LATERAL VIOLENCE IN NURSING

A Thesis

Presented to the faculty of the School of Nursing

California State University, San Marcos

Submitted in partial satisfaction of
the requirements for the degree of

MASTER OF SCIENCE

in

Nursing

Clinical Nurse Specialist

by

Mary Patricia Russell

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AUTHOR: MARY PATRICIA RUSSELL

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Date

School of Nursing
College of Education, Health, and Human Services
California State University San Marcos

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Abstract

of

LATERAL VIOLENCE IN NURSING

by

Mary Patricia Russell

The purpose of this study was to examine lateral violence in nursing. A quantitative descriptive exploratory survey was developed to explore lateral violence on two nursing units within a major health care organization in southern California. Post hoc reliability testing demonstrated Cronbach's alpha of .79. Fifty-four subjects from two nursing units participated in the study. The findings show the occurrence of Lateral Violence on these units, nurses feeling a lack of support by their co-workers, and some feeling threatened and humiliated by colleagues. The findings further show that this mistreatment has caused a direct effect on patient care and has been witnessed by visitors. The findings suggest that some respondents do not feel denied access to learning opportunities, despite the Lateral Violence that is occurring and these same respondents do not feel as though there would be repercussions if they were to discuss their mistreatment with the management level. Implications include education on the topic and zero tolerance for the behavior.

Dr. Denise Boren, PhD, RN

Committee Chair

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Date
DEDICATION

This thesis is dedicated to my husband Russell, daughters Brittany, Kaitlin, and Allison. Without your continues love and support through this journey, none of this would be possible.
ACKNOWLEDGEMENTS

I would like to acknowledge the inspirational instruction and guidance of the many people help me get this point in completing my thesis. First, I would like to thank my family, without out the love and appreciation for my goals, this would have been a much more difficult task. To my husband, Russell, who helped manage the everyday details of our lives while I was going through this program. To my three beautiful daughters, Brittany, Kaitlin, and Allison, you have seen me go to and from school while managing the family and my career. You have been ever so patient while I have worked my way to this point in my career. Thank you and I love you always.

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I would like to thank my friends and colleagues who have stood by me and studied with me through what has seemed to be a never-ending chapter in my life. You have spent years interested in my goals and this has meant so much to me. I look forward to practicing as a Clinical Nurses Specialist alongside all of you.

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To the men and women of nursing, you make the patients and families feel the way they do and make the world a better place to live in. I would like to thank all of the nurses who took the time to participate in the survey in order for me complete this thesis. Your willingness to share your thoughts and experiences made this paper possible.

Thank you.
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CHAPTER ONE
INTRODUCTION

Background and Significance

A silent killer has made its way into nursing. Those individuals who have ever felt ridiculed, demeaned by a colleague, asked to do a task that they have yet learned and left with humiliation for not knowing how to do it, know what is meant by lateral violence. This epidemic affects new employees, new graduates, nursing students, certified nursing assistants, and even those nurses who have worked at a facility for a long length of time. Lateral violence, sometimes called horizontal violence, is a term that was developed to describe distasteful, unkind, and discourteous behaviors that nurses can portray toward colleagues (Roy, 2007). This epidemic is so widespread in the nursing world that at one point or another, everyone has been affected.

Oppression exists when a powerful group controls or exploits a less powerful group (Roy, 2007). The oppressor is out to control another person’s behavior, humiliate another person, or denigrate the dignity of one’s colleagues. The oppressor directs or redirects their negative behavior on other members of the staff. Some believe that this behavior is a learned behavior within the workplace, and others believe that the oppressor’s behavior is a longstanding struggle for power (AACN, 2007). For much of nursing, our history reflects the female enculturation to oppressed group behavior. The 19th and early 20th century ideas about nursing were inter-changeable with the notion of true womanhood. Nursing historians, from JoAnn Ashley to Susan Reverby, highlight nurses’ subservience to paternalism and hospital interests. Notions of self-less service
and apprentice-ship practice forged a culture that rejected the advancement of the self, and in favor, subservience to a higher authority of paternalism. Religious and military influences generated opportunities that were fraught with contradictions. Too often, nurses faced with the weight of oppressive work conditions have lashed out at other nurses. The everyday politics of oppression created and continue to generate tensions that lead to lateral violence and or what is now called a lack of civility (Wolf, 2011).

Lateral violence is all around us and can surface at any times and in a variety of ways. Examples of this behavior are: backstabbing, gossiping, rolling of the eyes, folding of the arms, constant criticism, humiliation, ignoring, isolation, inequitable assignments, angry outbursts, threats, passing judgment, undermining, and sarcasm. Lateral violence can be significantly reduced or eliminated when the behavior is recognized, acknowledged, and appropriately and consistently addressed at both the individual and organizational level. (Harley, n.d.).

**Purpose of the Research**

The incidence of lateral violence in nursing is on the rise. Statistics of 2008 find that 38% of all healthcare workers have reported incidences of lateral violence (Brothers, Condon, Cross, Ganske, and Lewis, 2011). The same workers state significantly lower levels of job satisfaction and increased stress. In the same study, 53% of student nurses report being insulted by staff nurses. The most recent studies show these numbers to be on the rise (Brothers, et al., 2011). The decision to study lateral violence within the nursing workforce evolved from the strong interest in nurse’s treatment of each other and efforts to correct the problem. The purpose of this study was to examine lateral violence
in nursing. This paper describes the development of a quantitative descriptive exploratory survey in the interest of lateral violence on two nursing units within a major health care organization in southern California.

**Theoretical Conceptual Framework**

Healthcare organizations need to be proactive in protecting their staff from conflicts arising between healthcare personnel at work. An unhealthy work environment contributes to medical errors, ineffective patient care and stress among professionals. By creating a healthy work environment, the healthcare facility demonstrates a priority in the Joint Commission’s goal of seeking to control these negative behaviors (Johnston, Phanhtharath, & Jackson, 2010).

The Theory of Human Behavior can be applied to the topic of Lateral Violence in Nursing. A concept map was created to demonstrate this application (*Figure 1*). This theoretical perspective is recommended for use in the intervention of human behavior. The Theory of Human Behavior is a perspective of understanding human behavior to attempt to explain why people behave the way they do. This theory has three perspectives. The psychoanalytical emphasizes the unconscious motive as a component of personality. The environmental view is concerned with reinforcement, imitation, and socialization. It contends that a person’s development is influenced by their individual experiences. The social learning aspect suggests behavior is the outcome of an interaction between the environment stimulus and the personality of an individual. An examination of the theoretical model promotes development of a healthy workplace environment to promote positive behavior (Johnston, Phanhtharath, & Jackson, 2010).
Lateral Violence

Environmental Stimulus
- Humiliation
- Discourteous Behavior
- Sarcasm
- Angry Outbursts
- Unfair Assignments

Personality
- Psychoanalytical (unconscious motive)
- Low Self Esteem
- Powerlessness
- Frustration

Effects on Individual
- Tension at Work
- Conflict
- Dissatisfaction
- Mistrust

Lateral Violence Goes Untreated

Effects Patient Care
- Employee Leaves Organization = $ to workplace

(Figure 1)
This concept map identifies the effects of lateral violence on the person. From the top down, the concept map identifies lateral violence as the topic. According to the theoretical framework of Human Behavior, there are three perspectives of this theory and applying this to nursing they are identified as the environmental stimulus, the psychoanalytical, and personality. One’s environmental stimulus is very important in the outcome of the behaviors of those around. The kinder the environment and behavior, the less violence will be seen. The same goes for ones personality. The psychoanalytical emphasizes the unconscious motives of one’s personality. A person with low self-esteem, powerlessness, or frustration, will most likely be the respondent of the lateral violence, and they in turn will not address the issue. When these personalities and these negative behaviors surround a person, we will then see the effects on the individual and on the care of the patient. This behavior causes the tension at work, conflict, dissatisfaction and mistrust. When a person carries these effects, they will typically do one of two things: not say or do anything about the treatment to them, leaving the problem untreated or leave the organization, causing a loss of income to the facility.

**Strengths and Limitations**

Strengths of this study was the researchers interest in the topic, the tool that was created that turned out to become reliable, and the comment at the end of the survey that gave the respondent the opportunity to share experiences, thoughts, and concerns. The generalizability of this study is limited by the small sample size of Registered Nurses and Certified Nursing Assistants within a small hospital that was sent the survey (~160). The response rate of 54 participants completed the study. The survey was not mandatory and
available for a limited time of four weeks. Using a Likert scale, the nurses were able to rate their perceptions from 1-5 (1=Strongly Agree; 2=Agree; 3=Neutral; 4=Disagree; 5=Strongly Disagree). Having the neutral option did not give the surveyor a clear explanation of the respondent’s feelings. Another weakness may have been the population studied. There were more Registered Nurse responses than those from Certified Nursing Assistants, consistent with the ratio of Registered Nurses to Certified Nursing Assistants on the unit that participants were drawn from. In addition, the survey did not limit the respondent to a one time only participation, meaning that one person could have taken the survey more than one time.
CHAPTER TWO
LITERATURE REVIEW

In the article, Nursing and Conflict Communication, the author Mahon and Nicotera define conflict as the interaction of interdependent people who perceive opposition of goals, aims, or values, and who see other people interfering with the realization of these goals. Nursing conflict is a function of personality and is usually negative. The article states that the Institute of Safe Medication Practice found up to 81% of nurses have reported intimidating behaviors by co-workers. Of this these nurses, 31% were in the first year of employment. Intimidating behaviors were described as feeling undervalued, inadequately supervised, and rude, abusive, or humiliating encounters. Mahon and Nicotera studied 57 employed nurses, both men and women. The average age was 44, and ethnicity varied. Length of time in their position ranged from a few weeks to 30 years. The goal of the study was to examine competent and non-competent communication responses to conflict. After a survey of 23 questions, the exploratory study suggested nurses are highly unlikely to confront conflict directly. Those that did confront the oppressor were received appropriately, but again, most did not confront their oppressor. One of the most stated reasons for nurses not to approach the person causing the lateral violence was the lack of skills to manage a problem or an oppressor (Mahon and Nicotera, 2011).

Brothers, et al. (2011) identified the consequences of lateral violence that was portrayed on others. High stress, post-traumatic stress disorder, financial stress, reduced self esteem, musculoskeletal problems, phobias, sleep disturbances, depression and
digestive problems are just some of the problems that may arise from the impact of lateral violence. The authors go on to state that lateral violence also impacts the patients. This contributes to breakdown in communication between staff, patients, and their families. Satisfaction in the work place is decreased, while the organization as a whole suffers by increased sick leave. In this article, the authors remind us of the American Nurses Association (ANA) clear guidelines, known commonly as The Code of Ethics for Nurses. The first code states that all individuals with whom the nurse comes into contact are to be treated with respect for their worth, dignity and human rights. Inter-personal relationships are to be conducted with compassion and caring. The nurse is to be self-respecting and a protector of his or her own morality. The code also states that the nurse is responsible for collaborating with colleagues for the purpose of providing optimal care to the patients. Clearly, this will not happen when lateral violence is occurring. Lateral violence is a breach of professional boundaries and compromises not only the welfare of the nurse, but the patient too. Conquering lateral violence may start with nurses being taught how to be the advocate for nurses. This requires moral courage and the risk of becoming a victim as well. Moving forward, every nurse is responsible for taming the ugly beast of lateral violence. Although challenging, this can be accomplished if every nurses is committed to the challenge.

In order to stop lateral violence, nurses must recognize lateral violence. Embree and White (2010) stated that approximately 60% of new nurses leave their first place of employment within the first months due to lateral violence. They further state that the turnover cost for an organization’s impact retention and recruitment is up to two times a
nurse’s salary ranging from $22,000 to $145,000. Nurses will leave their place of employment if lateral violence is allowed to continue. Embree and White (2010) state the ten most common forms of lateral violence are: non-verbal innuendos, verbal affront, undermining activities, with-holding information, sabotage, infighting, scape-goating, back-stabbing, failure to respect privacy, and broken confidences. The authors conducted unstructured qualitative interviews to a group of nursing students at the beginning and at the end of their three year nursing program. Bullying was the common experience found within this group. This study was limited by the number of participants and the lack of clarity of the definition of lateral violence. Findings included the need for organizations to provide staff with the skills and techniques needed to eliminate lateral violence in order to improve patient outcomes and nurse retention.

Abusive workplace situations can lead to medical professionals making mistakes and the patient suffering the consequences. Creating a safe, violence free, work environment is necessary for the safety of the nurses and the patients. McNamara (2010) described lateral violence as intimidation verbal abuse, harassment, yelling, or cursing. In McNamara’s article, the American College of Physician Executives survey concluded that of the 1,428 nurses and 696 physician respondents, 85.5% experienced degrading comments, 73% experienced yelling, and 2.8% reported actual physical abuse. In this same article, the author reported that research through the Occupational Safety and Health Administration demonstrated nurses are at a higher risk for workplace violence than any other profession. McNamara (2010) also found that, through the Center for American Nurses, 858 reported 58% of conflict or bullying as being a common or very
common theme. The consequences of lateral violence have a direct impact on medical errors or adverse events. In a separate survey, McNamara (2010) reported that in a survey of 1500 participants, 17% knew of adverse events that had occurred due to disruptive behavior and 78% thought that these events could have been prevented.

Lateral violence carries negative effects such as disruption in the distribution of pain medication which results in unnecessary pain for the patient, patients receiving medications late, administration of the wrong medication, misdiagnosis, performance of the wrong surgical site, and death.

Others also see lateral violence in the nursing profession. In the article, Critical Care Nurses as Coworkers: Are our Interactions Nice and Nasty, which is an editorial in Critical Care Nursing, a reported study showed 55% of visitors have witnessed nurses treating nurses inappropriately (AACN, 2007).

In a study conducted by Bartholomew (2011), it was estimated that lateral violence was prevalent in 46-100% of workplaces. In a study of 2100 respondents, 30% said there was some version of lateral violence happening weekly, and another 25% stated that it was occurring monthly. The investigator goes on to further state that in a study of emergency room nurses (n not stated), 27.3% experienced bullying at work within the last six months. She stated that bullying behaviors are like gangrene, in that it spreads rapidly and infects many, including the patient.

Newly registered nurses are at a high risk for lateral violence. In their article, Sheridan-Leos (2008) reported a study of 551 newly registered nurses who had experienced lateral violence. The violence was widespread over many clinical settings.
The nurses experienced rude, abusive, or humiliating comments, sexual harassment, and racial comments. Over a third of the participants reported blocked learning experiences, neglect, and felt that they were given too much responsibility for their level of nursing. This same article stated that approximately 60% of new nurses leave their first new graduate position within the first year. This form of violence is a high expense for an organization. The economic cost of nurse turnover is reported to be between $22,000 to $64,000. Intimidation leads to high stress, sub-optimal performance, increased cost, and poor patient care.

Johnston, Phanhtharath, and Jackson (2010) reported a study of 1,377 participants in every region of the United States and 17 other countries. Ninety-two percent of the respondents were female Registered Nurses, working in a hospital setting. The study found more than 73% of the nurses reported workplace violence occasionally, and 19% reported this violence frequently. Eighty percent reported witnessing a nursing colleague subjected to lateral violence, and 56% reported being victims of the violence. These numbers are important because there is a trend of growing lateral violence in nursing and continues in nursing that is out of control, all over the world.

In their article, McKenna, Smith, Poole, and Coverdale reviewed a descriptive study which explores the nature and conflict of lateral violence experienced by nurses within their first year of practice. Of the 1,169 questionnaires that were mailed, 584 were returned (49.9%). Of these, 33 were left blank. The remaining 551 questionnaires made up the 47% participation. The participants served in many different areas of an inpatient medical center. 40% of the respondents were female, leaving 60% male. Participant ages
ranged from under 30 to over 50 years of age. One hundred percent of the respondents had been involved in lateral violence in some way. Over a third felt that learning opportunities were blocked, felt neglected, or thought they were given too much responsibility. Many others experienced emotional neglect, distress, and inappropriate support. The authors stated that the data was limited due to unknown extenuating circumstances that initiated the type of violence. The study found that most, if not all, new graduated nurses, experienced lateral violence within the first year of their nursing practice. Education is necessary to help people report the violence, and feel safe in doing so. Employers should ensure that support is given to the nursing staff, in order to prevent violence. The first year of practice is important to nurses in order to build confidence. With lateral violence occurring, this cannot occur.

The expression “nurses eat their young” has become an expression that needs to be forgotten. In the article, When the Nurse Is A Bully, author Brown (2010) reminded us that this statement has been in the nursing field for many decades. It is a dirty, harsh, abusive expression that relates to the treatment of the new nurse. It starts in nursing schools and carries on into the nursing profession within a hospital setting. The phase should be eradicated. It is a severe form of lateral violence that seems to start at the very beginning of a person’s interest in the nursing field (Brown, 2010).

Many nurses may not even know that they are guilty of manifesting behaviors that are consistent with lateral violence. Griffen (2011) reported on a survey finding that medical-surgical nurses were bullied more often than nurses belonging to a specialty unit. She also concluded that the novice nurse is more susceptible to the violence than the
seasoned nurse. Lack of experience, inability to speak their mind, and ineffective coping
time mechanisms add to the susceptibility of lateral violence to the newer nurse. Strong
leadership is important to rid an organization of lateral violence by recognizing lateral
violence and enforcing codes for the staff to comply with. Such codes could entail fair
workloads, respect, assist and support, and refraining from criticizing and gossiping
(Griffin, C., 2011).

Ponce (2011) stated that there are three categories of behaviors that are considered
lateral violence: harassment, bullying, and discrimination. Harassment is any type of
unwanted behavior that ranges from verbal remarks to physical violence. Harassment has
more of a strong physical component that was demonstrated by the oppressor in various
ways. Bullying is commonly seen in lateral violence manifested by actions towards
another individual or group that are abusive, threatening, or malicious, all with the intent
to do harm. Discrimination is demonstrated by treating another person differently and
less favorable than others in a group. Ponce continues to describe the effects of lateral
violence within the workplace. Besides clinical errors, increased absences, high turnover
and low productivity, there is marginalization of competencies, reduced self esteem,
depression, anxiety, sleep disorders, memory dysfunctions, poor relationships in the
workplace, and difficulty with one’s emotions (Ponce, 2011).

The care of sick individuals is hard, stressful work. The demands being made on
the nurse are high, causing increased stress. Nurses spend long hours on busy nursing
units attempting to meet the needs of the patient, the families, and colleagues. In most
hospital organizations, change is occurring, resulting in staffing issues, changes in
workload, and environmental changes. The presence of lateral violence in this already
difficult workplace increases stress associated with the topic. The literature review
speaks of the types of lateral violence and the effects on the individual and the
organization. With this, we must remember, that these effects will also be seen within
patient care.

Summary

The literature review defends the topic of Lateral Violence and the occurrence of
this behavior in nursing. The outlandish numbers show that nurse’s behaviors to their
colleagues are happening in a wide variety of organizations throughout the country.
Awareness of the definition of lateral violence is the first step in ridding the behavior.
Such minor day-to-day duties, such as an unfair assignment, are not only a form of lateral
violence, but can affect the nurse, the family and most importantly the patient. As a
profession, nursing needs to bring the topic to the forefront and, with the assistance of
administration, rid this behavior, for the better of the patient.
CHAPTER 3

METHODOLOGY

This study uses a quantitative survey and analysis of respondent comments in a final open-ended question. Information presented in this chapter includes the research design, research question, consent permission, sample, subjects, data collections, and data analysis and is discussed.

Research Design

The decision to study lateral violence within the nursing workforce evolved from the strong interest in nurse’s treatment of each other and efforts to correct the problem. The research design that was used in this study is a quantitative descriptive exploratory survey and analysis of participant comments about their perceptions of lateral violence as it relates to their experiences. Quantitative research is a formal, objective process in which numerical data is used to describe the variables studies (Burns & Grove, 2005). A descriptive exploratory survey searches for accurate information about characteristics of subjects or groups about a certain phenomenon (LoBiondo-Wood & Haber, 2006). The variables of interest can be behaviors, attitudes, and performance. The questionnaire was designed to measure perceived incidences of lateral violence within the nursing profession. In addition, the final survey question asked for participant comments about their perception of or experiences of lateral violence. Participant comments were read, compared, and themes were identified and described.
Research Question

The question that the research proposed was “How is Lateral Violence perceived among nurses?” The aim of the research was to describe perceptions of lateral violence on two nursing units in a major healthcare organization.

Instrument

After searching for a reliable, valid instrument for this study and finding nothing that would answer the research question, it was decided that developing a survey would be necessary for this study. A review of the literature was completed and concepts on lateral violence were identified and developed into items on a survey. The survey included twelve questions. The first two questions asked demographic information and the remaining ten questions on perceptions of lateral violence used a Likert form of response ranging from 1 (strongly agree) to 5 (strongly disagree). The data collection tool was a survey that went out via the Internet using the Survey Monkey program. The survey was confidential and anonymous and gave the respondent room for written comments as a final question.

Preliminary psychometric evaluation of the new instrument was performed. The face validity of the survey developed for this study was demonstrated through literature review and expert opinion. Additionally exploratory factor analysis using varimax rotation demonstrated a three-factor solution that explained more than 68 percent of the variance; thus it was concluded that the ten survey items were encompassed within three dimensions of lateral violence. The dimensions were labeled realizations of lateral violence, lack of support, and education. The reliability of the survey was evaluated using
internal consistency (alpha). The reliability coefficient for the ten-item measure was calculated to be .79, which is very good for a new scale.

Sample

Non-probability sampling was used for this study. Descriptive studies tend to use smaller sample sizes, and because the population surveyed was homogeneous, the sample that participated in the study was adequate (Polit & Beck, 2008).

Comparison between groups was not performed; therefore sampling error was low (Burns & Grove, 2005). In this study, a convenience sample of Registered Nurses and Certified Nursing Assistants working on two nursing units of a major healthcare organization in southern California were surveyed about their perceptions of lateral violence in the work place. Of the (total number of surveys sent out), 54 responded to the survey. Of those respondents, 45 (81.8%) were Registered Nurses and 9 (16.4%) were Certified Nursing Assistants. Most (25.5%) were in their position from one to five years or greater than 20 years (23.6%).

Data Collection

The subjects in a research study have information that is important to the study and can be obtained by asking the subject questions. Questions of this quantitative study reflect experiences of the participant and were asked via computerized survey. The subjects in this study were given a computerized survey, via Survey Monkey, with closed-ended questions, leaving room for comments at the conclusion. The survey gathered data from the subjects about their knowledge, attitudes, beliefs, and feelings on the topic of
interest. The subjects were aware that the survey was available to them for a period of one month. At the end of the time period, the data was collected and analyzed.

**Statistical Analysis**

Quantitative research can be used to discover evidence about the area of interest. Obtaining and interpreting this evidence can lead to development of an instrumental tool. Instrumental development from quantitative research is useful to nurses because it reflects the reality of human experience based on the topic (LoBiondo-Wood & Haber, 2006). The survey tool in this study was developed based on a literature review of research. Descriptive statistics was used to analyze data generated from the surveys. Psychometric evaluation included factor analysis to determine if the new scale’s dimensions, and reliability testing. Comments from participants were analyzed for themes.

The data was analyzed using the computer based SPSS (Statistical Package for Social Sciences) program. The program is commonly used in the analysis of data by researchers and statisticians and is a reliable tool to generate outcomes and reports.

**Human Subjects**

Human subjects were used for the survey. Mandatory educational training pertaining to the Investigational Review Board (IRB) of California State University San Marcos (CSUSM) was attended. The appropriate paperwork was completed and sent to both the IRB of CSUSM and the Medical Center for review and approval prior to participants receiving the questionnaire. The investigator received permission from the Nursing Director of the units that the Registered Nurses and Certified Nursing Assistants
are employed on. An email was sent to staff, explaining some vague definitions of Lateral Violence and with explanation that the survey was voluntary and anonymous.
CHAPTER 4

RESULTS

The results of the study are presented. Along with the survey was a short letter from this investigator explaining that this was a voluntary, anonymous survey. At this same time, the definition and examples of Lateral Violence were given to the respondents. Details from the survey are described by each question asked. Each question and correlating answer has a quantitative research table describing findings. The results are explained in detail related to the perception of Lateral Violence within nursing on the specified nursing units at this local area hospital.

There were twelve questions within the survey and an area for comments at the end of the survey. The Likert scale was used with answer choices being 1 = Strongly Agree; 2 = Agree; 3 = Neutral; 4 = Disagree; and 5 = Strongly Disagree. Each participant, indicating that these people made a choice not to participate, answered not all of the questions. Fifty-four participants responded by completing the survey. The codes that were developed during data analysis were placed in twelve categories labeled title, position length, aware, access, repercussions, support, threatened, harasses, humiliated, mistreated, witnessed, and education.

Out of curiosity, a preliminary $t$-test was performed to examine if there were differences in perceptions of lateral violence between the two groups: Registered Nurses and Certified Nursing Assistants. It was found that there was a significant difference ($p=.03$) in awareness of lateral violence between the two groups with Registered Nurses being more aware than Certified Nursing Assistants.
# Lateral Violence Survey Outcomes

Total N=54

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<td><strong>POSITION LENGTH</strong></td>
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Title

The survey was sent out to a specified group of Registered Nurses and Certified Nursing Assistants on two floors at a local area hospital. Of the respondents, 81.8% were Registered Nurses and 18.2% were Certified Nursing Assistants. It is important to note that the ratio of Registered Nurses to Certified Nursing Assistant is about 8:1; eight RN’s to one CNA.

Position Length

This question had 5 choices to choose from; less than one year, 1-5 years, 5-10 years, 10-20 years, and >20 years. Of all the respondents, this was almost equal across the board, meaning that there was an even percentage in each of the five categorical choices.
Awareness

The phrase stated, “I am aware that Lateral Violence is prevalent on my nursing unit.” Most of the respondents agreed that lateral violence was occurring in their place of work, keeping in mind that a fair percentage left the question unanswered. The lowest percentage came from those that were “neutral” or “strongly disagreed.”

Access

The statement stated that the individual “had been denied access to learning opportunities by another RN on their unit.” As previously mentioned in the literature review, a form of lateral violence is that of denying learning opportunities, or even unfair assignments. Giving another nurse an assignment that a person wanted or can benefit a learning experience from is a form of lateral violence. Most respondents in this area “strongly disagreed” with this statement.

Repercussions

The next statement spoke to those individuals thinking “there would be repercussions if they were to discuss mistreatment with a supervisor or director.” Most of the respondents “strongly disagreed”, many leaving question unanswered or neutral. Are they even afraid to answer the question? How is it that we have most stating that lateral violence is occurring on the nursing unit, but do not feel as though repercussions may arise? Literature will back the findings of most respondents feel as though there would be some sort of repercussions if topic were discussed.
Support

Have you ever felt a lack of support by your co-workers? The majority of the respondents taking the survey “strongly agreed” or “agreed” with this statement. Studies show decrease work performance by those that feel unsupported by colleagues. This dissatisfaction leads to a person leaving the organization at a high cost.

Threatened

“I have felt threatened by another Registered Nurse or Certified Nursing Assistant.” This statement brought results divided almost equally by “agree” and “strongly disagree.” The definition of threatened was not disclosed. The common definition is to kill, harm or cause a hostile attack. By a supervisor or another colleague simply stating, for example, “you will not get your same assignment back tomorrow if you don’t start answering the call bells a bit quicker. I will definitely be giving you a more difficult group of patients.” This comment is a threat. The feeling is that the respondents to this question did not fully understand the simple common statements that occur daily, could be categorized as threats.

Harassed

The hospital complaint process is typically a verbal warning, escalating to a written and on to a corrective action, sometimes formulating a performance plan. Has the respondent ever felt harassed escalating to the hospital’s complaint process? The majority of the survey respondents “strongly disagree” while the next large portion left the question “unanswered.” Although the respondents are aware that lateral violence is
humiliated by another RN or CNA using verbal statements such as rudeness, abusive language, humiliation, or criticism.”

Humiliation occurs when crude, discourteous statements are being made to a particular employee, in front of others, or to themselves. Most “strongly agree” and agree” to this statement. The literature defends this statement that humiliation is a direct effect of lateral violence.

Mistreated

“I have felt mistreated by another RN or CNA and this has caused direct effect on my patients (example: late medications, medication errors).”

Nursing is bringing lateral violence to the bedside. Any form of lateral violence to a Registered Nurse or a Certified Nursing Assistant can only make that person feel mistreated. Mistreatment at work causing a direct negative effect on their patient in uncalled for. The defined effects given were late medications or medication errors. Many “agreed” with this statement, most “strongly disagreed” and many left the question “unanswered.”

Witnessed

“I have been mistreated during my work hours and this has been witnessed by visitors.”
Lateral violence witnessed by visitors questions not only the organization, but the nurses and their ability to care for that visitors’ loved one. How can a nurse be sympathetic and caring towards patients, yet hostile towards their employees or colleagues? Again most “strongly disagreed” with this statement, yet many “strongly agreed.”

Education

The studies and the literature explained that the strongest way to rid lateral violence in the workplace is to educate the staff and create a “no tolerance” policy. Although this may be difficult and a lot of extra work, this needs to be completed to rid the problem. Bringing this topic to the forefront will encourage those that are victims to report the violence. In this survey, equal respondents “strongly agreed” and “agreed” as those the “strongly disagreed” and “disagreed” that they have had teaching or training in coping with situations and staff regarding Lateral Violence.

Comments

There was a comment section available at the end of the survey. Out of the 54 respondents, five had comments to share. One of the respondents shared that they thought the survey was “good.” Two of the five felt supported in their professional role. The last two of the five felt as though abuse from doctors should be looked at as well as nurse-to-nurse.

Summary

This study sought to validate that Lateral Violence does exist in nursing and that it affects not only the recipient of the violence, but the patient and the organization. It
further reached to find out if Lateral Violence is happening and, if so, are the nurses “afraid” to bring this to management, for fear of repercussions on themselves? The study also looked at what is given as far as support to the nurses and education to rid Lateral Violence in nursing.

In review of the survey, most respondents were in the “strongly agree” and “agree” categories or the “strongly disagree” or “disagree” categories in each of the questions. The findings are consistent that Lateral Violence is occurring on the specific nursing units, there are nurses that feel a lack of support by their co-workers, and some that have felt threatened and humiliated by other Registered Nurses or Certified Nursing Assistant on their unit. The data also showed that this mistreatment has caused a direct effect on their patients and has been witnessed by visitors. The findings also suggest that some respondents do not feel denied access to learning opportunities, despite the Lateral Violence that is occurring. Some respondents do not feel as though there would be repercussions if they were to discuss their mistreatment with the management level.
CHAPTER 5
DISCUSSION

The purpose of this study was to assess the occurrence of lateral violence on specified nursing units at a local area hospital, and if lateral violence was occurring, is there a direct effect on patient, visitors, and care delivered by Registered Nurses or the Certified Nursing Assistants.

The literature supports the findings of this study. In the article, Bad day, or horizontal violence?, Famino (2011) writes having awareness of lateral violence and understanding the topic and the consequences will help nursing, leadership, and the organization deal with the situation when it surfaces. Most, if not all, nurses will experience lateral violence and being aware of conflict will help one deal with the behavior at that time. The articles supports that there are learning opportunities, but the respondents feel as though they have been denied those opportunities. Education in nursing, role modeling, and providing a safe environment for staff to report and appropriately handle negative behavior will decrease the amount of lateral violence that occurs within an organization (Norris, 2010). Lateral violence and its associated behaviors create a toxic environment that has a direct effect on patients and errors that can cause them harm. If nurses are afraid or intimidated by other nurses, the patients suffer this effect (Bartholomew, 2011).

Many of the participants in this study have experienced or witnessed lateral violence on their nursing unit. Most are aware that Lateral Violence is prevalent, disagree that they have been denied access to learning opportunities because of it, yet
lack support of their co-workers, and some feel like there would be repercussions if the topic were brought up to their supervisors or management.

The main concern in the survey was that a percentage of participants that felt mistreated by another colleague (whether a Registered Nurse or a Certified Nursing Assistant), and that this behavior had a direct affect on their patients. Examples of this affect were late medications or medication errors. A percentage of respondents also felt as though visitors had witnessed the mistreatment they were receiving. This behavior caused a barrier in providing patient care.

Efforts need to be made in ridding Lateral Violence in the nursing workforce in order to stabilize the patient care environment and maintain the integrity of the unit. This writer’s goal was to find out if Lateral Violence is prevalent on the nursing units selected. And with this topic, find out if education was available or if there was a fear in speaking with supervisors about the way nurses are treated. Although each nurse is an individual, working together is a must on a nursing unit within a hospital setting.

Previous research has examined Lateral Violence and the negative behaviors between nurses and this affect on the nurses, the patients, and the organization. The behaviors that contribute to Lateral Violence include, but are not limited to backstabbing, gossiping, rolling of the eyes, folding of the arms, constant criticism, humiliation, ignoring, isolation, inequitable assignments, angry outbursts, threats, passing judgment, undermining, and sarcasm. Any behavior that makes the nurses feel inadequate, belittled, or isolated fall into the category of Lateral Violence.
Although the idea of Lateral Violence has been around for ages, it does not mean that it is okay. Dissolution of the problem is the only option. Too often, nurses have been victimized by other nurses causing a sense of powerlessness, among many other psycho-social problems. Over the years, nurses have cried out for help asking supervisors, management, and administration to address lateral violence in the workplace. When the topic is not addressed, especially in the new graduates, their perception of the organization and the nursing profession is skewed.

In addition to this survey showing that lateral violence is occurring on the specific nursing units, The Joint Commission, The Institute for Safe Medication Practices, the American Association of Critical-Care Nurses, the International Council of Nurses, The American Nurses Association, and many other organizations have published surveys on workplace intimidation. All the studies have shown that when a person is working in a hostile environment, the quality of care and the patient’s safety are at risk. Intimidation, discrimination, harassment, and bullying, alters communication and negatively impacts the patient.

**Implications for Nursing**

There are several implications for nursing generated from this study. By identifying and validating that Lateral Violence is occurring and is affecting, not only the nurses, but the patients, this study verifies the necessity to rid this behavior. It provides quantifiable data to show that behavior of this nature affects everyone involved in the care of the patient. It also quantifies that, although Lateral Violence is prevalent, nurses
do nothing about it. The literature shows that a better work environment is accompanied
with decreased medication errors, increased respect for one’s self and others, which can
only have a positive affect on one’s surroundings. The administration of a hospital
organization must set policies on the topic of violence. Set in place should be a zero
tolerance policy, and this must be enforced. Colleagues must model behavior that
reinforces their profession and carries a negative feeling of intimidation and disruptive
behavior. Nurses must recognize and speak up when another professional portrays
unacceptable behaviors. These nurses must feel comfortable in reporting such behaviors
and not feel like there will be repercussions on themselves if done so. Open discussion
and educational forums can help the profession to learn how to handle, recognize, and
report Lateral Violence.

Conclusion

Sadly, Lateral Violence has been in the nursing professions for decades. Although there has been much discussion on the topic, there has been no resolution in
conquering this problem. Terms describing this phenomenon may have changed, but
nurse to nurse hostility, and nurses eating their young has been a problem for years. The
topic is complicated. There are many environmental factors and especially personal
factors to consider when dealing with this delicate issue. Besides confidentiality, respect
and collaboration, we must be reminded of the American Nurses Association Nursing
Code of Ethics. Provision one states that we practice with respect and compassion for all
individuals, each other included. Behaviors such as backstabbing, gossiping, rolling of
the eyes, folding of the arms, constant criticism, humiliation, ignoring, isolation,
inequitable assignments, angry outbursts, threats, passing judgment, undermining, and sarcasm are just some examples of Lateral Violence between nurses causing negative effects on the individual, but more importantly, on the patient.

The theoretical framework that was used to examine lateral violence was The Theory of Human Behavior. The theoretical perspective is recommended for use in understanding and intervention of the behavior. Using this theory allowed the investigator to understand and attempt explanation of negative behavior seen in lateral violence. Examination of the theoretical model can promote development of a healthy workplace environment to promote positive behavior (Johnston, Phanhtharath, & Jackson, 2010).

After analyzing the data from the voluntary anonymous survey, the following conclusions were derived from this study. Lateral Violence, whether or not a small or large percentage agrees, is prevalent on these nursing units. Lateral Violence is affecting nursing and patient outcomes. Nursing is aware of this problem and is aware of resources available to them, yet they do nothing to rid this behavior. A large percentage disagree that they have had training or are coping to deal with Lateral Violence. The literature supports the idea that the strongest way to rid this behavior is to educate the staff and for the organization to hold a no tolerance policy.

In a time when reimbursement relies so heavily on patient satisfaction, lateral violence must be tamed. When one member of the healthcare team is affected by negative behaviors and this is portrayed to or on the patient, satisfaction is quickly decreased. Nursing is a profession that should work together for the good of the patient.
Appendix A

Human Subjects Research Approval Form

IRB #: 2012-007
To: Denise Boren
   Mary Russell

Project Title: Perceived Lateral Violence Among Registered Nurses and Certified Nursing Assistants

This letter certifies that the above referenced project was reviewed and approved by the University’s Institutional Review Board in accordance with the requirements of the Code of Federal Regulations on Protection of Human Subjects (45 CFR 46), including its relevant subparts.

Continuing Review
This approval is valid through the expiration date shown below. If this research project will extend beyond that date, a continuing review application must be submitted at least 30 days before this expiration using the Continuing Review form available on the IRB website. (www.csusm.edu/irb)

Modifications to Research Protocol
Changes to this protocol (procedures, populations, locations, personnel, etc.) must be submitted and approved by the IRB prior to implementation using the Minor Modification Form available on the IRB website.

Unanticipated Outcomes/Events
The CSU San Marcos IRB must be notified immediately of any injuries or adverse conditions.

Approved Informative Sheet or Consent Form(s) are attached. Only approved consent forms may be used to obtain participant consent.

Approval Date: 1/25/2012
Expiration Date: Does Not Expire

Katherine Hayden, Ed.D.
IRB Chair

The California State University
Appendix B

Palomar Pomerado Health Investigational Review Committee
Application for Expedited Review for a
Quality Improvement or Evidence Based Practice Project

1. PROJECT TITLE
How is Lateral Violence perceived among nurses?

2. PRINCIPAL INVESTIGATOR and CO-INVESTIGATORS/PRINCIPLE PROJECT COORDINATOR/CO-COORDINATOR
Mary Russell, RN, CCRN, MSN (c) – Clinical Specialist, Tower 7 and Tower 8, Palomar Medical Center

3. FACILITIES
RN’s and CNA’s on: Tower 7 and Tower 8, Palomar Medical Center

4. PURPOSE OF THE DATA REQUEST/COLLECTED FOR QUALITY IMPROVEMENT OR EVIDENCE BASED PRACTICE
A silent killer has made its way into nursing. Those individuals who have ever felt ridiculed, demeaned by a colleague, asked to do a task that they have yet learned and then left with humiliation for not knowing how to do it, know what is meant by lateral violence. This epidemic affects new employees, new graduates, nursing students, certified nursing assistants, and even those nurses who have worked at a facility for a long length of time. Lateral violence, sometimes called horizontal violence, is a term that was developed to describe distasteful, undignified, unpleasant, and discourteous behaviors that nurses can portray toward colleagues (Rey, 2007). This epidemic is so widespread in the nursing world that at one point or another, everyone has been affected.

The incidence of lateral violence in nursing is on the rise. Statistics of 2008 find that 38% of all healthcare workers reported incidences of lateral violence. The same workers state significantly lower levels of job satisfaction and increased stress. In the same study, 33% of student nurses report being insulted by staff nurses (Brothers, Condon, Cross, Gansie, and Lewis, 2011). More recent studies show these numbers to be on the rise. The decision to study lateral violence within the nursing workforce evolved from the strong interest in nurse’s treatment of each other and efforts to correct the problem. The purpose of this study is to examine lateral violence in nursing. This paper describes lateral violence and the development of a quantitative descriptive exploratory survey using a questionnaire designed to measure perceived incidences of lateral violence within specific population in the nursing profession. The purpose of the study is to review the perceived lateral violence among nurses of a local area hospital, on two selected floors. Data will be extracted from results from a anonymous and voluntary survey monkey.

Plan: Review data of answered survey monkey questionnaire pertaining to the topic of lateral violence in the nursing field.

Do: Identify nursing units to participate in the survey. Send email to staff to let them know of voluntary anonymous participation. Give notice to staff and reminders of survey. After 2 week time of survey, collect data on the topic of lateral violence.

Check: Review the data to assess prevalence and perceived lateral violence among nurses.

Act: Review results and complete data analysis.

5. DATA, DOCUMENTS, RECORDS, OR SPECIMENS IDENTIFICATION
The survey will run for two weeks in the middle of January. All surveys will be voluntary and anonymous.

6. PLANS FOR DISSEMINATION OF RESULTS WITHIN/OUTSIDE THE ORGANIZATION
The results of the study will be reported to this Principal Investigator and my thesis committee at California State University San Marcos and to the Advance Practice Nurses at PPH.
Appendix C

MEDICAL STAFF SERVICES

December 8, 2011

Mary Russell, R.N.
CNS, Tower 7 and Tower 8
Palomar Medical Center
555 East Valley Parkway
Escondido, CA 92025

RE: How is Lateral Violence perceived among nurses?

Dear Ms. Russell:

Thank you for providing me information regarding your above-mentioned project. As Chairman of the Palomar Pomerado Health Investigational Review Committee (PPH IRC) I have reviewed the information and determined that the design of the project will be able to fulfill the outcomes and I see no ethical issues that would prevent it from moving forward. As the project is a quality improvement activity and not research, the study will not require oversight by the PPH IRC.

I will forward this information to Deborah Barnes, Director of Quality Management. Please notify the Quality Management Department of the results of this Quality Improvement project when it is completed. If you should decide to publish or present the results at a conference or in a public forum outside PPH in the future, please notify the Quality Officer, Opal Reinbold.

Sincerely,

Richard G. Just, M.D.
Chairman, Palomar Pomerado Health Investigational Review Committee

cc: Deborah Barnes, R.N.
Appendix D

Russell, Mary

From: Russell, Mary
Sent: Monday, January 16, 2012 1:31 PM
To: L_MED_ONC; L_TOWER/STAFF
Cc: Stacy, Kathleen
Subject: Lateral Violence Survey Monkey

Hi Staff,

As part of my Masters Program, I am studying the topic of Lateral Violence in Nursing. Briefly, lateral violence is the unkind, distasteful, discourteous behavior nurses portray towards one another. Examples of Lateral Violence are backstabbing, gossiping, rolling of the eyes, constant criticism, isolation, unequal assignments, angry outbursts, threats, undermining and sarcasm.

The purpose of the study is to determine the prevalence of Lateral Violence in Nursing. The information obtained from this survey will be used strictly in the forum on education. Participation in this survey is completely voluntary and anonymous. An electronic database will house the results of the survey containing no identifying information. If you do not wish to participate in the survey, please disregard this email. If you do wish to participate, you can click on the link below and follow the survey to Survey Monkey.

Thank you for your consideration in this survey. If you have any questions, please feel free to contact me.

Click here

http://www.surveymonkey.com/s/8554V3

Mary Russell, RN, BSN, CCRN, MSN (c)
Clinical Specialist/Project Coordinator
Medical Oncology/Medical Surgical
Palomar Medical Center
Mary.Russell@pgh.org
Office - 760-739-2480
Cell - 760-522-3941
Appendix E

Lateral Violence Survey

1) What is your job title?
   ○ Registered Nurse (RN)
   ○ Certified Nursing Assistant (CNA)

2) How long have you been a RN or CNA?
   ○ Less than one year
   ○ 1 -5 years
   ○ 6 – 10 years
   ○ 11 – 20 years
   ○ Greater than 20 years

For questions 3-12, Please rate 1 – 5.
1 = Strongly agree
2 = Agree
3 = Neutral
4 = Disagree
5 = Strongly disagree

3) I am aware that Lateral Violence is prevalent on my nursing unit.
   ○1 ○2 ○3 ○4 ○5

4) I have been denied access to learning opportunities by another RN on my unit.
   ○1 ○2 ○3 ○4 ○5

5) I feel like there would be repercussions if I discuss mis-treatment with my supervisors or director.
   ○1 ○2 ○3 ○4 ○5

6) In my nursing career, I have experience lack of support by my co-workers.
   ○1 ○2 ○3 ○4 ○5

7) I have felt threatened by another RN or CNA
   ○1 ○2 ○3 ○4 ○5

8) I have felt “harassed” by another staff member by the use of the hospitals complaint process (example: write-up or corrective action)
   ○1 ○2 ○3 ○4 ○5
9) I have felt humiliated by another RN or CNA using verbal statements (example: rudeness, abusive language, humiliation, or criticism).
   1  2  3  4  5

10) I have felt mistreated by another RN or CNA and this has caused direct effect on my patients (example: late medications, medication errors).
    1  2  3  4  5

11) I have been mistreated during my work hours and this has been witnessed by visitors.
    1  2  3  4  5

12) I have had teaching or training in coping with situations and staff regarding Lateral Violence.
    1  2  3  4  5

Comments________________________________________________________________________
REFERENCES


