

Horizontal Violence (Bullying) and Relationships to Nurse Job Satisfaction in an Acute Care Hospital.



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Objectives

- ▶ 1. Discuss validity and reliability of a tool to measure horizontal violence (HV) in the RNs' workplace.
- 2. Explore relationships between HV and scores on the NDNQI RN Survey with Job Satisfaction Scales.
- This study was partially funded by a Grant from the Rho Pi Chapter of Sigma Theta Tau International, Shenandoah University

Background

TJC: 60 – 70% of errors are related to failures in communication

Relationships between nurse satisfaction and patient satisfaction -Happy nurses make happy patients

Cost of HV -

Prevalence - 33% of interactions between critical care nurses are described as only fair or poor. (AACN, 2008)

- 65% of nurses surveyed reported frequently seeing HV (Stanley, 2007)



Review of the Literature

- Level of evidence
 - Many opinions and guidelines
 - 14 original research studies reviewed
 - 10 descriptive
 - 2 survey development work
 - 2 interventional
- Gaps in the literature
 - Need more evidence for what works
 - Inconsistency in research methods and lack of longitudinal data (Murray, 2008)

Research Questions

- ▶ 1. What is the reliability and validity of an investigator designed tool to measure the perception of frequency of horizontal violence in an acute care hospital.
- ▶ 2. What is the perceived frequency of HV?
- 3. Will targeted interventions designed to decrease HV make a difference in the perceived frequency of HV?

Design of the study

- 1. Development of a tool with validity and reliability
 - Literature focus group –pilot
- 2. Descriptive study to provide a baseline frequency of HV
- 3. Interventional phase
 - A quasi experimental study with a pretest (control)

 intervention_ post test.
 - Survey methodology
 - Convenience sampling

The tool development

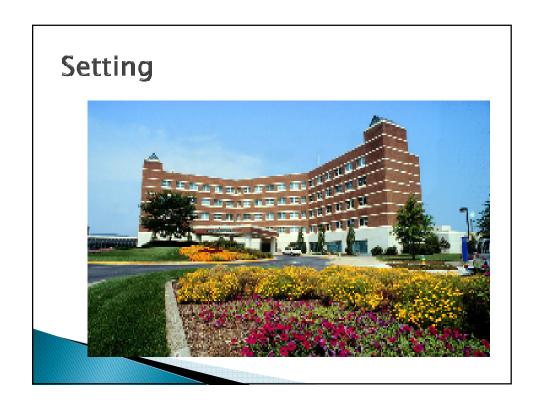
- ▶ 5 parts:
- > 3 subscales of HV:
 - Overt behaviors (Cronbach's Alpha 0.865)
 - Covert behaviors (Cronbach's Alpha 0.916)
 - · Overt and covert overall (Cronbach's Alpha 0.946)
 - Personal effects (Cronbach's Alpha 0.913)
 - Questions on perpetrators of HV
 - Demographics of the sample

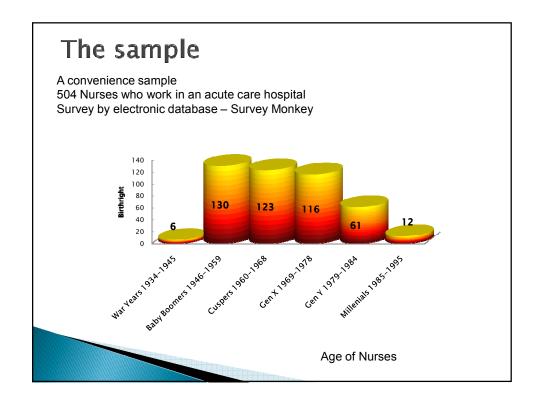
Survey

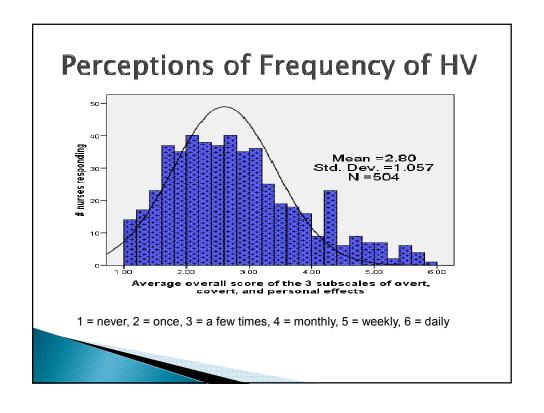
- Stem "In the last 12 months or less at this institution how often have you experienced or witnessed yourself or someone else"
- 6 point Likert scale

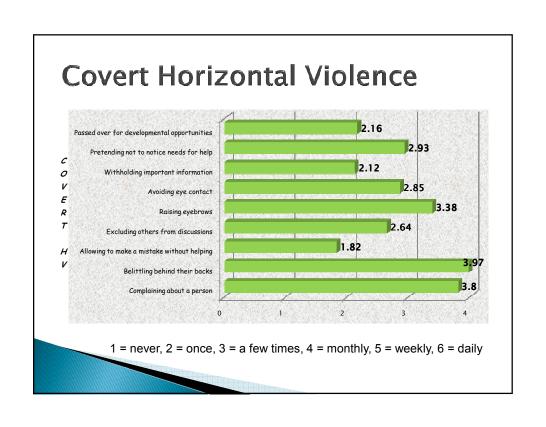
1 = never, 2 = once, 3 = a few times, 4 = monthly, 5 = weekly, 6 = daily

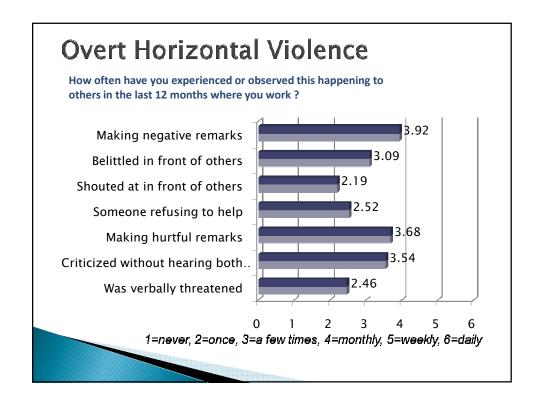


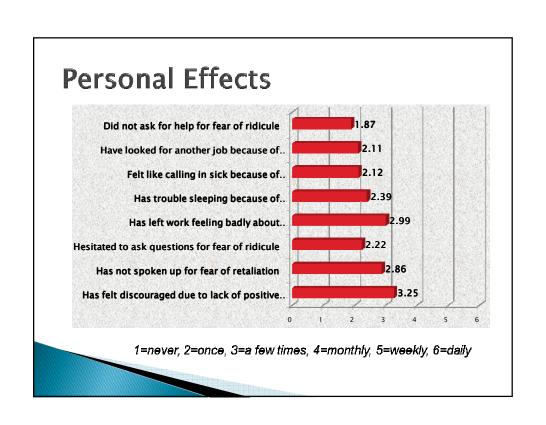


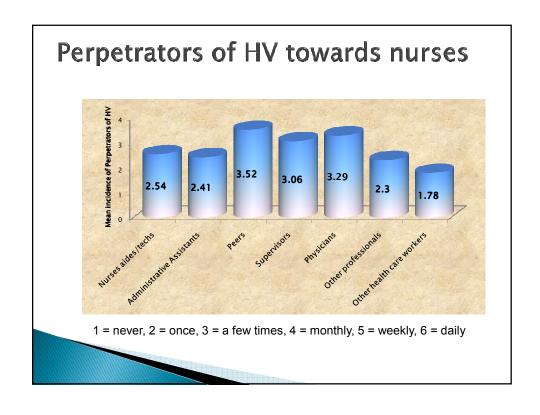


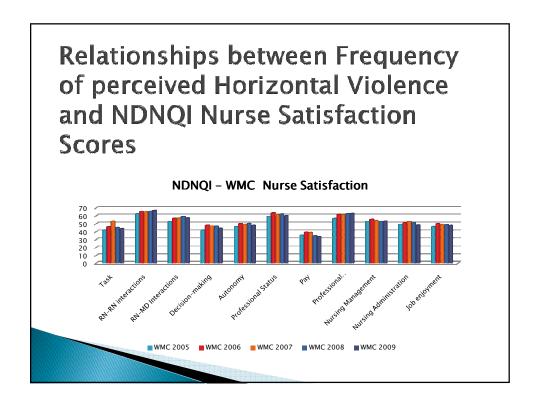


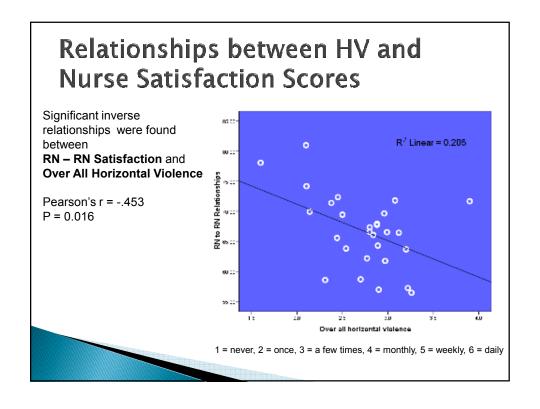


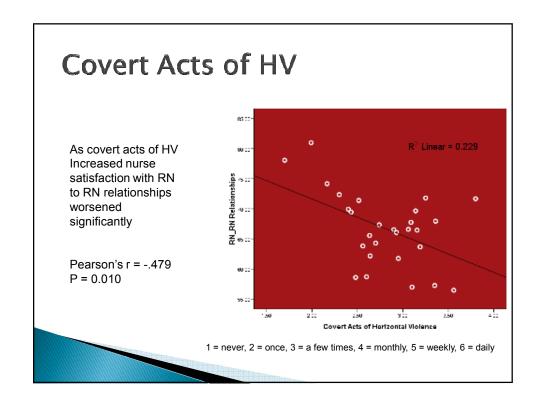


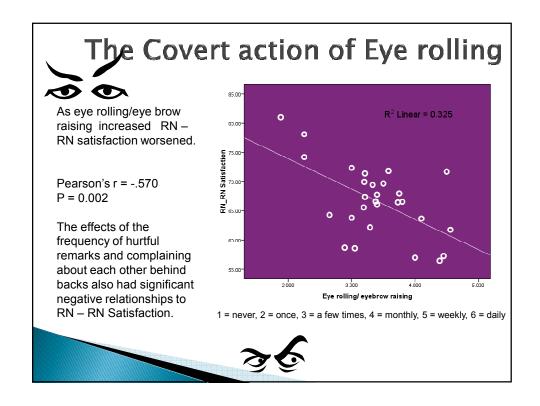


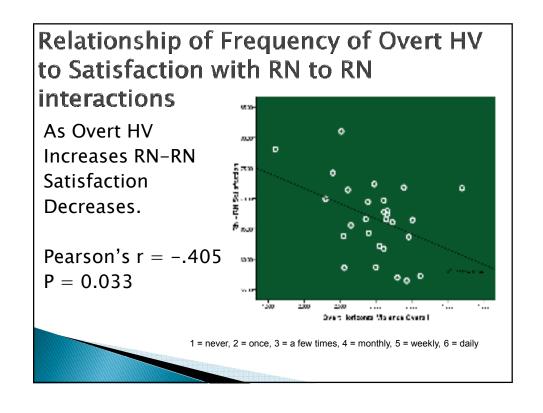


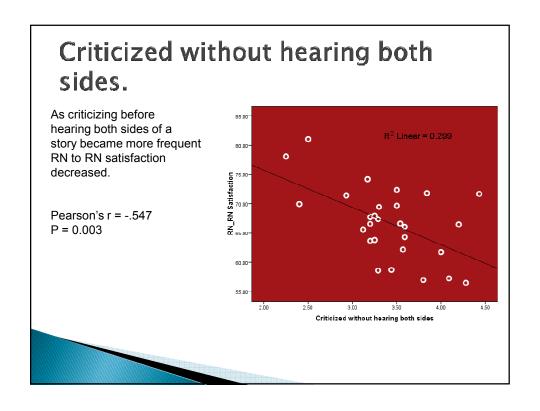


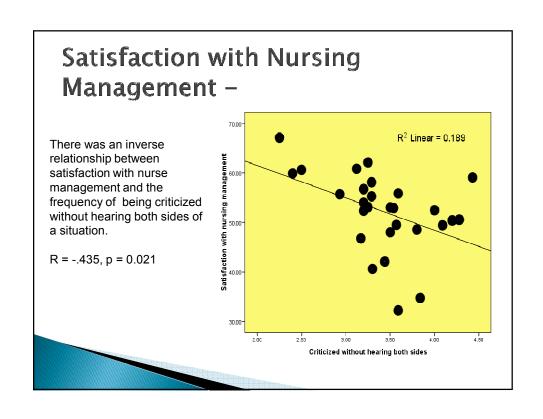












Limitations of the Study

 Anonymity – unable to identify subjects to compare results directly

7.5 5.5 10.0

Timing of the two surveys

Conclusions and Recommendations

- We are the problem!!!
- An interventional study is our next step.
 - Goals of our interventions:
 - · Provide nurses with communication tools
 - · Work on healthy communication between nurses.
 - · Increase emotional intelligence
 - To decrease the frequency of perceived HV and increase nurse satisfaction with work environment.
- better patient satisfaction and patient outcomes

Ist Intervention: Kick-Off Celebration







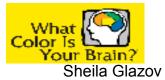
Next Interventions:

"Core" group of Champions

To become experts and disseminate concepts To support each other during change.

Increase self awareness and appreciation of others

Consultants -



"Disc Profile"

- William Moulton Marston



Interventions

Educational programs – Vital Smarts - Difficult conversations, crucial conversations. To improve communication skills

Change Theory

to create sustainable change

Adult Learning Theory

to increase acceptance and to facilitate change in behavior.

