Effects of Lateral Violence Education on Improving the Wellbeing in Emergency Room Nurses

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Effects of Lateral Violence Education on Improving the Wellbeing in Emergency Room Nurses

DNP Project
Submitted in Partial Fulfilment
of the Requirements for the Degree of
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This is to certify that I have examined this
Doctor of Nursing Practice DNP project manuscript
written by

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and have found that it is complete and satisfactory in all respects,
and that any and all revisions required by
the final examining committee have been made.

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DEPARTMENT OF NURSING
Abstract

The stress of a constantly changing work environment in healthcare causes staff to take out their aggravation on each other. This behavior is called bullying or lateral violence (Blair, 2013; Castronovo et al., 2015). Lateral violence creates a cycle of abuse that disempowers the nurse, who then take their frustration out on their colleagues around them. This quality improvement project examines the improved awareness of emergency room nurses, following a 15-minute lateral violence education module. The intended purpose of this education module would be to increase the nurse awareness of lateral violence, improved peer to peer communication, and improve nurse teamwork, wellbeing and collaboration. Of the respondents, 50 percent of them strongly agreed that their awareness of lateral violence improved after the education module. The nurses were able to accurately identify why lateral violence awareness is important to their work and when those behaviors are present in their work environment. Authentic leadership theory (Avolio & Gardner, 2005; Bass & Steidlmeier, 1999; Cianci et al., 2014; & Iles et al., 2005) and Nurse as a Wounded Healer theory (Caan, 2000; Christie & Jones, 2014; Schwab et al., 2016) were the two theoretical frameworks that grounded this project. This project allowed growth and evolution of leadership from a place of compassion, heart, and understanding of the emergency nurses and how all these relationships are interconnected. A significant limitation of this study was the daily staffing shortages that prevented the nurses from attending the education modules. In response to this obstacle, an online version of the education module was created. The nurses that attended or listened to the online module valued the education and verbalized that the module was a needed tool to their work arsenal.

Keywords: Nurse bullying, lateral violence, bullying culture, bullying, horizontal violence, emergency nursing.
"Nurses eat their young" is a common expression within the realm of the nursing profession. This phrase is a symbolic description of lateral violence or bullying among nurses. Bullying is a repetitive form of abusive behavior that causes its victims to feel threatened and diminishes their self-confidence (Castronovo et al., 2015). When nurses work in a toxic culture, their ability to provide optimum nursing care is affected. For this project, the terms bullying, and lateral violence will be used interchangeably. One consequence of lateral violence is a fear of confrontation. This fear can lead nurses to avoid specific individuals who can make work inefficient. In a busy environment like the emergency room, this can lead to poor team communication, which increases patient safety events. The impact of lateral violence can have dire consequences for the organization and patient safety (Blair, 2013). Bullying culture is a threat to patient safety, increases staff turnover, and causes unnecessary stress and anxiety to the nurse. The goal of the quality improvement project is to use lateral violence education with nursing staff to improve the bullying culture awareness amongst the nurses at a 250-bed urban hospital emergency department (ED).

**Background and Significance**

Nurses work in a highly technical and stressful environment. As science continues to improve and more evidence-based practice (EBP) comes into the workplace, nursing must adapt quickly to these changes. Emergency department nurses work in a fast-paced environment that requires quick decisions and multitasking, a situation that lends itself to aggressive behaviors. The stress of a constantly changing work environment causes staff to be frustrated with each other, commonly called lateral violence (Blair, 2013).

Lateral violence, or as it is also termed bullying, can lead to a lack of communication and patient care errors in the emergency department (Blair, 2013). When the nurse works in an
environment where there is fear related to asking questions of their peers, it will negatively affect the safety of patients in the hospital, leading to medication errors, decreasing the quality of care, and increasing the organization's liability. The intimidation behaviors caused by this culture of bullying among nurses ultimately harm patient health outcomes (Adams & Maykut, 2015). Victimized nurses concentrate less on nursing tasks, which can eventually result in medication errors or injury to patients (Blair, 2013).

Problem Statement

There is an increased occurrence of lateral violence and bullying in the ED. Bullying negatively affects patient outcomes, causes increased stress and anxiety to the nursing staff, and escalates staff turnover. Sadly, many nurses are perpetrators of lateral violence, with novice nurses being common targets. Unless this problem is addressed, patient safety and health outcomes are at risk. Unless nursing leadership addresses these issues, negative consequences like increased medical errors and patient mortality are likely (Adams & Maykut, 2015; Castronovo et al., 2015; Moore et al., 2013; Townsend, 2016).

Needs Assessment

This project is vital because when lateral violence is present in an emergency department, a significant communication breakdown between staff and patient safety is affected (Adams & Maykut, 2015). This project will focus on emergency department nurses on all shifts at an urban 250-bed acute care hospital. This project excludes auxiliary staff like nursing assistants, unit secretaries, providers, admitting staff, and managers that work within and among the nurses in the ED. The project, grounded in authentic leadership theory, focuses on the relationships and work comradery between the emergency department nurses at a 250 bed-urban hospital. This is important because when a nurse is bullied, teamwork, camaraderie, and communication
breakdown ultimately affect patient safety. The fast pace, quick decisions, and multi-tasking required to work as an emergency room nurse lend itself to assertive and borderline aggressive behaviors exhibited by nursing staff. Often nurses explain away these lateral violence behaviors as it ‘comes with the territory (Blair, 2013).

A Nursing Incivility Scale Survey (Guidroz, 2010) assessed the level of incivility present amongst the 54 nurses in the 250-bed urban emergency department. The survey results showed that incivility behaviors were present amongst the nurses. They would benefit from an education module to bring their awareness to incivility in their department and give the nurses tools to improve communication amongst their peers. An email survey was sent to 54 nurses. Of those nurses, 25 nurses responded to the survey, which was a 46% response rate. Of the 43 statements that the nurses responded to in the Nursing Incivility Scale survey, 19 statements applied to this project as they specifically look at nursing relationships. Of these, four statements related to nurses’ interactions with each other on their unit and four statements related to interactions with all individuals in the ED. The survey results were that all eight statements about interactions among ED staff had an agree or strongly agree rating. The results of the eight statements suggest that incivility is present in the emergency room environment.

Significance to Literature

Units like emergency departments have a higher propensity for bullying behaviors because of the high intensity of the work environment. As a result, errors in such a situation can prove fatal when a colleague may be intimidated, ridiculed, or afraid to seek help because of bullying behaviors present in the department (Vessey et al., 2020, p. 2). Errors in patient care occur when the nurse cannot work in a collaborative environment or is belittled for asking questions or approaching their peer for help (Moore et al., 2013).
Patient safety is affected when there is failed communication amongst providers of care. Bullying hinders the nurse's ability to have appropriate collaboration, communication, and teamwork, essential to timely and efficient patient care. Adams and Maykut (2015) state that the intimidation behaviors caused by bullying behaviors negatively affect patients' safety in the hospital, leading to medication errors, decreased quality of care, and therefore impacting the organization's liability. Nurse bullying ultimately harms patient health outcomes (Adams & Maykut, 2015). "It is impossible to deliver compassionate, quality care if nurses are working in an atmosphere of fear, intimidation, and humiliation" (Adams & Maykut, 2015, p. 770).

**Project Purpose**

The goal is to increase nursing awareness in the ED as literature has shown that when bullying culture is pervasive, nurses may not be aware that they are a bully (Thompson, 2012).

**Project Goals**

- Increase emergency nurse knowledge of lateral violence.
- Decrease lateral violence among emergency room nurses.

**Project Objectives**

1. Assess nursing staff knowledge of lateral violence using survey
2. Create education module to define lateral violence and provide nurses with strategies to address lateral violence in the ED.
3. Implement teaching module for staff on lateral violence awareness by October 2020.
4. Emergency room nurses will report a 10% improved wellbeing after education session.
5. Emergency nurses can define lateral violence at the end of the education module.
6. Emergency nurses can demonstrate three strategies to address lateral violence behaviors in the emergency department.
**PICO Question**

Amongst emergency department nurses, what is the effect of lateral violence education compared to current nursing education on improving nurse wellbeing?

**Theoretical Framework**

**Nurse as a Wounded Healer Theory**

For the context of this quality improvement project, two theoretical frameworks were applied. The Conti-O'Hare's Theory of the Nurse as a Wounded Healer served as the theoretical framework to address the culture of lateral violence in nursing. In contrast, the Authentic Leadership Theory addressed my leadership with the nurses in implementing the nursing module for this quality improvement project.

Lateral violence, also known as workplace bullying, is a disruptive and inappropriate behavior demonstrated in the workplace by one employee to another in an equal or lesser position (Christie and Jones, 2013, p. 1). Marion Conti-O'Hare (2002) developed a middle-range nursing theory rooted in Carl Jung and Michael Fordham's philosophical and psychological healer theories. This theory explores the idea that personal or professional trauma coupled with ineffective coping mechanisms results in unresolved pain. Conti-O'Hare identifies some nurses as "walking wounded" victims. Conti- O'Hare defines the walking wounded as those who have experienced trauma that they have not dealt with, altering their ability to cope with current stressors (Schwab et al., 2016).

Conti-O'Hare's theory states that nurses were exposed to traumatic experiences and these experiences are what drew them to the nursing field. Unfortunately, traumatic experiences continue to exist within our continued life experiences, so these nurses are inherently walking wounded individuals who deny their woundedness (Christie & Jones, 2014). When these nurses
are placed in stressful situations and do not have appropriate avenues to communicate, they
perpetrate this hurt on their peers, otherwise known as lateral violence. The victimized who are
also walking wounded individuals, in turn, victimize others. And thus, the cycle of lateral
violence is created and hard to break (Appendix C). When the nurse has not effectively managed
their pain and hurt, the cycle is hard to break (Caan, 2000; Christie & Jones, 2014; Schwab et al.,
2016).

**Authentic Leadership Theory**

As an organization’s needs change, the demands for genuine, trustworthy, and moral
leadership have grown. Authentic leadership theory describes leadership that is “transparent,
morally grounded, and responsive to peoples’ needs and values” (Avolio & Gardner, 2005, p.
321-322). For the leader, authentic leadership: (1) gives the leader guidelines to improve their
authenticity, (2) provides the leader clarity on what ‘good and sound’ leadership skills can be, (3)
encourages leaders to do what is “right and good” for their staff and society, and (4) is a process
that is developed over time and not a fixed trait (Avolio & Gardner, 2005; Bass & Steidlmeier,
1999; Cianci et al., 2014; & Iles et al., 2005). As it relates to lateral violence culture, authentic
leadership is an essential factor shown to establish positive workplace culture, lower turnover,
increase nursing retention, improve new nurse job satisfaction, and decrease the likelihood of
bullying burnout (Hawkins et al., 2019; & Laschinger et al., 2012).

Authentic leadership was a strategy mentioned for combating bullying and turnover in
organizations (Laschinger et al., 2012; Hawkins et al., 2019). An authentic leadership style is a
morally grounded and transparent style. It offers the leader the opportunity to lead from a place
of compassion, heart, and understanding of their followers and their interconnectedness (Avolio
& Gardner, 2005; Bass & Steidlmeier, 1999; Cianci et al., 2014; & Iles et al., 2005). These
leaders are encouraged to establish open and honest dialogues with their employees and nurture and foster trusting relationships. In these environments, retention rates would stabilize, and nurses would be less likely to leave (Hawkins et al., 2019).

**Literature Review**

**Data Sources and Search Strategy**

Initially, a literature search was done using the database CINAHL using Boolean phrases: (bullying culture) AND (nursing) to create a research article bank. A data search was also completed on Google Scholar using the phrase lateral violence in ED nursing to understand the present literature. The refinement of the PICO question required a new literature search. As stated previously, the updated PICO is, amongst emergency room nurses, the effect of lateral violence education on improving staff wellbeing. A second literature search was completed using databases CINAHL, Medline, and PubMed using keywords (lateral violence education) AND (emergency nursing), (bullying culture) AND (emergency nursing), (bullying culture) AND (emergency nursing) AND (improving wellbeing), (lateral violence and bullying in nursing) AND (emergency nursing). A third literature search was completed using CINAHL, Medline, and PubMed databases and the keywords mentioned above to see if there were additional articles that can be added.

**Inclusion Criteria and Quality Assessment**

Once the academic search was finalized, a review of abstracts and titles was reviewed for duplicates and then removed. Articles considered were English only, focused on nurses working in the hospital setting and included references to emergency room nursing. The intent was to narrow articles down to the relevance to bullying culture or lateral violence and nurses working within the hospital environment. There were several editorial or opinion pieces that came back in
the results that were not included. The opinion pieces that were included (see appendix B) were because of the high-quality information.

The Johns Hopkins University appraisal tool (2019) was chosen to assess each study's evidence and quality. Studies of high and good quality were included because they provided relevant evidence towards the project. Studies were excluded due to the age of the study (older than 2009) and those not applicable to hospital nursing work.

Study Selection

The Boolean phrase search and initial keyword search for the topic generated 197 articles. After eliminating duplicate articles and screening for project relevancy, 37 full-text articles were reviewed. From these studies, 23 were selected to include and use to inform the EBP on lateral violence among emergency department nurses. Of these 23 studies, 15 were level III studies of good or high quality. Eight studies were level V of good or high quality. One study (Oh et al., 2016) was qualified as good even though the limitations did question whether the information was generalizable related to the fact that it was a cross-sectional survey. The Oh et al., (2016) study offered helpful considerations to workplace bullying and how job stress is related to nursing intent to leave their role, which is a part of overall wellbeing. Blair (2013) was an opinion piece and used literature to review and support lateral violence in nursing. As a level IV study, Blair (2013) was included as it addressed essential themes to the issue of lateral violence in hospital emergency room nursing, practice changes and how leadership can be helpful to the overall project plan. Overall, the studies chosen were primarily qualitative studies, with the remainder falling into the literature review or recognized expert based on evidence (see Appendix A).

Intervention Characteristics
Appendix B includes a summary of the benefits of each of the included articles. Seven of the studies had considerations on the effects of lateral violence on nurses, the impact of lateral violence on the organization, practice changes, and the types of lateral violence (Blair, 2013; Castronovo et al., 2015; Howard & Embree, 2020; Longo, 2013; Ming et al., 2019; Skehan, 2015; Wright & Khatri, 2015). Three studies had all three benefits, except practice changes (Bambi et al., 2014; Oh et al., 2016; Vessey et al., 2009). The seven studies (Blair, 2013; Castronovo et al., 2015; Howard & Embree, 2020; Longo, 2013; Ming et al., 2019; Skehan, 2015; Wright & Khatri, 2015) identified education as an essential tool in addressing the culture of bullying in the work environment. What was determined was that education offers the opportunity for open and frank dialogue amongst the staff as nurses often may not be aware of their behavior until it is brought to their attention. One of the studies showed efficacy in asynchronous provider-directed learner-paced e-learning educational activity in decreasing incivility between nurses. The study suggested that education modules were a tool to address the prevention of lateral violence by providing nurses the skills, coaching, and addressing bullying behaviors such as conflict management and assertiveness.

Team building and crucial conversations were other approaches also suggested as a part of lateral violence educational intervention. When the nurse is involved in the process, emotional intelligence and collaboration, and accountability can be attained in the work environment. Rehearsed responses were another effective tactic against hostile acts in the work environment as part of a teaching module (Blair, 2013; Castronovo et al., 2015; Howard & Embree, 2020; Longo, 2013; Ming et al., 2019; Skehan, 2015; & Wright & Khatri, 2015).

In reviewing these articles, the objective was to glean evidence-based data supporting improved awareness and education of lateral violence amongst emergency nurses. Additionally,
the literature describes how such understanding improves the working environment and staff wellbeing. To effectively achieve this, the articles were broken up into themes (see Appendix B).

The themes are:

- Types of lateral violence.
- The effects of lateral violence on the nurse.
- The impact of lateral violence on the organization.
- Practice changes.

Seven articles encompassed all four themes (Blair, 2013; Castronovo et al., 2015; Howard & Embree, 2020; Longo, 2013; Ming et al., 2019; Skehan, 2015; Wright & Khatri, 2015) and were of high quality. The data in these articles helped build the framework around an effective education module in improving the awareness of the ED nurses on lateral violence. Vessey et al., (2009), a high-quality article, will be included in the education module for the themes of awareness surrounding what is lateral violence. Eight articles (Berry et al., 2013; Edward et al., 2014; Etienne, 2014; Howard & Embree, 2020; Meires, 2018; Ming et al., 2019; Skehan, 2015; Wright & Khatri, 2015) were of good quality and provided information in the practice changes. These articles were ranked as a lower level of importance since this information was repeated in previous articles. While necessary, the work was not specific to the emergency department nursing. The other articles were of good and high quality and provided suggestions towards the effects of lateral violence on nurses and lateral violence on the system (Serafin & Czarkowska-Paczek, 2019; Wilson, 2016; Wolf et al., 2018).

**Outcome Measurements**

Four of the studies showed outcomes directly related to the improvements gained from workplace bullying strategies (Castronovo et al., 2015; Oh et al., 2016; Howard & Embree,
Ming et al., (2019) noted that simulation helps the participants develop their problem-solving strategies, awareness, and problem-solving capabilities in workplace violence training. Howard and Embree (2019) showed that educational intervention was consistent with increased civility scores amongst nursing staff and staff stating they had effectively performed at least one positive conflict management strategy (Howard & Embree, 2020). Oh et al. (2016) compared three hypothesized models to discuss how nurses perceive workplace bullying and its associated job stress and intent to leave and relation to patient safety. The authors determined that intent to leave directly influenced nurse-assessed patient safety (Oh et al., 2016).

**Synthesis**

In reviewing these articles, the objective was to glean evidence-based data supporting the effectiveness of the improved awareness and education of lateral violence amongst emergency nurses. Additionally, the literature was analyzed to assess how such awareness improve the working environment and staff wellbeing. To effectively achieve this, the articles were broken up into themes. The themes are:

- Lateral violence.
- The effects of lateral violence on the nurse.
- The impact of lateral violence on the organization.
- Practice changes.

Six articles encompassed all four themes (Blair, 2013; Castronovo et al., 2015; Roberts, 2015; Wilson, 2016; Wolf et al., 2018; & Wright & Khatri, 2015) and were of high or good quality. These articles helped build the framework around an effective education module to improve the ED nurses' awareness of lateral violence for this quality improvement project.
list of behaviors that are signs that lateral violence is present in a nursing department were present in all the articles and was able to be complied effectively for the teaching module. The suggested educational interventions should involve counseling, mediation, and enforcement of organizational policies against bullying and efforts to create a culture that is safe and supportive for nurses and patients. The six articles were able to provide the support for the nine communication tools to improve peer to peer communication used in the 15-minute teaching module. These articles also suggested team building initiatives, coaching, mentorship, and preceptorship are appropriate interventions to reduce lateral violence in the work environment (Blair, 2013; Castronovo et al., 2015; Roberts, 2015; Wilson, 2016; Wolf et al., 2018; & Wright & Khatri, 2015).

Another important factor described in these articles included nurse included nurse advocacy for themselves and their peers in the face of lateral violence in their work environment. Nurses need skills and coaching to address bullying such as conflict management and assertiveness. Leadership education should focus on continuous coaching to develop skills required to collaborate, communicate and be accepting of differences. Encouraging all employees to practice emotional intelligence, crucial conversations and collaboration through sensitivity training, and education about staff relationships and team building communication programs is essential. (Blair, 2013; Castronovo et al., 2015; Roberts, 2015; Wilson, 2016; Wolf et al., 2018; Wright & Khatri, 2015).

Vessey et al. (2009) was included as it provided high-quality information on behaviors associated with lateral violence and the culture of silence and the fear and retaliation associated with this culture in the work environment. The article also explained more about the effect of the culture of bullying on the nurse and the physical effects against the health of the nurse and the
using educational awareness campaigns to achieve primary prevention of bullying. When a nurse is being bullied, the nurse is not able to perform to their highest potential (Vessey et al., 2009).

The articles by Edmonson Zelonka (2019) and Serafin and Czarkowska-Paczek (2019) were articles of good and very good quality and gave the reader themes on the effects of lateral violence on the nurse, effects of lateral violence on the organization and practice changes. The value these two articles provided to the quality improvement project was how bullying behaviors affects and leads to a decreased quality of life for nurses and reduced ability to deliver effective and safe patient care. These articles provided statistics on turnover cost for replacing an experienced bedside nurse as who left as the result of a bullying environment. These articles also gave concrete strategies that can be used to address the culture of bullying in the work environment. The articles also warned that bullying culture is pervasive and not to expect that it would disappear overnight (Edmonson & Zelonka, 2019; Serafin & Czarkowska-Paczek, 2019).

Hawkins et al. (2019) presented the topic of authentic leadership model and its effect that these leaders have on positively affecting a work environment. The importance of leadership on the nurse unit encouraging a unit to be free from bullying. Correlation between workplace culture and nurse job satisfaction and nurse intention to leave and leadership creating a zero tolerance and safe workplace culture. Authentic leadership plays an integral role in reducing nurse exposure to workplace bullying and establishing respectful, positive workplace culture. The authentic leadership style is a style that works well, as this leader leads from a place of compassion and heart and listens to the staff and tries to understand before making any rash decisions (Hawkins et al., 2019).

Gaffney et al. (2012) was article of high quality and gave information on the types of lateral violence, the effects of lateral violence on the nurse, and practice changes. The strategies
involved in this article, gave the nurses the responsibility to engage in the process of making things right when faced with workplace bullying. Nurse leaders must work with frontline nurses to discuss the challenges and triggers and solutions to workplace bullying. Nurses should build personal and professional capacity to transform from a bystander to an upstander when bullying or other aggressive tactics are perpetrated in the workplace (Gaffney et al., 2012).

The Moore et al., (2013) article was of good quality and focused on the effects of lateral violence on the organization and practice changes. This article suggests that leaders need to monitor their units continuously and develop a culture of positive nursing relationships. Promoting open communication, stronger leadership and empower staff nurse to make more decisions for the unit to resolve conflicts between one another was important to improving lateral violence culture (Moore et al., 2013).

Reducing bullying in the emergency department requires a coordinated effort of activities where nursing is actively involved with the tools to advocate for a change to the culture, as well as management encouraging a zero-tolerance policy in the department (Blair, 2013; Wilson, 2016; Wolf et al., 2018; Wright & Khatri, 2015). As a result, the quality improvement project will implement a 15-minute education module that will inform the 54 nurses at the emergency room on the lateral violence present in their work environment. It will also give them the communication tools to be able to have effective peer to peer communication between each other and identify when there is lateral violence present in their work environment and advocate for themselves and their peers. The intended goal from this education would be that the nurses have an increased awareness of lateral violence post education, improved peer to peer communication, and more teamwork and collaboration. An improvement in reported wellbeing and awareness reported by nursing would dictate that the education module was effective.
Implementation

Based on this synthesis, the themes identified are used to create an education module for the emergency department nurses to bring awareness on lateral violence in their work area. As these nurses worked in a fast-paced environment and were used to information on the go, the education module will be no more than 15 minutes long and will have time for questions and engagement at the end. The Nursing Incivility Scale (Guidroz et al., 2010) will be used to determine the level of bullying culture present in the nursing department and provided electronically to the emergency nurses. This data will be used to assess the emergency department's nurses' base knowledge of lateral violence and adjust the education module to suit the needs of the unit. The purpose will be to encourage emotional intelligence, crucial conversations, and team collaborations to improve nursing wellbeing and team morale (Blair, 2013; Wolf et al., 2018; Wright & Khatri, 2015).

After the education module is completed with staff, a post-assessment survey would be done immediately after the education session to assess whether the module achieved the goal of improving the awareness of the nurses to lateral violence and improving nurse wellbeing. An improvement in reported wellbeing and awareness reported by nursing would indicate that the education module was effective.

The limitations of this plan would include access to all the nursing staff as the nurses work three different shifts. The ability to get this in-person education module to nurses of each (day, evening, night) shift may involve schedule conflicts. The education module would have to be offered multiple times each day to accommodate for the varied shifts.

Method
The purpose of this quality improvement project is to discover, amongst emergency department nurses, what is the effect of lateral violence education on improving nurse awareness and wellbeing of the climate of a bullying culture in the emergency room department? This quality improvement project used survey methodology and the Nursing Incivility Scale (Guidroz et al., 2010) to determine the level of bullying culture present in their nursing department. This project, grounded in authentic leadership theory, focuses on the relationships and work camaraderie between the 54 emergency department nurses at a 250 bed-urban hospital. These 54 nurses were invited to participate via email in the online survey about workplace bullying. Participation was voluntary, and all information collected was strictly confidential. At the beginning of the survey, a description of the project was sent out to the nurses with an invitation for them to participate. The respondents were under no obligation to proceed with the study if they did not choose to complete it. The project was approved by the St. Catherine University Institutional Review Board and permission was received by local hospital to proceed with the project.

The link to the Nursing Incivility Scale (NIS) was sent via email to the emergency room nurses. The NIS consists of 43 statements that the respondents rated their department’s incivility on a five-point Likert-type agreement scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The survey was closed at the end of September 2020. Results were reviewed and used to create the nurses’ education module on bullying culture awareness in their department.

An education module was created to offer in-person education sessions to the emergency room nurses and improve their awareness of lateral violence in the emergency department. The invite for the education sessions for the emergency room nurses was sent to the nurses via email twice in one month. Three in-person sessions were offered. A five-question survey was given to
the nurses in attendance after each session to assess lateral violence awareness. The electronic version of the survey, and a voice-over PowerPoint of the education module were sent via email to the staff who missed the in-person sessions. The electronic survey was closed one month later.

**Social Justice Considerations**

The ultimate objective of nursing is to provide appropriate care for their patients and advocate for patients' rights (Thurman & Pfitzinger-Lippe, 2017). Nurses are the largest group of health care professionals who not only witness the shortcomings of the current healthcare system but have a long history of being actively involved in social injustice (Thurman & Pfitzinger-Lippe, 2017). Ironically, the nursing profession contributes to social injustice as an industry. Present-day lateral violence (bullying culture) in nursing or commonly described as nurses "eat their young," is the right of passage into the profession (Castronovo et al., 2015; Pullizzi & Evans, 2015). Bullying culture in nursing is the abusive behaviors that intimidate, threaten, humiliate, and interfere with the nurse's work (Townsend, 2016). The bullying culture is not only limited to new nurses but nurses of all levels of experience. When nurses work in a toxic culture, their ability to provide optimum nursing care is affected. In a 2008 statement from the Joint Commission, they specified that organizations that did not address unprofessional behaviors in the workplace are indirectly promoting it. Some action steps that organizations can undertake should include a “code of conduct, accountability for behaviors, zero tolerance for intimidating behaviors, a non-retaliation clause for reporting lateral violence and training on collaboration and relationship building” (Blair, 2013, p. 76). Bullying culture is a threat to patient safety, increases staff turnover, and causes unnecessary stress and anxiety to the nurse (Castronovo et al., 2015; Pullizzi & Evans, 2015; & Townsend, 2016).
The culture of lateral violence has been allowed to manifest and is seen as a rite of passage for many nurses. Older/seasoned nurses went through painful experiences, so they expect new nurses to do the same. It toughens you as a nurse the cycle of abuse is normalized because it is repeated (Edward et al., 2014; Vessey et al., 2009). These lateral violence behaviors have detrimental consequences for many parties especially the nurses and can show up like anxiety and stress in the nurse. When organizations do not rectify these behaviors in the workplace there is an increased turnover in the department and a lack of trust amongst staff who are often afraid to ask questions. This can jeopardize patient safety and increase medication errors (Castronovo et al., 2015).

Another social justice issue that affects the nurse is the culture of silence. Nurses are unaware of the effect of silence when lateral violence in present in the work environment. These behaviors have become culturally normalized, while bystanders remain complicit in the behaviors as they lack the skills to intercede. This culture of silence perpetuates underreporting of the problem of lateral violence in the work environment. Nurses often choose not to report being bullied because of a fear of retaliation and being surrounded by a culture of silence or lack of support by leadership on their unit. When one brave nurse reports bullying behavior, that nurse faces even more abusive behavior. Patient safety is affected when there is failed communication amongst providers of care because of fear or intimidation. The intimidation behaviors caused by lateral violence negatively affect patients’ safety in the hospital, leading to medication errors, sentinel events, and increased organizational liability ultimately resulting in adverse patient outcomes (Castronovo et al., 2015; Vessey et al., 2009).

**Evaluation**
Results

The Nursing Incivility Scale surveyed 54 nurses in the emergency room department. Of these, 25 responses were received to the NIS electronic survey sent out via email. This is a 46% response rate. The participants were predominately white (100%), 30-39 age group (40%), and female (76%), with 40% of the respondents having 16 years or more of experience in the emergency department. Forty-eight percent had a bachelor’s degree, and 40% had an associate degree, and eight percent had a master’s degree (Table 1).

Of the 43 statements that the nurses responded to in the NIS survey, the first 19 statements were applied to this project as they specifically look at nursing relationships. Of these, four statements related to nurses’ interactions with each other on their unit and four statements related to interactions with all individuals in the ED. All eight statements had an agree or strongly agree rating. Four of the responses belonged to the subscale category of gossip/rumors. Two of the responses belonged to the hostile climate subscale category, and two of the responses belonged to the inconsiderate behavior subscale category. These eight responses were the statements used to help build the education module for the emergency room nurses.

Emergency Room Nursing Education Module

Of the three in-person education module sessions offered for the nurses, there were six nurses and one nursing student participant. Three nurses viewed and responded to the post-education survey of the online voice-over PowerPoint education module session. After taking out the student survey and an incomplete in-person survey, there was a 14 percent response rate (eight nurses total). The nurses responded to a five-question post-education module survey to assess lateral violence awareness. The nurses that responded were also predominately associate degree trained nurses (50%) and 60 years or more in age (37.5%). Fifty percent of the nurses
responded that the education module made them strongly aware of lateral violence, while 37.5% stated that the education module increased their awareness of lateral violence. The post test revealed that 100% of the participants understood why lateral violence awareness is important and 87.5% reported signs and symptoms of lateral violence accurately (Figure 1).

In the short answer section of the survey, there were many positive responses from the staff. The nurses were able to repeat back learnings from the education module. When asked how important the module was to their work the nurses expressed that it should be an essential tool in their toolbox. (Figure 1). The positive responses and participants’ ability to repeat learnings from the module correlate with the improved awareness of lateral violence the nurses reported at the end of the education session. The skills of improved peer to peer communication tools from the education module the nurses will take with them into the work environment. In doing so, activating communication tools, patient safety is affected. When there is failed communication amongst providers of care, caused by lateral violence behaviors, it negatively affects patients’ safety in the hospital, leading to medication errors, sentinel events, and increased organizational liability, ultimately resulting in adverse patient outcomes. (Castronovo et al., 2015; Vessey et al.; 2009).

Limitations

The most significant limitation on this quality improvement project was the staffing shortages that prevented staff from participating. Despite all the advertisement and announcements that was made around this project, there were unforeseen circumstances that affected this project. The emergency department was severely short staffed daily, and the nurses were not able to leave the department to come to the assigned in person class sessions. Verbal
comments were added to the education module and sent out to the staff and that was able to gain a few more nurses’ responses.

Another limitation was designing this project to reach all the shifts (day, evening and night) at the hospital. To accommodate this the education module on each of the days were offered at multiple times to try to accommodate for the shift times for the day, evening, and night shift nurses. The education module was also set up using the internal education learning module system to make it easy for the nurses to sign up for the session during any shift. Having a small sample size is a limitation of this project. There was a low turnout to the education module, of the total 54 nurses that could have attended this session only nine attended.

**Discussion**

Even though there was a low turnout for the in-person education module, the response was favorable to the education module from the nurses that attended. Of the initial 25 nurses who responded to the Nursing Incivility Scale, six nurses participated in the three-day in-person teaching sessions and one nursing student. Three nurses responded to the online survey, a 16 percent response rate for the emergency department. One of the in-person respondents did not complete the survey correctly, so it was not included. Even though the student provided valuable input, it was not counted in the number of nurses as the student did not meet inclusion criteria.

Building on the authentic relationships that were developed over the years at this organization, allowed buy-in to be created with this project's leadership. The manager was excited about this project when it was brought forward. The ED manager was initially working on team-building exercises with her department. She saw this project as an opportunity to partner with the student to help her staff garner tools to improve communication.
At the beginning of the project, authentic leadership was applied with the emergency room nurses to make the project effective. Authentic leaders tend to have a strong sense of purpose, establish trusting relationships, have sensitive and empathetic to others' plight, and have a substantial value about the right thing to do (Avolio & Gardner, 2005, p. 321). Working with the emergency nurses over the years, the staff tend to have communication breakdowns with each other in a hectic work environment. Having this background knowledge, the goal was to bring a sense of 'self-awareness' to the staff. Knowing that the culture of lateral violence is so pervasive in this department, the staff may not even realize that they are a bully (Longo, 2013). Through increased self-awareness of bullying nurses’ wellbeing may be improved.

Authentic leaders can show self-discipline, focus, and determination (Avolio & Gardner, 2005; Bass & Steidlmeier, 1999; Cianci et al., 2014; & Iles et al., 2005). Authentic leaders relied on these skills to complete this project without an extensive staff at their disposal. Genuine relationships contributed to the success of this project, such as the relationships with the nurse educator. The nurse educator, assisted in building the education module links so that the nurses could sign up electronically for the in-person sessions. The administrative secretary was another valuable relationship because she helped reschedule all the conference rooms when there were last-minute changes. The site vice president was a vital relationship who answered varied questions and was a sounding board and made her office a safe space.

The other significant change to adapt to in this project was the announcement of the emergency room's closure at the hospital. The hospital CEO announced that the emergency room would be closed effective December 2020 at a virtual town hall to the nursing staff on October 5, 2020 (J.H., personal communication, October 5, 2020). This announcement affected the outcomes quality improvement project because the emergency room nurses were sad, angry,
stunned, and disillusioned that their work home was now going away. Therefore, the nurses were not engaged to participate. The authentic leader needs to be a supportive shoulder to listen to the nurses’ vent, cry, and troubleshoot. Overall, this outreach resulted in six nurses who participated over three days. These nurses partook amid a tumultuous environment in an emotionally charged emergency department.

The other lens that was present during this time was the nurse as the wounded healer. Many of the nurses who were upset and sad and shocked at the news of their beloved work home's closure began to take that frustration out on each other. Their inability to do anything to stop the impending doom of the change had many nurses' complaints being hostile and aggressive to one another. The nursing student who came to my education module verbalized the heightened level of bullying she noticed during her preceptor experience (Nursing student, personal communication, October 20, 2020).

A voice-over of the education module was created and sent electronically to staff. This gained three more staff member responses to the education module, as it was apparent staff was too busy to attend in-person sessions although they were interested in the session. The years of relationship building and having an authentic, compassionate, and transparent leadership style with the staff were assets. These nurses showed support for the quality improvement project despite their anger and frustration at the organization.

When looking at the survey results, the survey's first question assessed the effectiveness of the education module and how much the nurses' awareness of lateral violence improved on a scale of one through five. Of the eight nurses that qualified for this study, 50 percent of the nurses gave the education module a five ranking or that the education made them strongly aware of lateral violence in their work environment (Figure 1). This is important to units like
emergency departments as they have the propensity for bullying behaviors because of the work environment's 'high intensity. A high intensity environment can contribute to nursing errors can put patients in increased danger up to and including death if the nurse is fearful to ask for help because of bullying behaviors present in the department (Vessey et al., 2020, p. 2).

The second question, multiple-choice, assessed whether the nurse could recall why lateral violence awareness should be critical to the practicing nurse from the education module. Of the nurses, there were 100 percent correct responses showing an understanding of the education module (Figure 1). Lateral violence is a threat to patient safety, increases staff turnover, and causes unnecessary stress and anxiety to the nursing staff. The culture presents an ethical dilemma in the nurses' inability to feel safe to be their best selves at work to provide optimum care to their patients. When they work in a fear-based environment, they cannot effectively communicate with their peers, and patient safety then suffers (Adams & Maykut, 2015; Castronovo et al., 2015; Etienne, 2014; Gaffney et al., 2012; Hawkins et al., 2019; Laschinger et al., 2012; Longo, 2013; Longo & Hain, 2014).

The third question, also multiple-choice, determined whether the nurses could describe whether lateral violence occurs in their work environment. This returned an 87.5 percent correct response rate, which showed that most nurses could determine when lateral violence was happening in their work environment post-education module (Figure 1).

To help assess the education module's value, the nurses were asked two questions that required them to provide a short answer. The fourth question asked the nurses what steps they will take to improve communication in their work environment. The goal was to see whether they gleaned any of the nine communication tools discussed by Thompson (2012) and apply them to their work. Looking at the breakdown of the responses the 37.5 percent of the responses
(3 out 8) gave answers that were internalized to them like "be more aware of my surroundings"; "be more open with coworkers, informing other employees if they are disrespectful" (Figure 2). Whereas 65.5 percent of the responses (5 out of 8) were able to repeat the talking points on the education module, like communicate or not keep quiet, walk away if the bully continues to be disrespectful, work as a team and use 'we' comments instead of 'I' or 'you.' Respondent C gave a thoroughly detailed response (see Figure 2), suggesting that the nurse took detailed notes, and the information was valuable. The more of the communication tools these nurses can incorporate into their work, the more bully proof they will make their work environment. This will ultimately improve peer-to-peer communication and overall employee well-being (Thompson, 2012).

The survey's final question asked the nurses how valuable the information was to their work. All the nurses responded that the education module was very important to their work. The anecdotal statements that the nurses provided helps to understand how the nurses will apply the information that they have learned. Nurse B said that education on lateral violence is important as it affects everyone in the department. At the same time, Nurse H stated that they did not want to work in a hostile environment (Figure 3). When the nurse works in an environment where they feel safe and respected, they can bring their best self to the workplace, and everyone, including the patient, benefits from this experience (Etienne, 2014; Gaffney et al., 2012). Two other valuable comments came from Nurse I, who said that they must be especially aware of the 'climate within the work area' as a charge nurse. The second comment was from Nurse H, who said that nurses tend to "eat their young," and this field is complex enough without us turning on one another (Figure 3).

Longo's (2013) study reiterated that the first step in addressing bullying is a thorough education. Education enhances awareness of negative behaviors in a work environment. The
study explained that education should include appropriate and inappropriate behaviors and policies to address the behaviors. When staff has an opportunity for self-reflection, skill-building, and self-awareness, there will ultimately be a positive effect on the work environment (Longo, 2013).

Amongst the emergency department nurses, the effect of lateral violence education was very valuable compared to the current nursing education. Wellbeing was not quantified based on the way the project was designed. The positive responses that were received from the surveys as the end of the education module the nurses all responded that the education was very important to their work.

**Implications**

As we talk about all the reasons for lateral violence and bullying culture in nursing, we must also be aware that nursing must be the first advocate for any changes to be sustained. Nurses deal with bullying in the workplace daily. Therefore, any action step towards rectifying this problem must include discussing effective strategies and approaches to curb this culture (Gaffney et al., 2012).

Longo (2013) stated that the first step in addressing bullying is through education. Education is a way to enhance awareness of negative behaviors. The findings of this project have implications for emergency room nurses. The value attributed by the nurses came from the anecdotal comments after the educational session. One such comment came from Nurse B at the end of the day one session. She said, "Wow! Important topic, I will send my nursing student to come to see this. We need this right now. It's a shame that the department won't get the full value of this teaching" (Nurse B, personal communication, October 13, 2020). Her statement was powerful because the emergency department is currently in turmoil after the recent
announcement that it would be closing at the end of the year because of its restructuring (J.H., personal communication, October 5, 2020). In this transition period, authentic leadership was especially important to provide transparency of information with the staff, always giving them a listening ear and giving them grace as heightened emotions are expected during this season.

When Nurse B encouraged her student to attend the education module, she gave a powerful statement about the hospital’s climate at this time. She said, "As a nursing student, I appreciate this session. As a student, it was eye-opening to me as I am going into the profession. The hospital environment … is intense now, and I see it every day. I hope I don't encounter it when I start my career, but I feel like I have the tools now" (Nursing student, personal communication, October 20, 2020).

Additional positive feedback came from a DNP-prepared R.N. in attendance, who found great value in this education module for herself and her peers. She said, "Thank you for this session. This should be part of new employee orientation" Nurse E, personal communication, October 13, 2020). Another positive comment from an associate prepared nurse was that she found the learning interesting, "I thought I was going to be bored, but this was good. I learned something. Good job!" (Nurse D, personal communication, October 27, 2020).

Of all the comments, the most impactful came from the senior nurse who quietly approached the (DNP) student after the class. During the session as she sat at the front of the room with a sober expression the whole time. It was unclear if she was enjoying the module. After the session, she purposefully waited until everyone left to come up to say, "This lecture reinforced what I was thinking in my head. Glad to know I wasn't going crazy." (Nurse A, personal communication, October 27, 2020).
What made this even more special was that three weeks later, this nurse excitedly related a story. She wanted to share that she effectively used the lateral violence tools she learned from the class in a real-time situation with an administrative supervisor on duty the previous day. A supervisor was yelling at her and being abusive at the charge nurse's desk. She used her communication tools and let the supervisor know that she did not appreciate the tone or volume she was using with her [calling it out/naming the behavior] (Thompson, 2012). The supervisor was stunned into silence, apologized, and then claimed the stress of working with coronavirus patients was the reason for her behavior and talked to the nurse in a more appropriate tone. Using compassion and heart in this instance, the student enthusiastically praised the nurse and let her know that she did a great job using the tools and established her boundaries. To this, the nurse stood up even taller, and she repeated to herself, "That's right! I established my boundaries!" and she practically skipped off to continue her day.

This education module gave the nurse the tools to advocate for herself in real time and gave her the communication tools to effectively have peer to peer communication when needed. From the above example the nurse was able to establish her boundaries and establish positive working relationship with the supervisor. When all nurses have such a tool at their disposal work stressors would decrease and teamwork would be more effective. When the nurse works in an environment where they feel safe and respected, they can bring their best self to the workplace, and everyone, including the patient, benefits from this experience (Etienne, 2014; Gaffney et al., 2012).

This 15-minute education module would be an essential tool to implement in the organization. This is important to the well-being of the nurse and the organization by reducing staff turnover and reducing the threat to patient safety. It would be in the organization's interest
to invest in this learning and make this a part of the mandatory education module for staff to be trained and tested. That would be a positive step towards affecting a change in the emergency department culture.

Longo & Hain (2014) state that leaders need to address bullying and set expected behavior standards. Leaders who do not follow through on complaints leave the staff feeling that their claims' severity is not believed. This ultimately would suppress the nurse's willingness to believe in the organization's ability to make changes (Longo & Hain, 2014). This 15-minute education module should be added to nursing mandatory annual training. The tool has demonstrated value in the voice-over PowerPoint format, so this tool can be reproduced as an online education module for nursing staff. The staff will be able to view and attest at the end that they viewed the module. Nurse leaders would find it valuable as they would see a decrease in turnover in their department and reduction in patient safety events (Adams & Maykut, 2015; Castronovo et al., 2015; Etienne, 2014; Gaffney et al., 2012; Hawkins et al., 2019; Laschinger et al., 2012; Longo, 2013; Longo & Hain, 2014).

**Conclusion**

Lateral violence is a threat to patient safety, increases staff turnover, and causes unnecessary stress and anxiety to the nursing staff. Bullying culture presents an ethical dilemma in the nurses' inability to feel safe to be their best selves at work to provide optimum care to their patients. The 15-minute education module gave the emergency room nurses the tools to effectively determine when lateral violence is present in their work environment, provide them with the vocabulary to articulate boundaries to the bully, and bully proof their work environment. When used effectively, this tool can create an improved sense of well-being in the nurse and enable the nurse to establish a positive work environment and ensure a safe work environment.
for the patient. When nurses work in a fear-based environment, they cannot effectively communicate with their peers, and patient safety then suffers.

Among ED RNs the education module was effective at improving nurse's awareness of lateral violence. Quantitative measure of wellbeing not measured in this module. Qualitatively the nurses felt the module improved wellbeing.

The next stage of this quality improvement project would be to test it again in another urban hospital. There were many extenuating circumstances that prevented nurses from fully participating. The ability to return a month later and reassess the nurses and see if the culture is still being impacted by the education would be a good assessment of the effectiveness of the education module in ultimately eliminating lateral violence in the department.
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http://dx.doi.org/10.1016/j.ijnurstu.2012.05.012.


doi:10.1097/NNR.0000000000000175.


Thompson, R. (2012). *Do no harm applies to nurses too. Strategies to protect and bully-proof yourself at work.* Incredible Messages, LP


### Appendix A

**Table 1: Evidence Appraisal Grid**

<table>
<thead>
<tr>
<th>Article #</th>
<th>Author &amp; Date</th>
<th>Evidence Type</th>
<th>Sample, Sample Size &amp; Setting</th>
<th>Study findings that help answer the EBP question</th>
<th>Limitations</th>
<th>Evidence Level &amp; Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Blair, 2013</td>
<td>Expert Opinion</td>
<td>Expert opinion, not listed in article</td>
<td>Team building initiatives, crucial conversations, CRIB, Just Culture, prevention training like code bully help staff recognize when one is a victim of lateral violence</td>
<td>Opinion piece, review of previous information not adding new data</td>
<td>IVC</td>
</tr>
<tr>
<td>2</td>
<td>Castronovo et al., 2015</td>
<td>Literature review</td>
<td>Lexis Nexis search for articles published in US newspapers &lt;10yrs 1351 articles</td>
<td>Head nurses who abuse their position of power, nurses eat young, zero tolerance, provide nurses with skills and coaching, strong message need to be sent that bullying behaviors will not be tolerated.</td>
<td>Study focused on issue of rectifying bullying legislatively tied to HCAP scores and issue that currently has no traction to be addressed.</td>
<td>VA</td>
</tr>
<tr>
<td>3</td>
<td>Vessey et al., 2009</td>
<td>Descriptive Survey Design</td>
<td>Voluntary national self-selected sample 303 RNs in acute care settings. Using electronic survey in</td>
<td>Information onboarding needs to be directed beyond the new nurse with preceptors and nurse managers receiving parallel</td>
<td>Pressing need for intervention research directed at interpersonal and organizational strategies for</td>
<td>IIIA</td>
</tr>
<tr>
<td>#</td>
<td>Author(s)</td>
<td>Study Type</td>
<td>Data Collection Methods</td>
<td>Findings</td>
<td>Limitations</td>
<td>Study Site</td>
</tr>
<tr>
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</tr>
<tr>
<td>4</td>
<td>Wilson, 2016</td>
<td>Literature review</td>
<td>CINAHL (26 articles), Med Line (24 articles), PsycINFO (23 articles)</td>
<td>Concept of hope introduce to combat bullying behaviors and improve wellbeing as humor. Silence and inactions work against changing culture of bullying in work environment.</td>
<td>Not specific to emergency nursing culture.</td>
<td>VA</td>
</tr>
<tr>
<td>5</td>
<td>Wolf et al., 2018</td>
<td>Qualitative</td>
<td>43 emergency RNs recruited from list of attendees at Emergency Nurse Assoc. Conference in LA. Four separates 1-hour focus groups held at conference with attendees</td>
<td>Team building initiatives, coaching, mentorship, preceptor training, implantation of preventative policies such as codes of conduct, zero tolerance and social media guidelines are recommendatio n to support decreasing bullying</td>
<td>Participants were self-selected and while representative of general population of emergency nurses in the US their perceptions may not reflect the general perception of nurses working in</td>
<td>IIIA</td>
</tr>
<tr>
<td></td>
<td>Authors</td>
<td>Type</td>
<td>Methodology</td>
<td>Results</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
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<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Wright &amp; Khatri, 2015</td>
<td>Qualitative</td>
<td>Email survey request sent to 1,078 nurses across three facilities at a university hospital system in Midwest using survey monkey. 241 completed surveys were received with a response rate of 23%</td>
<td>Bullying is a learning behavior and nurses are enculturated to bully each other. Early education and continuous coaching will allow staff to develop skills to collaborate, communicate, and be accepting of differences. Low response rate of survey via email, subjects. Also survey open to all nurses at mid-west hospital and not specific to emergency nursing culture.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Serafin &amp; Czarkowska-Paczek, 2019</td>
<td>Cross sectional study design</td>
<td>404 nurses each having over 6 months experience via survey questionnaire</td>
<td>Bullying correlated with intention to leave profession, absenteeism &amp; intention to leave profession. Bullying causes stress, increase intension to leave among young nurses. Managers should build a healthy work environment. This was a polish study so limitation of cultural difference and translation of findings to American nursing. Also, it generalized the facilities and was not specific to emergency nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page</td>
<td>Authors</td>
<td>Study Type</td>
<td>Methods</td>
<td>Findings</td>
<td>References</td>
<td></td>
</tr>
<tr>
<td>------</td>
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<td>------------</td>
<td>---------</td>
<td>----------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Moore et al., 2013</td>
<td>Mixed method research design</td>
<td>Eighty-two direct care staff RNs responded to online questionnaire. Which was sent to 400 nurses. Data were categorized according to questions then analyzed.</td>
<td>Positive nursing relationships are key to establishing a healthy place to work. Crucial nurse manager role is in establishing good nurse relations.</td>
<td>The sample of nurses were recruited from Sigma Theta Tau chapter – culture difference and ability to translate to all of nursing. Only a 21% response rate and multiple areas of nursing; specialty represented and not specific to emergency nursing.</td>
<td>IIIB</td>
</tr>
<tr>
<td>9</td>
<td>Edmonson &amp; Zelonka, 2019</td>
<td>Expert Opinion</td>
<td>Expert opinion, not listed in article</td>
<td>The most frequent bully of nurses is other nurses, nurse turnover cost from $38,000 to $61,000, bullying decrease quality of care and collaboration.</td>
<td>Heavily based on review of previous articles and expert opinion.</td>
<td>VA</td>
</tr>
<tr>
<td>10</td>
<td>Gaffney et al., 2012</td>
<td>Qualitative Study</td>
<td>An internet web link to a 30-item anonymous e-survey was used.</td>
<td>Nurses must be included in the discussion of effective strategies: we</td>
<td>Results reviewed on the appropriate coding of the</td>
<td>IIIA</td>
</tr>
</tbody>
</table>
created and appended to an article about workplace bullying. Respondents were anonymous and 81 narratives were analyzed. can educate nurses that placing bullying in context has a number of different ‘faces’ that taking action can be giving and getting support as well as speaking up.

| 11 | Roberts, 2015 | Literature Review | Literature retrieved from PubMed, CINAHL from 1990 through 2010. Understanding lateral violence will decrease behaviors because nurses will understand etiology and change their behavior. | Based on review of literature- no new data and limited to a strict window of time. | VA |
| 12 | Hawkins et al., 2019 | Literature Review | Literature retrieved from CINAHL, MEDLINE, ProQuest, JBI, and Scopus from 2007 – 2017 resulting in eight qualitative and eight quantitative studies to be reviewed. New graduate nurses lack collegial support and targeted negative workplace behavior has detrimental effects not only upon the graduate but upon the safety of patients the organization and the whole nursing profession. | Based on literature review on a specific time range and no new data. | VA |
### Appendix B

**Table 2: Study Benefits and Outcomes (Themes)**

<table>
<thead>
<tr>
<th>Study Benefit Outcomes</th>
<th>Types of Lateral Violence</th>
<th>Effect of Lateral Violence on Nurses</th>
<th>Effect of Lateral Violence on (Hospital) System</th>
<th>Practice Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study 1 Level IIA</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Study 2 Level VA</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Study 3 Level IIIA</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Study 4 Level VA</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Study 5 Level IIIA</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Study 6 Level IIIA</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Study 7 Level IIIB</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Study 8 Level IIIB</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Study 9 Level VA</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Study 10 Level IIIA</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Study 11 Level VA</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Study 12 Level VA</td>
<td></td>
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</table>
Appendix C

**Figure 1:** Diagram Depicting Conti-O’Hare’s Theory of the Nurse as a Wounded Healer


doi:10.3912/OJIN.Vol19No01PPT01
Table 1

Nurse Respondents Demographics from the Nursing Incivility Scale Survey

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>No. of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>19 (76%)</td>
</tr>
<tr>
<td>Male</td>
<td>6 (24%)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>25 (100%)</td>
</tr>
<tr>
<td>Highest Education</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1 (4%)</td>
</tr>
<tr>
<td>Associates Degree</td>
<td>10 (40%)</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>12 (48%)</td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>2 (8%)</td>
</tr>
<tr>
<td>Years Nursing Experience</td>
<td></td>
</tr>
<tr>
<td>0-1</td>
<td>2 (8%)</td>
</tr>
<tr>
<td>2-5</td>
<td>8 (32%)</td>
</tr>
<tr>
<td>6-10</td>
<td>2 (8%)</td>
</tr>
<tr>
<td>11-15</td>
<td>3 (12%)</td>
</tr>
<tr>
<td>16+</td>
<td>10 (40%)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>20-29</td>
<td>1 (4%)</td>
</tr>
<tr>
<td>30-39</td>
<td>10 (40%)</td>
</tr>
<tr>
<td>Age Group</td>
<td>Count (Percentage)</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------------</td>
</tr>
<tr>
<td>40-49</td>
<td>4 (16%)</td>
</tr>
<tr>
<td>50-59</td>
<td>5 (20%)</td>
</tr>
<tr>
<td>60+</td>
<td>5 (20%)</td>
</tr>
</tbody>
</table>
Figures

Figure 1

*Post Lateral Violence Awareness Education Module Survey Results*

<table>
<thead>
<tr>
<th>Participants</th>
<th>Yrs. of RN exp</th>
<th>Yrs. in ED</th>
<th>EDUCATION</th>
<th>AGE</th>
<th>LV Awareness</th>
<th>LV important</th>
<th>S/S of LV</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>16+</td>
<td>16+</td>
<td>BSN</td>
<td>60+</td>
<td>Strongly Aware</td>
<td>Correct answer</td>
<td>Correct answer</td>
</tr>
<tr>
<td>B</td>
<td>16+</td>
<td>16+</td>
<td>Associates</td>
<td>60+</td>
<td>Strongly Aware</td>
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<td>Aware</td>
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</tr>
</tbody>
</table>

(Two respondents were excluded from the project as they did not meet the inclusion criteria).
Figure 2

Post Lateral Violence Awareness Education Module Survey Results

**Short answer responses from survey for Question 4 (Please list what step (s) will you take to improve communication in your work environment?):**

A: Keep discussion calm and professional

B: Use ‘we’ comments instead of ‘I’ or ‘you’

C: Assertive style. Use corporative words, we are no I or you. Specific directions, straightforward open honest statements; active listening; focus issue not the person; non-judgmental communication; actively communicate expectations/boundaries; negotiate, bargain compromise; refuse accept demeaning treatment.

D: Be more aware of my surroundings

E: Communicate- not keep quiet. Walk away if the bully continues to be disrespectful. Work as a team.

F: Being open with co-workers, informing other employees if they are being disrespectful.

G: Addressing concern, be assertive.

H: Be direct, but not aggressive. Use clear messages. Be tactful.

(Two responses were not included because they did not meet inclusion criteria.)
Figure 3

Post Lateral Violence Awareness Education Module Survey Results

Long answer responses from survey for Question 5 (How important is this topic to you?):

A: Very important

B: Important- because it affects everyone in the department

C: Important.

D: Very

E: Very important – should be in the mandatory education for all staff – particularly nurses.

F: Very important- don't like to work in hostile environments.

G: very, great in service, as charge we need to be aware of climate within work area

H: Quite important. Nurses tend to "eat their young" and this field is difficult enough without us turning on one another

(Two responses were not included because they did not meet inclusion criteria.)