Prevention of Lateral Violence in Nursing Through Education: The Bullying Awareness Seminar

There is a plethora of nursing literature decrying the prevalence of lateral violence (LV) within the nursing profession (Clark, Ahten, & Macy, 2013; Ebrahimi, Hassankhani, Negarandeh, Jeffery, & Azizi, 2017; McKenna & Boyle, 2016; Roberts, 2015; Taylor, 2016; Wilson, 2016). LV in nursing is unacceptable, disruptive, and considered inappropriate behavior involving nurses either overtly or covertly aiming their dissatisfaction with work to others who are in an equal or lesser position (Coursey, Rodriguez, Dieckmann, & Austin, 2013). It has been shown that LV education strengthens coping skills for nurses who cope with disruptive behavior (Griffin, 2004). Coursey et al. (2013) suggested that nursing education include instruction on how to cope with LV as students learn through socialization. Creating a healthy learning environment to promote positive behavioral norms, such as good communication, positive attitudes, and accountability, is the responsibility of nursing education.

One of the authors (K.I.-A.) developed a 4-hour seminar aimed at Associates of Nursing students for an open college in the Northeast United States funded through a public–private partnership. The seminar was titled, “Bullying Awareness” and the objective was to help nursing students gain skills to prevent later participation in LV and to be empowered to respond appropriately to LV.

The seminar was scheduled for 4 hours during a 6-hour laboratory. Three seminars were held, and 8 students attended each seminar \((n = 24)\). A week before the seminar, students were given five articles on the topic of LV and bullying in nursing (Griffin, 2004; Stanley, Martin, Nemeth, Michel, & Welton, 2007). At the beginning of the seminar, students were given a pretest consisting of 15 multiple choice and open-ended questions about their knowledge of LV. After the pretest, LV was explained, and laminated cards listing common forms of LV, responses to LV scenarios, and the expected behaviors of professionals as described by Griffin (2004) were distributed. The facilitator led a discussion, asking questions such as “How do you know if LV is happening?” and “Can you describe if LV has ever happened to you?”

Next, the American Nurses Association (2015) Code of Ethics for Nurses With Interpretive Statements was reviewed with the students with special emphasis on provisions five and six. Two scenarios developed by one author (K.I.-A.) were then introduced for use in a role-playing exercise. Each scenario was a simulation of a clinical setting involving all eight participants. One person had the role of the “bully” another the “victim” and the other observers were playing roles of other people on the clinical team. Each person was expected to practice the best response to prevent LV in his or her role. Both scenarios were used to give participants opportunities to play different roles.

This method follows the cognitive rehearsal strategy recommended by Griffin (2004). Cognitive rehearsal asks individuals to hold in their mind information they have just received, and not automatically process it (Griffin, 2004). Following the information provision with role-play can allow more deliberate processing of the information (Griffin, 2004).

At the end of the role-playing portion, debriefing with students occurred. The debriefing sessions consisted of asking students questions, such as “Have you ever been a victim, an observer, or a party to the behaviors depicted within the scenarios?” and “Why do you think these behaviors and actions happen, and what can you do about it?” Students were encouraged to write down their responses and share them, if they were willing. At the end of the seminar, the same test used in the pretest was repeated as a posttest, and the results showed that their knowledge of LV and appropriate responses had increased. Students were also asked to write a reflective journal detailing their feelings and thoughts during the activities, including any past experiences with LV.

Reflective journals were reviewed to determine the quality of the student experience. Most of the students described the seminar experience as empowering, and many were especially happy with the opportunity to role-play and practice responding to bullying behaviors. Students appreciated the encouragement to take a stand on the issue of LV, and practice taking control of the LV situation by refusing to be a victim and resisting LV by challenging the status quo. They resonated with the messages that encouraged listening to each other, treating each other with respect, learning constructive ways to manage conflict, and having a positive vision for the future of nursing. Several students expressed that they would have preferred to experience the seminar earlier in their college career rather than in their senior year.

The Bullying Awareness seminar was well-received by senior nursing students as a prevention for LV in nursing. Nurse educators are encouraged to incorporate LV prevention training in their curriculum.

References


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