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The Effect of an Educational Workshop on Relational Aggression in an Acute Care Nursing Unit

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DNP Final Project Report

The Effect of an Educational Workshop on Relational Aggression in an Acute Care Nursing Unit

Jennifer M. Dorsey

University of Kentucky

College of Nursing

Spring, 2019

Karen Stefaniak PhD, RN, NE-BC - Committee Chair

JoAnne Matthews DNP, APRN, PMHCNS-BC - Committee Member

Cheryl Dellasega NP, PhD – Committee Member/Clinical Mentor

Dedication

This project is dedicated to every nurse who has ever been "eaten." I truly hope that this small study can impact a change within my organization and that continued awareness and education can change the stigma of nursing and the age-old adage of "nurses eat their young."

This work is also dedicated to my husband and children who have been so supportive and patient as I finished this, my 3rd and final college degree. Jade for volunteering to cook dinner, so many Sundays as I worked to finish a paper and Ajay for keeping me company as I feverishly typed. To my husband for the little things you did to make my life a little easier.

Lastly, to my mom who has been an amazing nurse role model for me. Thank you for your encouragement, support and proof reading. None of what I have accomplished could I have done without you.

Acknowledgements

I would like to acknowledge several staff and faculty members that have made this work possible. Dr. Stefaniak, you are an amazing faculty advisor and nursing champion. Your honesty and encouragement of me over the last few years has been heartfelt and so truly appreciated. Dr. Dellasega, thank you for sharing your work and allowing me to use it for my small study. What you are doing for the nursing profession, bringing awareness to the issue of Relational Aggression, is much needed.

To the patient care managers that allowed me to expose in your units the actions of your nurses that are perceived as Relationally Aggressive. I deeply appreciate your willingness to allow this invasion and hope that with these results we can, collectively, work to change the culture of UK Healthcare.

I would also like to say thank you to my co-workers who served in various roles for me over the course of this program; mentor, cheerleader, preceptor and friend.

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Introduction to Final DNP Project

Jennifer Dorsey

University of Kentucky

Abstract

PURPOSE: The purpose of this study was to evaluate the effect of an educational intervention on relational aggression in an acute care unit using a pre and post questionnaire. The questionnaire was used to examine changes in Relational Aggression (RA) self-awareness before and after an educational video and to determine the effectiveness of an educational video compared to no educational materials on self-awareness of RA behaviors.

METHODS: This study was single site, quasi-experimental non-equivalent pretest posttest study at the University of Kentucky. Sample size for the pre-survey was 15 acute care nurses on the control and experimental units, completed between October 11, 2018 and November 1, 2018. Educational material was viewed by 3 acute care nurses on the experimental unit, between November 10, 2018 and December 1, 2018, and the post-survey was completed by 11 acute care nurses across the control and experimental units, between December 11, 2018 and January 1, 2019.

RESULTS: From the total sample of respondents (n=21), 88% felt they had a good understanding of what RA was and 76% reported they had the skills and knowledge to handle the situation and/or escalate. The strengths of the physical environment were related to level of physical comfort and teamwork with areas of opportunity around management working to improve the unit and having feelings of shared decision making. Emotional environment analysis revealed that gossiping and cliques are the most prevalent forms of RA on the selected units. There was no significant difference in responses for those that viewed and didn't view the educational material.

CONCLUSION: Given response rate of 21/89 for questionnaires and 3/41 opening educational material, limited conclusions can be drawn. Based on gathered data further organizational assessment should be explored as all respondents reported evidence of RA on their units.

Effect of an Education Intervention on Relational Aggression in an Acute Care Unit

Introduction

Bullying is a common topic in the media today, especially related to children in school. However, bullying is not isolated to children and is being recognized and discussed as a serious problem in the nursing profession. A more descriptive term for nurse workplace bullying is relational aggression (RA) and has been recently studied by Dr. Cheryl Dellasega. Relational aggression in nursing is widespread across the globe with upwards of 90% of nurses reporting that they have personally experienced this behavior (Embree, Bruner & White, 2013). Germann and Moore (2013) postulate that this could be classified as an epidemic across the spectrum of nursing. RA is typically associated with female bullying as it is a non-physical method of harm (Dellasega, Volpe, Edmonson and Hopkins, 2014). While the behavior is targeted at a person or persons, the ramifications of RA are great**.** Nursing education on self-awareness of behavior and strategies to reduce the incidence of RA are critical to protect the nursing workforce and to ensure quality care of patients**.** Statistics show the high propensity for RA in nursing has a negative impact on patient care outcomes and nursing turnover rates. It is important to implement measures to reduce the incidence of RA across organization to protect patients as well as to ensure a sustainable, experienced nursing workforce. “Nurses eat their young” is a phrase that has been in existence for far too long.

With the ultimate goal of promoting a healthy work environment, this project aimed to increase nurses’ knowledge of RA and the subtleties of day-to-day activities that can be perceived as RA. Content based on Dr. Cheryl Dellasega’s book *When Nurses Hurt Nurses* (2011) were distributed to the nurses in the experimental group. This intervention contained a short didactic presentation which highlighted content from the workbook that accompanies her

book and included three short videos portraying examples of RA. Pre/post questionnaires were delivered to the control and experimental groups via Qualtrics and measured the participants' self-awareness as well as recognition of RA in their unit.

Background

There are several common terms used to describe workplace bullying, including incivility, relational aggression (RA) and lateral violence (LV). In essence, these are defined as repetitive behaviors of an aggressor(s) against a victim(s), the extent of which is "health-harming" (Townsend, 2016). The American Nurses Association (ANA) has further refined this definition to specify that the intent of such behavior is to "humiliate, offend and cause distress in the recipient" (ANA, 2018). The Joint Commission (TJC, 2016) reports that 44% of all nurses have personally experienced bullying, while as previously mentioned, other researchers report the statistic to be as high as 90% (Embree, Bruner, & White, 2013). These statistics are representative of the harm that nurses do to each other, excluding patient to nurse and other healthcare provider to nurse aggressions. While one may assume it is the novice nurse who is most often the victim, Townsend (2016) points out that novice nurses may also bully senior nurses about their skill sets and "antiquated" knowledge. Regardless of the identities of the aggressors and victims, the ramifications of workplace bullying are costly to healthcare organizations and patients. A culture of incivility has financial consequences to organizations related to increased nurse absences, increased turnover rates and poor patient outcomes (Townsend, 2016). A nurse who experiences RA is more likely to leave his or her organization (Dimarino, 2011) and the current average cost to the organization to replace that nurse is between $38,000 and $61,000 (Nursing Solutions, Inc, 2018).

Current initiatives to reduce RA are focused on educating nurses on conflict resolution methods. This approach gives nurses tools to utilize against an aggressor and/or de-escalate the situation (Dimarino, 2011). However, the benefit of a program aimed at providing insight into one's own behaviors can aid in reducing the occurrence of RA. A similar study was done at the Mayo Clinic in which a short intervention/educational program was given to a group of nurses with a pre/post survey. The authors reported that while the results were not statistically significant, they felt there was an overall sense of increased awareness of RA within the targeted units (Dahlby & Herrick, 2014). The ANA has an infographic that depicts 15 best practices to promote a positive work environment (ANA, n.d.). While these are important practices for a healthy work environment, the content of the infographic is a reminder only. The infographic does not teach the nurse to recognize the signs of RA or assess their level of understanding.

Reducing the incidence of RA in healthcare is extremely important. As was previously mentioned, there are negative outcomes to patients and healthcare institutions. As the older generation of nurses is retiring, the country is approaching a nursing shortage. This could be compounded by increased turnover rates, and aspiring nurses could be dissuaded from entering the field due to a culture of incivility. Our nation currently faces a nearly 17% nursing turnover rate which has increased a little over 2% over the last 2 years (Nursing Solutions, Inc, 2018). Increasing turnover rates have an inherent cost to the organization and, thus furthering the need to promote a healthy work environment to help mitigate turnover. By increasing self-awareness of bullying behaviors, the culture may shift to a positive, supportive and nurturing one. Individuals are able to control their own behavior and modeling teamwork and support can influence the spread of that uplifting culture.

Theoretical Framework

A primary goal of this research study was to encourage each nurse to evaluate their own behaviors against a) those of their co-workers and b) against those that may be perceived as RA. Objective self-awareness theory suggests that focusing on one's self will lead the individual to analyze themselves against society norms (Silvia & Phillips, 2013). Objective self-awareness theory further contends that it's not enough to have general self-awareness but conscious focus inward in order to achieve true introspection and self-evaluation (Silvia & Phillips, 2013). This theory can guide our efforts to educate nurses and encourage healthy work environments by encouraging the nurse to think beyond their presence on the unit and also on how their presence affects the culture around them. By prompting self-reflection, we provide the opportunity for nursing staff to consider their role in the environment and how behaviors and attitudes contribute to a healthy or unhealthy place to work.

Purpose

We all have the power to change ourselves, our actions and how we interact with others much easier than we can change the behavior of others. Providing insight into RA and time for reflection was expected to lead nurses in the experimental group to modify behavior to form more professional, collaborative and supportive relationships

Two specific aims were identified in relation to this project.

1. Examine changes in lateral RA self-awareness before and after an educational video on an acute care unit.

2. Assess the effectiveness of an educational video compared to no educational video on acute medical units on self-awareness of relational aggression.

The overall goal was decreasing relational aggression in the experimental group as measured by questionnaire.

Methods

This was a single site, quasi-experimental non-equivalent pretest posttest study to evaluate the effect of an intervention on self-awareness of RA behaviors. Pre/post questionnaires were electronically distributed to a control and experimental group of acute care nurses across two separate units. The control and experimental groups were differentiated by primary work unit. Nursing staff names were provided to the study personnel by patient care managers to ensure that only acute care nurse were included. A distribution list was created in Excel and each nurse was assigned an ID code in order to anonymously compare pre/post results. Study personnel had no face to face exposure to staff as all communication was completed via UK Healthcare email and Qualtrics online survey tool.

Setting

The University of Kentucky is an academic medical center located in Lexington, Kentucky. It is comprised of four hospitals, all located in Lexington, and has approximately 35 outpatient clinic sites that are comprised of multiple different offices and specialty clinics throughout the state. This study was completed in two acute care medical units of Chandler Medical Center. Each unit is comprised of 20 acute/progressive care beds. Nurse to patient ratios vary from 3:1 to 5:1 dependent upon patient acuity and staffing availability. Each unit provides care for cohorted patients based primarily on services lines and both care for medical and surgical patients.

Sample

The available sample size was limited to the 89 acute care nurses who work on the control and experimental units.

In total there were 15 pre-questionnaire responses during the window of October 11, 2018 and November 1, 2018. Three nurses opened the educational material between November 11, 2018 and December 1, 2018. Of those three, two nurses spent less than 10 seconds reviewing the material and one nurse spent seven minutes. Eleven nurses responded to the post-questionnaire between December 11, 2018 and January 1, 2019.

Inclusion criteria included direct patient care nurses who regularly work in the acute/progressive units and are an employee of the University of Kentucky. Exclusion criteria included any non-nursing staff, any nursing staff whose primary work location is other than acute care (pool nurses), any nursing staff whose primary role is on these units but serves in an administrative, educational, or other role whereby they are not regularly an assigned bedside nurse for the duration of a work shift and/or non-regular employee (traveling nurses).

Data Collection

Approval from the University of Kentucky Institutional Review Board (IRB) and the UK Healthcare Nursing Research Council was obtained prior to the collection of data. Pre/post questionnaires (Figure 1) were delivered via email with a software (Qualtrics) tool. The email contained the purpose for data collection and an explanation of anticipated time to complete. Each nurse was given a unique link to the questionnaire. Prior to dissemination a distribution list was created and each participant given a unique identifier in order to anonymize the data but still be able to correlate pre/post data per nurse. Please refer to Table 1 for a list of variables that were

reviewed, including gender, age, ethnicity, years of nursing experience, unit location, RA understanding, physical environment and emotional environment.

Data Analysis

A data set was generated from the exported Qualtrics data and imported into SPSS for data analysis. Descriptive statistics were used for the demographic data and analyzed for frequency including, means and standard deviation. RA level of understanding and physical environment were analyzed for frequency and percent while emotional environment data were analyzed for frequency.

Results

Sample Characteristics

Of the 89 nurses that were invited to participate in this research study, 22 nurses had some level of participation. Twenty -one nurses took part in the pre and/or post questionnaire and 1 nurse opened the education video and spent 7 minutes viewing the presentation but did not participate in the pre or post questionnaire. Five of the 21 nurses completed the pre and post questionnaire but only 2 of them opened the educational material. Neither spent more than 10 seconds reviewing the information. The mean age of the nurse was 34. 3 with a range of 22 to 54. Most participants were female (18) and identified as Caucasian (20). There was greater participation from the control group with a total of 15 nurses participating compared to 6 from experimental group.

Relational Aggression Understanding

In general participants felt knowledgeable and prepared to deal with RA on their units. In the questionnaire there were three questions regarding RA understanding and participants rated their level of agreement or disagreement from strongly agree to strongly disagree. With regard

to understanding of RA, 88% either strongly or somewhat agreed that they felt they had a good understanding of what RA was. Seventy-six percent reported either strongly or somewhat strongly agreeing that they had the tools and knowledge to effectively handle the situation and 76% reported strongly or somewhat agreeing that they knew the appropriate pathway to report those occurrences.

Physical Environment

To assess the physical environment in which these nurses work in, they were provided a list of 4 statements and asked to place a checkmark next to any that they agreed with. The unit locations where the questionnaires were distributed are in the newly built patient care tower. It is not surprising then that 88% respondents agreed with the statement that they felt physically comfortable in their environment. The next highest rating correlated to nurses working well on their unit with 76% agreement. The next two statements received lower levels of agreement with 60% agreeing that management works to improve the unit and make it a nice place to work. Lastly and surprisingly, as a magnet designated organization, only 52% of nurses felt they had shared decision making on their unit.

Emotional Environment

In the questionnaire, participants were given a list of potential sources of RA and were asked to identify if they had been a victim, witness or participant of each source. Overwhelmingly, gossiping was the most common source of RA with 16 participating in, 10 being victims of, and 22 witnesses of. The next most common source of RA is cliques with 3 participants, 8 victims and 19 witnesses. No respondents reported being participants in humiliation, intimidation, manipulation, cyber or other forms of RA not specifically listed. For a detailed breakdown of responses, see Table 5 and Figure 2.

Emotional Environment Qualitative Themes

The participants were invited to share any additional information about their unit, experiences or thoughts about RA. These narrative comments were broken down into several key themes (Table 7). Interestingly, participants identified teamwork as both a strength and as an area with opportunity for improvement. Several participants reflected that overall the unit is positive, but 1 or 2 nurses are causing issues and tension across the unit.

Discussion

This study was designed to analyze the current level of self-awareness around RA and to determine if an educational intervention would be successful in increasing knowledge and reducing incidences of RA. As nurses face critical shortages and UK Healthcare patients become more complex it is imperative that we, as nurses, take control of our environment and own the habits that have caused us to be known as the profession that "eat their young." Overall, this study shows that RA is present among nurses in the selected units and based on narrative comments there is a desire for an improvement in the work environment.

Self-Awareness

As nurses, we need to be aware that the emotional environment of our workplace has a significant impact on our health as well as the health and safety of our patients. Units that have an unhealthy work environments are associated with increased patient mortality and decreased patient satisfaction (Dellasega, Volpe, Edmonson & Hopkins, 2014). Nursing leaders need to be aware of the environment of the units and strive to meet ever-growing performance and quality metrics as well as reducing costs by decreasing nursing turnover. Thompson (2019) reported upwards of 50% of stress – related illnesses are a result of the emotional environment and can lead to vague symptoms like headache and fatigue to as severe as development of Type 2

Diabetes. The participants of this study reported a variety of RA examples and identified a need for management to intervene. However, despite their acknowledgement of the issue little initiative was taken to educate themselves more on the topic. This indicates that we need to take more ownership as staff to make positive changes in the culture. As nursing shortages are targeted to increase and UK Healthcare continues to be at near capacity daily, it is imperative that we intervene and provide nurses the knowledge and skills to prevent and diffuse these situations.

Educational Intervention

As RA continues to garner attention in the United States, nursing leaders must address the education and knowledge of nurses. Nursing school curricula today contains content on the subject, but many nurses have not been given the tools and resources to identify, address and diffuse these situations. The focus of this study was self-awareness and allowing nurses the time for introspection in their own behaviors as they learned more about RA. In this study, the goal was to provide RA education which would prompt the nurse to reflect on their own behaviors/attitudes and activities and compare those against his/her co-workers'.

However, based on the limited participation in the education, intervention evaluation of educational methods and/or reasons for lack of participation should be evaluated prior to further studies. Potential causes for low participation in the educational intervention could be related to length of time to complete, format of education (PowerPoint) and/or effort to view materials through software. Nurse managers of the control and experimental units were approached prior to IRB approval to ensure their support and willingness to allow staff participation. All managers were supportive and interested in results. However, it may be beneficial in future studies to include managers in study communication to illicit greater participation. Most

effective would be for nurse managers to allot time for staff when they are not providing direct patient care to more thoroughly review and reflect on materials.

Limitations

Several limitations were identified as a part of this study. First, meaningful participation was very low, with only five nurses (less than 1%) completing both pre and post surveys. Also, this study was completed at one hospital with a limited number of acute care nurses prohibiting the ability to make any generalities for RA incidence or knowledge across the organization. While 15% of those eligible participated in completing a questionnaire, only a small number completed the pre and post questionnaire and none of those nurses completed the educational intervention. Second, the educational intervention had such limited participation that no conclusions can be drawn as to whether this educational intervention can/would be effective to increase nursing knowledge about RA or to impact the incidence of RA at this or any organization. While three nurses opened the educational intervention, only one nurse spent enough time to actually review the material. Based on nursing responses, it does appear that they reported honestly, but because this was self-reporting and involved admittance to RA behaviors, bias could be possible.

Recommendations for Future Studies

Recommendations for future studies around RA include larger scale, enterprise wide, and data gathering around physical and emotional environments. Compilation and analysis of these data would assist in determining the culture of the workplace at UK Healthcare. It would also be of interest to stratify the data by age of nurse, years of experience and work unit type. Does patient acuity impact the culture of the environment? Are there higher levels of RA in an intensive care unit (ICU) given the higher acuity patients or does the fact that there are usually

more experienced nurses in the ICU outweigh the higher acuity/higher stress? How does the environmental culture compare across pediatric and adult units or ambulatory clinics and inpatient units? Assessing the organization as a whole and then doing a deep analysis of the data can help to determine the current state and allow for an expansive or targeted education approach.

Additionally, given the assessment of the physical environment involved questions around management and several narrative comments provided by the nurses reported the need for management to have a stronger influence in the unit an assessment of the patient care managers (PCM) around RA is recommended. This study would focus on the PCM knowledge of RA and their confidence and skills to identify and coach nurses that are either causing issues or who need to develop skills to diffuse situations.

Conclusion to Final DNP Project Report

Jennifer Dorsey

University of Kentucky

Conclusion

The goal of this study was to determine the level of self-awareness the nurses on two units at UK Healthcare had about RA, how prevalent RA behaviors were and to determine if an educational intervention was successful in increasing the knowledge and reducing the behaviors. Pre and post questionnaires were distributed electronically with an educational intervention between them. Each phase of the study was available to nurses for three weeks and at least 1 reminder email was sent during each phase.

Given the limited participation, especially with viewing of the educational material, we are unable to draw any conclusions. All the nurses that responded to the questionnaire reported RA behavior in co-workers in at least one form and many admitted to exhibiting those behaviors themselves. Narrative comments by the respondents identified teamwork as a strength and weakness but all were in agreement that management needs to have a stronger presence on the unit to reduce the impact a few nurses have on the units.

Table 1. *Measures*

Measures	Specific Measurement	Level of Measure	Time-Point of Collection	Data Source
Gender	Male or Female	Nominal	Pre/Post Intervention	Questionnaire
Age	Years	Interval	Pre/Post Intervention	Questionnaire
Ethnicity			Pre/Post Intervention	Questionnaire
Experience	Years	Interval	Pre/Post Intervention	Questionnaire
Location	6th or 7th floor	Nominal	Pre/Post Intervention	Questionnaire
RA Understanding	Likert	Interval	Pre/Post Intervention	Questionnaire
Physical Environment	Number	Nominal	Pre/Post Intervention	Questionnaire
Emotional Environment			Pre/Post Intervention	Questionnaire

Figure 1. *Pre/Post Questionnaire*

Relational Aggression

Informed Consent

Q1
To UK Nurse: Researchers at the University of Kentucky are inviting you to take part in a study about relational aggression among acute care nurses in Towers 6 and 7. If you participate you will be asked to take part in an electronic, pre and post questionnaire, each of which should take no more than 10 minutes to complete. As this study involves an experimental and a control group not all participants will receive educational materials. Those participants in the experimental group will be sent the educational materials electronically after the pre-questionnaire and should take 10-15 minutes to review. These materials will include 3 brief videos and a PowerPoint overview of relational aggression. Relational aggression is a current term used to describe workplace hostility. Other terms that you may be more familiar with include bullying, incivility or lateral violence. Although you may not get personal benefit from taking part in this research study, your responses may help us understand more about the scope of relational aggression in these units as well as the effect of an educational intervention on relational aggression. Some volunteers experience satisfaction from knowing they have contributed to research that may possibly benefit others in the future. In appreciation for those that choose to participate in the research study, a drawing will be held at the conclusion of the pre and post questionnaires. Each participant will have the option, at the conclusion of the questionnaire, to enter a drawing for a Starbucks gift card worth $20.00. Drawing entry will be completed outside of the questionnaire and will in no way be traceable back to your answers. One winner will be randomly selected after each questionnaire and will be notified by email. Although we have tried to minimize this, some questions may make you upset or feel uncomfortable and you may choose not to answer them. If some questions do upset you, we can tell you about some people who may be able to help you with these feelings. UK Healthcare Human Resources offers free counseling services to UK employees. If participation in this study upsets you or elicits a negative reaction, please contact Human Resources, Work Life Counseling Services at 859-257-8763 or Jennifer Dorsey at 859-539-8775. Your response to the survey will be kept confidential to the extent allowed by law. When we write about the study you will not be identified. Your information collected for this study will NOT be used or shared for future research studies, even if we remove the identifiable information like your name, clinical record number, or date of birth. We hope to receive completed questionnaires from 123 people, so your answers are important to us. Of course, you have a choice about whether or not to complete the survey/questionnaire, but if you do participate, you are free to skip any questions or discontinue at any time. Please be aware, while we make every effort to safeguard your data once received from the online survey company, given the nature of online surveys, as with anything involving the Internet, we can never guarantee the confidentiality of the data while still on the survey company's servers, or while en route to either them or us. It is also possible the raw data collected for research purposes will be used for marketing or reporting purposes by the survey/data gathering company after the research is concluded, depending on the company's Terms of Service and Privacy policies. If you have questions about the study, please feel free to ask; my contact information is given below. If you have complaints, suggestions, or questions about your rights as a research volunteer, contact the staff in the University of Kentucky Office of Research Integrity at 859-257-9428 or toll-free at 1-866-400-9428. Thank you in advance for your assistance with this important project. To ensure your responses/opinions will be included, please submit your completed survey/questionnaire by November 26, 2018. Sincerely, Jennifer Dorsey, MSN, RN-

BC*College of Nursing*, University of KentuckyPHONE: 859-539-8775E-MAIL: Jennifer.dorsey@uky.edu

- ○ I consent, begin the study
- ○ I do not consent, I do not wish to participate

Declination of Participation

Q2 Thank you for your consideration in being included in this survey. You may now close this window.

Demographics

Q3 Gender

- ○ Male
- ○ Female

Q4 Enter your current age in years

_____

Q5 Ethnicity, please check all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic/Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ White/Caucasian
- ☐ Other/Unknown

Q6 Enter your years of RN experience. If less than 1 full year, please enter 0.

_____

Q7 Primary Nursing Unit

- ○ 6-100
- ○ 6-200
- ○ 7-100
- ○ 7-200

Relational Aggression Understanding

Q8 For each of the following statements please select the level to which you agree or disagree.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I feel I have a good understanding of what Relational Aggression is.	○	○	○	○	○
I feel, as a victim or bystander, I have the tools and knowledge to effectively handle a relationally aggressive situation.	○	○	○	○	○
I know the appropriate pathway to report instances of relational aggression.	○	○	○	○	○

Physical Environment of Current Assigned Unit

Q9 Please check all that apply

- ☐ I feel physically comfortable on my unit
- ☐ Nurses on my unit work as a team
- ☐ We have shared decision making on my unit
- ☐ Management works to improve my unit and make it a pleasant place to work

Emotional Environment of Current Assigned Unit

Q10 For each behavior listed on the left, select all the roles you have played.

	Victim	Witnessed	Participated In	Other
Gossiping	☐	☐	☐	☐
Cliques	☐	☐	☐	☐
Humiliation	☐	☐	☐	☐
Intimidation	☐	☐	☐	☐
Manipulation	☐	☐	☐	☐
Cyber Relational Aggression	☐	☐	☐	☐
Other Relational Aggression	☐	☐	☐	☐

Q11 Describe the "other" type of relational aggression you were a victim of.

_____

_____

_____

_____

_____

Q12 Describe the "other" type of relational aggression you have witnessed.

_____

_____

_____

_____

_____

Q13 Describe the "other" type of relational aggression you have participated in.

_____

_____

_____

_____

_____

Additional Comments

Q14 Please feel free to add any comments that you feel are impactful to make your unit a healthy or unhealthy work environment

_____

_____

_____

_____

_____

Table 2. Demographic Data

	Mean (Sd) or n (%)
Age	34.3 (9.777)
Years as RN	5.1 (5.362)
Gender	
Male	3 (14%)
Female	18 (86%)
Ethnicity	
Hispanic/Latino	1 (4%)
White/Caucasian	20 (96%)
Unit Location	
6.100	7 (40%)
6.200	8 (32%)
7.100	4 (20%)
7.200	2 (8%)

Table 3. Relational Aggression Understanding

	Percent strongly agree or somewhat agree
I feel I have a good understanding of what Relational Aggression is.	88%
I feel, as a victim or bystander, I have the tools and knowledge to effectively handle a relationally aggressive situation	76%
I know the appropriate pathway to report instances of relational aggression	76%

Table 4. Physical Environment

	Percent who agree with statement
I feel physically comfortable on my unit	88%
Management works to improve my unit and make it a pleasant place to work	60%
Nurses on my unit work as at team	76%
We have shared decision making on my unit	52%

Table 5. Emotional Environment

	P	V	W	V,W	P,V,W	P,W	O
Gossiping	1	2	6	1	7	8	0
Cliques	0	3	13	3	2	1	0
Humiliation	0	4	7	3	0	0	2
Intimidation	0	4	4	6	0	0	1
Manipulation	0	2	6	5	0	0	4
Cyber RA	0	1	3	0	0	0	4
Other RA	0	1	1	0	0	0	3
P=Participant, V=Victim, W=Witnessed, O=Other							

Figure 2.

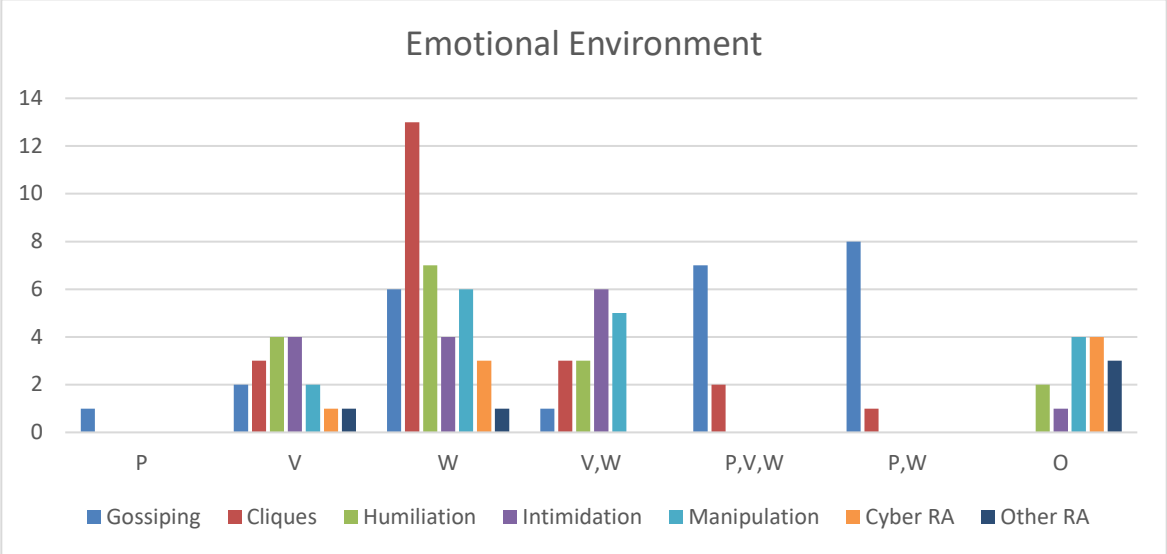


Table 6. Emotional Environment Narrative Themes

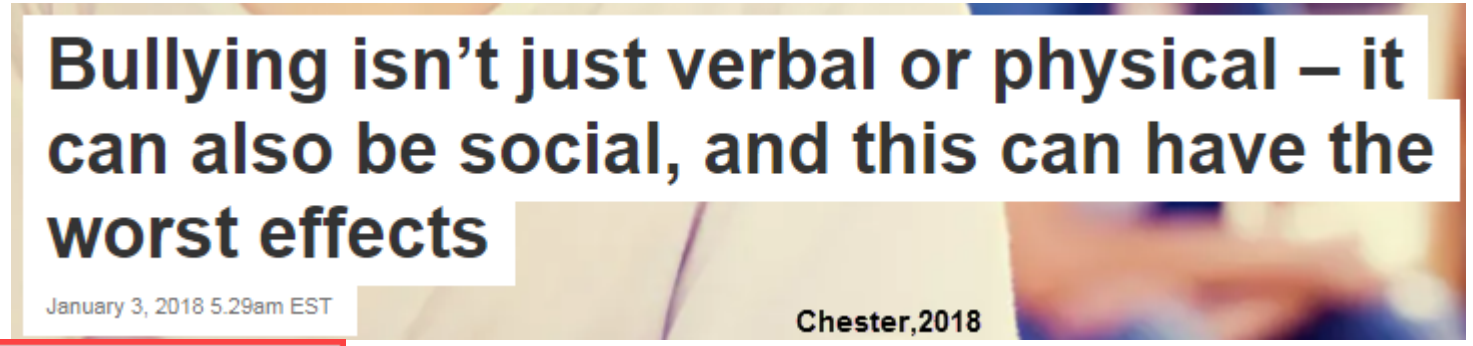
Positive	Negative
Good Teamwork	1-2 nurses are affecting entire unit with RA
Enjoy co-workers	Management needs to take more action to prevent RA
	Lack of teamwork/accountability

Relational Aggression

Presented by

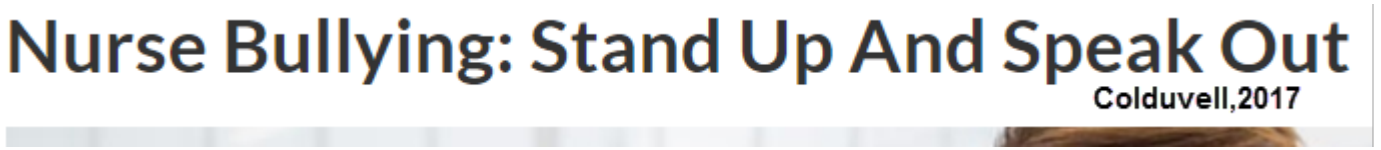
Jennifer Dorsey, MSN, RN-BC

University of Kentucky



Not just "eating our young": Workplace bullying strikes experienced nurses, too

Townsend, 2016



Outline:

- Relational Aggression (RA) overview
- Impact of RA
- Individual
- Patient
- Organization
- How is relational aggression exhibited? How do you identify it?
- How do you handle situations of relational aggression?
- Bystander
- Victim
- Aggressor
- Policies and reporting of Harassment at UK
- Additional Resources
- References

Relational Aggression

- Definition: “repeated efforts to cause another person physical or emotional harm or injury. It can reflect an actual or perceived imbalance of power or conflict, but it can also occur between peers and even friends”
- Most often associated with females
  - Nursing field is 92% female
- Non-violent behaviors

(Dellasega, 2009)

(Dellasega, 2012)

Impact:

- Nurses:
  - 44% of all nurses have personally experienced bullying (TJC, 2016)
  - Emotional effects: depression, inability to focus on tasks, anxiety, sleep disturbances, burnout, and post-traumatic stress disorder. (Townsend, 2016)
  - Physical effects: (more so in older nurse): headaches, cardiovascular disorders, gastrointestinal disorders, and musculoskeletal problems (Townsend, 2016)

Impact:

- Patients:
  - unhealthy work environments contribute to increases in hospital-acquired conditions and patient readmissions(Townsend, 2016)
  - Adverse patient outcomes, along with poor patient satisfaction scores, also result in decreased financial reimbursement.(Townsend, 2016)
  - Increased nurse turnover decreases continuity of care and communication.(Townsend, 2016)

Impact:

- Organizations:
  - Nurses who experience RA are more likely to leave their jobs
    - cost to the organization to replace that nurse is between $22,000 and $64,000 (Dimarino, 2011)
  - Incivility-associated losses in productive => $1,400 per person (Townsend, 2016)

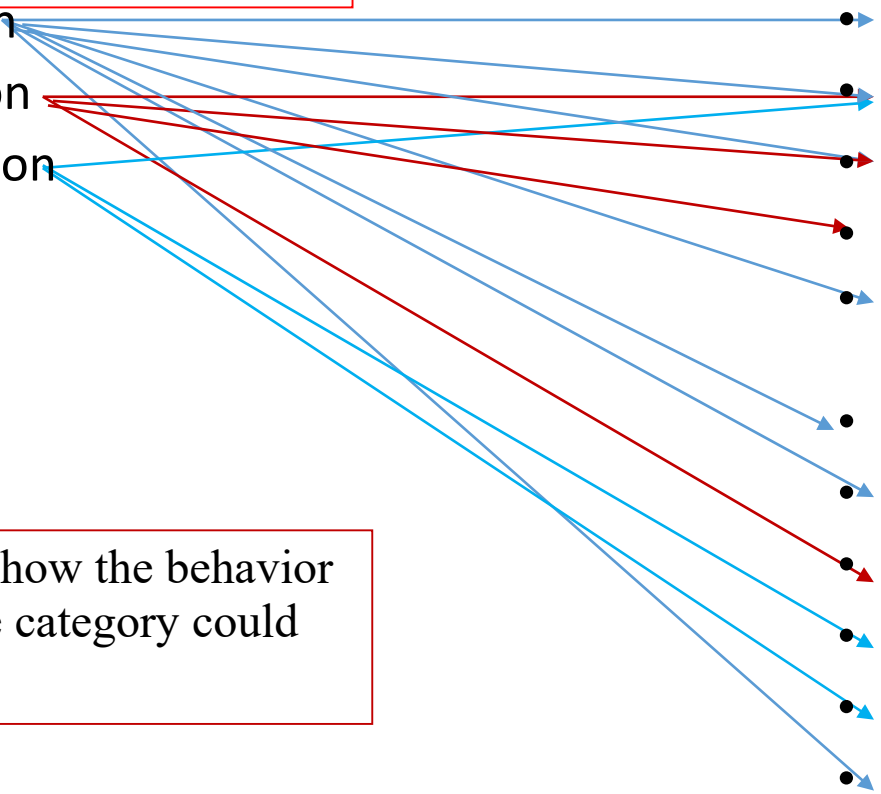
Relational Aggression

Categories

- Humiliation
- Intimidation
- Manipulation

Behaviors

- Gossip
- Exclusion
- Gestures (sighing, hand on hip, eye roll, etc.)
- Ridicule
- Saying something mean and then pretending you were "joking"
- Teasing/harassment
- Cliques
- Campaigns
- Shifting loyalties
- Betraying confidences
- Name calling



Depending upon how the behavior is carried out, the category could vary.

Humiliation

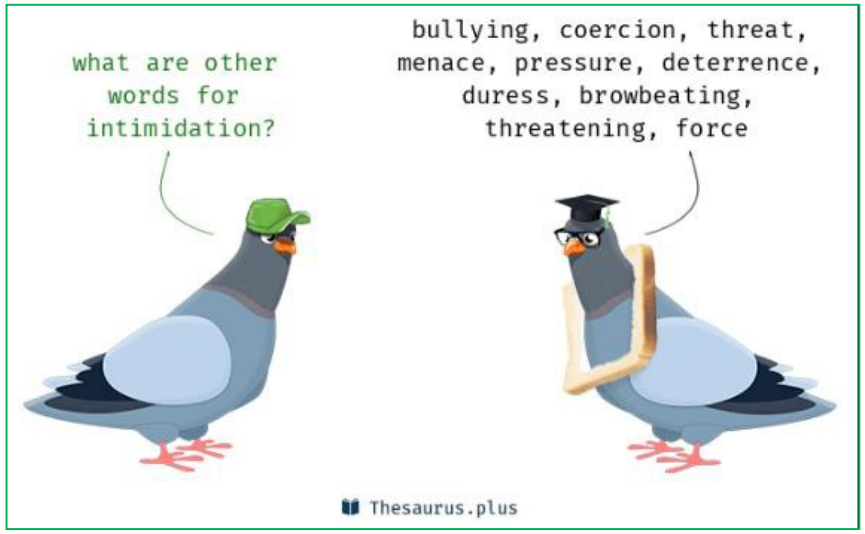
- Using behaviors to make someone feel “less than” or inferior to others. This emotion/attitude is conveyed through relationships that are based on behaviors such as ridicule or degradation, especially in social situations.”

Humiliation Video

Dellasega, 2012

Intimidation

- ”Using fear to hurt another person”



Intimidation Video

Dellasega, 2012

Manipulation

- “Using your relationship to get someone to do something she doesn’t really want to do”

Manipulation Video

Dellasega, 2012

Strategies to overcome RA:

Do you have a lack of confidence or insecurity about your job performance or skills?

- Journal about times when you know you give really excellent care. Write down how you felt about the situation.
- Use positive talk with yourself and others. Be honest and confident.
- Ask for a performance review. Highlight and acknowledge positive aspects
- Set realistic goals for improvement
- Be prepared for the next incident. Plan ahead, know what you are going to day

Dellasega, 2012

- *Confident in your skills but still often blindsided by co-workers*
  - This is often not about (the victim) but about the aggressor
  - Plan ahead!
  - If you are the victim, bystander or aggressor stress management techniques can help. Such as:

    - Taking deep breaths
    - Listening to soothing/relaxing music
    - Relaxing your muscles. Stretching/massage
    - Do something that brings pleasant thoughts. (Ex: Inspiration quotes)
    - Be mentally prepared, have reassuring thoughts/quotes ready. "I've survived similar situations before, and I will survive this one."

Dellasega, 2012

Strategies by role:

- <u>Aggressor</u>
  - When you feel yourself moving toward being an aggressor, try one of these before you respond:
    - Slowly count to five
    - Take a deep breath and do a quick feelings check
    - Walk away and regroup

Dellasega, 2012

Strategies by role:

- <u>Bystander</u>
  - The next time you witness an RA incident, try one of these strategies:
    - Plan to intervene by stepping closer to the victim/a physical presence/support
    - Plan to talk to the aggressor alone and ask her what was happening
    - Plan to speak up and say: Stop.

Dellasega, 2012

Strategies by role:

- <u>Victim</u>
  - The next time an aggressor comes at you, use one of these techniques**:**
    - Use the broken record technique (“I’m not sure what you’re saying”)
    - Tell the aggressor you’ll talk to her another time and walk away,
    - Ignore the behavior.

Dellasega, 2012

Policies and Contact Information

- UK HR Policy #2.0: Equal Opportunity Discrimination and Harassment
- Administrative Regulation 6:1: Policy on Discrimination and Harassment

- Office of Institutional Equity and Equal Opportunity

  13 Main Building University of Kentucky

  Lexington, KY 40506

  Phone: (859) 257-8927

Work+Life Connections Counseling

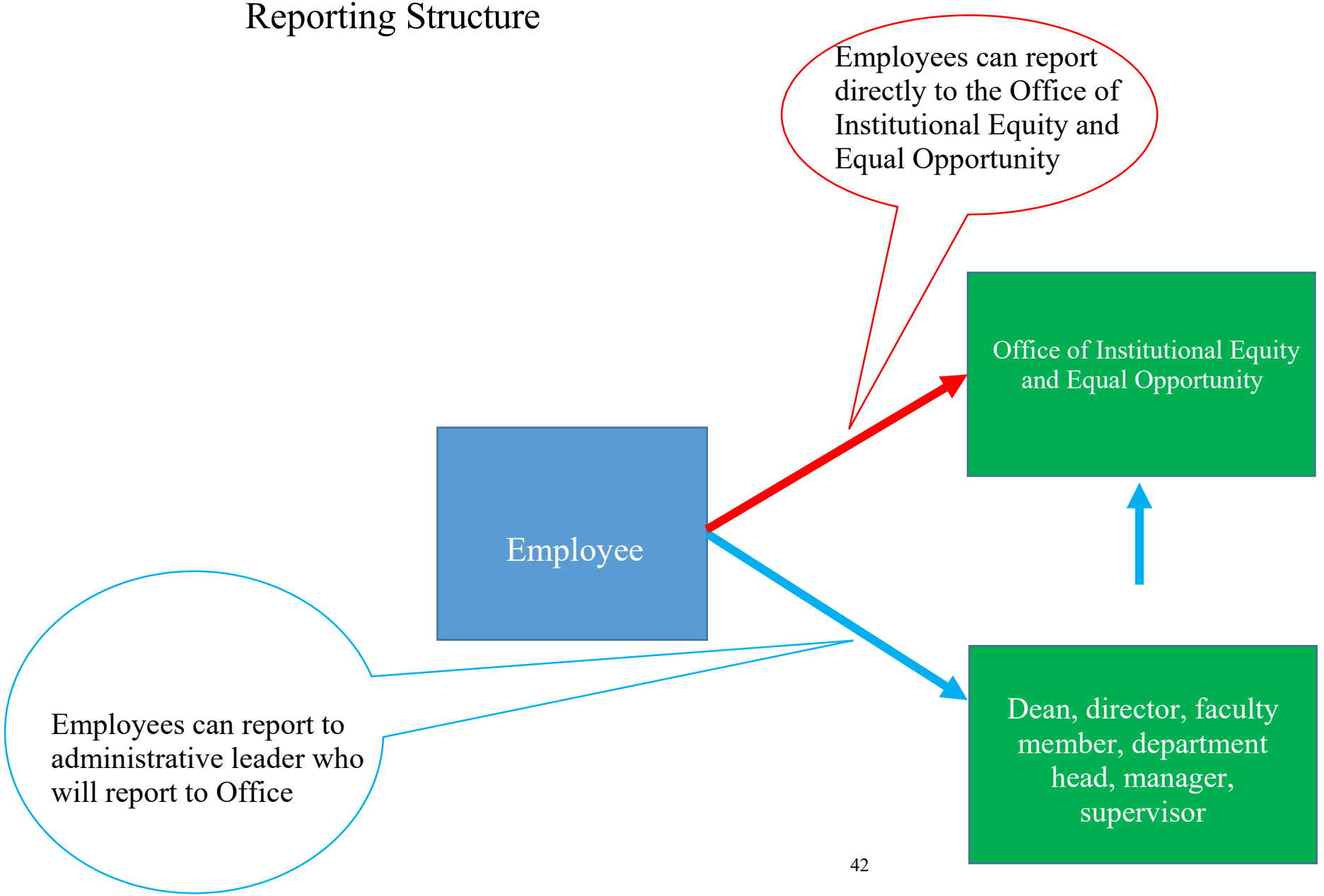
203 and 204 Breckinridge Hall

Phone:859-257-8763

Email:worklife@uky.edu

(5 free sessions per year)

Reporting Structure



Additional Resources

- Bullying Prevention Strategies. American Nurses Association
- Civility Best Practices. American Nurses Association
- Sentinel Event Alert, Issue 40: Behaviors that undermine a culture of safety. The Joint Commission

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