EDUCATIONAL PROGRAMS:

Lateral Violence: Let’s Get Rid of It!

This is an educational program developed by Upstate AHEC which is available to nurses throughout South Carolina. It includes an educational CD and a game that helps nurses learn to respond to episodes of lateral violence. For more information, contact Debbie Harley, RN, MSN, at Upstate AHEC, 200 North Main Street, Suite 201, Greenville, SC 29601. Phone: (864) 349-1160.

“From Violence to Respect: The Search for Civility among Nurses”

This is a program offered by the Michigan Nurses Association free to nurses throughout Michigan. You will not have access to the program, but you can read about its components.

BOOKS:


Explores the reasons for communication breakdowns and describes strategies for creating collegial relationships.


Serves as a primer for understanding the negative behaviors nurses direct toward one another. Can be used to educate nurses and develop strategies for increasing collaboration and collegiality.


Describes ways to improve communication with individuals at various levels of the health care hierarchy. Part II provides specific suggestions for nurse-to-nurse communication (pp. 43-58). Uses the DESC (describe, explain, state, consequence) model throughout book.


Through interviews with hundreds of female children and adolescents, the three roles of female bullying were identified as aggressor, victim, and girl in the middle (GIM).


Paulo Freire, a Brazilian educationalist, used the term ‘horizontal violence’ to describe the behaviors that the oppressed direct toward one another in their efforts to achieve emancipation.


This book is a series of stories that emphasize how nurses are advocates. Many of the stories address the issues of silencing, public image and nurse relationships and relate to the issue of lateral violence in nursing.


An interesting and educational book written as a leadership fable that explains team dysfunctions and the steps to overcoming them in order to build a cohesive, effective team.


This well known book provides information on how to use both intellectual and emotional intelligence when engaging in very important conversations.


In this sequel to their first book, the authors provide content that is particularly important for leaders attempting to address the negative behaviors occurring among their nursing staff. It gives advice on how to examine one’s own behaviors first in order to be effective in confronting the negative behaviors of subordinates.

**Simmons, R.** (2002). *Odd girl out: the hidden culture of aggression in*
Research on the behaviors of adolescent girls describes the aggressive behaviors that inflict psychological pain that extends into adulthood.


An affordable workbook for understanding and applying the five conflict-handling modes measured by the TKI (Thomas-Kilmann Instrument). Provides information about the appropriate use of each mode.


This third revision of the TKI which was first developed in 1974, presents 30 pairs of statements describing possible behavioral responses with instructions on taking and scoring the test. The booklet provides detailed information about the conflict management modes used by the individual completing the test, and it explains how to interpret the test results.

**JOURNAL ARTICLES:**


This study examined individual characteristics of nurses, the work environment, and organizational factors that influenced new nurse intent to leave. They compared report of new nurse turnover intent to actual turnover in 18 months of employment.


Reviews types of disruptive behaviors and makes a case for stopping the behavior at the incivility level so that it does not progress to lateral violence or even physical abuse. Clark challenges the reader to “…lead by example, to join the revolution for cultivating civility, to lead with our hearts as well as our heads and to continue to make nursing the most trusted profession.”

This non-experimental descriptive study examined the types sources and frequency of bullying behaviors experienced by nursing students and evaluated the resources used by the students to cope with the behaviors. The most common coping strategy reported was to 'do nothing.'


Describes the learned helplessness that leads to a cycle of oppressed group nurse behaviors. This description was the basis for the Stanley/Martin Applied Model of Oppressed Group Behavior to Explain Lateral Violence in Nursing.


This survey of nurses in Tasmania, Australia examined aggression toward nurses and identified patients and visitors as main perpetrators followed by medical and nursing colleagues. Stressed the importance of action from managers to improve the situation and prevent attrition from the profession, because abuse influenced nurses’ distress, their desire to stay in nursing, their productivity, and the potential to make errors. Even with these negative factors, nurses were reluctant to make official complaints.


Describes 10 common forms of lateral violence behaviors and reports on a study designed to teach new graduate nurses how to respond effectively to such behaviors. Retention rate of these new graduate nurses was positively affected by learning to confront lateral violence behavior and resolve conflict.


Identifies ten 'joy-stealing games' that have been reported to occur among nursing faculty colleagues. They are: setting up, distorting, misrepresenting and lying, shaming, betraying, breaking boundaries, splitting, mandating, blaming, and silencing.

This study found that health care workers productivity was most adversely affected by incivility directed toward them came from either patients or managers.


Workplace bullying is defined and described as ongoing conflict involving two or more occurrences a week for at least six months. A power disparity exists between the bully and the victim. Workplace bullying in the past six months was reported by 27.3% of the participants in this study, and the bully was identified most often as the nurse’s manager/director or charge nurse.


Discusses lateral violence in nursing, contributing factors, and interventions to ameliorate the phenomenon. Introduces the Stanley/Martin Applied Model of Oppressed Group Behavior to Explain Lateral Violence in Nursing based on the work of R. DeMarco and S.J. Roberts (see item 17).


This study reviewed current literature on oppressed group behaviors in nursing with a focus on interventions to change behaviors and instruments to measure the behaviors. Suggested implications for nurse managers were that measuring the behaviors and using interventions that break the cycle of oppression provide a means of improving the workplace culture for nursing.


Study looks at how simply watching rude behavior affects our ability to perform cognitive tasks. People ruminate over the event – perhaps as a way to understand it? Taking attention off task leads to workplace injuries and errors.


The Joint Commission (TJC) Leadership Standard enacted in January 2009 was influenced by the survey findings reported by Rosenstein and O’Daniel.

The purpose of this article is to educate nursing leaders about the generational diversity in the workforce and to assist them to reframe perceptions about the differences so that they may be viewed as potential strengths. The article presents strategies nurse leaders can use to reduce conflict.


Simons’ study found that bullying behavior was a significant determinant in predicting a nurse’s intention to leave an organization. Stressed the need for interventions that will stop workplace bullying that contributes to high nurse turnover.


Focuses on the unique role of the psychiatric nurse consultant in collaborative research and intervention with nurses in an academic medical center.


Report of study of nursing staff of an academic medical center using a new survey instrument. Includes a review of other nursing research on the topic, and gives a detailed report of the quantitative and qualitative data results of this study.


This Sentinel Event Alert, Issue 40 provides a new Leadership Standard (LD03.01.01) that addresses disruptive and inappropriate behaviors among all health care providers and outlines expected actions. The effective date for this standard was 1/1/09.

This study to validate the perceptions of frequency and patterns of bullying behavior experienced by registered nurses found that medical-surgical nurses reported experiencing the most bullying. Humiliation in front of others and isolation were the most prevalent behaviors. The resources nurses sought after experiencing bullying were identified.


“The purpose of this study was to conduct focus groups with registered nurses (RNs) to gain an understanding of how RNs describe disruptive clinician behavior and its impact based on their observed and actual experiences on the front lines of patient care delivery” (p. 105). The study was done with nurses but sought information about the disruptive behaviors of all health care professionals.

**MISCELLANEOUS:**


This position statement includes a template for a zero tolerance policy for abuse. The document can be accessed from:


**OJIN: The Online Journal of Issues in Nursing.** Access using your ANA username and password from: www.nursingworld.org/OJIN

This online journal features a new topic with each posting. Featured in January 2010 was the topic: Promoting Healthy Work Environments: A Shared Responsibility. The six featured articles all provide information relevant to lateral violence in nursing.

**Ethical and Legal Resources that Relate to Lateral Violence** compiled by Peggy Dulaney, 2009 (separate attachment).

**Medical University of South Carolina (MUSC) Standards of Behavior Policy and Commitment Statement** (separate attachments). A standards of Behavior agreement statement required by all applicants for positions at MUSC may be viewed at this website: [http://www.muschealth.com/careers/standards/index.htm](http://www.muschealth.com/careers/standards/index.htm)

These documents are provided as examples for educational purposes. MUSC is not responsible for their use in any other way.
WEB SITES:

American Nurses Association Resolution Workplace Abuse and Harassment of Nurses

ANA’s Workplace Violence Web page

OSHA’s Workplace Violence Web page: www.osha.gov/SLTC/workplaceviolence/

Or from a mobile device:
http://www.smartbrief.com/servlet/wireless?issueid=FA2A92E1-6FBD-4435-8595-FAB96F2024DD&sid=101b8ee6-fb0a-40d1-927c-efb5df4ad85d

Use this link to access the ANA Smart Brief described on their website as follows: “Designed specifically for nurses, ANA SmartBrief is a FREE, daily e-mail newsletter. It provides the latest news and information you need to stay informed about important health care issues impacting the nursing profession. Sign up for your very own free subscription to ANA SmartBrief.” Learn more

http://www.vitalsmarts.com/

The above link is for the VitalSmarts web site that is connected with the Crucial Conversations and Crucial Confrontations authors and publications. You can sign up for a weekly newsletter that provides tips on dealing with various types of conflicts. They also have various training programs and webinars available. You can view videos at http://vitalsmartsanhelp.com/ and get more information by calling 1-800-708-4825

http://www.hcpro.com/

The company produces and markets educational material related to healthcare compliance and management issues. The provide webcasts as well as books (see 3, 4, 5 under book section above) related to the topic of lateral violence in nursing.

A webcast will be offered on June 17, 2010 titled “Horizontal Hostility in Nursing: Proven Organizational Strategies for Effective Communication and Collaboration.” The presenters will be Karen M. Stanley, MS, RN, PMHCNS-BC and Mary M. Martin, DNS, ARNP. For more information call: 1-800-650-6787 or 1-877-727-1728.
The Workplace Bullying Institute does frequent surveys of bullying in the workplace and makes results available at this website.