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The Effects of Education and Training on Nurses' Perception of Lateral Violence in the Healthcare Field

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The effects of education and training on nurses' perception of lateral violence in the
healthcare field

by

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Gardner-Webb University School of Nursing
in partial fulfillment of the requirement for the
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Abstract

The effects of lateral violence are costly for all aspects of the healthcare profession. Lateral violence is an act of aggression directed towards another nurse. Educating nurses of lateral violence and its appearance may prove to increase nurse's perception of lateral violence therefore decreasing its occurrence. This study will explore the effects of education and training on nurses' perception of lateral violence in the healthcare field. Lateral violence threatens the integrity of each nurse, the nursing profession, and the organization. Increasing the awareness of lateral violence attempts to make a culture change among nurses in the healthcare profession. Minimizing lateral violence can restore the value in the nursing profession that it once obtained.

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Chapter I

Introduction

Lateral violence (LV) is a term more commonly known as bullying. Lateral violence is not a new concept; it is the same behaviors with different names. Bullying, horizontal violence, and horizontal hostility are additional names for lateral violence. However it is defined, it is intimidating or hostile behaviors that seek to sabotage, criticize and humiliate coworkers. “Lateral violence is the aggression that is perpetrated by one nurse against another” (Sheridan-Leos, 2008, p 399). It can also be noted that lateral violence is verbal, emotional and/or physical abuse. Verbal abuse is characterized as communication that “nurses’ perceive to be harsh, condemnatory attacks on them, professionally or personally” (Simons & Mawn, 2010, p. 305). Manifestations of lateral violence may be expressed by withholding information, scapegoating, failure to respect privacy, as well as eyebrow raising, sarcastic remarks, and turning away. Behaviors of lateral violence may not be intentionally directed towards another nurse, but are otherwise a response to their stressful practicing environment. Lateral violence is viewed as a power struggle among nurses. Freshwater (2000) makes a connection that behaviors are manifested from oppressed groups. Lateral violence in nursing practice is stemmed from the construct of nurses being a part of an oppressed group. Collectively, behaviors of lateral violence create an “environment of hostility” (Sincox & Fitzpatrick, 2008, p. 8). Nurses have been identified in participation of lateral violence as evident by the expression “nurses eat their young” (Sheridan-Leos, 2008, p. 399). Lateral violence is a rising issue found throughout healthcare settings and is a “breach of professional boundaries” (Brothers, Condon, Cross, Ganske & Lewis, 2011, p. 8). The nursing profession is compromised when expressed values such as caring are not maintained.

Background

While some nurses are not familiar with the term lateral violence, they have most likely experienced it during their nursing careers. “Internationally, 1 in 3 nurses leave their position because of lateral violence” (Griffin, 2004, p. 257). Lateral violence creates negative outcomes in nursing and the healthcare profession. The CENTER for American Nurses (2008) suggest that nurses must “individually and collectively enhance their knowledge and skills in managing conflict” (p. 1) and promote a work environment that supports eliminating lateral violence.

The evidence of lateral violence in the workplace jeopardizes staff, patient safety and the organization. The effects on staff are physical deterioration, job dissatisfaction, and physiological disturbances (Sheridan-Leos, 2008). Staff will eventually accept lateral violence as a normal behavior believing that it has become part of the unit’s culture. Lateral violence can drain nurses of their excitement in the profession. Organizations suffer from lateral violence because it impacts the retention rate of nurses. Nursing turnover can cost an estimated \$22,000 to over \$64,000 per nurse (Bland-Jones & Gates, 2007). The results of turnover from lateral violence leave remaining nurses feeling an eroded trust and failed teamwork. In addition to the effects on nurses and the organization lateral violence leaves, patient care is jeopardized. The impaired relationships among nurses can cause medication “errors, accidents, and poor work performances” (Sheridan-Leos, 2008, p. 401). Poor work performance and mistakes increase patient complaints. Addressing the problems that lateral violence causes can improve recruitment and the retention of nurses. Eliminating lateral violence from the workplace positively influences the image of the nursing profession. It threatens the integrity of each nurse, the nursing profession, and the organization resulting in unsatisfied patient care.

Theoretical Framework

The theoretical framework used to guide the study was based on Hildegard Peplau's theory of Interpersonal Relations that was established in 1952. Peplau's theory focuses on relationships between people (Comley, 1994). Nursing is defined as an "interpersonal process" (p 62) including two or more people with a common goal (George, 2002). Peplau's theory is used more commonly to describe the nurse-patient relationship. However, for this study, the effects of education and training on nurses' perception of lateral violence in the healthcare field, Peplau's theory is being used to describe the nurse-nurse relationship. Nystrom (2007) suggest that "nurses must be aware of the effect of preunderstanding in all interpersonal relations between care provider, patient, and colleagues" (p 285). Lateral violence hinders the interpersonal relationship among nurses. Nurses need to be more cognoscente of their attitudes and actions and the effects it may have on those around them in their working environment. This study, the effects of education and training on nurses' perception of lateral violence in the healthcare field uses Peplau's Interpersonal Relation theory to show how lateral violence affects the interpersonal relationships among nurses. Lateral violence interferes with the interpersonal relationships of nurses in the healthcare field.

The metaparadigm concepts of Peplau's theory include person, health, environment, and nursing. Comely (1994) outlines Peplau's conceptual definitions for person as man being an organism striving to live in an unsteady environment, health as a "symbol that implies forward movement of personality and ongoing human progress", environment as "existing forces outside the organism", and nursing as "a significant, therapeutic interpersonal process that functions cooperatively with other human processes that make health possible for individuals" (p. 758). Peplau places emphasis on the

purpose of individuals in the process of interpersonal relationships. Peplau's theory describes three phases in interpersonal relationships: (1) orientation, (2) working and (3) resolution. These phases may overlap, interrelate, or fluctuate as they work towards a solution or common goal.

The *orientation phase* is the start of a relationship between two people. This phase is where the relationship develops. In the beginning of this phase, nurses need to be aware of their own personal reactions and beliefs. "Culture, religion, race, educational background, experiences and preconceived ideas and expectations all influence the nurse's reaction" (George, 2002, p 65). Between the nurse-nurse relationships, the orientation phase is the beginning of the working relationship. As nurses become familiar with each other in their working environment, a relationship is established. Initial attitudes are important in constructing a working relationship.

The *working phase* clarifies expectations and perceptions. Each person responds differently in this phase. "Past experiences will influence expectations during this interpersonal process" (George, 2002, p 66). Nurses explore and express feelings during this phase. Nurses will identify and work towards common goals. The purpose of nurses in the interpersonal interaction is to promote growth and development. This phase is crucial as the nurse- nurse relationship may fail. If unresolved differences arise and tension occurs, it will hinder the relationship. Disunity and hostility can produce forms of lateral violence, placing strain on the relationship. Lateral violence creates an uneasy working environment and prohibits the unity between nurses that is required to effectively care for patients. Any difficulty in the relationship jeopardizes achievement of the common goal. During this phase, using effective communication techniques to confront lateral violence can rebuild the relationship between nurses.

The *resolution phase* transpires when the previous phases are completed and the common goals have been achieved. This phase concludes with a resolution in the relationship. Nurses enter this phase once differences have been resolved and a good working relationship has been reestablished. The purpose of the resolution phase is that the nurse-nurse relationship is restored.

These phases were applied to this study, the effects of education and training on nurses' perception of lateral violence in the healthcare field, to identify the nurse to nurse interpersonal relationship. The *orientation phase* is where nurses form a foundation of the working relationship with each other. There are a mixture of nurses that are meshing together to develop an interpersonal relationship. Many personality conflicts may make this phase difficult to develop; however being in the same profession should enhance the continuation of a firm interpersonal relationship. The *working phase* continues as nurses learn more about each other and their work ethics. As the daily stressors of being a nurse progress, unintentional forms of lateral violence may occur. Intentional lateral violence may stimulate during this phase as there are power struggles among the seasoned and new nurses. New graduate level nurses are trying to find themselves in their new careers and experienced nurses feel threatened. This creates a tension that escalates into backstabbing, sabotaging, and verbal arguments. These conflicts must be resolved before mutual goals can be set. The *resolution phase* results in the nurse to nurse relationship being re-established. This phase overlooks the differences nurses experienced with each other and focuses on a positive working relationship. The distress of lateral violence is resolved and nurses have effectively worked out their problems. The outcome of this phase is dependent upon the growth and progress of the relationship during the working phase. Peplau's Interpersonal Relations theory uses therapeutic interactions to mature the

working relationship among nurses. It is influenced by the nurse to nurse interaction. When the working relationship is stable, nurses are united and accomplish self fulfillment and growth.

Purpose and Rationale

The purpose of this study, the effects of education and training on nurses' perception of lateral violence in the healthcare field is to evaluate the outcome of teaching on the nurse's perceptions of lateral violence within the healthcare field. Lateral violence has been a topic of concern for many years. The American Nurses Association (ANA, 2010) supports the principles and statements from the Texas Nurses Association that affirm "lateral violence can negatively affect the delivery of healthcare services, have financial and organizational effects on the employer, may affect the efficiency, accuracy, safety and outcomes of care, and hinder the recruitment and retention of nurses." Lateral violence is a "breach of professional boundaries" (Brothers, Condon, Cross, Ganske & Lewis, 2011, p. 8). The nursing profession is compromised when expressed values such as caring are not maintained. Educating and training nurses of lateral violence, what it is and its impact, may enhance their perception and seek to reduce or stop its tolerance in the workplace. The purpose of identifying the effects of education and training on the nurses' perception of lateral violence is to establish and implement interventions that aid a nurse to effectively handle lateral violence.

As nurses are educated on lateral violence and its seriousness, the occurrence of lateral violence can be decreased. Increasing the awareness of lateral violence attempts to make a culture change among nurses in the healthcare profession. Understanding the severity of lateral violence and its impact on healthcare can support behavioral changes. Minimizing lateral violence can restore the value in the nursing profession that it once

obtained. Few nurses have a clear understanding of what lateral violence is and accept these uncivil behaviors as a norm. Evaluating the impact of lateral violence on nurses, organizations and patients, all efforts should be made to eliminate these behaviors. The evaluation of this study, the effects of education and training on nurses' perception of lateral violence in the healthcare field should indicate an enhanced awareness of lateral violence and the effects it has on nurses in their working environment.

Chapter II

Review of Literature

Lateral violence is an existing problem that has begun to surface in the nursing profession. The following literature reviews were found using the CINAHL database. The following articles identify the measurement of lateral violence, the affects of lateral violence on nursing practice, turnover as a result of lateral violence and the educational needs of lateral violence. The measurement of lateral violence, its affects on nursing practice, turnover, and educational needs support the study to further investigate how nurses perceive lateral violence and the efforts to manage it. Nursing administration of healthcare facilities work hard to employ and retain nurses and provide a healthy work environment. The presence of lateral violence violates these efforts.

Measurement of lateral violence

Stanley, Martin, Michel, Welton, and Nemeth (2007), conducted a pilot study to measure the presence of lateral violence. The measurement of lateral violence is complicated because of the differing perceptions about what constitutes as lateral violence (Stanley et al., 2007). Using the Lateral Violence in Nursing Survey (LVNS), the severity and perceived incidence of lateral violence in nursing was evaluated by staff nurses in a tertiary care medical center. The survey constructs are operationally defined as perceived seriousness- the perceived effects of lateral violence on an individual, oppressors-characteristic of the leader and organization as well as coworkers behaviors that act as barriers, and mediators- characteristics of the leader and organization as well as coworker behaviors that provide constructive actions to eliminate lateral violence (Stanley et al., 2007). The LVNS was accessible via web from June 14, 2005 to July 5, 2005. Approximately 1850 staff members varying from registered nurses, educators,

nursing assistants, ancillary staff, and secretaries were invited to participate in the survey. Thirty six percent of staff responded to the survey, with ninety one percent of those being registered nurses. Forty six percent of respondents stated lateral violence was a “serious” problem in their area of work. Sixty five percent of respondents reported lateral violence behaviors by their coworkers, while eighteen percent acknowledged lateral violence themselves. Twenty percent of respondents felt unsafe from retaliation about reporting lateral violence to management. Seventy five percent indicated that lateral violence could be reduced or eliminated. Open ended comments were encouraged for clarification to their quantitative responses. Qualitative analysis also supported the quantitative data using the same three constructs. The largest number of open ended comments suggests that education and effective leadership eradicate the negative behaviors associated with lateral violence. Nursing staff were not familiar with the term lateral violence prior to the study, although they were familiar with the behaviors that defined it. Interventions suggested from this study specify that educating nurses about the most common forms of lateral violence direct a readiness to view the behaviors as negative.

Affects of lateral violence on nursing practice

Bullying, used interchangeably with lateral violence, in the workforce has tremendous impact on job satisfaction. Yildirim (2009) examines bullying and its effects on nursing practice. A five section survey was used to collect data regarding demographics, workplace bullying behaviors, workload, organizational effects and depression. The surveys were distributed to 486 staff nurses who were employed at a teaching hospital in Ankara, Turkey. The completed surveys were returned by 286 staff nurses during May and July 2007. It is interesting to note that all respondents were female because women were the only sex that could be legally employed as nurses during

the time of the research. Eighty one percent of participants had been faced with lateral violence more than once in the last 12 months. Twenty one percent of respondents expressed being bullied intentionally in the last 12 months. The most common type of behavior was belittling and demeaning remarks towards them in the presence of others. The effects of LV on the nurse's job performance were also investigated. According to the findings, bullying behaviors have a negative effect on the victim's job performance. The areas most affected were job motivation, energy level and commitment to work. Although bullying is noticed in every work sector, it is most common in healthcare. This study concludes that as employees become aware of lateral violence, they will no longer be tolerant and acceptant of these behaviors as part of their job.

Lateral violence decreases morale and leads to an intimidating work environment. Rosenstein's (2002) research study reports that lateral violence leads to poor relationships that "decrease job satisfaction, decreased sense of relaxation and well being in the workplace, mistrust, low self esteem, and lack of support from both staff and superiors" (Rosenstein, 2002). This study assesses the nurse-physician relationship and the affects of disruptive behavior on nurse satisfaction, morale and retention. Rosenstein (2002) used a sample survey in July 2001 with a result of 1,200 responses from 84 hospitals. The responses included 720 nurses, 173 physicians, 26 administrative executives, and 281 untitled positions. The survey consisted of 24 items with yes or no responses. The survey was emailed to the chief nursing officers and was asked to be distributed to employees. The survey was also available on the web site. Nurses and physicians collectively agree that disruptive behavior "attitudes toward patient care and inhibits teamwork, affecting the efficiency, accuracy, safety, and outcomes of care" (Rosenstein, 2002). The recommendations for improvement reported by physicians and nurses were education and

training as well as greater accountability for their actions. Most reported the need for an open forum to improve communication and collaboration. The nursing respondents stated they want for a respectful work atmosphere. The study suggests a multifaceted approach to improve the nurses working environment.

Stanley (2010) suggests that lateral violence “negatively influences communication and teamwork, collaboration and decision making” (p. 12). Lateral violence supports professional detachment, which can lead to job dissatisfaction and turnover. Stanley (2010) discusses strategies to eliminate lateral violence by educating nurse managers to intervene by using conflict management, encourage professional behavior, develop and follow policies that deal with negative behaviors, and provide accountability for behaviors.

Turnover as a result of lateral violence

The Center for American Nurses (2008) has made great strides to identify information regarding lateral violence. In a survey, participants reported “bullying among their peers as a part of work life” (Scott & Rosenkranz, 2008, p. 7). Participants expressed concerns that concerns about lateral violence are being ignored. The Center for American Nurses (2008) released a position statement that makes recommendations to “remedy lateral violence and bullying through increased awareness, education and organizational involvement” (Scott & Rosenkranz, 2008, p. 7). The Center for American Nurses (2008) discuss the perception of new nurses and their experience what nursing is intended to be and what is really is when encountered with differences in the workplace. A new nurse may present feelings of “hopelessness and dissatisfaction” (Center for American Nurses, 2008, p. 3).

Sofield and Salmond (2003) conducted a study to examine nurse's experience of verbal abuse and the relationship of verbal abuse and intent to leave their workplace. A 40 item questionnaire was mailed randomly to 1,000 registered nurses. Of the 461 responses received, 91% experienced verbal abuse stating a physician was the source. A victim of lateral violence is left feeling "personally and professionally attacked, devalued or humiliated" (Sofield & Salmond, 2003, p 274). Turnover has been associated with verbal abuse in the workplace and contributes to the nursing shortage. Responses regarding the intent of nurses to leave their positions revealed that nurses not only leave their position due to verbal abuse, but will change their working status from full time to part time to decrease the exposure of verbal abuse. Their study also revealed that two nurses per year leave their position due to some form of lateral violence (Sofield & Salmond, 2003). The researcher suggests a stronger mandate from organizations and educational interventions to prevent verbal abuse and promote skills to respond to verbal abuse.

Educational needs for lateral violence

Approximately sixty percent of newly registered nurses leave their positions due to some form of lateral violence (Griffin, 2004). There is currently no evidence that education about lateral violence is being offered in orientation. Griffin (2004) supports the idea that an educational forum is necessary to raise awareness of lateral violence in the workplace. Griffin (2004) also believes that once awareness has been raised, then nurses have the knowledge and skill to intervene against lateral violence. Education can decrease the negative effects of lateral violence.

Griffin (2004) utilized an exploratory design with useful intervention to recognize how lateral violence in practice can be controlled. A sample of twenty six newly

registered nurses at a tertiary acute care hospital in Boston, Massachusetts agreed to participate in the study. During their first week of orientation, two hours was set aside to focus on lateral violence in the workplace. One hour provided lecture about the impact of lateral violence on nursing practice. The second hour was used for interactive role playing for the appropriate responses to the most frequent forms of lateral violence. Each participant was given a cue card that provided responses to the various forms of lateral violence. Participants agreed to report lateral violence and participate in a video taped focus group after one year. The study was performed from May 2001 through May 2002. During the video focused groups, six open ended questions were asked. The first question focused on witnessing lateral violence. Ninety six percent indicated that they had witnessed lateral violence on their unit since employment; forty six percent stated the lateral violence was directed at them. The second question inquired about their response to lateral violence. One hundred percent of participants answered that they confronted those who had perpetrate lateral violence against them. The one distinct result among those confronted was that the cruel behavior ceased. The third question was directed towards the cue cards they received during the reserved orientation time. All of the nurses implied that while they did not use the cards directly, they had an understanding of what was on them and used that information they had learned. The forth and fifth questions inquired about their ability to learn and satisfaction in their current position. Forty six percent believed they continued to learn and fifteen percent relocated to other areas of the hospital. The final question asked for recommendations. Ninety six percent of participants made recommendations to educate all staff about lateral violence in nursing. The new nurses commented that “experienced nurses did not have the knowledge of lateral violence” (Griffin, 2004). This study concluded that providing behavioral

intervention certainly influenced a change of action in those nurses who had demonstrated lateral violence. Because newly registered nurses represent the future of nursing, the profession of nursing has a responsibility to reduce lateral violence.

Based on the review of literature, it is evident that learning about lateral violence in the professional practice of nursing and how to cope with it is beneficial to nurses, organizations and patients. The measurement of lateral violence shows that a problem exists within the nursing profession. Turnover, as a result of lateral violence decreases the retention rates of nurses. The affects of lateral violence on nurses illustrate job dissatisfaction and low self esteem. The need to educate nurses on lateral violence assists in the effort to increase awareness of lateral violence and develop strategies and interventions to reduce it. The research study, the effects of education and training on nurses' perception of lateral violence in the healthcare field, determined that lateral violence is a prominent concern in the nursing profession and can be improved by incorporating educational strategies to increase nurses' perception of lateral violence. This study, the effects of education and training on the nurses' perception of lateral violence in the healthcare field are consistent with the results of the supporting literature.

Chapter III

Methodology

The purpose of this study, the effects of education and training on nurses' perception of lateral violence in the healthcare field, was to determine the effects of education and training on nurse's perception of lateral violence. In an effort to increase the awareness of lateral violence, nurses need to be educated and informed about the topic. Knowledge of lateral violence may change nurses' perception of the problem and encourage behavioral changes that will reduce the occurrence of lateral violence in the healthcare field.

Research design

A quantitative research design and descriptive study was used was used to examine the effects of education and training on nurses' perception of lateral violence in the healthcare field. This design was chosen to explore the knowledge and perception nurses have about lateral violence. A pencil and paper personal experience survey was used to conduct the study. Variables in the research include age, gender, years of nursing experience, and years of employment at the facility.

Sample

The participants for the study included currently licensed registered nurses who voluntarily enrolled in a lateral violence class offered by the healthcare facility for employees. Prior to this time, participants had not been offered lateral violence education or training at this facility. The inclusion criteria included nursing staff currently employed at the healthcare facility with various years of nursing experience. No subjects were excluded based on gender, ethnicity, or socioeconomic status.

The study was conducted at one healthcare facility located in the Southeastern part of the United States. The facility is a privately owned acute care hospital with 209 beds, 386 physicians, 1,200 employees and approximately 200 registered nurses. The hospital is accredited by The Joint Commission (TJC), formerly known as Joint Commission Accreditation Healthcare Organization (JCAHO) and provides medical, obstetrical and surgical care to the community.

An educational class on lateral violence was offered to all registered nurse employees of the facility who could read, write and speak English. The facility nurse educator orchestrated the lateral violence class. The lateral violence class was advertised by posting flyers of the class throughout the facility. The educational class on lateral violence was offered with multiple dates and times. Twenty five participants voluntarily enrolled in the class prior to participating in the research study. At the beginning of the class, participants were asked by the researcher to complete the personal experience of lateral violence survey for the purpose of the study. All twenty five participants of the class agreed to join in the research study. Participants had the right to refuse or deny completing the survey as part of the study.

Instrument

The survey tool created by staff members of Upstate Area Health Education Center (AHEC) was used in the study to examine personal experiences of lateral violence in the workplace. No other tools were found that pertained to personal experiences of lateral violence. Written permission was granted for the use of the survey in this study. The survey consists of eight questions that evaluate personal experiences of lateral violence in the workplace. Questions one and two of the survey assesses if the participant has ever been a victim or witness of lateral violence. Question three asks the participant

to identify the three most common form of lateral violence, selecting from eight choices. Question four evaluates the frequency that lateral violence occurs in the workplace. Questions five and six ask the participant to select who are most often the aggressor and victim of lateral violence from the choices provided: manager, experienced nurse, novice nurse, assistive personnel, clerical staff, physician, and another professional. Question seven asks participants how lateral violence was most often handled. Question eight evaluates the initial attempt participants are willing to make to resolve conflict before involving another person.

Procedures

Twenty five participants completed the survey that evaluated personal experiences of lateral violence prior to the beginning of a lateral violence class. The lateral violence class was held in a conference room located at the healthcare facility. The number of participants was selected by all who had registered for the lateral violence class being offered by the healthcare facility on the day of the study. Participants were given the survey by the researcher at the start of the lateral violence class. Surveys were returned to the researcher prior to the beginning of lateral violence lecture. All responses were kept confidential. The surveys did not include any participant identifying information on them. Personal identification of the participants was not known.

Ethical considerations

Prior to beginning the research study, the Institutional Review Board at Gardner Webb University approved this study. Participants were not given any incentives or benefits of any kind nor exposed to any physical risk associated with completing the survey for the use of this study. A psychological risk was discussed as lateral violence can be emotionally disturbing. Participants were encouraged to discuss concerns or

disturbances of lateral violence with the nurse educator and facilitator of the lateral violence class. The educator provided the participants with a contact number where she could be reached during business hours for participants who may need to discuss their concerns.

Prior to conducting the survey, nurse's employed by the facility, who agreed to participate in the study, informed consent was obtained. The informed consent detailed the purpose of the study and the rights for participating in the proposed research study (see Appendix). Each participant had the opportunity to read and have been explained the information on the consent form. At any time during the study the participant may decline to participate in the study. A copy of the consent form was given to all participants at the time of the survey. The consent form provided the participant with the contact numbers of the primary investigator, and the Institutional Review Board (IRB) at Gardner Webb University. The detailed consent provided information concerning the risk and benefits of the study. Copies of the consent will be kept in a file cabinet at home office for two years.

Data analysis

The study began with a meeting with the acute care nursing educator of the healthcare facility to coordinate the study process. Written permission was then obtained from the facility Institutional Review board to begin the study. Through the time frame of spring and summer 2011, study participants completed a personal experience of lateral violence survey during a lateral violence class offered by the facility. The researcher conducted the statistical analysis using Statistical Package for Social Sciences version 16.0 (SPSS).

Chapter IV

Results

The sample for this study included twenty five participants who completed the lateral violence survey. All participants were registered nurses at the healthcare facility. The results of the quantitative data analysis reflect evidence that lateral violence occurs in the workplace. Eighty-eight percent (22) of the twenty-five participants were female, and twelve percent (3) were male.

Analysis of the data revealed seventy-two percent (18) indicated that they had been a victim of lateral violence and the remaining twenty-eight percent (7) had not been a victim of lateral violence, as shown in Table 1. Eighty percent (20) had indicated they had been a witness to lateral violence between coworkers, shown in Table 2. The lateral violence survey asked those who had been a victim of lateral violence to indicate the three most common forms of lateral violence they had experienced. Eighty percent (20) indicated nonverbal innuendo, such as eye rolling, nonverbal expressions and gestures as the most common form of lateral violence. Twenty eight percent (7) indicated direct verbal affront as the second most common form of lateral violence. Forty percent (8) indicated failure to respect privacy as the third most common form of lateral violence.

The survey also evaluated how often lateral violence occurred in the workplace. Twelve percent (3) indicated that lateral violence occurred on a daily basis. Sixteen percent (4) indicated several times a week, forty percent (10) indicated at least once a week, twenty-four percent (6) indicated lateral violence rarely occurred, and eight percent (2) of the participants indicated that lateral violence never occurred in the workplace. This data is shown in Table 3.

When lateral violence did occur, participants answered who was most often the aggressor. Data is shown in Table 5 and interpreted as four percent (1) indicated the manager, sixty four percent (16) indicated the experienced nurse, four percent (1) indicated the novice nurse, four percent (1) indicated assistive personnel, twelve percent (3) indicated the physician, and eight percent (2) indicated another professional.

When lateral violence occurred, participants also indicated who the victim is most often. Twelve percent (3) indicated the experienced nurse, fifty-six percent (14) indicated the novice nurse, twenty percent (5) indicated the assistive personnel, four percent (1) indicated clerical staff, and four percent (1) indicated another professional. Data is shown in Table 6.

The lateral violence survey asked participants to indicate how lateral violence was most often handled. Seventy- two percent (18) of the participants indicated that lateral violence was ignored; twelve percent (3) indicated that the victim was blamed for the lateral violence; four percent (1) indicated that conflict had escalated to include other staff; four percent (1) indicated that a group meeting was held to discuss the problem.

The results showed that in an attempt to resolve lateral violence in the workplace, participants indicated making an initial attempt to resolve conflict before involving another person by marking the following responses; strongly disagree, disagree, neutral, agree, or strongly agree. No participant indicated to strongly disagree. Four percent (1) indicated by disagreeing, twenty percent (5) indicated by being neutral, forty-four percent (11) indicated by agreeing, thirty-two percent (8) indicated by strongly agreeing to resolve conflict before involving another person.

Of the twenty-five participants, seventeen females indicated they had been a victim of lateral violence in the workplace. One male participant indicated to being a

victim of LV. The remaining seven participants indicated they were not victims of lateral violence. Seventeen females and three males indicated to being a witness of lateral violence in the workplace. The remaining five participants had not been a witness to lateral violence in the workplace.

Tables

Table 1- Participants who indicated being a victim of lateral violence

		victim			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	18	72.0	72.0	72.0
	2	7	28.0	28.0	100.0
	Total	25	100.0	100.0	

Table 2- Participants who indicated being a witness to lateral violence

		witness			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	20	80.0	80.0	80.0
	2	5	20.0	20.0	100.0
	Total	25	100.0	100.0	

Table 3- How often lateral violence occurred in the workplace

		freq			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	3	12.0	12.0	12.0
	2	4	16.0	16.0	28.0
	3	10	40.0	40.0	68.0
	4	6	24.0	24.0	92.0
	5	2	8.0	8.0	100.0
	Total	25	100.0	100.0	

Table 5- Participants identified who was most often the aggressor

		aggressor			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	4.0	4.0	4.0
	1	1	4.0	4.0	8.0
	2	16	64.0	64.0	72.0
	3	1	4.0	4.0	76.0
	5	1	4.0	4.0	80.0
	6	3	12.0	12.0	92.0
	7	2	8.0	8.0	100.0
	Total	25	100.0	100.0	

Table 6- Participants identified who was most often the victim

		mostvic			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	4.0	4.0	4.0
	2	3	12.0	12.0	16.0
	3	14	56.0	56.0	72.0
	4	5	20.0	20.0	92.0
	5	1	4.0	4.0	96.0
	7	1	4.0	4.0	100.0
	Total	25	100.0	100.0	

The data analysis reveals that a majority of participants have been a victim or witness to lateral violence in the workplace. The responses of the survey indicate that most participants are agreeable to trying to resolve conflict in the workplace. The results of the lateral violence survey indicate that lateral violence is a prominent problem in the healthcare workplace, especially among nursing professionals.

Chapter V

Discussion

Lateral violence is not exclusive to the nursing profession, but is prominent in healthcare settings. Participants indicated they were not educated on the term lateral violence prior to this study. Many were familiar with the behaviors that characterize lateral violence but were unfamiliar with the terminology that defined it. The study allowed the opportunity for participants to examine and identify the occurrence of lateral violence as it relates to their working environment. The quantitative data show the existence of lateral violence in the healthcare field. It is evident from the research results that lateral violence occurs in the healthcare field. Yildirim (2009) determines lateral violence to be more prevalent. This study indicates that a significant percentage (72%) of participants had been a victim of lateral violence. The most common forms of lateral violence in the workplace were nonverbal innuendo. Nonverbal innuendo is expressed by eye rolling, nonverbal expressions and gestures.

Peplau's Interpersonal Relation theory was used as the framework for this study, the effects of education and training on nurses' perception of lateral violence in the healthcare field. The relationship between nurses is a therapeutic process and is understood as the respect for each other, growing and learning as a result of the interaction. As the nurse relationship develops, the nurse can decide how to practice nursing by utilizing different skills and communication that does not exploit lateral violence. Peplau's Interpersonal Relation theory emphasizes the importance of interpersonal relationships and the continuation of the relationship among nurses to build a stable working environment. The presence of lateral violence in the workplace prohibits the growth and expansion in relationships among nurses. Lateral violence negatively

affects nurses' perception of their working relationship with other nurses and interferes with the progression of the interpersonal relationship phases.

Limitations

Limitations to this study were the small percentage of participants of the registered nurses from the facility. Twenty five subjects participated in the study. Participants who participated in the educational class on lateral violence held at the healthcare facility were actively recruited for the research study. This study only reflects one healthcare facility and cannot generate results on a larger scale. Other limitations include the selectivity of the instrument tool used to assess participants experience with lateral violence. The tool did not assess specific occurrences of lateral violence for each participant and how each occurrence was handled. The sample does not adequately reflect the nursing population from which it was selected. There are approximately 200 registered nurses employed at the facility. The participants of this study, the effects of education and training on the nurses' perception of lateral violence in the healthcare field represent twelve percent of the facility's registered nurse employees.

Further Research

Further research is needed to establish successful educational strategies that will increase nurse's awareness of lateral violence. Education concerning lateral violence should be implemented in nursing school programs. Nursing students must be educated to identify lateral violence upon entering the nursing profession. Future surveys could identify the prevalence and incidence of lateral violence among nurses. It would also be beneficial to evaluate how often lateral violence occurs among new graduate nurses and the effects this may have on their continued nursing career. Additional studies need to be conducted to recognize the underlying causes of lateral violence in the nursing

profession. Interventional studies would be beneficial to evaluate practices and policies to reduce the occurrence of lateral violence. Developing effective interventions would support the idea of eliminating lateral violence behaviors. An initial strategy to reduce or eliminate lateral violence can start with a zero tolerance policy. A zero tolerance policy supports a healthy working environment.

Lateral violence ethically, professionally and culturally violates the profession of nursing. To raise awareness of the impact of lateral violence, nurses must be educated and informed of this unacceptable form of behavior. Education about lateral violence can transform nurses' perception of lateral violence and reinstate the professionalism of nursing. Steps are being made to implement change by offering education courses and seminars against lateral violence. Many healthcare facilities are enforcing a zero tolerance for lateral violence. The abolition of lateral violence can be accomplished.

The benefits of this study, the effects of education and training on nurses' perception of lateral violence in the healthcare field will add to the limited existing knowledge that supports eliminating lateral violence in the workplace. With lateral violence on the rise, strategies and interventions need to be developed in order to achieve more positive outcomes. This study, the effects of education and training of lateral violence in the healthcare field supports the training needed to increase nurses' awareness of lateral violence and attempts to resolve it. The goal of the research was to create educational strategies that increase nurses' perception of lateral violence, enabling them with interventions that effectively reduce lateral violence. In addition, support policies for healthcare facilities that will not tolerate lateral violence, therefore create a healthier working environment for nursing professionals. The research accomplishes this goal of

identifying the need for educational strategies and can further support other studies to develop effective strategies to reduce lateral violence.

Appendix- **Consent to Participate**

Title: The Effects of Education and Training on Nurses' Perception of lateral Violence in the Healthcare Field

Principal Investigator: Tamara Cook, BSN, MSN Student, Gardner-Webb University

Background and Purpose of Study: The aim of this study is to determine the effects of education and training on nurses' perception of lateral violence in the healthcare field

Procedure: The Personal Experiences of Lateral Violence in the Workplace survey will be given to nursing staff of a facility to evaluate the awareness of lateral violence.

Benefits: If you take part in this study, there may be no immediate, direct benefit for you. However, by taking part in this study, the researcher hopes to gain valuable information about calling on patients after they are discharged home.

Risks: There are no direct risks to you by taking part in this study. Questions about lateral violence will be asked.

Costs to Participate: There are no monetary costs to you associated with taking part in this study. You will not receive any payment for taking part in this study.

Confidentiality: Every attempt will be made to maintain your confidentiality during and after this study. As part of maintaining confidentiality, you will be identified by a number. All information will be held confidential.

The information you provide will be kept for at least five years after the study is done.

The information will be kept in a secure area in the researcher's home office (i.e. locked filing cabinet). Your name and any other identifying information will not be attached to the information you gave. Your name will also never be used in any presentation or publications of the study results.

The information gathered for this study may be looked at again in the future to help answer other study questions. If so, the ethics board will first review the study to ensure the information is used ethically.

The results of this study will be included as part of a thesis. Your name will not be mentioned in the document. No participant in this study will be identified by name.

Freedom to Withdraw: If at any time you do not wish to continue in the study, for whatever reason, you may withdraw. You do not have to give a reason for no longer continuing in the study.

Rights as a Participant: Taking part in this study is completely voluntary. If at any time there is a question you do not wish to answer, please do not feel any pressure to do so.

You may choose to take part or you may leave the study at any time.

You have the right to learn the results of this study. If you are interested in learning more about when and how to get the results of this study, you may contact Tamara Cook at 864-503-0324 or Dr. Mary Alice Hodge at 704 406 3886. You will receive a signed copy of the consent.

Whom Do I call if I have Questions or Problems? I understand that Tamara Cook, at 864-503-0324, will answer any questions that I have about the research project. I may contact Dr Mary Alice Hodge, thesis advisor, at 704 406 3886 for concerns or questions.

Signature of Research Participant

Printed Name

Date

Signature of Investigator

Date

Signature of Witness (if available)

Printed Name

Date

Title: The effects of education and training on nurses' perception of lateral violence in the healthcare field.

Principal Investigator: Tamara Cook BSN, MSN Student, Gardner-Webb University

Questions:

Do you understand that you have been asked to be in a research study?	Yes	No
Have you read and received a copy of the attached information sheet?	Yes	No
Do you understand the benefits and risks involved in taking part in this research study?	Yes	No
Have you had the opportunity to ask questions and discuss the study?	Yes	No
Do you understand that you are free to refuse to participate or withdraw from the study at any time?	Yes	No
Has the issue of confidentiality been explained to you? Do you understand who will have access to your information?	Yes	No

This study was explained to me by: _____

I agree to take part in this study.

Signature of Research Participant

Printed Name

Date

Signature of Witness (if available)

Printed Name

Date

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Investigator

Date

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