



TAKING A STAND: STEPS TO STOP STUDENT INCIVILITY

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OBJECTIVES:

- At the end of this presentation participants will be able to:
 1. Identify and define student incivility and strategies, tools, and steps to defuse these situations
 2. Feel empowered and motivated to be an agent of change in situations of incivility



WHAT IS INCIVILITY?

- “Lateral violence that occurs when two people are victims of a “situation of dominance.”
- Due to the perceived oppression, the two individuals turn on each other instead of attempting to confront or deal with the situation causing the oppression



WHAT IS NURSING INCIVILITY?

- “Nurses covertly or overtly directing their dissatisfaction inward toward each other, toward themselves, and toward those less powerful than themselves”

(Griffin, 2004)

- Overt- name-calling, bickering, fault-finding, backstabbing, criticism, intimidation, gossip, shouting, blaming, raising eyebrows.
- Covert- unfair assignments, sarcasm, eye-rolling, ignoring, refusing to help, sighing, sighting, whining, sabotage, isolation, exclusion, fabrication

(Bartholomew, 2006)



SUBSETS OF LATERAL VIOLENCE

○ Harassment

- Any form of unwanted behavior that may range from unpleasant remarks to physical violence (Pontus, 2011)

○ Discrimination

- Involves a person being treated differently, and in particular, less favorably because of gender, race, sexual orientation, or ability (Pontus, 2011)

○ Bullying

- “repeated, offensive, abusive, intimidating, or insulting behaviors; abuse of power; or unfair sanctions that make recipients feel *humiliated*, *vulnerable*, or *threatened*, thus *creating stress* and *undermining their self confidence* (Crabbs & Smith, 2011)”



IMPORTANCE OF THIS ISSUE

- In 2004 the AACN identified 6 essential standards, one which is skilled communication, to offset behavior that leads to lateral violence.
- In 2008, the Joint Commission mandated that organizations develop and implement processes to offset lateral violence by:
 - enforcing a code of conduct
 - teaching employees effective communication skills
 - supporting staff members affected by bullying

(Griffin, 2011)



A CULTURE OF SAFETY

- The IOM encouraged the creation of cultures of safety within all health care organizations.⁶
- A safety culture is defined as “the product of the individual and group values, attitudes, competencies and patterns of behavior that determine the commitment to, and the style and proficiency of, an organization’s health and safety [programs]”²¹¹ (p. 2).
- Gadd and Collins²¹¹ found that organizations with a positive safety culture were characterized by communication guided by mutual trust, shared perceptions of the importance of safety, and confidence that error-preventing strategies would work.

(The Joint Commission, 2008)



PREDISPOSING FACTORS

1. Nontraditional Students
2. Employed Part-time or Full-time
3. Health Stressors
4. “Societal Pressure”

(Robertson, 2012)

- One study found the top three places for lateral violence to occur was the intensive care unit, emergency departments, and medical-surgical units.
 - Why is this?
 - Higher stress and faster pace

(Johnston, Phanhtharath, & Jackson, 2009)



GENERATIONAL DIFFERENCES

- **Silent Generation 1922-1945**

- Traditionalists
- Loyal work ethic

- **Baby Boomers 1946-1964**

- Question everything

- **Generation X 1965-1980**

- Optimistic

- **Generation Y 1981-2000**

- Team oriented

(Freedland)



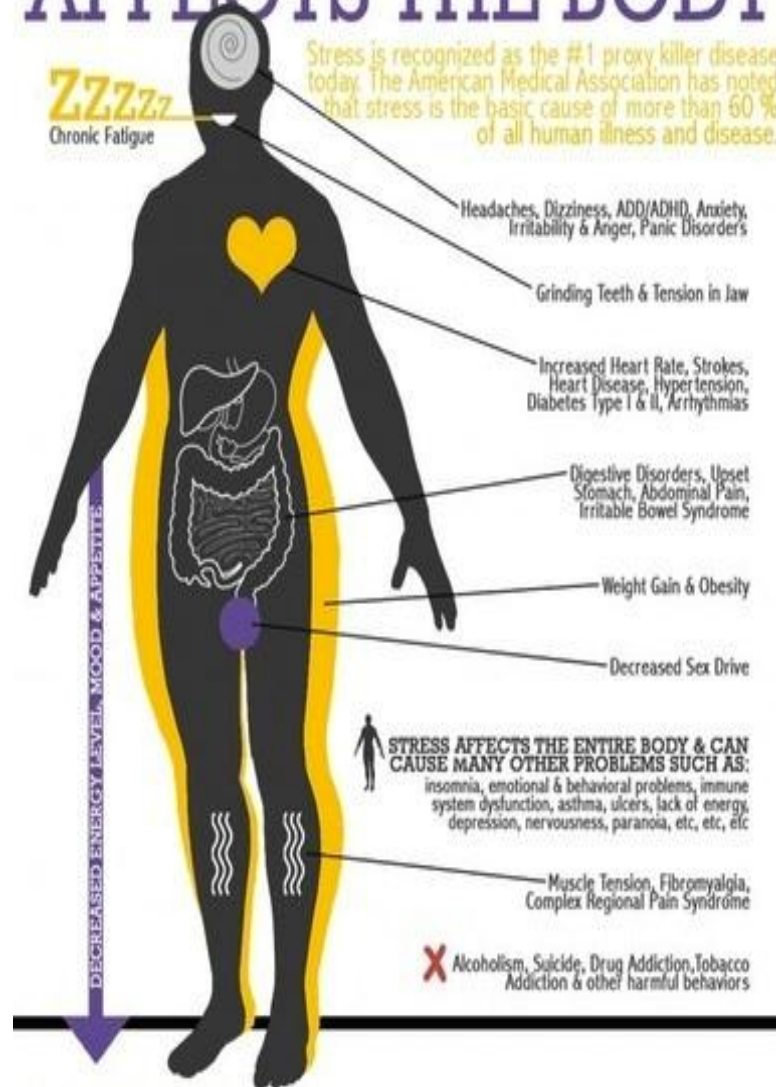
EFFECTS OF LATERAL VIOLENCE

- Self-doubt
- PTSD
- Sleeplessness
- Depression
- Aches and pains
- Impaired personal relationships
- Digestive disorders
- Rise in sick days
- Absenteeism
- Grievances
- Requests for transfers
- Memory dysfunctions
- Cognitive impairment leading to risk for error

(Bartholomew, 2006)



HOW STRESS AFFECTS THE BODY



<http://empoweringwellnessnow.com/>

COST OF LATERAL VIOLENCE

- 60% of new nurse leave their first place of employment within the first 6 months
(Embree & White, 2010)
- The average voluntary nurse turnover rate in hospitals is around 8.4%
 - There is an average turnover of 27.1% among first year nurses

(Harter & Moody, 2010)



COST OF LATERAL VIOLENCE

- Registered nurse turnover costs up to 2 times a nurse's salary
 - ~\$92,000 to recruit, hire, and orient a medical surgical nurse
 - ~\$145,000 to recruit, hire, and orient a specialty nurse

(Harter & Moody, 2010)



WAYS TO OVERCOME LATERAL VIOLENCE

- Oppression Theory
- DESC Model
- Cognitive Rehearsal
- Policy and Practice



OPPRESSION THEORY DEFINITION

- “Oppression elicits negative behaviors; silence, a lack of voice, poor self-esteem, and the sublimation of the experience of powerlessness through the internal divisiveness known as horizontal violence.”

- -Demarco et al. (2005)



OPPRESSION THEORY EXPLAINED

- The term lateral violence was first used to explain conflict among African colonies in the early 1970's.
- Dominate group vs. Subordinate
- Inferiority and rejection of values and characteristics to maintain status quo
- Internal conflict within subordinate group



NURSING PROFESSION AND OPPRESSION

- The nursing profession was founded during in a period when women were subordinate to the men. Women had few rights and nursing provided them with an escape.
- “Oppression by gender and oppression by medical dominance with physician assuming dominance over their subordinates”
- Horizontal hostility is the natural expression of suppressed anger due to increased pressures.

(Bartholomew, 2006)



CRUCIAL CONVERSATIONS: GETTING RESULTS

- *The Silent Treatment* study collected data from more than 6,500 nurses and nurse managers from health systems around the United States during 2010.
- Disrespect: 85 percent of respondents say that 10 percent or more of the people they work with are disrespectful and therefore undermine their ability to share concerns or speak up about problems. And yet, only 16 percent have confronted their disrespectful colleague.



DISCUSSION:

- “It is important to separate facts from stories because facts do not make us angry-but stories do. Stories are our personal conclusions-our judgments about the person. When our story paints the person as a villain, it stimulates our anger”



CRUCIAL CONVERSATIONS AVOIDED

- Broken rules
- Mistakes
- Lack of support
- Incompetence
- Poor teamwork
- Disrespect
- Micromanagement

(Moss & Maxfield, 2007)



DESC

Model for “I” Messages

- Describe: Using facts first
- Express: What this means to you or impact of the behavior

PAUSE PAUSE PAUSE

- Specify: State the outcome you desire
- Consequence: Describe the consequences that will occur if the behavior continues



COGNITIVE REHEARSAL

- What is cognitive rehearsal?
 - focus on an individual's understanding of the connections between cause and effect and between action and the consequences of that action
- How does it help?
 - Allows individuals to stop and not automatically process the event as a personal affront
 - Individuals learn to respond differently to the potential professionally and personally harmful inferences of lateral violence

(Griffin, 2004)



COGNITIVE REHEARSAL STUDY

- 26 newly licensed nurses were enrolled
- Educated for 2 hours during orientation
- After 1 year the nurses were interviewed to determine how effective the training was

(Griffin, 2004)



THE 10 MOST FREQUENT FORMS OF LATERAL VIOLENCE IN NURSING PRACTICE

1. Nonverbal innuendo (raising eyebrows, face-making)
2. Verbal affront (covert or over, snide remarks, lack of openness, abrupt responses)
3. Undermining activities (turning away, not available)
4. Withholding information (practice or patient)
5. Sabotage (deliberately setting up a negative situation)



THE 10 MOST FREQUENT FORMS OF LATERAL VIOLENCE IN NURSING PRACTICE

6. Infighting (bickering with peers)
7. Scapegoating (attributing all that goes wrong to one individual)
8. Backstabbing (complaining to others about an individual and not speaking directly to that individual)
9. Failure to respect privacy
10. Broken confidences

(Griffin, 2004)



TABLE 3
CUEING CARDS ATTACHED TO IDENTIFICATION BADGE

| Side 1 | Side 2 | Single Card Attached to ID |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Nonverbal innuendo (raising of eyebrows, face-making).</p> <ul style="list-style-type: none"> I sense (I see from your facial expression) that there may be something you wanted to say to me. It's okay to speak directly to me. <p>Verbal affront (covert or overt, snide remarks, lack of openness, abrupt responses).</p> <ul style="list-style-type: none"> The individuals I learn the most from are clearer in their directions and feedback. Is there some way we can structure this type of situation? <p>Undermining activities (turning away, not available).</p> <ul style="list-style-type: none"> When something happens that is "different" or "contrary" to what I thought or understood, it leaves me with questions. Help me understand how this situation may have happened. <p>Withholding information (practice or patient).</p> <ul style="list-style-type: none"> It is my understanding that there was (is) more information available regarding this situation and I believe if I had known that (more), it would (will) affect how I learn or need to know. | <p>Sabotage (deliberately setting up a negative situation).</p> <ul style="list-style-type: none"> There is more to this situation than meets the eye. Could "you and I" (whatever, whoever) meet in private and explore what happened? <p>Infighting (bickering with peers). Nothing is more unprofessional than a contentious discussion in non-private places. <i>Always</i> avoid.</p> <ul style="list-style-type: none"> This is not the time or the place. Please stop (physically walk away or move to a neutral spot). <p>Scapegoating (attributing all that goes wrong to one individual). Rarely is one individual, one incident, or one situation the cause for all that goes wrong. Scapegoating is an easy route to travel, but rarely solves problems.</p> <ul style="list-style-type: none"> I don't think that's the right connection. <p>Backstabbing (complaining to others about an individual and not speaking directly to that individual).</p> <ul style="list-style-type: none"> I don't feel right talking about him/her/situation when I wasn't there, or don't know the facts. Have you spoken to him/her? <p>Failure to respect privacy.</p> <ul style="list-style-type: none"> It bothers me to talk about that without his/her/their permission. I only overheard that. It shouldn't be repeated. <p>Broken confidences.</p> <ul style="list-style-type: none"> Wasn't that said in confidence? That sounds like information that should remain confidential. He/she asked me to keep that confidential. | <ul style="list-style-type: none"> Accept one's fair share of the workload. Respect the privacy of others. Be cooperative with regard to the shared physical working conditions (e.g., light, temperature, noise). Be willing to help when requested. Keep confidences. Work cooperatively despite feelings of dislike. Don't denigrate to superiors (e.g., speak negatively about, have a pet name for). Do address coworkers by their first name, ask for help and advice when necessary. Look coworkers in the eye when having a conversation. Don't be too overly inquisitive about each others' lives. Do repay debts, favors, and compliments, no matter how small. Don't engage in conversation about a coworker with another coworker. Stand-up for the "absent member" in a conversation when he/she is not present. Don't criticize publicly. |



FINDINGS

- Each were asked 6 open ended questions:
 1. “Did you witness any nurse practice lateral violence since you started your employment?”
 2. “Did you respond to the lateral violence when it happened?”
 3. “Did you use the cueing cards to help you respond?”
 4. “Did any of the lateral violence keep you from learning what you needed to know?”
 5. “Did you think about leaving your position?”
 6. “Do you have any recommendations?”

(Griffin, 2004)



FINDINGS

- 25 out of the 26 new nurses witnessed lateral violence
- 46% (n=12) of the new nurses stated the lateral violence was directed at them
- 100% of the new nurses who had been victims of lateral violence confronted individual responsible
 - All stated it was very hard and emotional to stand up to the perpetrator
 - In every case, the lateral violence stopped following the new nurses actions



FINDINGS

- It appeared the perpetrators were shocked by the feelings of the new nurses
- Many of the nurses apologized
- Three of the perpetrators shunned the new nurse for approximately 2 weeks
- A majority of the new nurses did not need to use the cue cards due to their educational training



RESULTS

- Knowledge of lateral violence and behavioral interventions allowed newly licensed nurses to confront and stop lateral violence
- Many perpetrators may be unaware how their actions make others feel



EXPECTED BEHAVIORS

- Accept one's fair share of the workload
- Be cooperative
- Don't denigrate to superiors
- Don't be overly inquisitive about each others' lives
- Don't engage in conversation about a coworker with another coworker
- Don't criticize publicly
- Do repay all debts, favors, and compliment

Adapted from Arglye & Henderson, 1985; Chaska, 2001. SLACK Incorporated and The Journal of Continuing Education in Nursing.



JOINT COMMISSION POLICY AND PRACTICE

- Educate all team members
- Hold all team members accountable.
- “Zero tolerance”
- Medical staff policies
- Reducing fear of intimidation or retribution
- Policy statements that address disruptive behaviors.
- Responding to patients and/or their families who are involved in or witness intimidating and/or disruptive behaviors.
- How and when to begin disciplinary actions



JOINT COMMISSION POLICY AND PRACTICE

- Develop an organizational process for addressing intimidating and disruptive behaviors that solicits and integrates substantial input from an inter-professional team including representation of medical and nursing staff, administrators and other employees
- Provide skills-based training and coaching for all leaders and managers in relationship-building and collaborative practice
- Develop and implement a system for assessing staff perceptions of the seriousness and extent of instances of unprofessional behaviors and the risk of harm to patients
- Develop and implement a reporting/surveillance system (possibly anonymous) for detecting unprofessional behavior.

(The Joint Commission, 2008)



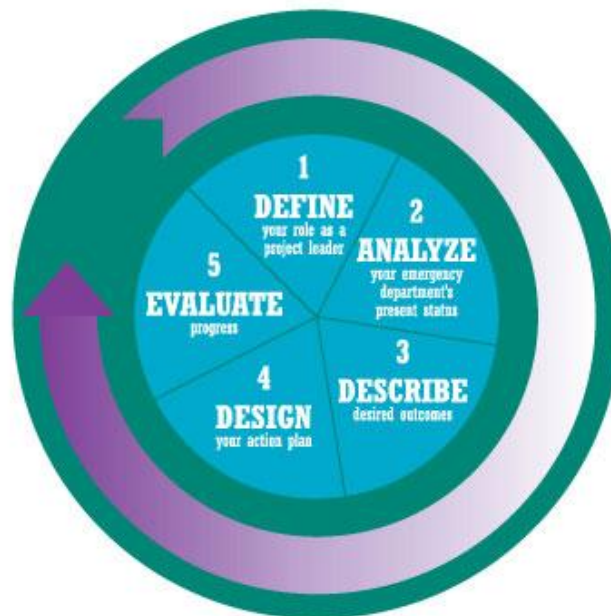
JOINT COMMISSION POLICY AND PRACTICE

- Support surveillance with tiered, non-confrontational interventional strategies
- Conduct all interventions within the context of an organizational commitment to the health and well-being of all staff
- Encourage inter-professional dialogues across a variety of forums as a proactive way of addressing ongoing conflicts, overcoming them, and moving forward through improved collaboration and communication
- Document all attempts to address intimidating and disruptive behaviors.

(The Joint Commission, 2008)



RESOURCES



SCENARIOS USING COGNITIVE REHEARSAL

- Divide into groups and using the cognitive rehearsal technique come up with one scenario and discuss among your group.
- We will then discuss it at large.



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