Nursing Students' Perception of Lateral Violence: The Impact of an Educational Intervention

Kathryn M. Ledwin
St. John Fisher College, katie.ledwin@gmail.com

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Nursing Students' Perception of Lateral Violence: The Impact of an Educational Intervention

Abstract

Background: Interventions and educational curricula components have emerged outlining strategies to address lateral violence in nursing, however the ongoing efficacy of those interventions has not been thoroughly studied. The purpose of this study was to explore how an education program in undergraduate nursing education affects student perception of personal and classmate civility and lateral violence.

Method: A pilot study was conducted at a private college in western New York utilizing a one-group, pretest-posttest design. Measurement consisted of a 15-minute self-reported survey at the start and end of the first clinical nursing semester in an undergraduate baccalaureate program. During the semester, students received a lecture on civility and lateral violence.

Results: There was no significant change in pre to post intervention scores. However, in self to peer analysis, changes were seen in perception of communication skills, role modeling, distracting others, abiding by classroom norms, completing assignments, gossiping, and apologizing.

Conclusion: Educators have an opportunity to construct an evidenced based civility and lateral violence baccalaureate curriculum module to address the problem at a primary prevention level.

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Heather McGrane-Minton

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Tara Sacco

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Nursing Students’ Perception of Lateral Violence:

The Impact of an Educational Intervention

Kathryn M. Ledwin, BA, BS, RN, CCRN

The above student has successfully completed this capstone as partial fulfillment of the requirements for the MS in Advanced Practice Nursing degree from the Wegmans School of Nursing at St. John Fisher College.

Advisor Signature: Dr. Heather Modane Morton
Date: 8/1/2018

This capstone fulfills the requirements of capstone seminars and assists in meeting the program outcomes for the MS in Advanced Practice Nursing degree from the Wegmans School of Nursing at St. John Fisher College.

Second reader Signature:
Date: 8/11/2018
Nursing Students’ Perception of Lateral Violence:

The Impact of an Educational Intervention

Kathryn M. Ledwin, BA, BS, RN, CCRN

Submitted in partial fulfillment of the requirements for the degree

Master’s in Advanced Practice Nursing

Supervised by

Dr. Heather McGrane-Minton

Wegmans School of Nursing

St. John Fisher College

July 2018
Nursing Students’ Perception of Lateral Violence:
The Impact of an Educational Intervention

Kathryn M. Ledwin
St. John Fisher College
Background

Lateral violence (LV) is a pervasive problem in the nursing profession, specifically impacting newly graduated nurses as they transition to their first positions of employment. LV behaviors are designed to intimidate, degrade, and humiliate others with the most common forms in nursing related to threatening and abusive language, constant and unreasonable criticism, undermining activities, withholding information, sabotage or backstabbing, failure to respect privacy, and rumor spreading (Embree & White, 2010; Griffin, 2004; Griffin & Clark, 2014; Weaver, 2013). LV behaviors in the workplace are correlated with psychological and physical consequences, impaired personal relationships, increased medical errors, decreased job satisfaction, and increased turnover (Embree & White, 2010; Roberts, Demarco & Griffin, 2009; Sellers, Millenbach, Kovach &., 2010; Weaver, 2013).

The inexperience and vulnerability of newly graduated nurses place them at an increased risk of LV exposure, burnout, and subsequent attrition (Allen, Holland & Reynolds, 2015; Laschinger, Borgogni, Consiglio & Read, 2015). More than half of newly graduated nurses leave their first place of employment within one year which can lead to significant costs for health care organizations (Embree & White, 2010; Woelfle & McCaffrey, 2007). The costs associated with recruiting, training, and hiring a replacement if a nurse leaves his or her position can fall between $40,000-$100,000, depending on specialty (Embree & White, 2010; Weaver, 2013; Woelfle & McCaffrey, 2007). Turnover is expensive to the organization, stressful to the existing workforce, and puts strain on the entire healthcare system (Embree & White, 2010; Weaver, 2013; Woelfle & McCaffrey, 2007). Furthermore, impaired personal relationships between nurses at work can lead to poor work performance and increased medical errors (Embree & White, 2010; Weaver, 2013; Woelfle & McCaffrey, 2007).
There are two levels of prevention that have been defined to address LV in the workplace. Primary prevention focuses on zero-tolerance policies and educational interventions in nursing school or new nurse orientation. Secondary prevention has been outlined as early identification and intervention of LV (Bowllan, 2015; Thomas, Bertram, & Allen, 2012). Interventions recommended for nursing school curricula include general knowledge and education of bullying behaviors, teaching behavioral techniques, providing students with the opportunity to reflect on LV in nursing, and teaching coping skills to deal with stress management (Bowllan, 2015; Thomas et al., 2012; Wing & Laschinger; 2015).

Although there are current interventions and educational curricula addressing LV nursing, the ongoing efficacy of those interventions has not been thoroughly studied. The purpose of this study was to explore how an education program in undergraduate nursing education affects student perception of personal and classmate civility and LV.

Method

A quasi-experimental pilot study was conducted at a private college in western New York utilizing a one group, pretest-posttest design after intuitional review board approval was obtained. A convenience sample including nursing students enrolled in one section of a required nursing leadership course were recruited through an e-mail with an introduction and consent form describing the study by the principal investigator. After informed consent was obtained, participants completed the survey using an anonymous link.

Participants answered questions on the Clark Civility Index for Students and Classmates, a 40-item, 5-point Likert scale survey with four qualitative responses (Clark, 2013). Permission was obtained from Cindy Clark, PhD, RN, ANEF, FAAN. The tool assesses individual perceptions related to personal and classmate civility. Participants answered 20 questions pertaining to self-civility and then the same 20 questions about their classmates’ civility. The
The self-evaluation and peer-evaluation scores were compared between pre-intervention and post-intervention groups. A significance threshold was set at $p < 0.05$. Comparing pre-intervention self-evaluation scores to post-intervention self-scores, Wilcoxon signed-rank tests showed no statistical differences. Additionally, in comparing pre-intervention peer evaluation scores to post-intervention peer scores, Wilcoxon signed-rank tests showed no statistical differences. However, Wilcoxon Signed-Ranks tests indicated that pre-intervention self-evaluation scores were significantly different than pre-intervention peer-evaluation scores for various questions (Table 2).

<table>
<thead>
<tr>
<th>Question</th>
<th>Z-Score</th>
<th>Asymp. Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1: Role model civility, professionalism and respectful choices.</td>
<td>-2.121</td>
<td>0.034</td>
</tr>
<tr>
<td>Q4: Avoid gossip &amp; spreading of rumors.</td>
<td>-2.070</td>
<td>0.038</td>
</tr>
<tr>
<td>Q8: Avoid Distracting others (misuse media, mobile devices, side conversations) during class.</td>
<td>-2.000</td>
<td>0.046</td>
</tr>
<tr>
<td>Q9: Avoid taking credit for someone else’s work or Contributions.</td>
<td>-2.224</td>
<td>0.025</td>
</tr>
<tr>
<td>Q12: Take personal responsibility and stand accountable for my actions.</td>
<td>-2.449</td>
<td>0.014</td>
</tr>
<tr>
<td>Q15: Arrive to class on-time and stay for the duration</td>
<td>-2.449</td>
<td>0.014</td>
</tr>
<tr>
<td>Q16: Avoid demanding make-up exams, extensions, grade changes or other special favors.</td>
<td>-2.646</td>
<td>0.008</td>
</tr>
<tr>
<td>Q17: Uphold the mission and values of my organizations</td>
<td>-2.000</td>
<td>0.046</td>
</tr>
<tr>
<td>Q18: Listen to and seek constructive feedback from others</td>
<td>-2.000</td>
<td>0.046</td>
</tr>
<tr>
<td>Q19: Demonstrate an openness to other point of views</td>
<td>-2.330</td>
<td>0.020</td>
</tr>
</tbody>
</table>

Furthermore, Wilcoxon Signed-Ranks Tests indicated that post-intervention self-scores were statistically significantly different than post-intervention peer scores (Table 3).

<table>
<thead>
<tr>
<th>Questions</th>
<th>Z-Score</th>
<th>Asymp. Sig. (2-tailed)</th>
</tr>
</thead>
</table>

Table 3: Post-Intervention Z-Score Comparing Self to Peer
their peers’ skills were considerably worse. Additionally, students perceived they improved their skills at creating and abiding by classroom norms post-intervention, however their perception of their classmates’ skills declined. Furthermore, Post-intervention results indicated that students perceived they completed assignments on-time more often and did an appropriate share of the work. Participants indicated that their peers were not as good at this skill on post-intervention (or pre-intervention) assessment. Lastly, when assessing their ability to apologize and mean it, students perceived they did better post-intervention and evaluated their peers’ skills as the same as pre-intervention. This data is consistent with previously reported studies of civility in nursing school. Communication skills, disruptive peer behaviors, and empathy were areas identified as pervasive problems that are enhanced by the competitive environment of nursing school (Altmiller, 2012).

After the post-intervention assessment, students perceived themselves to be worse at role modeling civility, professionalism, and respectful choices, and their peers as better. Additionally, students perceived themselves considerably worse at gossiping and spreading rumors as compared to their peers. Lastly, students perceived both themselves and their peers as participating in classroom distraction more often. Consistent with the literature, class distraction is a prevalent problem that impacts the learning environment and decreases civility in the classroom (Altmiller, 2012). Clear and open communication about classroom expectations, disrespectful behavior, and student driven guidelines has been shown to foster an environment of mutual respect with less disruptive behaviors (Lewenson, Truglio-Londrigan & Singleton, 2005).

Since no significant changes were seen pre-intervention to post-individual on individual questions, it may be inferred that the education intervention did not have a strong impact on student or peer perception of civility and LV. However, the significant changes demonstrated
References


Thomas, C. M. (2010). Teaching nursing students and newly registered nurses strategies to deal with violent behaviors in the professional practice environment. The Journal of Continuing Education in Nursing, 41(7), 299-308. doi: 10.3928/00220124-20100401-09


INTRODUCTION

- Lateral Violence (LV) is a pervasive problem in the nursing profession, specifically impacting new graduate nurses as they transition to their first positions of employment.
- Newly graduated nurses are at increased risk for acts of violence.
- The costs associated with recruiting, training, and hiring a replacement can fall between $40,000-$100,000.
- LV behaviors have a dangerous impact on the workplace.
- Primary prevention strategies in nursing school and new employee orientation are being identified to address LV.

PURPOSE

The purpose of this study is to explore how a civility and LV education program in undergraduate nursing education affects student perception of personal and classmate civility and LV.

STUDY QUESTION

In junior undergraduate nursing students, how does a civility and LV educational program affect student perception of personal and classmate civility and LV over the course of a semester?

METHODOLOGY

Methodology:
- Quasi-experimental pilot study using one group Pre-Post test design
- Measurement consisted of a 135-minute self-reported survey during weeks 1-3 of the junior (U) nursing semester in one section of a required course.
- During week 3 students receive a lecture on civility and LV
- The same self-reported survey was completed during weeks 13-15
- Wilcoxon Signed-Ranks test used for inferential statistics

DATA COLLECTION TOOL

- The Clark Civility Index for Students and Classmates
- A 135-item questionnaire
- 5-point Likert scale
- Four qualitative response questions
- Assessed individual perceptions related to personal and classmate civility and LV behaviors.

SAMPLE

<table>
<thead>
<tr>
<th>Table 1: Demographic Data and Previous Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Vocational (n = 81)</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Practice Nurse</td>
</tr>
<tr>
<td>Paramedic</td>
</tr>
<tr>
<td>RN License</td>
</tr>
<tr>
<td>Emergency LV Training</td>
</tr>
<tr>
<td>No Emergency LV Training</td>
</tr>
</tbody>
</table>

A convenience sample of nursing students enrolled in one section of a required course were recruited through an email with an in-class introduction.
Literature Matrix 1

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<table>
<thead>
<tr>
<th>Data Collection Method</th>
<th>6 open ended discussion questions were asked to each focus group and data was collected by video recording. This study design was experimental and had not previously been tested. The questions included: “Did you witness and nurse practice LV since you started your employment?” “Did you respond to the lateral violence when it happened?” “Did you use your cue cards to help you respond?” “Did any of the LV keep you from learning what you needed to know?” “Did you think of leaving you position at the hospital (if they had experienced LV)?” “Do you have any recommendations?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Analysis Method</td>
<td>The open-ended participant discussion results were categorized for each question into yes or no responses and any additional qualitative data extracted was summarized in the results section.</td>
</tr>
<tr>
<td>Themes/Results</td>
<td>96.1% of nurses had seen LV on their unit. Nurses described the violence as: setting someone up to fail with an unreasonable assignment, undermining, not being available and sabotaging. 100% of the nurses had responded to the LV. 46% said the confrontation was difficult and described their state as emotional. 75% of the nurses that were spoken to from the study participates stated they were shocked that the nurses felt that way. The other 25% didn’t respond but within 2 weeks the LV behavior had stopped. 0% of the study participants reported using the cue cards, 92% stating that they remembered the information from the lecture and training. 1 Participant memorized the card and used the responses verbatim. 15% of the participants reported the felt like they were “walking on egg shells,” learning was affected and they thought about leaving their position. 96% of the study participates recommended to educate all nurses in the hospital on LV in nursing. Major outcomes/phenomenon that were identified: LV behaviors stopped when the perpetrators were confronted, Nurses had a period of non-friendly communication after moving off the “orientation unit” and working with their designated unit (this changed when they got to know their co-workers) and most of the study participants recommended that all nurses, not just new nurses be education on LV.</td>
</tr>
</tbody>
</table>
| Implications | The study shows the prevalence of LV on nursing units, describes what kind of LV that participants experienced and allowed for candid responses. Furthermore, This study shows the effect of education and training on new nurses and how they respond to LV on the nursing unit and with specific training and or education new nurses can actively address LV and stop the offending behaviors. The study was unable to determine if the cognitive rehearsal or just knowledge of LV was what made the significant difference. Although, the author reported on new nurse retention rate being positively affected in relation to this study, the retention rate was calculated using all the new nurses and not just the study participants and it was based against the national average, not the institutional average. Therefor
Literature Matrix 2

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assessed overall job performance. The scale, changed by the author, was weighted with possible responses of: never (0), now and then (2), monthly (6), weekly (25) and daily (125). This created an interval scale of intensity of perceived bullying behavior with scores ranging from 0-2750. Higher score indicated greater perceived bullying. The MOAQ is a 3 item index or employees’ intention to leave with an internal Cronbach α reliability of 0.83. The intention to leave score was calculated by summarizing the results of the three items. Participants were also give a working definition of bullying and asked to respond if they have been bullied or seen bullying in the last 6 months.

<table>
<thead>
<tr>
<th>Data Analysis Method</th>
<th>Data Analysis Method</th>
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</thead>
<tbody>
<tr>
<td>Statistical Package for the social Sciences version 12.0 for Windows (SPSS) was used to analyze the data. Descriptive statistics was used to describe the sample. The t test tested the difference in the mean bullying score between the new graduate nurses and the more experienced nurses. The Pearson product-moment correlation coefficient tested the associate between those who are bullied and those who are not with the intention to leave the organization and linear regression was used to predict likelihood to leave. Levene’s test for homogeneity of variance was used to determine if the data was suitable for regression analysis. Also, prior to implementation of the questionnaire Fisher’s measure of skewed was used to analyze the bullying and intent to leave scales. As a result the bullying scale was highly positively skewed and a log transformation was used to produce the best possible approximation for normal distribution. However it should be noted that the intention to leave scale was not normally distributed.</td>
<td></td>
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<table>
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<tr>
<th>Results</th>
<th>Results</th>
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<tbody>
<tr>
<td>The criteria to classify an individual as being bullied is having experienced at least 2 negative behaviors by another nurse on a weekly or daily basis over the last 6 months. 31% of the subjects were bullied, with the most frequent behaviors as unmanageable workload, spread of gossip, being ignored or excluded and spread of gossip. Further breakdown is listed in Table 1. In relation to perceived severity on the weighed scale, scores ranged from 0-2131 with a mean od 127(SD = 255). Reliability with Cronbach α of 0.88. There were no statistical differences between the bullying scores of the new nurses and the more experienced nurses. When split into groups of those bullied and not bullied the mean score for not bullied was 30 (SD = 26.1) and for bullied nurses 364 (SD = 357.2). This is suggestive that when nurses perceive they are bullied, they think it is severe. 79% of the sample responded that they have not been bullied at work; however 31% met the criteria for being bullied. 23% responded “No” to seeing other people bullied at work. Score ranged 3-18 on the intention to leave with mean of 9.9 (SD =5.1). Using the Pearson product moment correlations computed using the log of the bully score and intent to leave showed as the bullying score</td>
<td></td>
</tr>
</tbody>
</table>
This study is pertinent to the topic of LV and important to include because it shows that nurses have a perceive bullying as severe, when present and can have an implication in intention to leave their position. The study looked at a fairly large population, although very specific, and found interesting correlations and areas for further study.

The information in this study is good support for past research and hypotheses on the incidence of LV/ Bullying and provided statistical look prevalence in newly licensed nurses.
Literature Matrix 3

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themes were pulled from the data.

### Results/Themes

This article only discussed one of the themes that was resulted from the study (see discussion below).

The major theme that was reported was how bullies opportunistically used organizational change processes as a vehicle for bullying. During the time the research was conducted there was restructuring and reform to the health systems being studied, job positions were changing and nurses were being reorganized. Bullies (often managers) used threats and actions pointing to the organization as the cause, telling the bullied individuals they had “no choice,” and/or budgets were being cut. Subjects reported a toxic work environment with unpredictable supervision, high degree of secrecy and less support. One participant discussed how she went to someone to discuss her loss of job satisfaction and was told if she didn’t like it to leave.

Also reported was verbal abuse and yelling when the bullied individual tried to discuss institutional changes and/or offer alternatives. Nurses reported seeing colleagues leave their positions, feeling defeated after being constantly beat down and physical and mental exhaustion. One nurse reported leaving nursing because she lost the will to fight back anymore; it was too exhausting.

Other themes briefly mentioned, but not expanded on were: the manner in which bullies worked together, controlled nursing teams, using a variety of bullying techniques, rendering those bullied silenced and invisible and causing considerable harm to those targeted.

### Implications

This study highlighted that institutions often protect the organization and structure in regards to profit and functioning without regard to the workforce. It was concluded that bullies were responsible for lower morale, reduced productivity and increased staff turnover. Bullying behavior was hidden behind organizational processes and during the time of organizational change, the bullies used this as an opportunity to further their own agenda without regard to others.

The author commented that this behavior could be an unintended consequence on the organization change and not a conscious choice of the perpetrator. Managers and/or bullies could possibly be working to the limit of their skills and as a result use bullying behaviors as a coping mechanism.

The author also concluded that the positive effects of cost reduction and increased work efficiency that the organization change was designed to strengthen was undermined by the bullying behavior.
Literature Matrix 4
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### Results

**NAQ-R:** In the analyzed data, a positive or observed behavior response was considered from the nurses who reported daily/weekly on the tool. 17.1% were responded they exposed to an unmanageable workload, 10.5% ordered to work below their competence level. None of the data in the work related bullying section was found to be statistically significant in comparison to the landmark study. In the person related bullying section, 11.3% report being ignored or secluded, 8.1% reported that gossip was spread about them and 7.4% reported that trivial tasks were given to them because their responsibility was removed. Physically intimidating bullying was reported on a weekly or daily basis by 5.9% of new nurse respondents as being shouted at or being the target of someone’s spontaneous anger, but was not found to be statistically significant in comparison to the landmark study.

Statistically significant differences were found in items: Being humiliated/ridiculed (p = .0083), hints at quitting job (p = .0174), being reminded of mistakes (p = .004), persistent criticism (p = .0015), practical jokes by adversaries (p = .0083), allegations against you (p = .0015), and excessive teasing/sarcasm (p = .031). The results are all actually less than the landmark study.

Cronbach's alpha for the instrument was .828 for this research study.

**New Graduate Nurse Relational Questionnaire:** 20.5% reported that they had been bullied, 46.7% reported they had seen others as the subject of bullying during the last 6 months. 31% of reported that bullying had affected their job performance. 29.5% reported they had considered leaving nursing because of negative behaviors. Of the nurses that had been bullied, 35.4% had changed jobs within the past 2 years and reported that negative behaviors affected their decision. 82.8% reported that workplace bullying should be included in the nursing curricula. 22.4% reported that the topic of bullying was actually covered in nursing coursework. 98.5% reported that health care organizations should launch an organizational approach to provide information to employees about bullying and disruptive behaviors.

**Author Question, who is the bully in the workplace:** 63.9% said peer or fellow nurse as likely or most likely, 59.2% said a patient’s family as likely or most likely, 59.8% said physician as likely or most likely, and 40% manager or administrator as likely or most likely.

### Implications

This study identified that bullying is common among new graduate nurses and who the likely perpetrators of the bullying behaviors are. Peers and supervisors were identified as the main perpetrators of bullying behaviors, which correlates with previous studies and
Literature Matrix 5

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Data Analysis Method

A Line by line analysis using a constant comparative approach, where the data was fractured and broken down through substantive and theoretical coding to determine core variables and to highlights main underlying patterns.
Rigor was established through investigator triangulation, member checks, and audit- and decision trails. The lead investigator conducted all interviews, transcribed the data, removing identifying information before sharing with the research team for data analysis.

Results/Themes

The Author created a model called “letting go” to describe the information collected and analyzed from the research:

The four major themes included: navigating constraints of the healthcare system workplace, negotiating social relationship, hierarchies and troublesome behaviors, facing fears, traumas and challenges and weighing competing rewards and tensions.
Each theme described different behaviors that either “dampened the spirit” or “fanned the flame” in regards to the decision to leave the profession.
Participants compared exiting the nursing profession to the experience of student clinical rotations, as a time of peak emotional pressure and anxiety. As they described performing skills in the clinical environment for the first time, they recalled feeling nervous, scared and overwhelmed.
In contemplating resignation, some participants cited the risk of emotional trauma from critical incidents such as patient mortality.
To better navigate the healthcare system and workplace, participants described the benefits of having support, assistance, and a quality orientation while they adjusted and adapted their practice as a nurse. Several participants spoke of hierarchies among nurses in their clinical practice environments, giving rise to horizontal abuse that pushed them to distance themselves from their profession.
Participants struggled in weighing the positive and negative aspects of nursing while continuing to practice. For these individuals, the
Literature Matrix 6

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rated on a five-point frequency scale (ranging from Never/Almost never or to a very low degree = 1 – Always or to a very high degree = 100). Each participant’s total score was the average of the scores on the seven items, with higher average scores indicating a higher level of burnout. The scale had a Cronbach’s alpha of 0.90.

Several variables known to co-vary with burnout (were controlled for in the regression analyses used to test the hypotheses. Specifically, organization type (1 = public/private hospital, 0 = other), hours worked per week and time in occupation (years).

<table>
<thead>
<tr>
<th>Data Collection Method</th>
<th>The study used self-completed, anonymous questionnaires completed online. Participants were recruited on the Australian Nursing and Midwifery website. Nurses were advised of the survey through an announcement requesting their participation, which included a hyperlink to the survey. Prior to starting the questionnaire, potential participants were informed that the questionnaire was completely anonymous, confidential and voluntary and that they could elect to not answer any of the individual questions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Analysis Method</td>
<td>Data analysis was performed using the Statistical Package for the Social Sciences (version 20.0) software program. Descriptive and inferential analyses of the demographic and major study variables were conducted, as well as reliability assessments of the study measures. To test Hypothesis One, a hierarchal regression was performed, with the control variables entered in the first step of the model, followed by the main effect of bullying in step two. Hypothesis Two was also tested using hierarchical regression. The control variables were entered into the first step of the model, followed by bullying and psychological detachment in step two. The bullying and psychological detachment variables were mean-centered to reduce multicollinearity prior to being entered into step two of the model. In step three, the interaction term (bullying ( x ) psychological detachment) was entered.</td>
</tr>
<tr>
<td>Results</td>
<td>Sixty-one per cent of respondents reported experiencing at least two instances of bullying in the last 12 months. While on average respondents reported experiencing six instances of bullying out of a possible total of 60 in the last 12 months. Respondents reported moderate levels of psychological detachment (Mean = 2.9, SD 0.89). The mean level of burnout reported was 54.3 out of 100 (SD 22.3). Bullying and burnout were significantly positively correlated ( (r = 0.38, P &lt; 0.001) ), while psychological detachment and burnout were</td>
</tr>
<tr>
<td>Psychological detachment interventions are implemented could contribute to a better understanding of the nature of the role psychological detachment plays in the bullying–burnout relationship.</td>
<td></td>
</tr>
</tbody>
</table>
Literature Matrix 7

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The Maslach Burnout Inventory-General Survey (MBI-GS) was used to measure new graduate burnout. Sixteen items representing the three components of burnout, emotional exhaustion, cynicism, and professional inefficacy are used to create 3 distinct subscales. Items are rated on a 7-point Likert scale ranging from 0 (never) to 6 (daily). A high score on each burnout subscale (>3.0) is indicative of burnout. Cronbach alpha coefficients for the three burnout scales in nursing samples have ranged from 0.89 to 0.91.

The hypothesized model was analyzed using SEM techniques with maximum likelihood estimation.

Data Collection Method
Nurses received a mailed questionnaire with an explanation sheet, stamped return envelope and a coffee voucher. A follow-up letter was sent to all participants 2 weeks after the initial mailing and a replacement questionnaire was sent to all non-respondents.

Data Analysis Method
Data analysis was performed using the Statistical Package for the Social Sciences (version 16.0) and Analysis of Moment Structures statistical software programs (version 17.0). Descriptive and inferential analyses of the demographic and major study variables were conducted, as well as reliability assessments of study instruments.

Results
Overall empowerment levels were rated as moderate, with access to opportunities to learn and grow rated the highest. Formal power was rated lowest. Participants also reported relatively high levels of emotional exhaustion (Mean = 3.15, SD = 1.62), with almost half (48.9%) qualifying as severely burned out (score >3.0). One-third (33%) of the new graduates were classified as bullied.

Empowerment was statistically significantly related to all types of workplace bullying, specifically work-related bullying. All aspects of bullying were statistically significantly related to burnout. The strongest associations were between the emotional MBI-GS exhaustion subscale and the NAQ work-related subscale (r = 0.53, P < 0.01) and the MBI-GS cynicism subscale and the total NAQ (r = 0.53, P < 0.01).

The hypothesized model fit statistics revealed a reasonably adequate fit. All paths were statistically significant and in the predicted direction. Structural empowerment was significantly and negatively related to workplace bullying exposure (b = -0.37), which in turn was statistically significantly related to all three components of burnout (Emotional exhaustion: b = 0.41, Cynicism: b = 0.28, Efficacy: b = -0.17). Emotional exhaustion had a significant effect on cynicism (b = 0.50), which in turn had a significant effect on personal efficacy (b = -0.27). Structural empowerment also had a significant effect on emotional exhaustion (b = -0.25).
Literature Matrix 8

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expectations or supports, and stress. The following numerical values were indicated: 1 = strongly disagree, 2 = disagree, 3 = agree, and 4 = strongly agree. Cronbach’s alpha was 0.89.

<table>
<thead>
<tr>
<th>Data Collection Method</th>
<th>Data was collected in an on-line survey. The study was posted/advertised on Facebook, where a hyperlink for this study’s survey was attached to a secured Website. The survey was available for 14 weeks. Consent was inferred by completion of questions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Analysis Method</td>
<td>Data analysis was performed using SPSS 20. Independent t tests were used to compare the perceptions of hostility, job satisfaction, and job satisfaction through professional comfort, confidence, and support among nurses of Magnet and non-Magnet hospitals. Testing was based on determining statistical significance at a 2-sided alpha of .05. Correlational analysis was examined for the presence and strength of a relationship between perceptions of nurse hostility and job satisfaction of new graduate nurses by comparing Magnet and non-Magnet facilities. Demographic data were analyzed using measures of central tendency, SD, range, frequency, and percentage for categorical variables to examine the differences between both groups.</td>
</tr>
</tbody>
</table>
| Results               | Independent t testing revealed that nurse hostility perceived by Magnet nurses (mean, 64.73 T 24.68; n = 226) was significantly different from the perception of hostility by non-Magnet nurses (mean, 60.83 T 26.13; n = 939). Hostility scores were averaged for both groups; higher mean scores indicated lesser exposure to negative acts when compared. Both groups resulted in similar mean scores. Nurses of Magnet hospitals reported lesser exposure to nurse hostility than did those nurses from non-Magnet hospitals. Participants were asked to identify self-labeled victimization from bullying after being presented with a definition of bullying. Almost half of the Magnet (48.7%) and non-Magnet (49%) respondents defined their occurrences as several times a week” to “almost daily” at their place of employment. RNs of Magnet facilities rated job satisfaction higher at their place of employment (mean, 80.93 T 22.48; n = 226) than non-Magnet RNs at their place of employment (mean, 74.29 T 26.88; n = 939). RNs measuring professional comfort, confidence, and support revealed a statistical difference between the mean number of Magnet RNs (mean, 61.03 T 10.668; n = 226) and the non-Magnet RNs (mean, 59.17 T 9.90; n = 939), t324.60 = 2.38, P = .018, 2- tailed, d = 0.18. Therefore, it was suggested that the RNs of Magnet facilities have significantly higher
Literature Matrix 9

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Table 7
Frequencies and Percentages for Enforcement of Horizontal Violence Policies

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No policy</td>
<td>43</td>
<td>39.8</td>
<td>40.2</td>
</tr>
<tr>
<td>Yes</td>
<td>45</td>
<td>41.7</td>
<td>82.2</td>
</tr>
<tr>
<td>No</td>
<td>16</td>
<td>14.8</td>
<td>97.2</td>
</tr>
<tr>
<td>No answer</td>
<td>3</td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>107</td>
<td>99.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>Total</td>
<td>108</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Yr. Data Collected
2008

Study Design
Respondents completed demographic information and part one of Briles' Sabotage Savvy Questionnaire, a tool that measures occurrences of horizontal violence and nurses' knowledge of horizontal violence. There are 40 questions that determines if the participant has ever been sabotaged or has knowledge of sabotage in the work setting. Content validity has been previously established and a Cronbach's alpha score was .86 for part one.

Data Collection Method
The questionnaire was completed from an e-mail survey of those attending the 2008 Annual Leadership Meeting of NYONE.

Data Analysis Method
Descriptive statistics including percentages, means, median, mode and standard deviations and other measure of dispersion were calculated. Chi square analysis was used to determine the presence of differences in frequencies among groups.

An independent t-test was conducted to evaluate nurses horizontal violence experiences in union verses non-union settings.

Results
The Union, non-Union t-test was significant $t(90) = 2.189$, $p = 0.03$; Those working in union facilities reported higher occurrences of victimization involving

The percentage of respondents that reported knowledge of the following items occurring "often" and "frequently" were in the following areas:

- Being expected to do other's work (28.4%)
- Being reprimanded in front of others (29.7%)
- Not being acknowledged for work (33.7%)
- Untrue information exchanged (36.7%)
- Talking ceasing upon arrival (27.5%)
Literature Matrix 10

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| Yr. Data Collected | Study Design |  
|------------------|-------------|---
|                  | A quasi-experimental single-group, pretest–posttest evaluation design. The intervention was delivered to two groups of participants on two work units. The educational intervention was presented once on each unit, and the outcomes were evaluated by examining the posttest data collected in relation to the pretest data collected. Participants were recruited voluntarily and were given work time to complete the survey and attend the educational training program. |  
|                  | Data Collection Method |  
|                  | The Lateral and Vertical Violence in Nursing Survey (LV) was used. The survey consisted of a total of 26 questions: 10 questions were related to identifying contributing factors, three questions were related to the frequency of experience with lateral violence, three questions were related to the perceived degree of seriousness of lateral violence, one question pertained to fear of retaliation, three optional open-ended questions pertained to experiences and opinions surrounding lateral violence, and the final six questions collected demographics. |  
|                  | Data Analysis Method |  
|                  | Preintervention survey responses were compared to postintervention survey responses item by item to determine frequency and percentage of responses. Descriptive data were calculated for each question, including means, standard deviations, and percentages. A $X^2$ analysis was performed to determine sample changes before and after the intervention for each category of questions, and to compare cell counts for nominal data. After initial analyses were completed, the data were dichotomized (agree versus disagree), and $X^2$ analysis was performed to determine differences between the categories on the basis of a change from disagree to agree (i.e., contributing factors, frequency, seriousness, and fear of retaliation). Themes were identified qualitatively for the open-ended questions. Descriptive content analysis techniques were used to describe contributing factors, perceptions, and concerns. Data were coded by topic area such as staff perceptions of causes or suggestions for eliminating lateral violence in the work area. From that coding, items were grouped into categories and subcategories. |  
|                  | Results |  
|                  | The Wilcoxon ranks test was used to determine the significance for each question. Only one question about leaders not willing to intervene was found to be statistically significant between the pre- and postintervention data collections. |
Literature Matrix 11

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Cronbach’s alphas in the range 0.78–0.94. The instrument is composed of 19 items, scored on a five-point Likert scale, with scores in the range 1–5, and includes a two-item global empowerment scale that is used for construct validation. Scores of each sub-concept are summed and averaged to provide a score for each component of structural empowerment. Each component score is summed to provide a total empowerment score in the range 6–30, with higher scores representing higher perceptions of empowerment.

The Workplace Incivility Scale was used to assess incivility experienced by new graduates from their supervisors and their co-workers. The WIS consists of seven items and uses a five-point Likert scale to measure the frequency of uncivil behaviors in the past 6 months in the workplace, where high scores represent high levels of incivility. Psychometric properties of the WIS have shown the instrument to be valid and reliable, and internal consistency was reported for co-worker incivility (a = 0.89) and supervisor incivility (a = 0.85). The WIS uses a five-point Likert scale, with 1 representing ‘never’ having experienced the behavior, and 5 representing experiencing the behavior ‘most of the time’.

The State of Mind subscale from the Pressure Management Indicator (PMI) was used to measure depressive and anxious symptoms experienced by respondents. Scale development and validation found this subscale to be significantly related to other mental health measures, such as resilience and energy level in diverse populations, and significant group differences between psychiatric inpatients and the general population (Internal reliability for this scale has ranged from 0.82 to 0.85. The instrument uses a five-item, six-point Likert scale, with scores in the range 1–6, to identify the frequency of mental health symptoms, where 1 represented ‘none of the time’ and 6 represented ‘all of the time’.

14 demographic survey questions included age, sex, education, employment status, unit specialty and length of employment as a registered nurse were also asked.

**Data Collection Method**

A subset of data from the larger study of new graduate nurses was used in this study.

In the larger study, nurses included in the sample were mailed a survey package, including a letter of information explaining the study, a questionnaire, a stamped and addressed envelope to return the questionnaire, and a voucher for a coffee restaurant as a token of appreciation for their time. To maximize the response rate, additional reminders and copies of the survey were mailed to non-respondents.
Implications

New graduate nurses in this study reported moderate levels of structural empowerment and identifying access to opportunities to learn and advance as the most prevalent structure in their workplace. There was a negative relationship between structural empowerment and mental health symptoms in new graduate nurses. This finding suggests that empowering workplaces contribute to lower levels of mental health symptoms for new graduate nurses.

Workplace incivility, instigated by co-workers and by supervisors, was significantly associated with mental health symptoms. As the frequency of uncivil behavior increases, so too does the prevalence of mental health symptoms in new graduate nurses.

Strengths/Weaknesses

**Strengths:** This article used a large sample population, with significant findings that supports previous literature in new graduate nurse experience. The sample met power and could be generalizable to that area of Canada and nursing workforce. The tools used were both reliable and validated adding to the strength of the results. Data collected in this study adds significant insight into the relationships between structural empowerment, incivility and mental health consequences of lateral violence in new graduate nurses.

**Weaknesses:** The Canadian health care system is different than the United States and the data may not be completely generalizable to the experience of new graduate nurses in the United States. The data was also not initially intended to be studied as a regression analysis and only used secondarily to find greater meaning from the data.
Literature Matrix 12

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Participation in the study was voluntary. Participants were recruited through direct contact during walking rounds, distribution of survey postcards and cognitive rehearsal program brochures, and an article describing the study that appeared in the internal nursing newsletter. Participants were given work time to complete the survey and attend the cognitive rehearsal program.

The instruments used in the study included an Internet-based survey and a training program pretest and posttest. The Internet-based survey portion of the study consisted of three components.

The first part of the survey was an informed consent form. The second portion of the survey collected participant demographic information. This included work unit, current work status, age, gender, marital status, highest educational level, length of time worked as a nurse, length of time worked at the study site, and usual work schedule. Third, an adapted Workplace Bullying Inventory (WBI) was used.

The survey questions used a five-point Likert-type scale with responses ranging from never to daily. Two questions of interest to the researchers were added to the WBI. These questions asked whether the respondent had been pressured into doing something and asked the respondent to identify the major source of bullying. The original 16-question WBI had a Cronbach’s alpha of 0.93.

Data Collection Method

The Internet-based survey contained a total of 27 questions, 9 demographic questions and 18 questions on different bullying behaviors experienced during the last year. Sixteen of the questions about bullying were from the original survey. Before the 2-hour training on responses to common workplace bullying behaviors, participants completed a 25-question pretest (T1). The training provided information on workplace bullying, responses to common bullying behaviors, and the cognitive rehearsal technique, along with application of the technique to common bullying behaviors. At the end of the 2-hour training, participants completed the identical 25-question tool (T2).

Data Analysis Method

Wilcoxon matched-pairs test was completed. A paired t test was used to evaluate the total mean test score from T1 to T2.

Finally, descriptive statistics for all data was analyzed. Within the survey analysis, the examiner determined the frequencies for each unit and a combined total for the units. For the pretest and posttest knowledge comparisons, frequencies of responses to the test questions were calculated. In addition, the researchers assessed the frequency of correct test answers on both pretests and posttests.
management. However, there was no difference found in confidence to defend from bullying.

Many study participants were unaware of the appropriate policy to follow when reporting workplace bullying, or that there was even a policy in place. This is consistent with previous literature and adds to the body of knowledge.

This program helped nurses to recognize personal bullying behaviors and those of others. By identifying bullying behaviors, nurses can institute changes in their own behavior and protect themselves and coworkers against workplace bullying through prepared responses.

Also, organizations need to institute a specific workplace bullying policy that emphasizes zero tolerance for bullying and identifies the appropriate steps to take in reporting bullying. The policy must be enforced by all levels of management, and employees need to be aware of the policy.

The cognitive rehearsal technique learned from the program may help management to intercede in bullying situations. Intervening in witnessed bullying events also shows management’s support of the zero-tolerance policy for workplace bullying.

| Strengths/Weaknesses | **Strengths:** This is a very specific study looking at an intervention and the related outcomes. The authors used a valid and reliable tool and were able to extract some significant data. The resulting data is very important and adds to the current body of knowledge on interventions and outcomes.

**Weaknesses:** The small sample of medical and surgical nurses increased the chances of making a type II error. Furthermore, the small and very specific sample size prohibits generalization of the study results to other populations. Finally, the study measured only short-term retention of knowledge regarding management of workplace bullying behaviors, not long term impact in practice. |
January 4, 2018

File No: 3805-122117-04

Kathryn Ledwin
St. John Fisher College

Dear Ms. Ledwin:

Thank you for submitting your research proposal to the Institutional Review Board.

I am pleased to inform you that the Board has approved your Expedited Review project, "Students' Perception of Civility and Lateral Violence in Nursing School: The Impact of an Educational Intervention."

Following federal guidelines, research related records should be maintained in a secure area for three years following the completion of the project at which time they may be destroyed.

Should you have any questions about this process or your responsibilities, please contact me at irb@sfc.edu.

Sincerely,

Eileen Lynd-Balta

Eileen Lynd-Balta, Ph.D.
Chair, Institutional Review Board

ELB: jdr
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STUDENT NAME (as you would like it to appear online):
Kathryn M. Ledwin, BA, BS, RN, CCRN

TITLE OF SUBMITTED WORK: Nursing Students' Perception of Lateral Violence:
The Impact of an Educational Intervention

COURSE: GNUR 559: Capstone II

PROFESSOR: Dr. McGrane-Minton

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