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Lateral Violence Experienced by Nurses in the Workplace

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by

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Abstract

Lateral violence in the workplace is not uncommon. Not only is it costly to the healthcare facility, it is detrimental to the nurse's physical and mental health. Lateral violence also affects the quality of patient care and increases the risk of poor health outcomes. The purpose of this study was to determine if there is a relationship between caring behaviors in nurse managers and the amount of lateral violence experienced by nurses on the unit. Using a modified version of the Workplace Aggression Research Questionnaire (WAR-Q) and Watson's Caritas Leaders Score (WCLS) surveys were electronically sent to nurses at a large acute care facility in the Southeast United States. Demographic data from the study indicate 92% of the participants were female, 91% Caucasian, 37% were between the ages of 21-40, 73% had been in their current position between < 1 year – 6 years, and 55% had their Bachelors of Nursing degree. For each question in the WAR-Q, questions were summed into six subscales. Findings from the study reveal that there is a moderate to strong negative correlation between perceived caring behaviors of nurse managers and the amount of lateral violence experienced on the unit. The strongest correlation was with the subscale of verbal aggression ($r = -0.727$, $p = 0.000$). Correlations between perceived caring behaviors between nurse managers to feeling tense and stressed and nurses reporting work as a stressor for them also had moderate to strong negative correlations ($r = -0.604$, $p = 0.000$, $r = -0.557$, $p = 0.000$) respectively.

Keywords: lateral violence, horizontal violence, workplace bullying, incivility in nursing, harassment, bullying, caring, caritas, transpersonal caring relationship

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CHAPTER I

Introduction

Today's nursing profession faces many challenges, which include a fast-paced environment, an increasing workload, stress, and a complex work environment. Nurses are forced to take care of higher acuity patients while facing a shortage of nursing staff. An aging nursing workforce, a decline in new students in nursing, and a growing need for health care services are all factors that contribute to a nursing shortage. In addition to these factors is the increasing number of patients who do not have insurance. Hospitals are losing millions of dollars every year to provide care to people who do not have the resources to pay for the services rendered. This in turn causes hospitals to work their employees harder and with less staff. The North Carolina Board of Nursing (2014) sets specific requirements for nursing school programs, which mandate an allotted number of students in the program each year. The number of new nurses that graduate each year is far less than the number of nurses that retire each year.

According to the Bureau of Labor Statistics (2012) because the nursing workforce is the top occupation for job growth, the number of employed nurses will increase 26% from 2010 to 2020. This increase will bring the total estimated number of job openings to 1.2 million by the year 2020. A shortage of masters prepared nursing instructors, the increased amount of stress endured by nurses, and a decrease in job satisfaction also contribute to the nursing shortage. The American Association of Colleges of Nursing (2012) is bringing attention to the shortage by forming collaborations with schools of nursing, policy makers, and nursing organizations. The National League for Nursing (2012) attributes the nursing shortage to the amount of nurses retiring versus the amount of new nurses graduating and the perception of nursing as a trade versus a profession.

Nursing students offer the most feasible solution for replenishing the nursing profession by increasing the number of nurses in the workforce.

According to the American Nurses Association (2011) lateral violence is any form of physical, verbal, or emotional abuse. There are many different ways in which lateral violence can occur. Some examples include: using management positions to control staff, refusing to help others, undermining personal values and beliefs, withholding information, and eye rolling. Manifestations of lateral violence include: sarcasm, mockery, rudeness, humiliation, intimidating behavior, isolation, and sabotage (Center for American Nurses, 2008). "Bullying in the workplace can cost an organization up to $4 billion a year. This increase in cost can be attributed to employee absences, lost productivity, and work-related injuries." (Murray, 2008, p. 274). Lateral violence in the workplace may lead to a decrease in job satisfaction, increased absenteeism, an increase in the nursing shortage, a decrease in the quality of care to patients, and a negative working environment (American Nurses Association, 2011).

Problem Statement

Lateral violence in the workplace is not uncommon. Not only is it costly to the healthcare facility, it is detrimental to the nurses' physical and mental health. Depression, anger, migraines, and low self-esteem are just a few of the symptoms that are caused by being a victim of lateral violence (Academy of Medical-Surgical Nurses, 2008). Due to the fast paced environment that nurses work in, lateral violence is often overlooked or forgotten. According to the Workplace Bullying Institute (2014), "27% of Americans have experienced bullying at work, 21% have witnessed it, and 72% are aware that it happens" (para. 1). Exposure to lateral violence can alter a nurse's attitude,

thought process, and perception of the nursing profession (Academy of Medical-Surgical Nurses, 2008). Lateral violence has been well documented in the literature, but there have been few studies examining the relationship between caring behaviors of the nurse manager and lateral violence experienced on the unit. Assessing the relationship of caring behaviors of the nurse manager to lateral violence on the unit may help in understanding the reasons of the occurrences and ways to prevent it.

Justification of the Research

Lateral violence is not new to the nursing profession. It has existed for decades and continues to be a growing concern. Lateral violence has been well documented in the workplace. The Joint Commission (2012) recently identified lateral violence, bullying, and disruptive behavior as important aspects of communication breakdown in their sentinel event data. The data from this study can be used to increase awareness, enhance education, and to find solutions to aid in further prevention. Having an understanding that lateral violence is unacceptable and will not be tolerated can help decrease the amount of lateral violence that is experienced. The intent of this study is to benefit staff nurses, nurse managers, and healthcare facilities. Having policies and procedures in place that address lateral violence can lead to nurse retention, improve nurse satisfaction, decrease costs, and increase patient satisfaction (Clarke, Kane, Rajacich, & Lafreniere, 2012).

Purpose

The purpose of this study was to determine if there is a relationship of caring behaviors in nurse managers to lateral violence experienced on the units by nurses. The objective of this study was to gain insight and collect data that will help heighten

awareness of this phenomenon and to aid in further prevention. Reducing the amount of lateral violence that nurses are exposed to can help prevent it from occurring in the future and could potentially increase the amount of nurses in the profession.

Research Question or Hypothesis

What is the relationship of caring behaviors in nurse managers to lateral violence experienced by nurses on the unit?

Theoretical or Conceptual Framework

Jean Watson developed her theory of human caring between 1975 and 1979 in an attempt to make distinct nursing values aimed at caring for the person, improving inner healing, as well as treating the disease or illness. Since then Watson's theory has continued to evolve into a theory focused on the unity and harmony of the mind, body, and spirit of the individual, as well as the nurse (Watson, 2013). This theory focuses on the experiences of the person being cared for and the person providing the care. The "Carative Factors" that originally formed the framework of the caring-healing art have evolved into "Clinical Caritas". These 10 caritas were developed from the concepts and assumptions that are in Watson's theory. These caritas form the basic core of philosophy, science, and the art of caring, which focus on giving love at the spiritual level (McEwen & Wills, 2010). A full list of the Clinical Caritas can be found in Table 1. There are eight concepts of the Science of Human Caring. Table 2 outlines the eight concepts and lists their definitions.

Table 1

Watson's 10 Clinical Caritas

10 Clinical Caritas Processes
1. Embrace altruistic values and practice loving kindness with self and others.
2. Instill faith and hope and honor others.
3. Be sensitive to self and others by nurturing individual beliefs and practices.
4. Develop helping-trusting-caring relationships.
5. Promote and accept positive and negative feelings as you authentically listen to another's story.
6. Use creative scientific problem-solving methods for caring decision making.
7. Share teaching and learning that addresses the individual needs and comprehension styles.
8. Create a healing environment for the physical and spiritual self which respects human dignity.
9. Assist with basic physical, emotional, and spiritual human needs.
10. Open to mystery and allow miracles to enter.

Note: Adapted from: Watson (2013)

Table 2

Concepts and Definitions of Watson's Theory of Human Caring

Concepts	Definitions
Human Being	A valued person to be cared for, respected, nurtured, understood and assisted.
Health	Unity and harmony within the mind, body, and soul. Health is associated with the degree of congruence between the self as perceived and the self that is experienced.
Nursing	A human science of persons and human health-illness experiences that are mediated by professional, personal, scientific, esthetic, and ethical human care transactions.
Actual Caring Occasion	Involves actions and choices by the nurse and the individual. The moment of coming together in a caring occasion presents the two persons with the opportunity to decide how to be in the relationship.
Transpersonal	An intersubjective human-to-human relationship in which the nurse affects and is affected by the person of the other. Both are fully present in the moment and feel a union with the other, they share a phenomenal field that becomes part of the history of both.
Phenomenal Field	The totality of human experience of one's being in the world. This refers to the individual's frame of reference that can only be known to that person.
Self	The organized conceptual gestalt composed of perceptions of the characteristics of the "I" or "ME" and the perceptions of the relationship of the "I' or "ME" to others and to various aspects of life.
Time	The present is more subjectively real and the past is more objectively real. The past is prior to, or in a different mode of being than the present, but is not clearly distinguishable. Past, present, and future incidents merge and fuse.

Note: Adapted from: McEwen, M., & Wills, E. (2011).

The goals of these concepts are associated with mental-spiritual growth. These concepts are essential to understand this theory (McEwen & Wills, 2011). The three major conceptual elements of the theory are: Clinical Caritas, Transpersonal Caring Relationships, and a Caring Moment/Caring Occasion. A transpersonal caring relationship is the foundation of the work and involves going beyond the ego self to reach a deeper connection to the spirit. This relationship seeks to embrace the spirit of the other through the process of caring. In order for this relationship to take place, one must be authentic with the ability to be present to self and to others (Watson, 2013). A Caring Moment occurs when two people come together with their unique life histories. This interaction becomes a focal point. This moment is not only an action, but a choice by both people involved. The individuals involved in this moment have the possibility to feel a connection with each other spiritually which leads to a deeper connection (Watson, 2013).

The use of this theoretical framework allows for structure and organization to guide nursing knowledge, practice, and education. Watson's theory focuses on the human as a valued person, a fully functional individual. There is focus on feelings of connectedness between and among persons and environments at all levels (McEwen & Wills, 2011). The occurrence of lateral violence in nursing is directly related to their environment. By the nurse having the ability to understand their relationship with their self, with their peers/colleagues, and their environment, it will allow the opportunity for a transpersonal caring relationship or a caring moment to occur. The elements comprised in this theory come alive for the participants in caring relationships/encounters. The concept of the transpersonal caring relationship the nurse has with others is the focus

concept of this study. Caring relationships between the nurse and the nurse manager enable both participants to grow as caring professionals (Wade & Kasper, 2006). Appendix A outlines the conceptual diagram.

Definition of Terms

There is no universal definition for lateral violence. Lateral violence can also be referred to as horizontal violence, workplace bullying, and incivility in nursing. The American Nurses Association (2011) defines lateral violence as "physical, verbal, or emotional abuse" (para. 1). Becher and Visovsky (2012) describe lateral violence as any unwanted abuse, or hostility or as an act of aggression, which creates a negative work environment. The Academy of Medical-Surgical Nurses (2008) defines bullying as "an offensive, abusive, intimidating, malicious, or insulting behavior, or abuse of power by an individual or group, which makes the recipient feel upset, threatened, and which may cause them to suffer stress" (para. 2). Because this term can be used so broadly and is synonymous to different terms, the term lateral violence will be used in this study.

Summary

Research has shown that lateral violence exists in the nursing profession and it continues to be a persistent issue. However, there has been minimal research conducted regarding the relationship of caring behaviors of the nurse manager to lateral violence experienced by the nurse on the unit. Exploring the occurrence of lateral violence that nurses endure will help to increase the visibility of this phenomenon and generate ways to prevent it from occurring. Watson's Theory of Transpersonal Caring will serve as the theoretical framework for this study. By fostering a transpersonal caring relationship

between the nurse and nurse manager, bullying behaviors on the unit are less likely to occur.

CHAPTER II

Literature Review

Lateral violence can create a negative work environment, hinder teamwork, and can be costly to an organization. It also plays a major part in a person's physical and mental health. Lateral violence can occur in any type of setting and can affect persons of different sex, culture, and race. The following databases were used for this literature review: Cumulative Index to Nursing and Allied Health (CINAHL), PubMed, MEDLINE, and ProQuest. The following key words were used: "lateral violence", "horizontal violence", "workplace bullying", "nursing", "incivility in nursing", "harassment", "bullying", "caring", "Jean Watson", "caritas", and "transpersonal caring relationship".

Literature Related to Problem Statement

Defining Lateral Violence

McLaughlin, Gorley, and Moseley (2009) conducted a structured literature review regarding the prevalence of verbal aggression against nurses. The authors concluded through their literature review that the three main gaps in the literature included the definition of verbal aggression, the dimensions of verbal aggression, and the measurement of prevalence. Verbal aggression has a broad meaning and there is not a consistent definition of it. The dimensions of verbal aggression include the independent variables such a gender and age, which might affect the perception of verbal aggression. These independent variables are often used in the research, but often do not report how these factors influence verbal aggression. The prevalence of workplace aggression varies from study to study, thus making it difficult to establish strategies to help reduce it. The

authors concluded that the first step to understand the concept of verbal aggression and to develop strategies to prevent and manage it, is to understand the nurses' perception of what verbal aggression is and how it pertains to their everyday practice.

Rocker (2008) described the challenges associated with workplace bullying among nurses. The lack of clarity of workplace bullying has made it difficult to define. Vindictive or cruel behavior, malicious acts, unwanted conduct, verbal comments, or any gestures that affect a person's psychological or physical integrity can be defined as workplace bullying. Bullying can be caused by individual (mental illness), environmental (lack of safety measures), and/or organizational factors (nursing shortage). Consequences of workplace bullying for the victim include: isolation, fear of going to work, stress-related illness, and suicide. Nursing students often tolerate workplace bullying as an attempt to fit in, and to prevent being ignored, humiliated, or criticized in front of others. Strategies to prevent workplace bullying include giving support to the victim, encouraging them to speak up against bullying, and maintaining a positive attitude. Nurse leadership involvement in preventing workplace bullying is needed to create positive working environments that foster respect among peers, provide education regarding workplace bullying, and have policies and procedures in place to prevent and/or stop workplace bullying.

Embree and White (2010) conducted a concept analysis on the effects of nurse lateral violence. This analysis emphasized the issue of lateral violence and many of the contributing factors. The most common contributing factors noted in this analysis included: backstabbing, broken confidences, sabotage, and withholding information. Covert behaviors which included eye rolling and whining were also addressed. In

conclusion, lateral violence in nursing contributes to a toxic working environment, an imbalance of power, and a negative unit culture.

Nursing Students

Nursing students are more susceptible to lateral violence because they are often easy targets. According to a study conducted by the American Nurses Association (2011), 53% of nursing students reported to have been put down by a staff nurse during their clinical experience. Nursing students have limited nursing experience, minimal confidence, and often feel as if they do not have a voice. Because of the fast paced environment that nurses often work in, lateral violence is often overlooked or forgotten (Magnavita & Heponiemi, 2011). Exposure to lateral violence can alter a nursing student's attitude, thought process, and perception of the nursing profession. "Approximately 60% of new nurses leave their place of employment within their first six months because of lateral violence that is perpetrated in the workplace" (Embree & White, 2010, p. 166). When working in a negative environment, it is often easier to adapt, as opposed to having the courage to take a stand and stop the cycle.

Clarke et al. (2012) conducted a descriptive quantitative research study which measured bullying in undergraduate clinical nursing education. The study's purpose was to examine the state of bullying in clinical nursing education. Of the possible 1,162 nursing students enrolled in the Bachelor of Science Program at four campuses, a total of 674 nursing students completed the survey. The survey tool was comprised of 25 statements associated with the frequency of bullying using a Likert scale. Results of the study indicated that nursing students experience bullying at various points during their

education, with an increase in third and fourth years. Clinical instructors and staff nurses were most noted for the cause of the bullying during the clinical experience.

Magnavita and Heponiemi (2011) conducted a retrospective survey at three Italian University nursing schools to compare the characteristics and effects of violence in nurses and nursing students. A total of 275 out of 349 students were eligible and agreed to take the survey. The questionnaire consisted of the Violent Incident Form which used a 5-point Likert scale, the 12 item version of the General Health Questionnaire which used a 4-point Likert scale, and the Justice Measurement Questionnaire which consisted of 20 items using a 5-point Likert Scale. Results of the study concluded that nurses reported more physical assaults and sexual harassment than nursing students and they were most often harassed by their patients and/or family members. Nursing students reported being harassed more often by their colleagues, staff, and teachers and that verbal harassment was associated with increased job strain and low social support. Both nurses and nursing students reported having psychological problems as a result of harassment. As a result of this study, the authors concluded that there needs to be preventative action to control violence in the workplace and that both nurses and nursing students would benefit from programs of violence prevention.

Working Nurses

Burdin, Brewer, Chao, and Kovner (2013) conducted a study using descriptive statistics to look at the relationship between verbal abuse from nurse colleagues to demographics, characteristics, work attributes, and attitudes of novice registered nurses. Out of the 2,007 surveys that were sent out, 1,407 were completed and included in the statistical analysis. The survey tool consisted of a shortened version of the Verbal Abuse

Scale which included five different levels of frequency of verbal abuse. Being spoken to in a condescending manner was the most frequently reported type of verbal abuse. Novice nurses who worked day shift, in a hospital setting, and who worked a 12 hour shift compared to an eight hour shift, reported higher levels of verbal abuse. Common demographic traits of nurses who reported higher levels of verbal abuse were unmarried, in excellent health, had children under the age of six, and worked in a non-Magnet facility. Strategies to decrease and/or eliminate verbal abuse and strategies to help nurses deal with verbal abuse were recommended by the authors to help decrease the prevalence of this phenomenon.

Ditmer (2010) conducted a study investigating the effects of lateral violence on the environment. According to this study, "75% of nurses have experienced aggression, harassment, and intimidation, 80% have experienced bullying, and 69% of staff members have felt pressure to complete unsafe medication orders" (Ditmer, 2010, p. 9). Factors identified in contributing to lateral violence include both a lack of understanding and education about the subject in nursing school, along with a fear of retaliation. "Twenty-four percent of sentinel events which resulted in harm to a patient were related to a lack of teamwork and ineffective communication." (Ditmer, 2010, p. 10). This study placed emphasis on putting a stop to bullying and lateral violence by placing an emphasis on maintaining a safe environment, acknowledging violence among staff, reporting every incidence, and ensuring nurses comply with standards of care and ethical codes of conduct. The study also brought forth awareness to the lack of acknowledgement on lateral violence.

Dumont, Meisinger, Whitacre, and Corbin (2012) conducted a lateral violence study to indicate the frequency with which nurses experience lateral violence. A total of 955 participants completed the survey. The survey consisted of 16 questions using a 6-point Likert scale. The results of the study indicated that 82% of nurses experienced or witnessed at least one behavior of lateral violence at least weekly or daily and that 34% of nurses experienced all behaviors weekly or daily. The study also found that the majority of persons doing the bullying were nurses, which was followed closely by those with supervisor roles. Physicians were third on the list. One particular interesting find in the study was that there was no correlation between the amount of years in nursing and the overall amount of lateral violence.

Prevention

Luparell (2011) discussed the implications of lateral violence in the workplace and the effects it had on nurses, patients, and health care organizations. The issue of lateral violence needs to be addressed in academic programs and in professional positions. Nurses in these roles must partner together to better understand this issue and find ways to prevent it from happening. Because of the prevalence of this phenomenon, regulatory and professional organizations have made recommendations to address the problem. The American Association of Critical-Care Nurses (2005) has made this a top priority and has developed standards for a healthy work environment. The Joint Commission (2012) has implemented standards that require healthcare organizations to have policies in place to deal with this type of behavior. Lateral violence occurs in the academic setting when student nurses are belittled in public and are treated poorly by their faculty, fellow students, and staff nurses. Consequences of these actions often cause

anger, depression, powerlessness, and feeling judged by the nursing students (Luparell, 2011).

Stagg and Sheridan (2010) placed an emphasis on the lack of prevention programs for bullying and violence. “Thirty-seven percent of the work force experienced bullying in 2007, 18% of bullies were coworkers, 24% of the victims of bullying had their jobs terminated as a result of workplace bullying, and 40% of the individuals targeted quit their jobs” (Stagg & Sheridan, 2010, p. 421). This study suggests that even though lateral violence in nursing is a known issue and a dilemma to the nursing profession, there is a significant lack of standards in the development of bullying prevention programs. The best management program identified by this study included “cognitive rehearsal of responses to common bullying behaviors for staff nurses” (Stagg & Sheridan, 2010, p. 424). The implementation of a three hour workplace bullying prevention program is outlined, emphasized, and discussed in this systematic review.

Literature Related to Theoretical Framework

Concept of Caring

Caring is a concept that has different meanings to different people. Caring can be defined as an act of physically taking care of somebody or something, as providing emotional support, as giving encouragement and strength, or as loving someone. Nurses provide all aspects of care on a daily basis. The interpretation of caring within nursing is vague and does not have one specific definition. The concept of caring is unclear and at times ambiguous in nursing. There are many uses related to the concept of caring. According to the American Heritage Dictionary (2007), caring used as an adjective is “the feeling or showing care and compassion” (para. 1). When used as a noun it is

described as “a loving feeling” (para. 1). The word caring is also commonly associated with words such as: loving, warm, soft, sensitive, and warmhearted. The definition of a nurse when used as a noun is “a person trained to care for the sick or disabled, especially one educated in the scientific basis of human response to health problems and trained to assist a physician” (para. 1). Nursing is defined as “the services rendered by members of the health professions for the benefit of the patient” (para.1)

Transpersonal Caring Relationships

Quinn, Smith, Ritenbaugh, Swanson, and Watson (2003) explored the healing relationships in clinical nurse practice. They conducted a thorough literature review to propose research guidelines for assessing the impact of healing relationships. Findings from their literature review indicated that persons who are verbally abusive and unwilling to support one another create unfavorable conditions for caring. Other constraints to caring can be attributed to work environment, feeling unappreciated, poor staffing, unfair work assignments, and stress. The demands on the nurse to balance home and work also caused feelings of stress and tension which resulted in the inability to exhibit caring behaviors. The authors concluded that positive professional resources increased caring behaviors.

Caruso, Cisar, and Pipe (2008) adopted Watson’s Theory of Human Caring as their framework for their health system. Watson’s Theory of Human Caring was chosen to serve as their guide because this theory was applicable to nurses as well as patients. The three main concepts of Watson’s Theory (Clinical Caritas, Transpersonal Relationship, and a Caring Moment) were presented in four educational sessions for staff. The purpose of these educational offerings was to show how to implement the theory into

everyday practice and to provide education on the principles of this theory. The use of the four educational sessions and the implementation of the theory hospital wide heightened nurses' practice and proved to be beneficial.

Suliman, Welmann, Omer, and Thomas (2009) conducted a study to explore patients' perceptions of caring behaviors in a multicultural environment. Watson's Theory of Human Caring was chosen as the theoretical framework of this study because this theory focuses on human caring relationships and the achievement of a higher degree of harmony that result from transpersonal caring relationships. The study was conducted in the Kingdom of Saudi Arabia where there is a wide variety of cultural backgrounds. For their questionnaire, The Caring Behaviors Assessment tool was adapted to consist of 63 questions based on Watson's Carative Factors. The questionnaire used a 5-point Likert scale. The questionnaire was distributed to patients in three hospitals in three different regions. The questionnaire explored the perceived importance of caring behaviors and how often these caring behaviors were implemented by staff nurses. Results of the study concluded that perceived caring behaviors were more important than the frequency of these behaviors with results of 97.2% and 73.7% respectively. The teaching/learning and helping/trusting frequency behaviors of nurses showed low results. Language barriers and cultural differences between patients and nurses were thought to be the cause of this.

DiNapoli, Nelson, Tukel, and Watson (2010) conducted a quantitative study to measure the caritas processes. Watson's Theory of Human Caring was chosen as the theoretical framework for this research because of the emphasis on the caring relationship between the nurse and the patient. Caring is not only involved in the practice setting, but

it is also present in the research and academic settings. The purpose of this research was to design a valid 10-item tool that would measure the caritas process based off the original Caring Factor Survey which was a 20-item tool. The authors were able to construct a revised 10-item tool as a guide to assess and measure assumptions of caring. The revised tool served as a guide for transforming the caring experiences of the nurse and the patient.

Strengths and Limitations of Literature

There are many gaps related to lateral violence. Research has shown that lateral violence exists in the nursing profession, but there is little known about its effects. The inconsistent definition of lateral violence used in the literature is also another limitation. There is a need to better understand why lateral violence occurs and what can be done to help prevent it. The many behaviors associated with lateral violence and the negative outcomes it produces have been documented, but there has been minimal research relating caring behaviors of managers to the amount of lateral violence experienced.

Summary

The literature indicated that lateral violence exists and that there is a direct relationship between lateral violence and a negative working/learning environment. Fatigue, reduced self-esteem, weight loss, sadness, and anxiety are all implications of lateral violence (Academy of Medical-Surgical Nurses, 2008). The lack of a transpersonal caring relationship contributes to a negative learning environment and can create a lack of trust. Lateral violence in the workplace is well documented in the literature, but there have been minimal studies focusing on the caring behaviors of

managers and the relationship to lateral violence among their staff. This research study focused on exploring that relationship.

CHAPTER III

Methodology

The methodology used during this research study was descriptive, allowing analysis of relationships among variables. This design was chosen for this research study because it best explored the relationship between variables while quantifiably measuring the reliability of the relationship. The study's setting, sample, instruments, data collection, analysis, and protection of human subjects are described below.

Research Design

After approval of this thesis topic, a thorough literature review was conducted. After the need for the research was determined, the setting and the population to be surveyed along with a survey tool were chosen. Through electronic communication, the authors of the tools were contacted to ask permission for use of the tools in the study. One tool was adapted to fit the sample population being surveyed and to make it more applicable to the research study. All questions in the tools were transferred to Qualtrics Online Software, which housed the survey and enabled it to be conducted electronically. Internal Review Board (IRB) approval was granted at the facility where the research was going to be conducted along with the IRB at the university. All eligible persons chosen to participate in the sample were sent an email with an informed consent and a link to the survey. The informed consent included the purpose, procedure, voluntary participation, confidentiality, and the risks and benefits of the study. Participants had a one week time period to complete the study. After the one week period, the survey was closed. The results were sent to the researcher and a thorough statistical analysis was performed.

Setting

The setting for this research study was a large 921 bed, not-for-profit medical center located in the Southeastern United States. This acute care hospital offers a wide variety of services including emergency, medical, surgical, rehabilitative, behavioral health, women's health, orthopedic, oncology, neuroscience, and cardiology. This hospital is part of an integrated healthcare system that provides services in several states.

Sample

The study's sample consisted of nurses who were employed at the acute care hospital. Participants included in the study were all Licensed Practical Nurses (LPN) and all Registered Nurses (including Associate's Degree, Bachelor's Degree, Master's Degree, and Doctoral Degree) who provide direct patient care. At the time the study was conducted, there were 128 LPNs and 1,400 RNs employed at this acute care hospital that provide direct patient care for a combined total of 1,528. Participants were employed part-time, full-time, or as needed. Exclusion criteria for the study included any nurse who held a nurse manager position.

Protection of Human Subjects

The protection of human rights is essential and important when conducting research. This research proposal was submitted and approved by the Internal Review Board (IRB) at both the acute care hospital and through the university. Participants were recruited through the acute care hospital's electronic mail system. The data was collected anonymously. An informed consent listing the purpose, procedure, voluntary participation, confidentiality, and the risks and benefits was sent in an electronic letter along with the link for the survey. Completion of the survey assumed implied consent.

Some of the questions asked in the survey were sensitive in nature. The risk of psychological distress from answering these questions was disclosed under the risks and benefits portion of the informed consent statement. Participation in the study was voluntary with no repercussions for non-participation. There were no incentives to participate in the study. No identifying data was used in the data collection process, and it was asked that no identifying data be given. Data gathered during the study was not shared with others. A debriefing statement was sent out after completion of the survey. The number for the Employee Assistance Program was provided in this statement for any employee who had psychological distress from taking the survey.

Instruments

The first tool used in this study was a modified version of the Workplace Aggression Research Questionnaire (WAR-Q). Through e-mail communication with the author of the tool, permission was granted to modify the tool and use it in the survey (J. Neuman, personal communication, April 14, 2014). The tool consists of two parts. Part 1-A contains descriptions of 60 aggressive behaviors which require the respondent to indicate the frequency with which they experience this behavior, three open-ended questions, and a single-item question designed to measure how much the respondent is bothered by this aggressive behavior. The descriptions of aggressive behaviors are broken down into six subscales: Verbal, Active, Passive, Direct, Indirect, and Physical. Part 1-B consists of two tables and one open ended question. The first table consists of three questions and looks to see if any action was taken against the person who was exhibiting the bullying behaviors. The second table consists of 14 questions and looks for factors that might have contributed to bullying behavior (Neuman & Keashly, 2004).

Part 1-C consists of a two-item stress measure tool. Part II consists of demographics. For the purpose of this study the tool was modified. In Part 1-A the following questions were omitted: (39) Been subjected to unwanted attempts to touch, fondle, kiss, or grab you, (47) Been kicked, bitten, or spat on, (52) Had someone hit you with an object, (58) Been threatened with physical harm, (59) Been pushed, shoved, throw, or bumped into with unnecessary force, (60) been raped or sexually assaulted, and (61) Been assaulted with a weapon or other dangerous objects. In Part 1-B the second table consisting of 14 questions was omitted. The open ended questions and the demographic section were omitted. These revisions to the survey tool were made because of recommendations from the IRB at the university. For each behavior asked in the survey, the participant was given a choice of six different answers to identify who was most responsible for that type of behavior. Because this research study was looking at behaviors associated with the nurse manager, this section was omitted. A new demographic section was made to better fit the population being surveyed.

The second tool used in this study was Watson's Caritas Leaders Score (WCLS) survey. This tool was used to determine if the three main conceptual elements (clinical caritas, transpersonal caring relationship, and a caring moment/occasion) of Watson's Theory of Human Caring were present. Through e-mail communication with the author of the tool, permission was granted to use the tool in the research and to modify the tool (B. Brewer, personal communication, April 15, 2014). The tool consisted of five questions using a 7- point Likert scale to measure the frequency of caring practices that nurses have experienced. The questions looked for an overall consistency of caring that the nurse had experienced from their nurse manager (Watson, Brewer, & D'Alfonso,

2011). There was one open-ended question at the end of the tool asking for participants to share any caring or uncaring moments. This question was omitted. The tool also asks the participant to identify their leader as director, nurse manager, charge nurse, or other. This section was revised to identify the leader as nurse manager only. The revised WAR-Q, the revised WCLS, and the demographic section can be found in Appendix B.

Data Collection

The informed consent letter was sent electronically to all eligible participants. Imbedded in the electronic letter was the link to take the survey. The email distribution list was accessed through the acute care hospital's electronic mail system. The informed consent letter included the research topic, the purpose of the research, the procedure to complete the tool, an explanation regarding voluntary participation and confidentiality, the risks and benefits of participating in the study, and the contact information for the researcher. Participants were allowed a one week time period to complete the questionnaire. All surveys were submitted to an electronic database. The survey results were stored on the researcher's personal computer which was password protected and was stored in a secure location. The electronic survey was made available through Qualtrics Online Survey Software. Because this software uses a separate uniform resource locator (URL) than the Internet Protocol (IP) address of the participants email address, confidentiality of the results is maintained (Qualtrics, 2009). This software allowed the building of the survey and assisted with analyzing results.

Data Analysis

All data obtained from this study was thoroughly analyzed. Qualtrics provided a basic breakdown of the survey results. The most recent edition of the Statistical Package

for the Social Sciences (SPSS) software was used to provide a more in-depth statistical analysis. The use of this software provided a detailed breakdown of the participants' responses based on the separate categories of the questions. An in-depth statistical analysis of the data was conducted along with correlation statistics to determine if there was a relationship between the caring behaviors of nurse managers and the amount of lateral violence on the unit experienced by the nurse (IBM Corp., 2012). Similarities, discrepancies, and any variances in data were analyzed.

Summary

The purpose of this research study was to determine if nurse managers who exhibit caring behaviors are less likely to have nurses who experience lateral violence in the workplace. The informed consent letter which contained an embedded link to the survey was electronically sent out to all participants. The revised Workplace Aggression Questionnaire, Watson's Caritas Leaders Score Survey, and a Demographic Questionnaire were placed into an online survey database called Qualtrics. An in-depth statistical analysis was conducted using the SPSS software.

CHAPTER IV

Results

This research study examined the relationship of caring behaviors of nurse managers to the amount of lateral violence experienced by nurses on the unit. Over the electronic data collection period, a total of 105 surveys were completed. The data was then cleaned up and a total of 98 responses were used in analyzing the data.

Data was collected utilizing Qualtrics Online Survey Software and analyzed using the Statistical Package for the Social Sciences (SPSS) software. The research question was answered based on the data from the sample of 98 participants who completed the survey. The analysis included a frequency distribution analysis of demographic data such as age, gender, race/ethnicity, years as a nurse, years at present organization, years in current position, and highest level of education. Correlations between caring behaviors and aggressive behaviors along with caring behaviors and stress were also analyzed.

Sample Characteristics

Demographic Data

Participant data about demographics and background information is presented in Tables 3-9. Over half of the participants were between the ages of 21-40 (37% were between 31-40, and 25% were between 21-30). Only 2% of the population was in the 61 or older age range. The majority of the respondents were female (92%) and Caucasian (91%). Almost half of the respondents who completed the survey have been a nurse at least 10 years (29% between 6-10 years, 18% between 1-5 years, and 2% less than one year). Over half of the participants have been employed at the organization for 10 years (31% between 1-5 years, 25% between 6-10 years, and 4% less than 1 year). The

majority of participants have been in their current position between 1-3 years (40%). The highest level of education reported by participants was a BSN at 55%, followed by ADN at 35%, MSN at 7%, and LPN diploma at 3%.

Table 3

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	21-30	24	24.5	24.5	24.5
	31-40	36	36.7	36.7	61.2
	41-50	20	20.4	20.4	81.6
	51-60	16	16.3	16.3	98.0
	61 or older	2	2.0	2.0	100.00
	Total	98	100.00	100.00	

Table 4

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	8	8.2	8.2	8.2
	Female	90	91.8	91.8	100.00
	Total	98	100.00	100.00	

Table 5

Race/Ethnic Background

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	African American	3	3.1	3.1	3.1
	Asian or Pacific Islander	3	3.1	3.1	6.3
	Caucasian (White), Non -Hispanic	87	88.8	90.6	96.9
	Hispanic	1	1.0	1.0	97.9
	Native American/ Alaskan Native	1	1.0	1.0	99.0
	Other	1	1.0	1.0	100.0
	Total	96	98.0	100.0	
Missing	System	2	2.0		
Total		98	100.0		

Table 6

Years as a Nurse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	< 1 year	2	2.0	2.1	2.1
	1-5 years	17	17.3	17.7	19.8
	6-10 years	28	28.6	29.2	49.0
	11-15 years	13	13.3	13.5	62.5
	16-20 years	11	11.2	11.5	74.0
	21-25 years	15	15.3	15.6	89.6
	26 years or greater	10	10.2	10.4	100.0
	Total	96	98.0	100.0	
Missing	System	2	2.0		
Total		98	100.0		

Table 7

Years with Present Organization

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	< 1 year	4	4.1	4.1	4.1
	1-5 years	30	30.6	30.6	34.7
	6-10 years	24	24.5	24.5	59.2
	11-15 years	18	18.4	18.4	77.6
	16-20 years	6	6.1	6.1	83.7
	21-25 years	10	10.2	10.2	93.9
	>25 years	6	6.1	6.1	100.0
	Total	98	100.0	100.0	

Table 8

Years in Current Position

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	< 1 year	12	12.2	12.2	12.2
	1-3 years	39	39.8	39.8	52.0
	4-6 years	22	22.4	22.4	74.5
	7-10 years	9	9.2	9.2	83.7
	11-15 years	10	10.2	10.2	93.9
	>15 years	6	6.1	6.1	100.0
	Total	98	100.0	100.0	

Table 9

Highest Level of Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	LPN Diploma	3	3.1	3.1	3.1
	ADN	34	34.7	34.7	37.8
	BSN	54	55.1	55.1	92.9
	MSN	7	7.1	7.1	100.0
	Total	98	100.0	100.0	

Major Findings

Total Caring Behaviors

To determine the amount of caring behaviors of nurse managers, participant responses to five caring behaviors were categorized on a Likert scale from 0-7. With a minimum value of five and a maximum value of 35, participants ranked caring behaviors of nurse managers at 25.84 (Table 10 & Figure 1).

Table 10

Total Caring Behaviors Frequencies

		Frequencies
N	Valid	97
	Missing	1
Mean		25.8351
Std. Deviation		8.42699
Minimum		5.00
Maximum		35.00

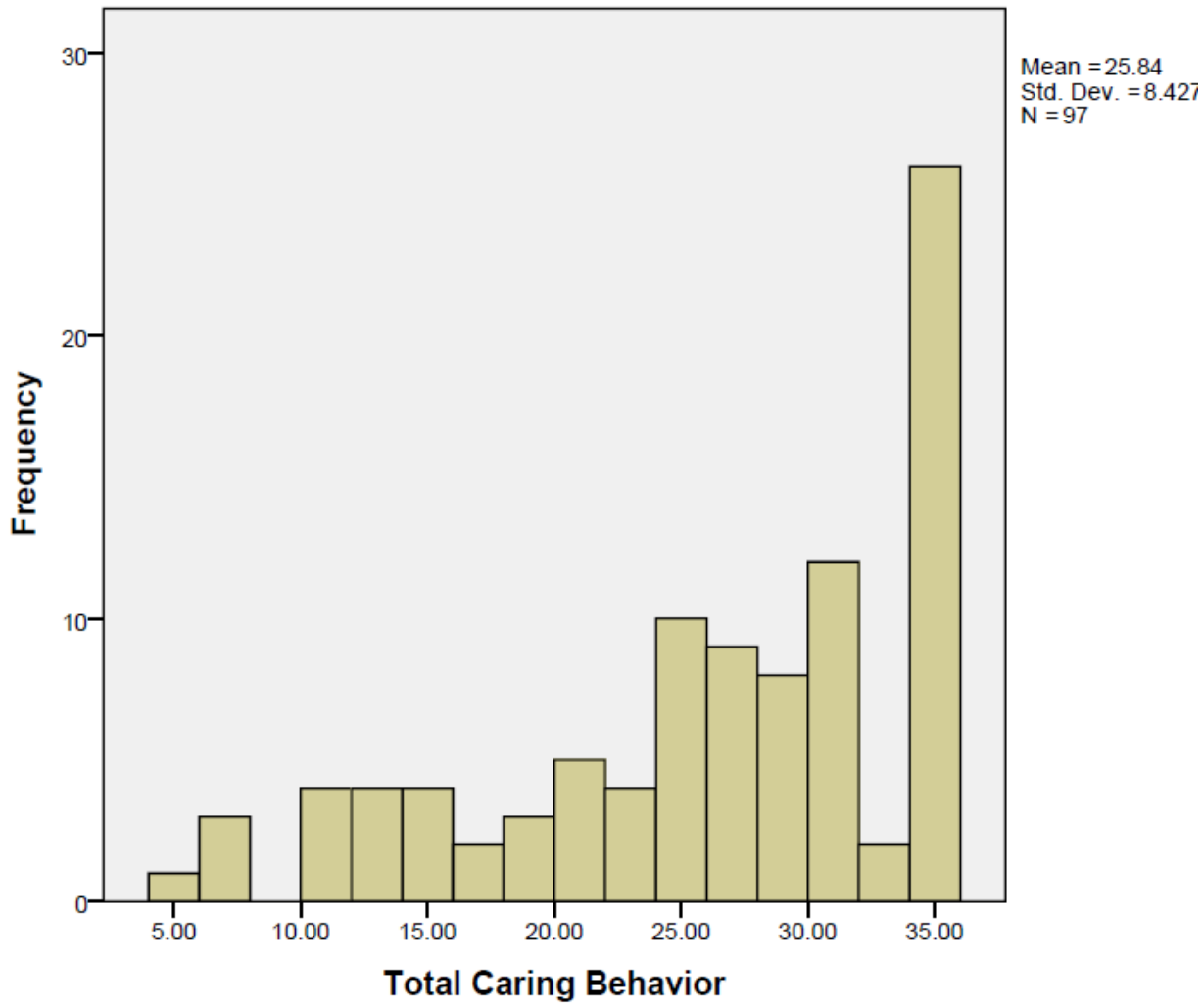

Figure 1. Total Caring Behaviors Histogram

Aggression Subscales

The WAR-Q consists of six different aggression subscales. For each subscale the relevant questions were summed. Subscale means were calculated to determine the scales having the most influence on lateral violence (Table 11). Participants ranked verbal (77.68), direct (74.22), and active (67.06) higher than passive (36.24), indirect (29.47), and physical (25.28).

Table 11

Aggression Subscales

		Verbal Aggression Subscale	Active Aggression Subscale	Passive Aggression Subscale	Direct Aggression Subscale	Indirect Aggression Subscale	Physical Aggression Subscale
N	Valid	85	83	89	83	87	87
	Missing	13	15	9	15	11	11
Mean		77.6824	67.0602	36.2472	74.2289	29.4713	25.2874
Std. Deviation		44.96592	37.84640	20.50570	41.05033	17.13479	13.07573
Minimum		39.00	36.00	17.00	38.00	15.00	14.00
Maximum		187.00	163.00	86.00	174.00	75.00	66.00

When asked how much these aggressive behaviors bothered the participants, 44% reported that they bothered them a little, followed by 22% with not at all (Table 12).

Table 12

How Much Behaviors Bothered Participant

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	21	21.4	21.9	21.9
	A Little	43	43.9	44.8	66.7
	Moderately	20	20.4	20.8	87.5
	Quite a bit	12	12.2	12.5	100.0
	Total	96	98.0	100.0	
Missing	System	2	2.0		
Total		98	100.0		

When asked if the respondents reported any of these experiences to a superior, 54% reported no, 58% reported confronting the individual involved in the behavior, and 94% reported that they did not file a formal complaint (Tables 13-15).

Table 13

Behaviors Reported

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	44	44.9	45.8	45.8
	No	52	53.1	54.2	100.0
	Total	96	98.0	100.0	
Missing	System	2	2.0		
Total		98	100.0		

TABLE 14

Person(s) Involved Confronted

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	55	56.1	57.9	57.9
	No	40	40.8	42.1	100.0
	Total	95	96.9	100.0	
Missing	System	3	3.1		
Total		98	100.0		

Table 15

Formal Complaint or Grievance Filed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	6.1	6.5	6.5
	No	87	88.8	93.5	100.0
	Total	93	94.9	100.0	
Missing	System	5	5.1		
Total		98	100.0		

Correlations

To determine if there was a relationship between caring behaviors of the nurse manager and the amount of lateral violence experienced by nurses on the unit correlation testing was conducted. All aggression subscales revealed a moderate to strong negative correlation with perceived caring behaviors of nurse managers. The strongest correlation was with verbal aggression at r = - 0.727, p= 0.00 followed closely by passive aggression at r = - 0.721, p = 0.000 (See Table 16).

Table 16

Total Caring Behavior and Aggression Subscale Correlations

		Total Caring Behavior
Total Caring Behavior	Pearson Correlation	1
	Sig. (2-tailed)	
	N	97
Verbal Aggression Subscale	Pearson Correlation	-.727**
	Sig. (2-tailed)	.000
	N	84
Physical Aggression Subscale	Pearson Correlation	-.667**
	Sig. (2-tailed)	.000
	N	86
Active Aggression Subscale	Pearson Correlation	-.695**
	Sig. (2-tailed)	.000
	N	82
Passive Aggression Subscale	Pearson Correlation	-.721**
	Sig. (2-tailed)	.000
	N	88
Direct Aggression Subscale	Pearson Correlation	-.704**
	Sig. (2-tailed)	.000
	N	82
Indirect Aggression Subscale	Pearson Correlation	-.710**
	Sig. (2-tailed)	.000
	N	86

Correlation testing was also conducted to examine the relationship between the caring behavior of nurse managers and the amount of stress reported by participants. A moderate to strong negative correlation was also found with participants feeling tense and stressed on the job ($r = -0.604$, $p = 0.000$) and work is a source of stress for me ($r = -0.557$, $p = 0.000$) (Table 17).

Table 17

Caring Behaviors and Stress Correlation

		Total Caring Behavior
Total Caring Behavior	Pearson Correlation	1
	Sig. (2-tailed)	
	N	97
I feel tense and stressed on my job	Pearson Correlation	-.604**
	Sig. (2-tailed)	.000
	N	97
Work is a source of stress for me	Pearson Correlation	-.557**
	Sig. (2-tailed)	.000
	N	97

Summary

This descriptive study analyzed the relationship between caring behaviors of nurse managers and the amount of lateral violence experienced by nurses on the unit. The majority of respondents were female (92%), Caucasian (91%), between the ages of 31-40 (37%), had been a nurse for 6-10 years (29%), had been at the organization for 1-5 years (31%), had been in their current position for 1-3 years (40%), and had a BSN (55%). A strong negative correlation exists between the amount of caring behaviors and the amount of lateral violence perceived, indicating that the more caring the nurse manager, the decreased amount of lateral violence on the units. There was also a strong negative correlation between caring behaviors of nurse managers and the amount of stress perceived by the participants. The majority of participants did not report any aggressive behaviors to their superior (54%), nor file a formal complaint (94%), and reported only being bothered a little by these behaviors (45%).

CHAPTER V

Discussion

The purpose of this study was to examine the relationship of caring behaviors in nurse managers to the amount of lateral violence experienced by nurses on the unit. A sample of 98 LPNs and RNs who were employed at an acute care facility in the Southeastern United States completed the study. Demographic data and correlations between caring behaviors of nurse managers to the amount of stress that lateral violence causes were also analyzed.

Implication of Findings

A total of three LPNs and 95 RNs completed the survey. The majority of the participants were female (92%), were between the ages of 31-40 (37%), were of Caucasian background (91%), had been a nurse for 6-10 years (29%), had been at their present organization for 1-5 years (31%), had been in their current position for 1-3 years (40%), and had their BSN (55%).

At this acute care facility, the amount of ADN nurses to BSN nurses is 60% to 40%. In this study, there was a higher rate of BSN prepared nurses who completed the survey. Emphasis on research in academic education for the BSN nurse along with emphasis on the value of conducting nursing research can contribute to the amount of BSN nurses participating in research studies opposed to ADN nurses.

Overall, participants perceived nurse managers as caring. When measuring total caring behaviors of nurse managers the mean was 25.84 on a 5-35 scale. Moderate to strong negative correlations existed between caring behaviors of the nurse manager and the amount of lateral violence experienced on the unit. Verbal aggression had the

strongest correlation ($r = 0.727$, $p = 0.00$). Participants reported that the behaviors "bothered them a little" at 45% but 54% reported that they did not report these experiences to a superior, 58% reported that they confronted the persons directly, and 94% reported that they did not file a formal complaint. It can be concluded from this that even though some of the behaviors bothered the participant, it did not bother them enough to formally do something about it. A moderate to strong negative correlation also existed between perceived caring behaviors of nurse managers and feeling stressed on the job ($r = - 0.604$, $n = 0.000$) indicting work is a source of stress ($r = - 0.557$, $n = 0.000$). These correlation values are slightly lower than the correlation between caring behaviors and the amount of lateral violence experienced. This could be because regardless of how caring a nurse manager is perceived, he/she cannot alleviate all the stress on the unit. There are other stress factors that can contribute to this that are not related to the caring behaviors of the nurse manager.

Sauer (2013) conducted a similar study at the same acute care facility that examined workplace bullying among nurses who work in a hospital in the state of North Carolina. Demographic data of the study indicated that 95% of the respondents were female and 90% were Caucasian. Results of her study indicated that 40% of nurses had experienced bullying on the unit in the past six months, nurse leaders were identified as the bully by 16% of the participants, and linear regression analysis indicated that nurses who are bullied are more likely to leave their unit ($p < 0.001$). Similarities between the two studies include gender, ethnicity, and the occurrence of lateral violence in this acute care facility.

Limitations

Limitations in this study include a small sample size and the one week time frame to complete the survey. A total of 1,528 nurses were eligible to participate in the study and a total of 98 responses were used in analyzing the data. The small sample size limits the generalizability of the results to larger populations. The one week time frame also limited the amount of nurses who potentially would have taken the survey. The survey was also sent out over the Fourth of July holiday, which could have also contributed to the small sample size. Participants were not asked to identify what unit/area they currently worked on. Not being able to identify the units that experienced higher rates of lateral violence is another limitation of this study. There was also a lack of diversity in gender and race/ethnic background. Since this study has only been conducted once and at one acute care hospital, it may not be generalized to other areas. However, there have been numerous other research studies regarding lateral violence and its consequences.

Implications for Nursing

Lateral violence is not new to the nursing profession and has been well documented in the literature. Lateral violence can occur in any relationship including nurse to nurse, nurse to leader, nurse to physician, and nurse to patient. Any form of physical, verbal, or emotional abuse is a form of lateral violence. Lateral violence can lead to high turnover rates, compromised patient care, lower work productivity, and decreased satisfaction in nurses (Academy of Medical-Surgical Nurses, 2008).

The findings of this study suggest that caring behaviors of nurse managers can reduce the amount of lateral violence experienced by nurses on the unit. Watson's Theory of Human Caring indicates that forming transpersonal caring relationships helps to

achieve a higher degree of harmony. The formation of the transpersonal caring relationship can decrease the amount of lateral violence experienced. Nurse managers who are found to have more caring behaviors could potentially have nurses who are more satisfied with their jobs, have a lower turn-over rate on their unit, have a more therapeutic work environment, and have increased patient satisfaction scores (Watson, 2013). If there is a limited amount of lateral violence experienced on the unit nurses will be happier. This is directly related to their attitude and the type of care they give to their patients and how they interact with others.

Findings from this study also indicate that even though nurses did experience some lateral violence on the unit and that they were bothered a little bit by these behaviors, nurses did not report these behaviors to a superior or file a formal complaint. Assumptions about this could be because the nurses are used to this type of behavior on the units and tolerate it, or because even though the behaviors bothered them it was not serious enough to do anything about it. Respondents might also not report it due to the fear of repercussions. Analysis of why the nurses did not report the behaviors or file a formal complaint was not performed in this study.

Recommendations

Lateral violence in nursing has been well documented in the literature. It is important for nurses, leaders, academic settings, healthcare organizations, and nursing organizations to identify these behaviors and implement strategies to reduce lateral violence in the workplace. Ultimately, further research and practice changes need to be conducted to aid in preventing it.

Healthcare organizations can implement different strategies to try and combat lateral violence. Implementing a zero tolerance policy and professional code of conduct, where lateral violence in any form will not be tolerated, is one way organizations can address and stop lateral violence. Creating a culture where lateral violence will not be tolerated will empower nurses to speak up when it occurs and to report it to a superior. Nursing leadership needs to promote healthy work environments, be positive role models, share the vision of the organization, inspire change, communicate respect as a core value, create a positive work environment, and hold others accountable. Providing annual mandatory education regarding lateral violence also increases awareness (Murray, 2008).

Education about lateral violence needs to be incorporated in the curriculum of academic institutions. The education also needs to include effective coping strategies to assist the nursing student if they do experience lateral violence. Knowledge gained may carry over into the work setting following graduation. Clarke et al. (2012) recognizes that effective communication and feedback with faculty and students is one way to minimize bullying in the academic setting. Nursing students need to be made aware of the procedure to report any experiences with lateral violence. It is the responsibility of academic institutions to create an environment that is non-threatening and ensure that confidentiality is maintained.

There are many nursing organizations implementing policies and recommendations to help decrease lateral violence in the profession. The Joint Commission (2012) identified communication as one of the top three causes of sentinel events. Lateral violence and bullying behaviors cause breakdown in communication between nurses. Because of this, The Joint Commission has called for zero tolerance

policies and the implementation of a Code of Conduct aimed at stopping lateral violence between health care professionals. The North Carolina Nurses Association (2013) issued a position statement regarding lateral violence and issued a position statement that supports a healthy work environment. Proactive strategies, continuing education, and interventions to assist and support nurses are encouraged in health care organizations to stop lateral violence in the workplace. The Center for American Nurses (2008) recognizes the severity of lateral violence in the workplace and recommends that in order to eliminate disruptive behaviors from the workplace it must be a collaborative effort. Nurses need to recognize and address bullying behaviors and promote a culture of safety. Healthcare organizations need to implement zero tolerance policies, provide continuous education, and promote a culture of safety. There needs to be further research regarding the factors that contribute to lateral violence and its occurrence in the workplace.

Both healthcare organizations and academic settings need to implement transformational leadership into their organizations. Transformational leaders have the qualities that motivate others, inspire their followers to make a change, inspire a shared vision, and enable others to act. Individualized consideration, intellectual stimulation, inspirational motivation, and idealized influence are key components of transformational leadership. Transformational leadership has been associated with nurse empowerment, increasing nurse satisfaction, decreasing turnover rates, and improving patient outcomes (Cummings et al., 2010).

Conclusion

Although there is evidence in the literature that lateral violence exists, there have been minimal studies examining the relationship of caring behaviors of nurse mangers to

the amount of lateral violence experienced on the unit by nurses. This study revealed that there is a strong negative correlation between the two. The results of this study can help to heighten awareness of lateral violence, promote strategies to reduce it in the workplace, and lead to an increase of caring behaviors in the workplace.

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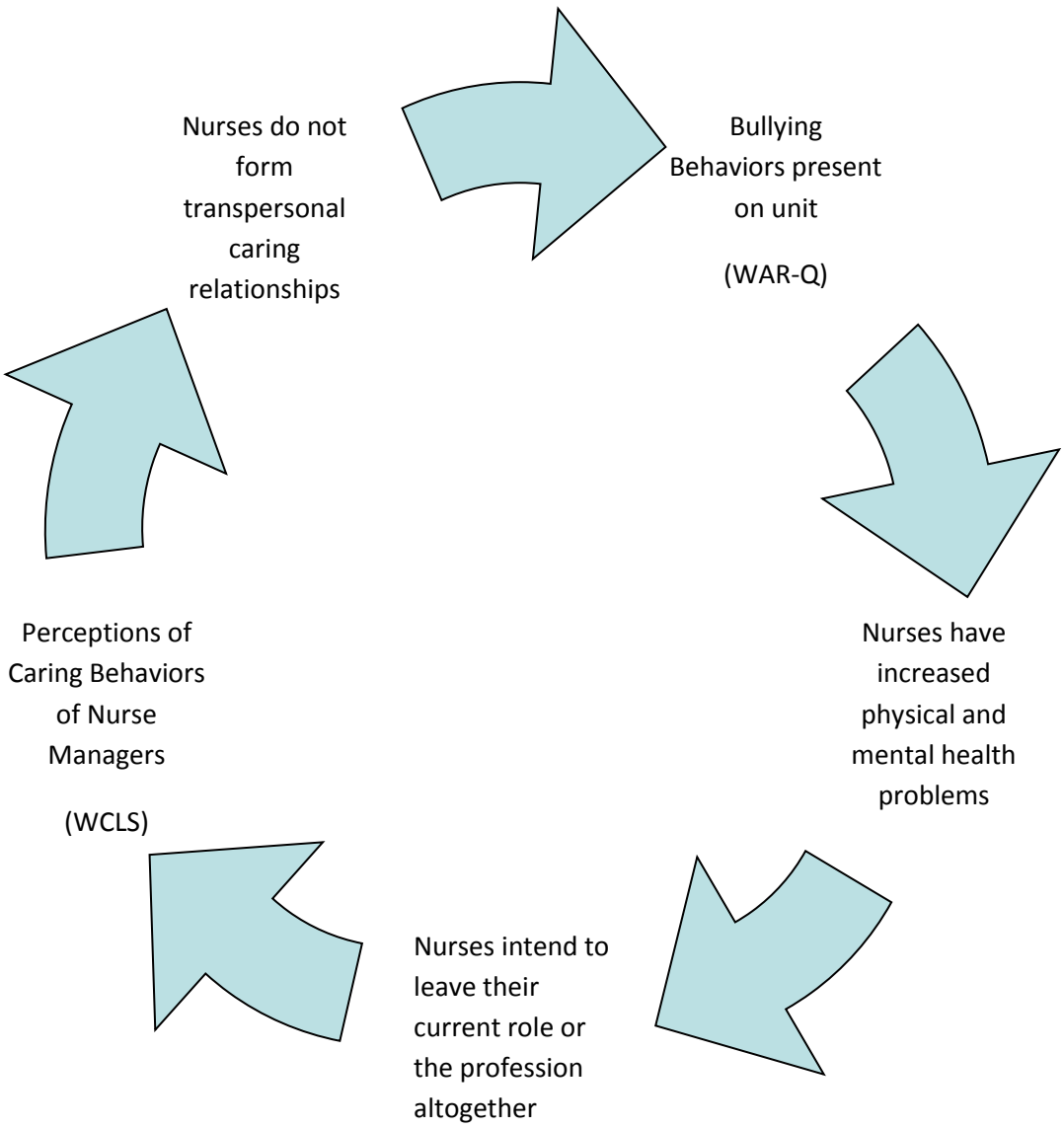
Appendix A

CONCEPTUAL DIAGRAM



Appendix B

SURVEY TOOL

When answering the questions, please consider the overall consistency of human-to-human CARING you have experienced with your nurse manager.

	Never	Rarely	Sometimes	Often	Always
Treats me with loving-kindness	❍	❍	❍	❍	❍
Models appropriate self-care as a means for meeting the basic needs of self and others	❍	❍	❍	❍	❍
Has a helping and trusting relationship with me	❍	❍	❍	❍	❍
Creates a caring environment that supports my personal and professional growth	❍	❍	❍	❍	❍
Values my personal beliefs and faith, allowing for expected and unexpected success in my role	❍	❍	❍	❍	❍

What is your age?

- ❍ Under 21
- ❍ 21 - 30
- ❍ 31 - 40
- ❍ 41 - 50
- ❍ 51 - 60
- ❍ 61 or older

What is your gender?

- ❍ Male
- ❍ Female

What is your race/ethnic background?

- ❍ African American
- ❍ Asian or Pacific Islander
- ❍ Caucasian (White), non-Hispanic
- ❍ Hispanic
- ❍ Latino
- ❍ Native American/Alaskan Native
- ❍ Other

How many years have you been a nurse?

- ❍ < 1 years
- ❍ 1 - 5 years
- ❍ 6 - 10 years
- ❍ 11 - 15 years
- ❍ 16 - 20 years
- ❍ 21 - 25 years
- ❍ 26 years or greater

How long have you been working with your present organization?

- ❍ < 1 year
- ❍ 1 - 5 years
- ❍ 6- 10 years
- ❍ 11 - 15 years
- ❍ 16 - 20 years
- ❍ 21 - 25 years
- ❍ > 25 years

How many years have you been in your current position?

- ❍ < 1 year
- ❍ 1 - 3 years
- ❍ 4 - 6 years
- ❍ 7 -10 years
- ❍ 11 - 15 years
- ❍ > 15 years

What is your highest level of education?

- ❍ LPN diploma
- ❍ ADN
- ❍ BSN
- ❍ MSN
- ❍ PhD
- ❍ DNP

Have you been subjected to any of the behaviors listed below in the past 12 months? Only consider those behaviors that have occurred in your workplace

	Never	Once	A few times	Several times	Monthly	Weekly	Daily
Been glared at in a hostile manner	❍	❍	❍	❍	❍	❍	❍
Been excluded from work-related social gatherings	❍	❍	❍	❍	❍	❍	❍
Had others storm out of the work area when you entered	❍	❍	❍	❍	❍	❍	❍
Had others consistently arrive late for meetings that you called	❍	❍	❍	❍	❍	❍	❍
Been sworn at in a hostile manner	❍	❍	❍	❍	❍	❍	❍
Been subjected to negative comments about your religious beliefs	❍	❍	❍	❍	❍	❍	❍
Been given the “silent treatment”	❍	❍	❍	❍	❍	❍	❍
Not been given the praise for which you felt entitled	❍	❍	❍	❍	❍	❍	❍
Been treated in a rude and/or disrespectful manner	❍	❍	❍	❍	❍	❍	❍
Had your personal property defaced,	❍	❍	❍	❍	❍	❍	❍

damaged, or stolen							
Had others fail to take action to protect you from harm	❍	❍	❍	❍	❍	❍	❍
Been subjected to negative comments about a disability	❍	❍	❍	❍	❍	❍	❍
Been subjected to obscene or hostile gestures	❍	❍	❍	❍	❍	❍	❍
Had others refuse your requests for assistance	❍	❍	❍	❍	❍	❍	❍
Had others fail to deny false rumors about you	❍	❍	❍	❍	❍	❍	❍
Been given little or no feedback about your performance	❍	❍	❍	❍	❍	❍	❍
Had others delay action on matters that were important to you	❍	❍	❍	❍	❍	❍	❍
Been yelled at or shouted at in a hostile manner	❍	❍	❍	❍	❍	❍	❍
Been subjected to negative comments about your intelligence or competence	❍	❍	❍	❍	❍	❍	❍
Had others consistently fail to	❍	❍	❍	❍	❍	❍	❍

return your telephone calls and/or respond to your memos or e-mail							
Had your contributions ignored by others	❍	❍	❍	❍	❍	❍	❍
Had someone interfere with your work activities	❍	❍	❍	❍	❍	❍	❍
Been subjected to mean pranks	❍	❍	❍	❍	❍	❍	❍
Been lied to	❍	❍	❍	❍	❍	❍	❍
Had others fail to give you information that you really needed	❍	❍	❍	❍	❍	❍	❍
Been subjected to threats and /or harassment for "blowing the whistle" about activities at work	❍	❍	❍	❍	❍	❍	❍
Had others fail to warn you about impending dangers	❍	❍	❍	❍	❍	❍	❍
Been denied a raise or promotion without being given a valid reason	❍	❍	❍	❍	❍	❍	❍
Had signs or notes left that embarrassed you	❍	❍	❍	❍	❍	❍	❍

Been subjected to derogatory name calling	❍	❍	❍	❍	❍	❍	❍
Been blamed for others peoples mistakes	❍	❍	❍	❍	❍	❍	❍
Been the target of rumors or gossip	❍	❍	❍	❍	❍	❍	❍
Shown little empathy/sympathy when you were having a tough time	❍	❍	❍	❍	❍	❍	❍
Had co-workers fail to defend your plans or ideas to others	❍	❍	❍	❍	❍	❍	❍
Been given unreasonable workloads or deadlines- more than others	❍	❍	❍	❍	❍	❍	❍
Had others destroy or needlessly take resources that you need to do your job	❍	❍	❍	❍	❍	❍	❍
Been accused of deliberately making an error	❍	❍	❍	❍	❍	❍	❍
Been subjected to threats to reveal private or embarrassing information about	❍	❍	❍	❍	❍	❍	❍

you to others							
Been subjected to temper tantrums when disagreeing with someone	❍	❍	❍	❍	❍	❍	❍
Been prevented from expressing yourself (e.g., interrupted when speaking)	❍	❍	❍	❍	❍	❍	❍
Had attempts made to turn other employees against you	❍	❍	❍	❍	❍	❍	❍
Had someone flaunt his/her status or treat you in a condescending manner	❍	❍	❍	❍	❍	❍	❍
Been subjected to excessively harsh criticism about your work	❍	❍	❍	❍	❍	❍	❍
Had someone else take credit for your work or ideas	❍	❍	❍	❍	❍	❍	❍
Been criticized for non-work (personal) life and activities	❍	❍	❍	❍	❍	❍	❍
Been subjected to negative comments about your sexual	❍	❍	❍	❍	❍	❍	❍

orientation							
Been subjected to racist remarks	❍	❍	❍	❍	❍	❍	❍
Been reprimanded or “put down” in front of others	❍	❍	❍	❍	❍	❍	❍
Been subjected to ethnic or racial jokes or slurs	❍	❍	❍	❍	❍	❍	❍
Been told how to spend your personal time when not at work	❍	❍	❍	❍	❍	❍	❍
Been subjected to unwanted terms of endearment	❍	❍	❍	❍	❍	❍	❍
Been subjected to suggestive and/or offensive stories	❍	❍	❍	❍	❍	❍	❍
Been subjected to sexist remarks	❍	❍	❍	❍	❍	❍	❍

Overall, how much have the behaviors listed above bothered you?

- ❍ Not at all
- ❍ A Little
- ❍ Moderately
- ❍ Quite a bit

During the past 12 months did you

	yes	No
Report any of these experienced to a superior	❍	❍
Confront the person(s) involved in any of these behaviors	❍	❍
File a formal complaint or grievance about any of these experiences	❍	❍

For the next two items, please use the scale to make your rating

	Strongly Disagree	Disagree	Neither Disagree nor agree	Agree	Strongly Agree	Don't know
I feel tense and stressed on my job	❍	❍	❍	❍	❍	❍
Work is a source of stress for me	❍	❍	❍	❍	❍	❍