A workshop using real clinical narratives helps nurse managers learn about lateral violence at a community hospital in the Northeast. The hospital has also adopted a policy on lateral violence, which is in the early stages of implementation.

Donna DeRobbio, RN, MSN, collected the narratives as part of a research study she conducted on lateral violence at Westerly Hospital, Westerly, Rhode Island, under a grant from the University of Rhode Island.

“Because these are real incidents, it’s an effective way to introduce the subject of lateral violence,” she says.

The goal of the workshop is to raise consciousness, assist managers in identifying lateral violence, and encourage them to think about the problem.

“You want managers to learn to see patterns of behavior. This is not judging someone on a personal level for having a bad day,” she says. “It’s about the impact on patient care.”

Managers discuss narratives

The workshop is typically conducted for a group of 8 nurse managers, who are divided into small groups, preferably with others they don’t know. Each group is assigned one of the narratives (sidebar). The group reads the narrative, and members discuss them. They then respond to the following questions:

• What questions must the nurse have had at this moment? How did the other person(s) present influence the nurse’s understanding of what happened?
• Who was there to help the nurse?
• What would you hope the nurse learned from this experience?

Each group appoints a leader to report its findings. Each participant is also asked to reflect on the following questions on his or her own:

• How did this exercise influence your understanding of what it means to be a nurse?
• How does it make you feel about your practice?

The clinical narratives have been more effective in educating managers than a lecture would be, DeRobbio observes.

Nurses tell their stories

Actual incidents from Westerly Hospital, Westerly, Rhode Island.

I am a nurse on evenings. I noted on a patient’s MAR [medication administration record] that there was a 5 am blood sugar that was not covered with sliding scale insulin, and no notation had been made. As per hospital policy, I filled out a variance. Several days later, the per diem nurse who had made the error cornered me in the med room where several other nurses were working and scolded me in a loud voice for filling out a variance, saying I was trying to make her look bad. She told me the whole thing was not necessary and I was wrong to have filled out the report. I remember one nurse quit what she was doing and left the room.

I had been on duty for an hour or a bit longer, when the supervisor entered the med room.
where I was. She said to all staff in the room that she had just received a call from a patient
who was crying. The patient stated she didn’t know what was going on with her condition,
and her nurse was nowhere to be found. The supervisor continued to say it was wrong not
to talk to your patients and who would be doing this? At that point, I had not assessed all
my patients, so I said it could be me (I had 6 patients that night). The supervisor said,
“Was a sign for tests put on the door?” I said, “Yes, I did that because the secretary asked
me to if I was walking that way, which I was.” I was scolded in front of everybody. After I
got scolded, the supervisor left and never asked what I had done toward the patient’s care,
which I thought was important and substantial.

I was assigned an admission from the ER, and I took report from the ER nurse and
admitted the patient. After my initial assessment, I found that the fentanyl patch that
was supposed to be on the patient wasn’t on the patient. I asked the charge nurse to look
with me but she told me to look again. I did look again, but no patch. So I asked the
charge nurse a second time to help me with this, and she told me she guessed if I wasn’t
capable of doing this alone, she’d have no choice but to see the patient. Still no patch. As
we left the room, the charge nurse said to figure out what happened, document it, get
another patch from pharmacy, and not bother her again. I told my manager about the
exchange, and she said there was nothing she could do.