

Leaving Lateral Violence at the Door

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Leaving Lateral Violence At the Door

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BACKGROUND/PURPOSE

- Lateral Violence is defined as hostile, aggressive, and harmful behavior by a nurse or group of nurses toward a coworker or group of nurses via attitudes, actions, words, and/or behaviors.
- Evidence shows lateral violence affects care given to patients in the hospital, may damage RNs self esteem, plays a role in retention rates among nurses, and affects hospital accreditation (Vogelpohl et al).
- The purpose of this study is to determine the presence of lateral violence and provide strategies to help new nurses cope with it within the workplace.

PICO QUESTION

- In new RNs with less than 1 year of experience, how does education on ways to handle lateral violence compared to no education influence patient care and self-esteem?

EVIDENCE

- Types of Lateral Violence (LV) include: belittling, creating conflict, gossiping, physical contact, hostile/intolerant behavior, etc. (Thomas 2010).
- Studies have found that the majority of bullying behavior is coming from nursing peers, physicians on the units, and patient's families (Vogelpohl et al).
- Due to workplace bullying, many newly licensed nurses chose to leave their floor/unit and even the nursing professional entirely (Vogelpohl et al).
- Teaching newly hired/graduated RNs strategies to use when facing LV in the workplace can lead to safer and healthier work environments (Thomas 2014).
- Cognitive rehearsal (CR) is a teaching strategy in which situations/scenarios are practiced in a safe and nonthreatening environment to develop an understanding of different situations and tools for interventions (Griffin 2014).
- CR can help RNs address and understand workplace bullying and know steps to take to address the uncivil behavior (Griffin 2014).
- CR has been found to be highly effective in preparing newly hired RNs for the workplace and how to handle tough situations and bullying (Griffin 2014).

METHODS

- Pre-survey distributed to new RNs with less than 1 year of experience to determine the presence of lateral violence and if coping strategies are currently present on their units.
- TLC activity to provide education about lateral violence and ways to confront/prevent it and one-to-one cognitive rehearsal/education.
- Post-survey determining if the education provided has helped increase new RNs awareness on lateral violence and to increase their self-esteem in their nursing careers.

RESULTS



OUTCOMES

- Initially, new RNs felt there were LV coping measures available 18% of the time. After interventions were placed, LV coping measures were available 33% of the time.
- Top noticed LV behaviors prior to intervention: Intimidation, Gossiping, Criticizing, and Undermining.
- After intervention: Intimidation, Public Humiliation, and Nonverbal Innuendos, respectively.
- The effect of LV on patient care dropped from 28% to 16%, with 67% of new RNs feeling it did not effect their care of patients.
- Many of new RNs felt LV was most likely to come from physicians, management, and other RNs/peers both before and after interventions were placed.

CONCLUSIONS

- Cognitive rehearsal and coping strategies should be integrated into new RN's education in order to help cope with possible LV encounters.
- Other teaching strategies such as a confrontation tip card may be beneficial to new RNs.
- While LV can have an effect on patient care, proper coping strategies can reduce these instances.

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