extend over a three year period. The plan was presented to nursing leadership and adopted for the entire nursing department. Year one (2014) included an awareness campaign and development of a position statement. Year two (2015) encompassed implementation of a compact and education plan. Education also included review of the

just culture model for nurse leaders in dealing with incidences of bullying. Accountability was measured using the results of the 2016 employee engagement survey instead of the NDNQI since the organization chose to use a new survey tool recommended by the Advisory Board.

The first part of the education plan was to conduct a workshop to educate charge nurses and provide them with the tools they needed to address bullying among nurses. Charge nurses were the main focus of the education plan because more than half of the examples of vertical violence identified the issue as charge nurse to staff. The title of the workshop was "Working in the Salad Bowl." The workshop was 1.5 hours in length and included both didactic instruction and cognitive rehearsal. The information included: the definition of lateral and vertical violence; impact of bullying on patients and staff; characteristics of bullies; self-awareness; personal and professional boundaries; expectations on professionalism; ways to resolve conflict; and tips on breaking the bullying cycle (Leekley & Turnure, 2012). Cognitive rehearsal consisted of three real-life scenarios. At the completion of class, the charge nurses were expected to demonstrate the ability to recognize, respond, and de-escalate episodes of bullying. More than 300 charge nurses have completed the training, and the information has been incorporated into the charge nurse and preceptor classes.

The 2016 employee engagement scores showed improvement in two categories related to the topic of bullying. Nurses' scores in the category, "abusive behavior is not tolerated by my organization," increased from 55.3% to 58.5% (benchmark 77.9%). In the category, "I have good personal relationships with coworkers in my unit/department," there was an increase from 78.8% to 82.6% (benchmark 85.9%). In one nursing unit, the nurse leader used a focused approach on bullying education. The nurse manager required all staff members (regardless of role) to attend the workshop. A compact on expectations was signed by each staff member. Each month an article on bullying is assigned and is a topic of discussion at staff meetings. Staff are coached and encouraged to address episodes of bullying. Nurse leaders on this unit hold staff to high standards of peer-to-peer accountability, and take action when bullying is reported. The employee engagement scores in this unit showed significant improvement. In the category "abusive behavior is not tolerated by my organization," scores increased from 60% to 96%. "I have good personal relationships with coworkers in my unit/department," improved from 76% to 100%.

Education and cognitive rehearsal are evidence-based strategies that are effective in addressing those behaviors that are detrimental to the physical and psychological well-being of nurses and the patients they serve (Griffin & Clark, 2014). Through a focused approach, which includes education, cognitive rehearsal, and shared accountability, significant improvements can be made in reducing bullying among nurses. For these strategies to be successful in the future throughout all of nursing, RNs must role model behaviors that contribute to outstanding patient care, competent and compassionate staff, and healthy and healing interpersonal relationships. Creating a healthy work environment, where patients and nurses thrive will foster a culture of accountability and elevate our professional nursing practice.