

2020

## Increasing Awareness of Lateral Violence in the Perioperative Setting

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# Walden University

College of Health Sciences

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Laura Licea

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Walden University  
2020

Abstract

Increasing Awareness of Lateral Violence in the Perioperative Setting

by

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MSN, Walden University 2014

BSN, Cal State Dominguez Hills, 2010

Project Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

Walden University

May 2020

## Abstract

Lateral violence (LV) among nurses has been widely known to occur in specialty units, such as the operating room, where disruptive behavior can breed behind closed doors. Research on LV among nurses has only identified the issue, and further research is needed to properly address the negative behavior. LV affects not only the nursing profession but also patient outcomes. The purpose of this DNP project was to shed light on the topic by improving knowledge regarding the issue in the perioperative setting. Watson's theory of human caring provided the conceptual framework for the project. The practice question for this DNP project addressed whether a staff education module for OR nurses addressing effective communication would increase their knowledge of unprofessional behavior. An educational module on LV was administered to perioperative nurses. Analysis and synthesis were made using a *t*-test and inferential statistics to determine if the pretest and posttest questionnaire were significantly different. The total number of participants was 22. Inclusion criteria were all perioperative registered nurses. The data were analyzed by comparing participants' posttests and pretests using SPSS software. Key results from the paired sample *t*-test concluded a statistically significant difference between means ( $p < .05$ ); therefore, the educational module was successful in increasing awareness of LV. The findings of this study have potential implications for positive social change, including helping to decrease the nursing shortage and attract nurses into specialty units by increasing awareness of LV.

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## Dedication

This project is dedicated to Florence Nightingale in honor of her vision 187 years ago. Thank you for leading the way for thousands of nurses around the world to be able to call nursing a profession. Thanks to your vision, many of us today have the honor of having a terminal degree and can move the nursing profession forward for our patients, our community, and society.

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## Section 1: Nature of the Project

### **Introduction**

The operating room (OR) is a dynamic, fast-paced environment where nurses must be able to multitask in a variety of surgical procedures. The OR is also a closed unit to the rest of the hospital for infection control purposes, which makes the unit a perfect breeding ground for unprofessional behavior (Coursey, Rodriguez, Dieckmann, & Austin, 2013). *Disruptive behavior* is a term used to identify unkind and discourteous behavior from one colleague to another often observed in a closed unit (Constantinides, 2019; Coursey et al., 2013; Spruce, 2019). Regulatory agencies such as The Joint Commission (TJC) have made strong position statements regarding their stance on unprofessional behavior in the workplace. In their 2008 position statement, TJC clearly outlined guideline strategies for organizations to follow (TJC, 2008). Furthermore, the American Nurses Association's (ANA, 2015) position statement on incivility, bullying, and workplace violence clearly states the following:

The nursing profession will no longer tolerate violence of any kind from any source. All RN's and employers in all settings, including practice, academia, and research, must collaborate to create a culture of respect that is free of incivility, bullying and workplace violence.

The culture of the surgical setting has remained concealed behind the red line, allowing disruptive behavior to continue (Bennet & Sawatzky, 2013; Castronovo, Pullizzi, & Evans, 2016). As it relates to this Doctor of Nursing Practice (DNP) project, disruptive behavior, also known as *lateral violence* (LV), is defined as nurse-to-nurse

aggression, describing the verbal, emotional, and physical abuse nurses encounter in the workplace (Christie & Jones, 2014; Chu & Evans, 2016; Hodgins, MacCurtain, & Mannix-McNamara, 2014; Koh, 2016; Villafranca, Hamlin, Enns, & Jacobsohn, 2017). LV among nurses has been well researched, yet studies only identify the issue; further research is needed to determine appropriate methods for eliminating the negative behavior (Christie & Jones, 2014; Coursey et al., 2013; Moayed, Daraiseh, Shell, & Salem, 2006; Sanner-Stiehr, & Ward-Smith, 2017).

The most common types of LV observed in the OR are verbal affront, nonverbal innuendo, undermining activities, withholding information, sabotage of an employee, inside fighting, scapegoating through another nurse, and backstabbing (Chu & Evans, 2016; Chipps, Stelmaschuk, Albert, Bernhard, & Holloman, 2013). The purpose of this DNP project was to shed light on the topic by improving knowledge regarding the issue in the perioperative setting. Doing so will promote an understanding of LV and defective communication skills, foster a culture of safety, allow nurses to identify disruptive behavior, and prevent it from spreading (Constantinides, 2019; Kaiser, 2017; Koh, 2016; Spruce, 2019).

### **Problem Statement**

The local practice problem observed in the clinical setting is a lack of professional communication between nurses, primarily from senior nurses to new nurses entering the specialty unit. The problem is evidenced by the volume of new nurses who resign during their orientation phase or shortly after completing perioperative orientation (Coursey et al., 2013; Spruce, 2019). Personally witness, 2018). Coursey et al. (2013) previously

identified how policies and procedures are ineffective when dealing with disruptive behavior in the OR. Furthermore Coursey et al. (2013) explained how most organizations merely have policies and procedures to satisfy regulatory requirements but fail to stop the behavior from contaminating the unit. LV affects the nursing profession in a variety of ways, including low morale, high turnover, patient errors, and low self-esteem among nurses (TJC, 2014; Villafranca et al., 2017; Walrafe, Brewer, & Mulvenon, 2012). Failure to address the problem of disruptive behavior in the OR could lead to patient error during surgery. The potential implications to organizations can be costly. For instance, Coursey et al. (2013) estimated that more than \$4 billion is attributed to some type of disruptive behavior in workplace. Likewise, a review of the literature emphasizes a direct correlation between disruptive behavior and low nurse morale and retention (Coursey et al., 2013; Chu & Evans, 2016; Chipps et al., 2013; Dahlby & Herrick, 2008; Hashem, 2015; Koh, 2016; Hodgins et al., 2014). This DNP project is significant for the field of nursing practice by potentially improving interprofessional collaboration between colleagues at the local level by fostering a culture of safety among all colleagues.

### **Purpose**

The purpose of this DNP project was to increase awareness and knowledge of incivility in the nursing profession. Lack of professional communication among nurses in the OR setting was the topic addressed. This educational module may enhance teamwork, develop collaboration, promote respect and trust among all healthcare professionals, and empower nurses to speak up and identify unprofessional behavior. For instance, Ceravolo

et al. (2012) illustrated how assertive communication methods help decrease the incidence of LV in the workplace by conducting staff meetings, hallway in-services, and one-to-one cognitive rehearsal strategies. The practice question for this DNP project was: Will a staff education program for OR nurses addressing effective communication increase their knowledge of unprofessional behavior?

### **Nature of the Doctoral Project**

I performed a literature review on LV in nursing using Medscape, CINAHL, Medscape, Pub Med, Cochrane Reviews, and the Joanna Briggs Institute. Search terms used included *violence in the workplace, incivility, bullying, vertical violence, disruptive behavior, lateral violence, horizontal violence, harassment, intimidation, and nursing*. The DNP Manual for Staff Education served as a guide for the development of the educational project. Resources, such as the civility toolkit by Stopbullyingtoolkit.org, Healthy Workforce Institute resources, American Psychological Association Center for Organizational Excellence and the ANA incivility-bullying toolkit, were used in an educational project and served as a resource for the PowerPoint presentation. Increasing knowledge related to effective communication and crucial conversations among OR nurses was the main goal of the educational module. Steps for developing a staff education project included planning, implementation, and evaluation. Content experts were identified to review the material included in the educational module prior to implementation. A pretest and posttest of participant's knowledge related to effective communication were administered to the participants to assess knowledge levels before and after participation.

### **Significance**

The significance of creating an educational module by identifying what constitutes incivility in the workplace holds tremendous value for future nurses entering the OR (Spruce, 2019). According to Griffin (2004), as baby boomers begin to retire and new nurses enter the nursing profession, it is integral to align the ANA code of ethics to the profession so that future nurses can foster and develop a positive culture of safety in the workplace. The stakeholders involved in the educational project were primarily licensed nursing staff with a special interest in new nurses entering the specialty unit. Additional stakeholders consisted of leadership, the organization, and surgical patients. Additional contributions for this DNP project could enhance nursing practice by improving communication skills among nurses and role modeling positive behaviors to other OR staff (Coursey et al., 2013).

LV among healthcare professionals is discourteous, distasteful, and unkind and decreases morale and self-esteem among the nursing profession (Coursey et al., 2013; Christie & Jones, 2014; Curtis, Fry, Shaban, & Considine, 2017; Embree, Bruner, & White, 2013; Griffin & Clark, 2014; Koch, 2012). The statistics show that over 85% of all healthcare workers including nurses experience some type of LV or unprofessional behavior at some point during their career (Christie & Jones, 2014; Koh, 2016; Purpora, Blegen, & Stotts, 2012; Sanner-Stiehr & Ward-Smith, 2017). Additionally, 53% of student nurses also reported some form of harassment or bullying from front line nurses (Steinmann, 2017; Villafranca et al., 2017). The potential implications for positive social change can help decrease the nursing shortage and attract nurses into the specialty unit by

increasing awareness of LV in the OR setting (Ceravolo et al., 2012; Christie & Jones, 2014; Coursey et al., 2013; DiMarino, 2011).

### **Summary**

The ANA recognizes that LV in the workplace is a serious problem and that the profession of nursing needs to address this problem to improve communication, retention, and recruitment of nurses in the healthcare setting (ANA, 2007; Coursey et al., 2013; Hickson, 2015). LV is a serious problem that negatively impacts the work environment of all nurses (American Association of Critical Care Nurses (AACCN), 2004; ANA, 2015; Bambi et al., 2014; Bartholomew, 2006; Ceravolo et al., 2012; Christie & Jones, 2014; Coursey et al., 2013; Curtis et al., 2017; Embree et al., 2013; Griffin, 2004; Koch, 2012; Roberts, 2015; Sanner-Stiehr & Ward-Smith, 2015; Vessey, DeMarci, & DiFazio, 2010; World Health Organization, 2002). This problem is broad reaching and has clear implications in the current and future projected shortage of nurses, as well as the safety and quality of patient care (Clark, 2012; Coursey et al., 2013; Hickson, 2015). Creating a staff education program to educate OR nurses regarding LV and the importance of civility and professional communication with the intent to raise awareness on the topic of unprofessional behavior and its effects on staff will hopefully contribute to a future positive work culture.

## Section 2: Background and Context

### **Introduction**

Ineffective nurse-to-nurse communication has been linked to low morale, decreased job satisfaction, patient errors, and high turnovers (Spruce, 2019). According to Kaiser's (2016) research on the relationship between leadership and nurse-to-nurse incivility, the rate of incivility is 10-15% higher in the nursing profession than in any other profession. Theorists such as Freire have identified the nursing profession as an oppressed group, where the oppressed group directs their frustrations to the inferior, often novice nurses or experienced nurses new to the organization (Fawcett, 2005; Hashem, 2015; Spruce, 2019).

### **Concepts, Models, and Theories**

The theory of human caring can be applied to the intervention of LV behavior. The theory of human caring is a perspective of understanding human behavior to attempt to describe why people behave the way they do. Watson's theory of human caring is based on the fundamental principle of the need to love and care for each other in order to nourish human society and evolve as a civilized society that can live in harmony (Fawcett, 2005). Constantinides (2019) explained that Watson's theory of human caring could be described as "when nurses look into the faces of their patients with compassion, they look into the face of humanity" (p. 223). According to Watson's theory, nurses must treat themselves with gentleness and dignity; otherwise, nursing will be caught in an ontological, moral, ethical-philosophical quandary, which can lead to dissatisfaction with care received (Constantinides, 2019; Pajnkihar, McKenna, Stiglic, & Vrbnjak, 2017).



According to Constantinides (2019) and Pajnkihar et al., (2017), Watson proclaimed that the whole person being condensed to the significance of an object (material) contradicts the principles of self-care and love and is at odds with the nursing philosophy and professional viewpoints. Blending the concepts of human caring with effective communication between nurses enables nurses to respect and care for each other with gentleness and dignity (Constantinides, 2019; Fawcett, 2005).

### **Definition of Terms**

*Lateral violence*: A term used to describe the physical, verbal, or emotional abuse of an employee; nursing lateral violence has been defined as nurse-to-nurse aggression manifested in verbal or nonverbal behaviors (Bartholomew, 2006).

*Nonverbal innuendo*: A term used to describe an indirect and usually malicious implication; in nursing, this occurs when a nurse expresses behaviors that exhibit maliciousness toward another employee (Spruce, 2019).

*Verbal affront*: A deliberately offensive act or something producing the effect of deliberate disrespect; in nursing, this is frequent as nurses often speak rudely to new nurses (Spruce, 2019).

*Withholding information*: This occurs when nurses fail to inform other nurses about a patient's condition and any important details relevant to the care of the patient (Coursey et al., 2013).

*Sabotage*: A deliberate act of destruction or disruption in which equipment is damaged by a nurse and the blame is taken by a new nurse (Coursey et al., 2013).

*Scapegoating*: A common occurrence in which nurses commit errors and blame new nurses for the error committed by the existing nurse (Coursey et al., 2013).

*Broken confidence*: This occurs when nurses deliberately lead other nurses to make mistakes that will negatively impact their confidence (Coursey et al., 2013).

*Disruptive behavior*: Behavior that interferes with effective communication among healthcare providers and negatively impacts performance and outcome of the healthcare team (Spruce, 2019).

*Incivility*: Low-intensity deviant behavior with ambiguous intent to harm the target, which is in violation of workplace norms for mutual respect. Discourteous behaviors are characteristically rude and offensive, displaying a lack of regard for the other (Coursey et al., 2013).

*Oppressive behavior*: An oppressed group lacks self-esteem and can display passive-aggressive behaviors as a defense mechanism. These actions may lead to direct or indirect demonstrations or aggressive acts, hostility, and dissention (Coursey et al., 2013).

### **Relevance to Nursing Practice**

A literature review on the broader problem of LV in the OR can be explained from multiple approaches in a variety of ways (Spruce, 2019). LV in the healthcare field comes at a costly price; the demeaning behavior puts patients at risk for errors (ANA, 2015; AACCN, 2004; Bandura, 1969; Bartholomew, 2006; Ceravolo et al., 2012; Christie & Jones, 2014; Chu & Evans, 2016; Coursey et al., 2013; Embree et al., 2013; Griffin, 2004; Koch, 2012; Sanner-Stiehr & Ward-Smith, 2015; Vessey et al., 2010). LV is a

prevalent problem that is highly unrecognized, and when recognized, there are insufficient channels for reporting, which causes nurses to underestimate the losses they incur. Victims of LV can lose their self-worth in the workplace and experience increased ineptitude, depression, despair, and job dissatisfaction (AACCN, 2004; ANA, 2011; Bartholomew, 2006; Ceravolo et al., 2012; Christie & Jones, 2014; Coursey et al., 2013; Embree et al., 2013; Griffin, 2004). Researchers have also found that most nurses are at a high chance of leaving their jobs 6 months after their first experience of LV (Chippis et al., 2013; Christie & Jones, 2014; Dahlby & Herrick, 2008; Villafranca et al., 2017; Vessey, DeMarco, Ganney & Budin, 2009; Walrafe et al., 2012). This leaves a gap to be filled for other nurses, increasing the workload on an already short-staffed unit (Coursey et al., 2013). In *Lateral Violence in Nursing*, Blair (2013) defined lateral violence as a destructive behavior that brings conflict in the nursing departments in healthcare facilities. Nursing conflict is a function of personality and usually has negative implications because of intimidating behaviors in which feelings are undervalued and nurses are inadequately supervised, leading to rudeness toward new nurses, verbal abuse, and humiliating scenarios for new recruits in the medical field. Blair (2013) studied 100 employed nurses, 40 men and 60 women, with an average age of 35 years, from different ethnicities. The results showed inadequate channels for problem airing was the major cause of LV among the nurses (Blair, 2013). Blair's findings, along with findings from other scholarly research, have indicated that LV can have psychological effects on the victims, including sleep disorder, high levels of stress, job dissatisfaction, lowered self-

esteem, and absenteeism (Blair, 2013; Chu & Evans, 2016; Coursey et al., 2013; Griffin & Clark, 2014; Halim et al., 2018; Thomas, 2010).

Hostility, LV, and bullying affect nurses and ultimately can affect patient outcomes (Blair, 2013; Chu & Evans, 2016; Halim et al., 2018). The ANA reports that between 18% to 31% of nurses have experience some form of LV in the workplace (Coursey et al., 2013). Halim et al., (2018) estimate that up to 93% of perioperative nurses admitted to witnessing some form of LV.

Ceravolo and associates (2012) describe the importance of strengthening communication between front line staff to overcome LV; in their 2012 article the authors identified how important it was for the leadership to have educational workshops to enhance the educational awareness of the issue. Ceravolo and associates (2012) held 60-90-minute workshops to enhance assertive communication skills and raise awareness to the disruptive behavior. The educational workshops emphasized healthy conflict resolution and eliminating a culture of silencing nurses (Ceravolo et al., 2012). Furthermore, Steinmann (2017) identified the importance for having crucial conversations with staff to foster a positive workplace. Steinmann (2017) illustrated that by having honest conversations created a new level of self-awareness, in addition to aid in transforming difficult conversations into learning opportunities by developing effective communication techniques a person can use both professionally and personally.

### **Local Background and Context**

The relevance of the problem affects the project setting which I have been part of for over 20 years. Throughout my perioperative career I have witnessed and personally

been a victim of LV as a staff nurse. Coursey et al., (2013) describe how LV directly contributes to the nursing shortage in that 30%-50% of new nurses leave their first place of employment within the first year due to LV. Now as a leader it is my obligation to ensure the nurses are treated with dignity and respect while in the work environment. It is very common for senior nurses to mock new nurses entering the specialty unit, especially in the locker room while they are getting ready to go home (self-witness, 2009). Many senior nurses will engage in counterproductive discussions with other nurses about any type of mistake the new nurses might have done during the shift or how the new nurses did not know how to assemble a piece of equipment properly. This is often done in front of the new nurse or in front of several new nurses. During each perioperative training program, the unit loses one to three nurses due to incivility, which takes a mayor effect on our ability to staff appropriately, turnover, and decreases morale on the unit. LV undermines the nursing profession and may ultimately affect the outcome of the surgical patient.

The forum where the staff education took place is in a community non-profit hospital. AACCN (2005) emphasizes that only 1 in 10 nurses speak up when being bullied or observe another colleague being bullied. Therefore, it is imperative that all staff is educated on what LV is and how it can potentially affect not only their personal life but also their careers. In 2008, TJC implemented two conditions of participation regarding LV. The first condition of participation clearly states, “The organization has a code of conduct that defines acceptable and inappropriate behavior” (TJC, 2014). The second condition of participation identifies how leaders working in healthcare must

create and implement a clear process for managing disruptive and inappropriate behavior (TJC, 2014).

### **Role of the DNP student**

My role as advance practice nurse is to move the nursing profession forward as dictated by AACCN (2014) in my current practice setting. The educational project of enhancing knowledge of LV and improve communication aligns well with two of the DNP essentials. Essential II- Organizational and Systems Leadership for Quality Improvement and Systems Thinking (AACCN, 2014) and Essential VI- Interprofessional Collaboration for Improving Patient and Population Health Outcomes (AACCN, 2014). Both of these DNP essentials are instrumental in creating a culture of safety within the operating room setting. Providing a staff educational project for front line staff enabled the frontline nurses to distinguish between appropriate communication and inappropriate communication. In addition, one of the focuses of the staff education was on the communication between nurses and appropriate responses when under a stressful situation.

My motivation for choosing this delicate topic as my DNP project was with future operating room nurses in mind. The operating room is one of the most fascinating areas of nursing where critical thinking and change are two constant variables. LV, bullying has no place in this arena. Furthermore, shining light on the topic will possibly help future study research to eradicate the negative behavior from our nursing profession. There were no biases with the educational project. The frontline staff received a very

simple survey to fill out at the beginning of the educational project and one at the end for validity purposes.

### **Summary**

Patient errors have been linked to ineffective communication between providers (TJC, 2018). LV and bullying have played a crucial role in creating a culture of fear and intimidation for the victims causing them to either resign their position or leave the nursing profession (Sara et al., 2015). Watson's theory of human caring emphasized the importance of human beings caring for each other thus creating a culture of acceptance and harmony (Constantinides, 2019; Fawcett, 2005).

### Section 3: Collection and Analysis of Evidence

#### **Introduction**

The purpose of this DNP project was to increase awareness and communication between nurses on the topic of LV (also commonly known as bullying, horizontal violence, and disruptive behavior) and the effects LV can have on the victim, the organization, and the patients. The goal of raising awareness among providers can enable frontline nurses to prepare and respond to potential threats of LV. Evidence-based literature has demonstrated a high correlation between LV and job satisfaction (Castronovo et al., 2016; Chipps et al., 2013; Coursey et al., 2013; Griffin & Clark, 2014; Purpora et al., 2012; Sanner-Stiehr & Ward-Smith, 2017; Steinman, 2017). The literature also clearly identifies the physical, emotional, mental, and psychological repercussions of LV in the workplace (Bartholomew, 2013; Griffin & Clark, 2014; Roberts, 2015; Villafranca et al., 2017).

#### **Practice-Focused Questions**

The local issue of LV affects the OR due to high turnover of nurses and low morale (Coursey et al., 2013). During each Periop 101 program, many or some new nurses entering the specialty unit leave due to LV (i.e., bullying) from other nurses (Personal account, 2018). The gap in practice is due to a lack of awareness of appropriate code of conduct in the professional setting compared to what was acceptable 20 years ago (Coursey et al., 2013). The practice-focused question for this DNP project was: Will a staff education program on effective communication and crucial conversations for OR nurses increase awareness on the topic of LV?



### **Sources of Evidence**

The steps for developing a staff education project aligned with Walden University's Staff Education Manual. The purpose of this staff education project was to inform and increase awareness related to LV. During the planning stage, criteria based on the literature were presented and formulated for ease of interpretation by frontline staff. I discussed the staff education project with senior leadership at the hospital and identified one to two champions for the project. The champions reviewed, evaluated, and provided feedback on the presentation. In addition, the nursing champions served as the subject matter experts for further questions frontline staff may have. The learning objectives for the staff education were the following:

1. Describe LV and its effects on the clinical setting;
2. Identify the prevalence of LV in the operating room;
3. Describe Watson's theory as it relates to nursing;
4. Provide scenarios via role-playing of LV, bullying, and disruptive behavior in the OR
5. Describe the proper chain of command for reporting any type of LV (whether directed at you or another nurse).

The entire staff education project was shared with senior leadership prior to implementation to front-line staff for final approval. Once final approval by key stakeholders was obtained, a before and after questionnaire was provided to front line staff to evaluate if the educational project was successful.

Implementation of the staff educational project was held during weekly staff meeting in the operating room. Perioperative services had allocated educational time every Wednesday morning from 6:45-7:14 a.m. The presentation was a PowerPoint presentation with scenarios identifying different types of LV in the operating room. I used simple vocabulary to ensure adequate comprehension of all frontline nurses. The local setting has a high volume of diploma nurses who do not have a BSN and were grandfathered in after the organization received Magnet designation.

Protections of all human rights were in compliance with institutional review board requirements. No formal interviews were performed. The site approval documentation for staff education doctoral project was signed by the facility.

### **Analysis and synthesis**

Analysis and synthesis were made using a *t*-test, inferential statistics to determine if the pre- and post questionnaire were significantly different. Utilizing inferential statistics allowed me to estimate the probability of both variables within the sample size. The *t*-test will provide the differences before and after the educational module had been completed. The variable determine if (any) differences exist between the pre and post. I consulted with Walden Statistical services for proper development of analysis and interpretation. Once the final results and interpretations were completed, findings were shared with the senior leadership of the organization. The findings could serve to provide additional educational material for all staff or to help develop future prevention modules in regards to LV.

### **Summary**

In the summary of Section 3 the steps of the project were identified along with clear learning objectives. Conducting a staff educational project helped shed light on the sensitive topic of LV in the perioperative setting. Addressing the topic of LA, incivility, disruptive behavior, bullying, has been long overdue and has been allowed to dwell into our nursing profession, it is time to address the topic in a professional manner. The literature has identified LV as a critical barrier to advancing the nursing profession forward as established by the AACCN (Spruce, 2019). It is of an essence for front-line staff to effectively communicate and identify when a colleague is not behaving in accordance with the company's code of conduct. In Section 4 the findings of the inferential statistics will be discussed

## Section 4: Findings and Recommendations

### **Introduction**

LV is nurse-to-nurse aggression, including verbal, emotional, and physical abuse healthcare professionals encounter while caring for patients. Healthcare facilities have not focused on professional collegiality among staff members (Coursey et al., 2013; Spruce, 2019). Most healthcare facilities have position statements and policies regarding disruptive behavior but fail to address the behavior appropriately when incidents are reported (Coursey et al., 2013; Spruce, 2019). The local practice problem observed in the OR is a lack of professionalism between nurses. Senior nurses are often the biggest perpetrators of hostility, specifically toward new nurses entering specialty units (Coursey et al., 2013; Spruce, 2019). The literature demonstrated how the problem of disruptive behavior is affecting employee satisfaction scores, decreasing patient satisfaction, and causing high employee turnover (Spruce, 2019).

The gap in practice addressed in this DNP project is the lack of awareness/strategies to manage and/or eliminate the disruptive behavior from the professional working environment. According to various studies, policies and procedures are ineffective when dealing with disruptive behavior in the OR (Chu & Evans, 2016; Coursey et al., 2013; Koh, 2016). Additionally, Coursey et al. (2013) demonstrated how most organizations merely have policies and procedures to satisfy regulatory requirements but have little effect on stopping the incidents from occurring. The practice-focused question for this DNP project was the following: Will a staff education program for OR nurses addressing effective communication increase their knowledge of

unprofessional behavior? The purpose of this DNP project was to enhance collaboration, foster teamwork, promote respect and trust among nurses, and empower nurses to speak up and identify unprofessional behavior. Furthermore, creating awareness of LV could potentially change the current status quo and begin to change the cultural norms, thereby fostering a positive working culture. Additionally, this DNP project holds significance for the field of nursing practice by improving interprofessional collaboration among colleagues at the local level by fostering a culture of safety among all colleagues.

LV occurs in many professions. In the medical field, the phrase “nurses eat their young” describes the improper, vulgar behavior and language displayed by some nurses in the workplace (Dahlby & Herrick, 2008; Hashem, 2015; Hodgins et al., 2014; Koh, 2016). LV has made newly employed nurses vulnerable when they are socialized into the nursing workforce because they are forced to second-guess their decision of nursing in the first place (Griffin, 2004). Verbal abuse is among the most significant forms of LV, and studies have shown that employees would rather quit their jobs than remain in a work environment where they are verbally abused by coworkers (Chipps et al., 2013; Chu & Evans, 2016; Coursey et al., 2013; Dahlby & Herrick, 2008; Hashem, 2015; Koh, 2016; Hodgins et al., 2014). In 2008, over 35% of all healthcare workers, including nurses, reported incidences of LV, leading to lowered levels of job satisfaction and increased stress at work; in addition, 53% of student nurses reported experiencing harassment from staff nurses (Sheridan-Leos, 2008). Christie and Jones (2014) found that 85% of nurses experience some form of LV during their career. LV has been found to happen early in a nurse’s career (Etienne, 2014). Etienne (2014) determined that up to 48% of nurses

experience some form of disruptive behavior within the first 6 months of being hired. As the data clearly illustrate an increase in LV since 2008, organizations may identify and address any form of disruptive behavior. An organization that allows LV to continue is in jeopardy of increased turnover rates, higher costs of onboarding new nurses, paying higher rates for temporary staff, decreased morale, and decreased overall patient safety (Christie & Jones, 2014; Coursey et al., 2013; Curtis et al., 2017; Embree et al., 2013; Griffin & Clark, 2014; Hayden, 2016; Koch, 2012; Spruce, 2019).

I obtained sources of evidence through various search engines: Medscape, CINAHL, Pub Med, Cochrane Reviews, and the Joanna Briggs institute. The analytical strategies used in this DNP project included search terms such as: *incivility, harassment, lateral violence, disruptive behavior, bullying, and intimidation*. Other resources used in creating the staff educational module included a civility toolkit by Stopbullyingtoolkit.org, Healthy Workforce Institute Resources, and the American Psychological Association Center for Organizational Excellence.

### **Findings and Implications**

The total number of possible participants was 66 nurses. Of the 66 nurses, only 22 participated in the educational module ( $n = 22$ ). All nurses completed both the pretest and posttest. Walden IRB approval number for the educational module was 12-06-19-0404252.

A paired-sample *t*-test was used to determine whether there was a statistically significant mean difference between the pretest and posttest of the educational module. There were no outliers in the data, as assessed by inspection of a boxplot. The data

demonstrated increased learning and understanding in each of the questions. Each question score was evaluated between the posttest and pretest to assess the difference in score from question to question. Comparison between the post-test and pre-test for each question demonstrated improvements in their knowledge regarding LV. Question 1 asked the participants the percentage of nurses experiencing LV, participants responded ( $M = .9091$ ,  $SD = .294$ ) as opposed to the pre-test ( $M = .1364$ ,  $SD = .3512$ ), a statistically significant mean increase of  $.778$ , 95% CI [.538, 1.00],  $t = 6.859$ ,  $p < .001$ ,  $d = 21$ . Question 2 was a true/false question in regards to the ANA position statement, participants answered ( $M = .8636$ ,  $SD = .3512$ ) as opposed to pre-test ( $M = .2727$ ,  $SD = .4558$ ), an increase mean of  $.591$ , 95% CI [.370, .814],  $t = 5.508$ ,  $p < .001$ ,  $d = 21$ . The third question asked the participants to name the characteristics of LV, participants in the post-test responded ( $M = 1.000$ ,  $SD = .0000$ ) as opposed to pre-test ( $M = .4545$ ,  $SD = .5097$ ), a statistically significant mean increase of  $.545$ , 95% CI [.319, .771],  $t = 5.020$ ,  $p < .0001$ ,  $d = 21$ . The fourth question asked the participants if LV could have serious effects on both the victim and the organization. Participants answered ( $M = .8636$ ,  $SD = .3512$ ) in contrast to pre-test ( $M = .4091$ ,  $SD = .5032$ ), a statistically significant mean increase of  $.455$ , 95% CI [.157, .752],  $t = 3.1777$ ,  $p < .005$ ,  $d = 21$ . The last question asked the participants common causes of LV, the post-test demonstrated ( $M = 1.000$ ,  $SD = .0000$ ) in comparison to the pre-test ( $M = .3182$ ,  $SD = .4767$ ), a statistically significant mean increase of  $.682$ , 95% CI [.470, .893],  $t = 6.708$ ,  $p < .001$ ,  $d = 21$ . The educational module demonstrated a statistically significant difference between means ( $p < .05$ ) therefore; the educational module was successful in increasing awareness of LV.

Table 1

*Paired Sample Statistics*

	Mean	N	SD	SEM
Q1 Posttest	.9091	22	.29424	.06273
Q1 Pretest	.1364	22	.35125	.07489
Q2 Posttest	.8636	22	.35125	.07489
Q2 Pretest	.2727	22	.35125	.09719
Q3 Posttest	1.0000	22	.00000	.00000
Q3 Pretest	.4545	22	.50965	.10866
Q4 Posttest	.8636	22	.35125	.07489
Q4 Pretest	.4091	22	.50324	.10729
Q5 Posttest	1.0000	22	.00000	.00000
Q5Pretest	.3182	22	.47673	.10164

Table 2

*Paired Sample Test (Paired Differences)*

	Mean	SD	SEM	95% C.I. of the Difference		t	df	p
				Lower	Upper			
Q1 Post-Pre	.77273	.52841	.11266	.53844	1.00701	6.859	21	.000
Q2 Post-Pre	.59091	.50324	.10729	.36779	.81403	5.508	21	.000
Q3 Post-Pre	.54545	.50965	.10866	.31949	.77142	5.020	21	.000
Q4 Post-Pre	.45455	.67098	.14305	.15705	.75204	3.177	21	.005
Q5 Post-Pre	.68182	.47673	.10164	.47045	.89319	6.708	21	.000

The results of the educational module questionnaire were also substantially positive. The evaluation contained six questions in a Likert-style format with a scale of 1–5. Over 80% of the participants responded to the evaluation ( $n = 20$ ). Out of the 20 participants, 10 (50%) agreed they felt more knowledgeable about LV, nine (45%) strongly agreed they felt more knowledgeable about the topic after the module was presented. On Question Number 3, participants had an equal distribution between agree (nine, 45%) and strongly agree (nine, 45). For Question 4 10 participants (50%) agreed they felt more comfortable reporting LV. For Question 5, 14 participants (70%) strongly



agreed the module was presented in a clear manner. The last question asked participants if they understood the importance of the ANA position statement, 12 (60%) of participants strongly agreed they understood the position statement.

The staff educational module in-service had unanticipated limitations due to the following reasons. First, it was the holiday season and a high volume of staff members were on vacation. Second, due to a high volume of staff members being on vacation, the rest of the unit was short staffed, which in turn made it difficult for staff members to participate in the in-service even though the staff in-service had designated time. Furthermore, due to the high complexity of the surgical cases the staff members needed to prepare (specialty equipment, beds, video towers, supplies, instrumentation, etc.) which caused limited participation. In addition, to the holiday season and being short staffed, the unit also had high number of sick-calls, leave of absences, which contributed to a limited sample size.

The potential implications to positive social change this staff educational module can provide to the perioperative services arena is to potentially decrease the nursing shortage and attract nurses into the specialty unit by increasing awareness of LV in the operating room setting (Ceravolo et al., 2012; Christie & Jones, 2014; Coursey et al., 2013; DiMarino, 2011) and making strides to promoting a positive work environment. The staff educational module indicated increased knowledge of LV and effective communication among participants, which is a start to getting more staff involved in changing the cultural norm within the unit. Additional potential suggestions that can contribute to a positive social change can occur if the nurses are armed with the tools they

need to overcome LV when they encounter it firsthand. Empowering nurses to speak up can contribute to a positive work culture where nurses are not afraid to speak up when something does not seem right. Moreover, it can contribute to a healthy work environment, which in turn will increase patient satisfaction and patient safety. Not to mention it will aid in recruitment and retention.

### **Recommendations**

Key ideas to address the gap in practice include continuing education and seminars on LV. Also, when onboarding new staff, have training classes regarding disruptive behavior and have a very strong position statement regarding the code of conduct that each employee must follow when on company time. This educational module can serve as the foundation for further workshops for nurses. Recommendations from multiple researchers have proposed further training and education regarding LV that has demonstrated increase awareness and decrease incidence of LV (Spruce, 2019).

### **Strengths and Limitation of the Project**

Strengths of this project include a high response rate in nurse's awareness of LV in the perioperative setting. Based on the evaluation of the data the educational module was successful in increasing knowledge and awareness of the topic. Furthermore, nurses were receptive to the educational module being presented and asked if they would be formal training with potential role-playing scenarios. One possible limitation of the project could be the ease of the questions in pretest and posttest. The questions were created using very simplistic language. The questions were of low difficulty and relatively basic. Another limitation of the project could potentially include the lack of

appreciation and recognition on the topic of LV among stakeholders who would facilitate the use of future educational modules in their organizations. Due to the sensitivity of the topic some organizations refrain from allowing any type of research/study to be conducted in their organizations (Personal account, 2018). Therefore, the sensitivity of this phenomenon could also be considered a limitation. Individuals usually avoid these types of topics when proposed for discussion (Personal account, 2018). Likewise, the subjective nature of how each individual can perceive the topic can also be open for interpretation.

## Section 5: Dissemination Plan

### **Introduction**

For the final section of my DNP project, I discuss the dissemination of the results from the staff educational module. In disseminating information, the researcher should take into consideration the type of pursued change and the end users for whom the change is intended (Curtis et al., 2017). For this DNP project staff educational module, the end users were the OR nurses; in the OR, many nurses experience LV. Increasing the awareness of disruptive behavior among OR nurses would increase the likelihood of nurses identifying, reporting, and stopping the negative behavior from corrupting the specialty unit.

Dissemination of the results from this DNP project is multilayered. First, the conclusions will be shared at the site where the nurse educator helped accomplish the educational module. The educator will also present the results with the rest of the hospital's educators during their monthly staff meetings and hopefully this educational module will be shared throughout all units during staff meetings or via newsletters. Leadership will also obtain a copy of the project; however, it is unclear at this time if the conclusions of this DNP staff education module will be further dispersed to sister hospitals due to the sensitive nature of the topic. In addition, the feedback from and reaction of upper management remain unknown.

Based on the nature of this DNP project, the audiences who would benefit from learning of LV would include perioperative settings across the United States. The ORs would be the most appropriate venues to disseminate this project. Furthermore, findings

could also be shared in publications, such as the Association of Operating Room Nurses and with OR managers. The findings could also be shared at the local level through Association of Operating Room Nurses chapter meetings. However, due to LV being a widespread problem that affects the entire nursing population, dissemination of the results would also be appropriate for any nursing journal.

I plan to speak at local Association of Operating Room Nurses chapter meetings after completion of my project. I plan to either create a poster presentation or present at the OR Manager Conference, which is the leading national conference for OR leaders. I am also interested in presenting at the annual National Association of Hispanic Nurses conference. My hope is to create awareness of how serious this behavior is and how much it is affecting not only the nursing profession but also patients and communities.

### **Analysis of Self**

I am an advance practice nurse with over 20 years of nursing experience in both the clinical setting and the leadership arena. My educational background has guided my clinical practice in making a positive social change for my community. I no longer consider myself a novice but a subject matter expert in the topic of disruptive behavior. Finishing this DNP project provided me the extensive training to become a nursing scholar. Throughout my 20 years of working in the OR setting and being a victim of LV, consistently witnessing firsthand LV provided the drive to study and research the topic in depth. However, it was challenging to find studies of LV in the OR due to the delicate nature of the topic. My long-term professional goals are to continue to be a scholar of

change in disruptive behavior by enhancing the work of Griffin (2004), teaching cognitive behavior to new nurses entering the specialty unit.

As the project manager for this DNP project I faced many barriers during this journey. Again, due to the characteristics of the topic, organizations are not receptive to admitting this is problem in their organization. Therefore, I had to consistently change the presentation of the topic to make it universal not organization-specific, which signified I was not able to include in my DNP many of the stories, accounts, personal experiences, provided by the individuals currently working in the organization. If I had been allowed to share some of the stories of LV in my DNP project it would have provided a true sense of how crucial it is to create more awareness of the issue. Nonetheless, I plan to continue to raise awareness of the topic via nursing conferences, nursing journals, and switching my career from the clinical setting to academia in the next 10 years.

Completion of this DNP project has been challenging. I faced many obstacles throughout the last several years, which impacted my ability to finish my project earlier. The biggest obstacle was work/life balance. Four years ago, my organization had a substantial reduction in workforce (eliminating the rest of the leadership positions in the OR and only leaving mine), which impacted my ability fully allocate time to complete my project in a reasonable time. I found myself working 12-16 hours daily and resting on the weekend, therefore giving little attention to my doctoral work. The extenuating environment I was dealing with also made me lack the motivation to work on my project; when I actually had time to dedicate to my project, I found myself with writer's block. I would sit at my computer and could not write a single paragraph on my topic. Although

my ideas were clear in my head, I was not able to translate them into paper. The obstacle of having writers block was the most difficult to overcome. My chair suggested I take several of the workshops offered by Walden University through each phase of my DNP project to help overcome my barriers. The Walden workshops were my solution to overcoming writer's block. Each workshop supported each phase of my project and I received amazing feedback and suggestions that enabled me to make progress through my project. The scholarly insights gained through this journey were powerful in both my personal knowledge and clinical practice. Through the years of personally experiencing LV and observing the behavior portrayed to other nurses made me doubt my career choice and gave me a negative view of what nursing is supposed to be. Florence Nightingale in 1870 wrote "It will take 150 years before for the world to see the kind of nursing I envision". This year concludes her vision, making 2020 the year of the nurse (social media posting). The statement was a turning point for me; it made me realize I needed to be part of the change agent in eradicating the negative behavior from nursing. Florence Nightingale provided the foundation of nursing. Now, it is up to us to improve her legacy and move the nursing profession forward through our clinical pathways established by the AACCN.

Through this scholarly journey I had great colleagues who motivated me and provided the mental support needed to progress with my project. Taking each step of the project and splitting it up into pieces along with a workshop to assist in the writing process was one of the positive strategies for success.

### Summary

The aim of this educational module was to enhance teamwork, develop collaboration and promote respect and trust among all healthcare professionals by creating awareness of disruptive behavior and its common traits. The educational module was administered in a perioperative setting along with a pretest and posttest to measure if there was a significant difference between the two. The differences between the pretest and posttest were measured using a paired sample *t*-test. Each question demonstrated a statistically significant mean, which demonstrated an improvement in the nurse's knowledge regarding the topic.

Watson's theory of human caring was chosen for this project. The theory is based on the principle of caring for each other in the face of humanity. According to Watson's theory humans need to love and care for each other in a civilized society otherwise society will live in chaos (Fawcett, 2005).

The topic of LV is a delicate subject widely known for decades by a variety of names; LV is like a dormant disease killing off nurses every year (Spruce, 2019). Having personally been a victim and also witnessing what LV can do to new nurses entering the specialty unit, it is now my mission to create awareness and change the tide of nursing culture for the next generation of nurses.



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## Appendix A: Pretest and Posttest

1. Statistics demonstrate that up to \_\_\_% of all nurses at some point in their career have experience LV.
  - a. 85% \*
  - b. 20%
  - c. 50%
  - d. 100%
  
2. The ANA clearly delineates “the nursing profession will no longer tolerate violence of any kind from any source”
  - a. True \*
  - b. False
  
3. Characteristics of LV could include which of the following:
  - a. Sabotage
  - b. Eye rolling
  - c. Humiliation
  - d. All of the above \*
  
4. LV can have serious effects on both the victim and the organization
  - a. True \*
  - b. False
  
5. Common causes of LV could include:
  - a. Poor work dynamics

Appendix B: Evaluation Questionnaire (5-Likert Scale)

1. The educational module was presented in a clear manner?
2. How knowledgeable did you feel about LV before completing this module?
3. How knowledgeable do you feel about LV after completing this module?
4. Do you feel better equipped to deal with incidences (that you either experienced or witnessed) of LV?
5. The educational module help me understand why the ANA issued a position statement regarding LV



## Appendix C: Educational Module

## Increasing awareness of Lateral Violence in the Perioperative Setting

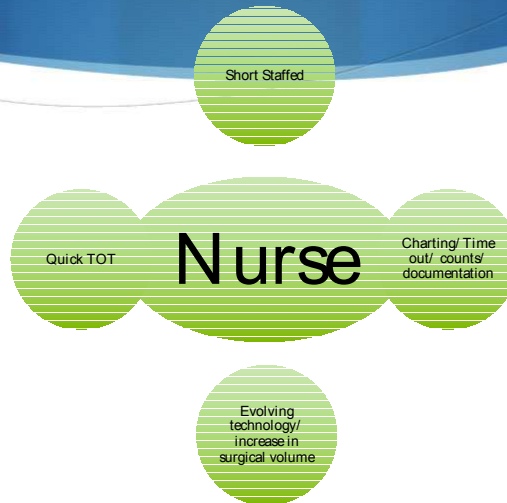
◆ Laura Licea MSN, RN, CNOR, CSSM, HACF

◆ December 2019

## Greetings! And Thank You

- ◆ This module has been created by Laura Licea a DNP student at Walden University. The topic of Lateral Violence (LV), also known as bullying, nurse-to-nurse aggression and incivility will hopefully provide you with some valuable tips in order to identify and manage these types of situations as they arise. It is my hope to raise enough awareness, and empower our nurses to the point where LV is but a rare occasion. Participation in this staff educational module is:
  - ◆ Voluntary
  - ◆ Any information taken from this study is de-identified, thereby keeping your information confidential for the purposes of this project

# The Role of the OR Nurse



## The Learning Objectives for this Staff Education module are:

- ◆ Describe LV and its effects on the clinical setting
- ◆ Identify the prevalence of LV in the operating room
- ◆ Describe Watsons theory as it relates to nursing
- ◆ Describe the proper chain of command for reporting any type of LV (whether it was directed to you or you witnessed it)

## Common quotes used in the nursing profession

- ◆ “That’s just the way it goes in nursing”
  - ◆ “It’s been like this forever”
  - ◆ “Nothing will ever change”
  - ◆ “We just deal with it”
    - ◆ .....?

## Definition of LV

- ◆ Lateral Violence (LV) is defined as: Disruptive behavior, that is either **covert** or **overt**, that is imposed onto one nurse by another nurse (Donley, 2012)

## Statistics

- ◆ Studies have estimated that **up to 85%** of all nurses have experienced LV at some point in their career (ANA, 2011; Christine & Jones, 2013; TJC, 2016)
- ◆ **20-60% of new nurses** will leave their first nursing job within the first six months of employment (Embree & White, 2010)
- ◆ LV is a contributing factor to the nursing shortage, which is estimated to be **over 1 million** by 2020 (McMenamin, 2014)
- ◆ LV is a contributing factor to **burnout** and compassion fatigue (Stamm, 2010)
- ◆ Compared to women outside the nursing profession, female nurses are **23 % more likely to commit suicide** (American Society of Registered Nurses, 2008)
- ◆ The cost of turnover and onboarding a new nurse ranges from **\$22,000 to \$145, 000** per nurse (Bigony, et al., 2009; Christine & Jones, 2013; Hayden, 2016)

## ANA Position Statement

- ◆ In 2015 the ANA issued a strong position statement regarding incivility, bullying, and workplace violence
- ◆ The ANA clearly delineates “The nursing profession will not longer tolerate violence of any kind from any source”
- ◆ RN’s have the legal responsibility to create a healthy and safe work environment for RN’s and all members of the health care team

## Watson's Theory of Caring

- The theory of Human caring was chosen for this project
- The theory of Human caring was initially developed by Jean Watson in 1975
- One of the key tenets to the theory of human caring is based on the fundamental principle of need to love and care for each other in order to nourish human society and evolve as a civilized society who can live in harmony
- Blending the concepts of human caring to effective communication between nurses enables nurses to respect and care for each other with gentleness and dignity

## Characteristics associated with LV

- ◆ Nonverbal innuendo
- ◆ Sabotage
- ◆ Backstabbing
- ◆ Degrading or undermining
- ◆ Eye rolling
- ◆ Lack of respect for privacy
- ◆ Betrayal of confidences
- ◆ Humiliation
- ◆ Blaming
- ◆ Refusing to assist
- ◆ Intimidation
- ◆ Impatience

## Common Causes of LV

- ◆ Organizational
  - ◆ Imbalance of power from managers to staff, organizational shrinkage, and nurse short-staffing (Embree & White, 2010; Sanner-Stiehr & Ward-Smith, 2014; Sauer, 2012).
  - ◆ Poor work dynamics, a culture of avoidance and disrespect, uncooperativeness, low self-esteem, silence, and ineffective coping strategies (Embree & White, 2010) and the need for the aggressor to be in control (Murray, 2009).

## Effects of LV

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>◆ Personal               <ul style="list-style-type: none"> <li>◆ Anxiety, depression, sleep disorders</li> <li>◆ Headaches</li> <li>◆ Hypertension</li> <li>◆ Weight gain/loss, GI problems</li> </ul> </li> <li>◆ Professional               <ul style="list-style-type: none"> <li>◆ Burnout, compassion fatigue</li> <li>◆ Errors</li> <li>◆ Leaving profession</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>◆ Organizational               <ul style="list-style-type: none"> <li>◆ Turnover costs</li> <li>◆ Costs for agency nurses</li> <li>◆ Staff retention issues</li> <li>◆ Staffing crisis</li> <li>◆ Overuse of sick time/absenteeism/overtime costs</li> </ul> </li> </ul> |
|---|---|

## Reporting LV

- ◆ Code of Conduct
  - ◆ All employees sign the code of conduct on their yearly evaluation
- ◆ Chain of command
  - ◆ Report it to your immediate supervisor
  - ◆ If you do not feel comfortable reporting to your immediate supervisor HR is another venue for reporting
  - ◆ Compliance hotline

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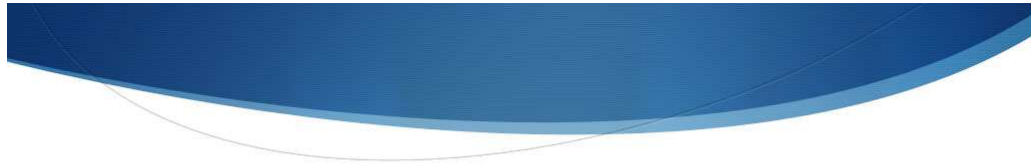
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Questions????