

PERCEPTIONS OF LATERAL VIOLENCE (LV) AMONG PSYCHIATRIC NURSES

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SIGNIFICANCE OF THE PROBLEM

Lateral violence (LV) is of interest & cause for alarm among nurses. The literature review, sparse & with few empirical studies, generalizes LV across the nursing & does not distinguish among nursing specialty areas when reporting LV or any of the shared terms, incivility, horizontal violence, bullying, workplace aggression and or harassment.

The purpose of this phenomenological-descriptive study was to assess through a voluntary survey, if LV is or has been an experience among psychiatric nurses.

Nursing as an occupational group is composed of many specialty subsets; the nursing group of interest is/are psychiatric nurses.

Loss of morale & self-esteem are symptomatic & fuel for LV among nurses in the workplace; its effects seen in loss of revenue associated with extensive use of benefit time, orienting & training

RESEARCH QUESTION

‘What are the life experiences of psychiatric nurses with lateral violence in an acute care psychiatric hospital?’

GOAL

The purpose of this phenomenological study was to describe the lived experiences of psychiatric nurses with lateral violence in acute care psychiatric hospitals.

METHODS

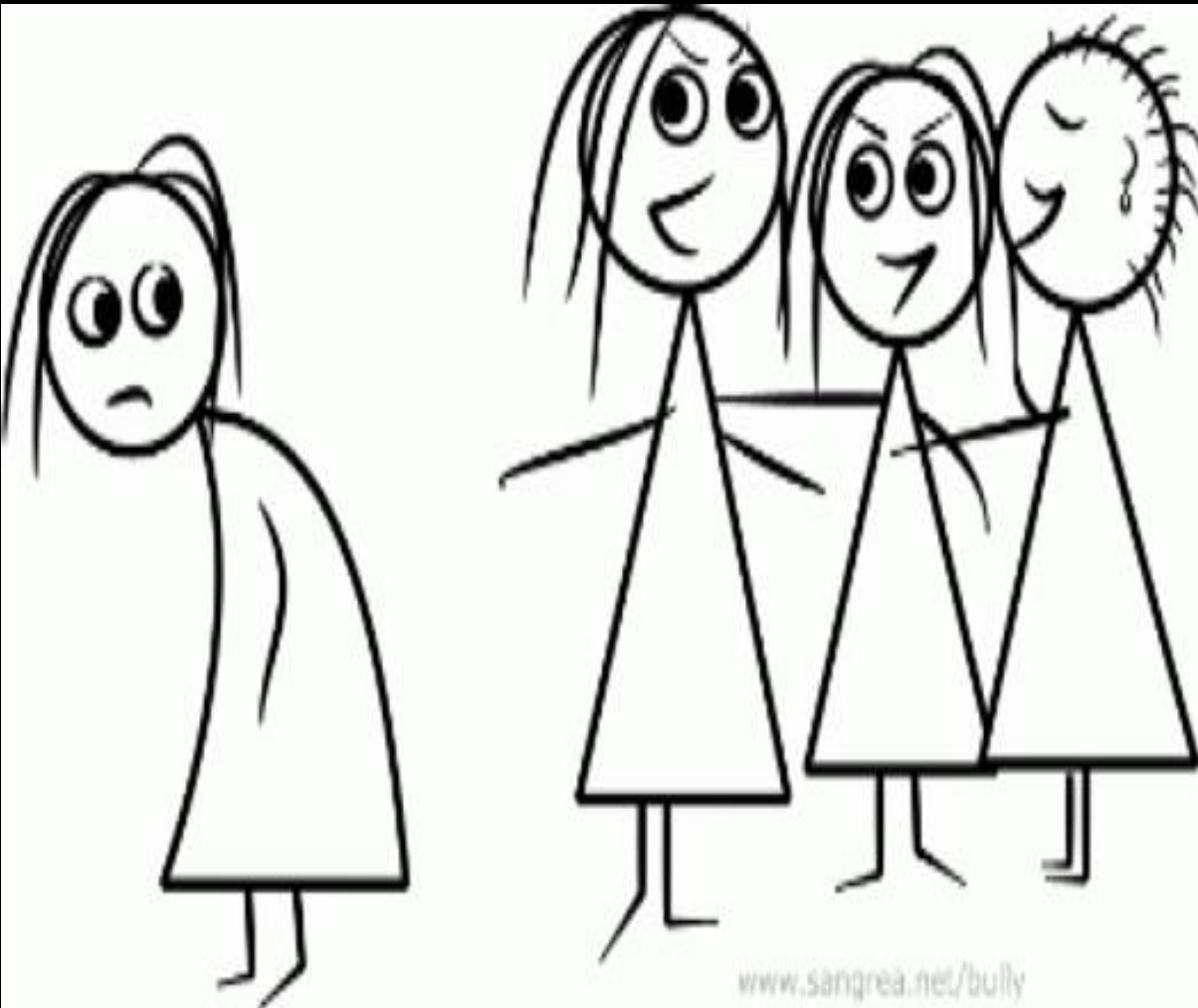
Atlas ti-7.5 analytical software was used to identify & cohort themes reported and or alluded to by respondents.

Postcards were mailed & an email was sent to 250 registered nurse members of the local licensed health care worker union who were currently working in psychiatry. The sample of convenience (N = 8) was obtained and was gender, age, education & ethnicity neutral.

The initial 2-week survey period was extended to 3-weeks due to the low response rate.

A series of online focus groups was to follow the survey to validate themes relative the psychiatric nurses’ experiences with lateral violence.

There was no expressed interest in the follow-up focus group as none of the respondents contacted the writer for the focus group link.



RESULTS

Themes

Intimidation

Avoidance

Emotional detachment

Anxiety

The average # years working as a RN was 17.3 years, the average # years working in psychiatry was 13.6 years. 4 of 8 (N = 8) submitted incomplete surveys where the survey queried the respondent about seeking assistance & confidence regarding decision-making skills; these queries were left unanswered. 1 respondent, with less than 1 year RN experience, did not answer any of the queries which followed length of work experience.

2 of the 4 respondents submitting complete surveys reported reaching out to friends & ancillary HCW’s for assistance with LV vs peer RN’s while reporting confidence with clinical decision-making skills. The results indicate impaired interpersonal relationships, lack of confidence & intimidation of peer RN’s as evidenced by use of avoidance & acknowledgement of intimidation by peer RN’s.

The queries left unanswered offer clues to RN perceptions of intimidation & avoidance; respondents reported confidence with clinical decision making skills but did not report using same to approach RN peers for assistance. This is representative of dichotomous thinking, a phenomenon seen with anxiety.

Anxiety is a physical and psychological expression of an individual experiencing LV.

This confirms the perception of LV among the sample population.

RN # years RN/ # years as Psych RN	Responses: personal definition of LV?’	Responses: reaching out for assistance / relationship of that person to you	Concepts
RN 1 35/15	‘Harassment by co-workers’	non-nurse friends	Intimidation
RN 2 15/8	‘When peers intimidate, control, mock one another. Lateral violence is being passive-aggressive with another co-worker e.g. not giving a complete report at the end of shift.’	*	Interpersonal - relationship Intimidation Avoidance
RN 3 <1/<1	*	*	Interpersonal relationship Intimidation Avoidance
RN 4 24/24	‘Don’t know.’	Nursing assistant / staff	Interpersonal - relationship Intimidation Avoidance
RN 5 5/5	‘Violence transferred to one another.’	*	Interpersonal - relationship Intimidation Avoidance
RN 6 47/26	‘Being caught up in a violent episode where I am not the intended target.’	*	Anxiety Interpersonal - relationship Intimidation Avoidance
RN 7 24/23	Co-workers angrily & verbally bashing the lesser making it harder for them to stay working there	*	Intimidation Avoidance Interpersonal - relationship
RN 8 24/23	Charge nurse reprimanding a co-worker	*	Intimidation Interpersonal - relationship Avoidance

CONCLUSIONS

In spite of the small sample, Psychiatric RN’s are aware of & are experiencing LV in the inpatient psychiatric setting. The perception of LV among psychiatric nurses is real but is overshadowed by decision making skills associated with patient acuity as evidenced by respondents reporting confidence with clinical decision making skills but not reporting the same when facing LV-behaviors. Psychiatric RN use of avoidance leads to impaired interpersonal relationships & emotional distancing; the latter which is ego protective in the short term, from anxiety. Further study is indicated with emphasis on focus groups to explore dichotomous thinking & emotional distancing of this population relative to LV.