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May 31, 2011

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Dear Miss Stetz-Waters:

Enclosed, I have my report, Adverse Nursing Behavior and its Effects on Patient Healing. During my research, I have come across many articles and studies that have provided me with insight that I feel will assist me as I start my career in nursing. This research has brought awareness to me of an overlooked problem in healthcare, and I hope to see it provide the same for other nursing students and new nurses. I would like to take this opportunity to thank you for the encouragement you had given me before the completion of this report.

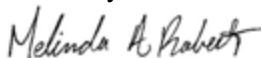
I have learned that it takes a certain type of person to want to be a nurse, and to strive to maintain great patient satisfaction by giving compassion. There are many variables that can affect patient outcomes. Two of the major problems that I have learned to affect this are lateral violence and impaired communication. I say the two are related, however, these are areas that I feel to be the most important to address in health care.

Research on the different effects of behavior on outcomes proved to be extremely enlightening. With all the data that exists, not much could be found on what dissatisfies a patient. This proved to be a limitation when all data was geared towards what makes a patient satisfied with their care. Another limitation was that in order to assess the effects of behavior on health, a longitudinal study would have to be conducted to show correlations by doing repeated observations of the same variables over a long period. This would have to be done to truly observe health outcomes, since hospital stays are relatively short and are for acute problems. I would enjoy seeing such studies done in the future.

With my new awareness, I have taken my knowledge to the clinical setting and observed how nurses interact with the patients and each other. I have noticed that the nurses who demonstrated caring and compassion had patients that were progressing well and were involved in their care. I have also noticed nurses who were indifferent to their patients, resulting in patients who were indifferent in their care. I have also seen the effect it had in their increase in complications, for example, pneumonia developed when a nurse trained in the prevention of complications was not there to encourage the patient to ambulate.

Through it all, I have thoroughly enjoyed doing this research, and I would be delighted to answer any questions should you have any. You may contact me at 541-791-6404 at anytime.

Sincerely,

A handwritten signature in cursive script that reads "Melinda A. Roberts".

Melinda Roberts

Adverse Nursing Behavior

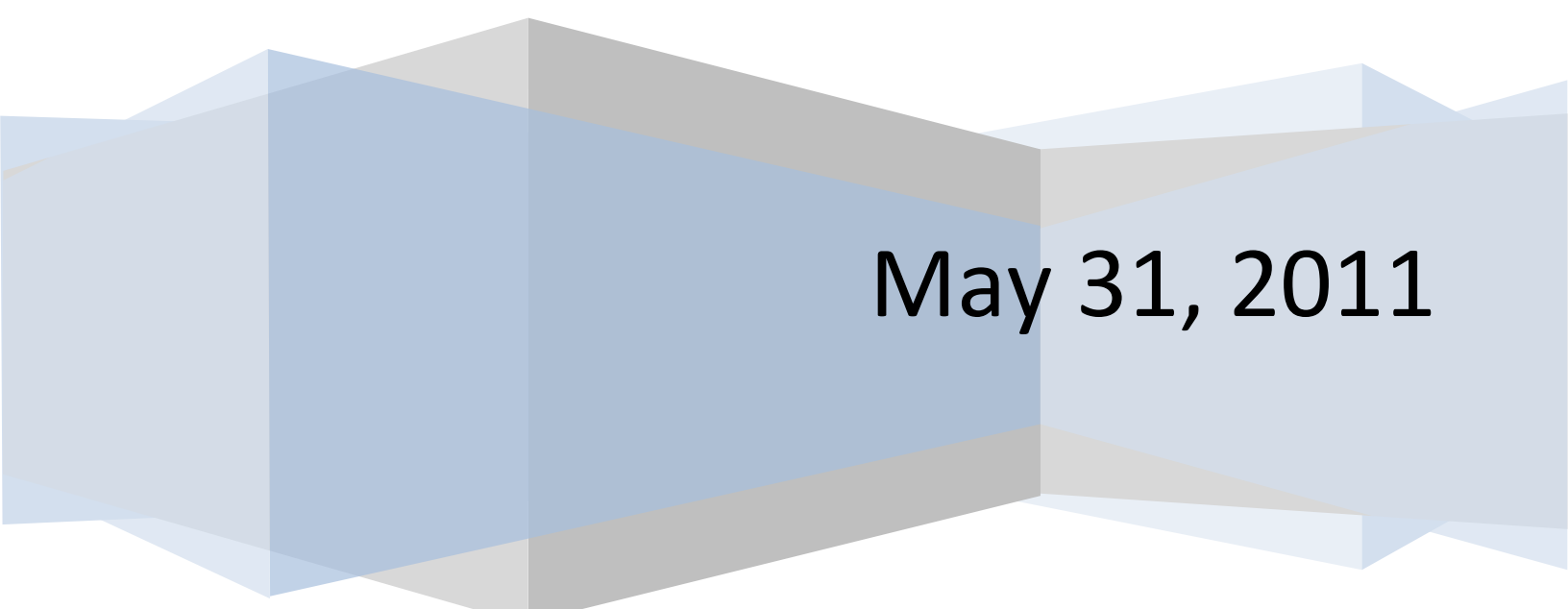
It's Effects on Patient Healing

Melinda A. Roberts

For Professor Karelia Stetz-Waters

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May 31, 2011

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Abstract

In exploring ways that nursing behavior effects patient healing and outcomes, there are many events that have to be considered when assessing their effects. The nursing staff has the most interaction with patients in the hospital; consequently, patient satisfaction is typically derived from these interactions. When looking at the patient satisfaction as an indicator of the quality of care received, patient healing can be determined in how compliant the individual is with his or her treatment and care. A decrease in satisfaction may be a result from increase stress caused by multiple reasons, which can ultimately reduce the immune function if prolonged.

Some of the reasons that will be explored in this research consist of lateral and vertical violence, altered therapeutic relationships, altered communication, unmanaged pain, and the stress of understaffed hospitals. Lateral violence is one of the major contributing factors for adverse nursing behavior and it has a negative impact on patient safety, it decreases quality of care, and it had decreases the patient's functional status and outcomes.

Adverse nursing behavior directly affects therapeutic relationships and communication among patients and staff. Nurse-patient relationships are affected when the nurse has manipulative, controlling behaviors with characteristics of impatience. Nurse-staff relationships are affected by disruptive behaviors when poor communication is present. This causes to poor nursing performance and eventually leads to poor patient outcomes in healing. In a survey done by Rosenstein and O'Daniel (2008), 71% of the negative outcomes derived from medication errors and poor quality of care are a result of disruptive nursing behavior

Proper pain management is a priority because it impairs recovery, healing, and mobility (Brunskill, 2008). Behaviors that impair proper pain management can be derived from several challenges that exist in treating pain. This is to be true especially when a source of pain is not presentable to the nurse, or when the nurse fosters the idea that a specific type of pain should be manageable without medications.

Understaffing, another constant issue in hospitals, decreases nurse performance. It causes minor preventable complications to be overlooked, and results in failure to rescue events. It prevents nurses from providing good quality of care, and it plays a role in the vicious cycle of workplace violence by increasing the stress load.

Adverse nursing behavior has an effect in patient healing and outcomes. Some solutions that are present that may reduce the incidences of such include: incorporating holistic nursing within nursing programs, bringing awareness to workplaces of adverse behaviors and hostility. Some other solutions include educating staff of lateral violence, work etiquette, and various communication skills. Stress management should be offered more liberally. Staffing improvements should be fostered, as the cost of care will decrease along with in-hospital complications with the investment in nurses. Recognition should be offered in the form of a monthly award, giving credit to nurses demonstrating positive and caring behaviors.

People go to the hospital in an attempt to heal and get better. Any situation in the hospital is a stressful one, and negative behaviors from the nurses have shown to make matters more stressful for patients as well as decrease their outcomes. Adverse nursing behavior needs to stop so that nurses can truly embrace their role in the provision of all patient care, and to prevent the preventable complications.

Introduction

When a person gets sick beyond what is able to be cared for in the home setting, he or she may seek professional help within the acute care setting, or a hospital. A person in the hospital is there for one reason: to heal. The process of healing within the hospital disrupts a person's daily routine and takes away his or her control of activities of daily living (ADLs). Although there is a large interdisciplinary team that work together to care for patients, the nursing staff is among the ones who see and care for the patients the most.

The nursing staff, which includes certified nursing assistants (CNA), licensed practical nurses (LPN), and registered nurses (RN), interact with the patient the most within the hospital. The registered nurses encompass a huge role in the care for the patients. This includes, but is not limited to: provision of all patient care, supervision of others in provision of care, development and implementation of health care policies, consultation with other specialists and providers, administration of medications/therapies/procedures, education, case managements (OSBN, 2011). This would place the nurses as one of the biggest customer service personnel.

Since the nursing staff has the most interactions with the patients, one can assume that the care provided to patients is the best quality of care possible. However, the quality of care goes beyond adhering to standard policies and procedures for tasks of care. The patients base their quality of care on how it is presented. According to Johansson, Oleni, & Fridlun (2002), the satisfaction level of the patient is a significant indicator of the quality of care received. If a patient is satisfied with the quality of care they receive, they tend to become more involved in their care and are more compliant with treatment (Johansson, Oleni, & Fridlun, 2002). Patient satisfaction will also reduce stress, which according to Codfrey (2005), can reduce immune function in some people if prolonged.

When dealing with an acutely ill patient, one may assume that a nurse will approach the patient with a positive attitude. However, circumstantial events and/or individual personality traits may negatively affect the nurses' interactions with the patient. This can result in a decrease of patient satisfaction and increased stress. According to Johansson, Oleni, & Fridlun (2002), patient satisfaction is defined as "the patients' subjective evaluation of their cognitive and emotional reaction as a result of the interaction between their expectations regarding ideal nursing care and their perceptions of the actual nursing care (p. 338)." This paper will explore ways that nursing behavior effect patient healing and outcomes. Below is a diagram that demonstrates the different criteria that influences patient satisfaction (Figure 1).

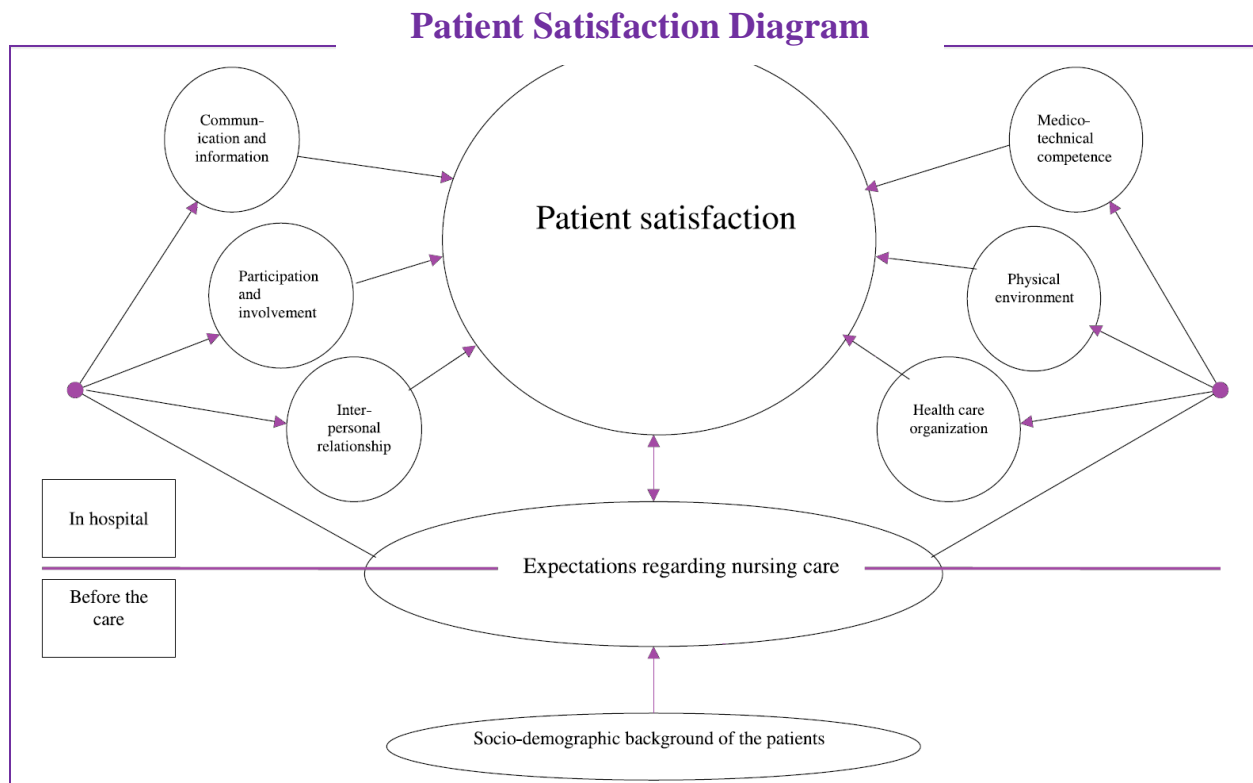


Figure 1: The above figure highlights the components that patients feel may affect their satisfaction with the care they receive by the nursing staff (Johansson, Oleni, & Fridlun, 2002).

The Problem

Lateral and Vertical Violence

One of the major contributing factors for adverse nursing behavior is lateral violence. Lateral violence, also known as horizontal violence or hostility, is defined as the “physical, verbal or emotional abuse of an employee (Personal & Financial Health, 2008).” Within the hospital context of the nursing staff, it is defined as nurse-to-nurse aggression and bullying, mostly directed toward new graduate nurse employees. Lateral violence directed to an individual will increase the victim’s stress level, as well as causing the victim to develop acquiescence and non-assertive behaviors (Stanley, Martin, Michel, Welton, & Nemeth, 2007). These behaviors can affect the nurse’s ability to advocate for patients’ needs in promoting their functional status, in addition to diminishing the nurse’s self-esteem.

Lowered self-esteem can eventually affect the nurse’s confidence in his or her own nursing skills, which can also results in an effect on patient safety. Patient safety is a major concern when lateral violence is directed toward the nurse in such a way that the antagonist is aiming to test the new nurse in his or her abilities. Examples of such behavior can include “withholding important information, not providing assistance when it is needed, and assigning too heavy or complex a workload (Stanley, Martin, Michel, Welton, & Nemeth, 2007).” Below is a graph developed

from the research of Stanley et al. (2007) that shows the demographics of the incidences of lateral violence in the hospital (figure 2). In the Medical/Surgical floor (Med/Surg), 19% of the nursing staff reported witnessing or being a victim to lateral violence (Stanley et al., 2007). The Med/Surg unit is also the unit in which patients require the most nursing care and attention.

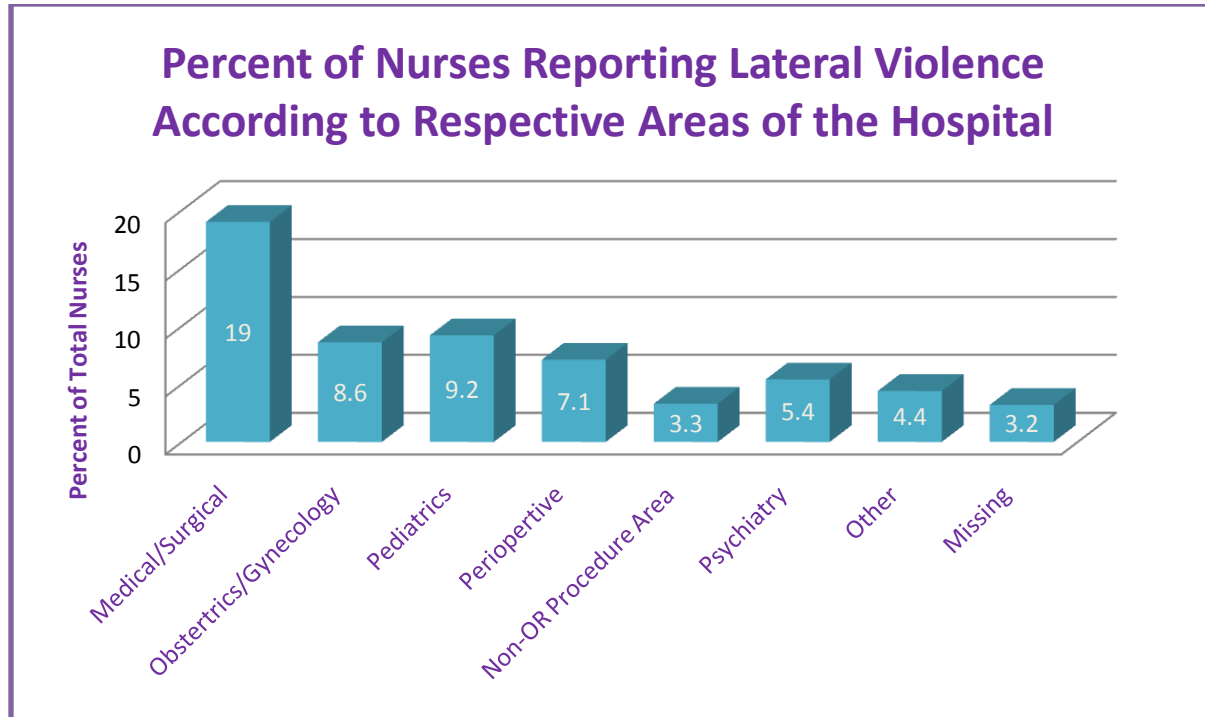


Figure 2: The largest response rates of lateral violence were reported on the medical/surgical unit where most patients are entered for an acute illness (Stanley et al., 2007).

Vertical violence, in contrast to lateral violence, is defined as aggression that “occurs between individuals at different power levels on hierarchy (Stanley, 2010).” An example could be aggression directed from a physician to a nurse, or under minding the nurse. The nurse may receive verbal abuse while attempting to advocate for the patient in requesting an order for a medication, or in an attempt to clarify an order that may be harmful to the patient if written incorrectly. This behavior facilitates a sense of powerlessness within the nurse, as well as intimidation of that physician (Personal & Financial Health, 2008). These feelings perceived by the nurse can result in the nurse’s avoidance of questioning the prescriber if needed (which is a critical aspect of nursing care). It can also result in the nurse’s attempt to find other ways to confront the problem and avoid the physician altogether. These behaviors by the nurse directly affect patient safety, quality of care, and the patient’s continuum of health promotion, especially if a medication order is written incorrectly and the nurse notices it to be harmful.

Altered Therapeutic Relationships and Communication

When a patient is in the hospital, they are often fearful and anxious, as well as symptomatic with his or her ailment. The nurse's behavior at this time is very crucial in helping the patient curb their anxiety. Taking measures to help with anxiety, fear, and uncertainty is considered a psychological intervention that can help with promoting health. This can be established with the use of a therapeutic relationship between the nurse and the patient. Therapeutic relationships has been described as a relationship that provides the nursing needs to the patient, with a sense of mutual satisfaction between the nurse and patient, which is composed of a humanistic approach of compassion, trust, and empathy (O'Connell, 2008). The nature of these relationships depend highly on communication and professional boundaries that promote patients' involvement to increase healing or outcomes, and directs the quality of the time spent with the patient instead of the quantity of time (Johansson, Oleni, & Fridlun, 2002; Leebov, 2008).

As mentioned previously, trust is an important aspect of maintaining the therapeutic relationship, and is typically fostered by certain behaviors traits from the nurse. Positive behaviors that develop trust within the nurse-patient relationship include decision-making and problem solving (Grover, 2005). The types of behaviors that tend to decrease trust or inhibit the development of trust include superior attitudes, as well as manipulative and controlling, impatient, silent, or ignoring patient's request to participate in his or her care (Grover, 2005).

Several theories suggest a strong relationship between disruptive behaviors among the nursing staff resulting in negative outcomes for care. However, according to Rosenstein and O'Daniel (2008), no documented studies have provided a definitive link between the two. Disruptive behavior can be defined as "behavior that interferes with effective communication among healthcare providers and negatively impacts performance and outcomes (Personal & Financial Health, 2008)." Disruptive behavior directly affects therapeutic relationships considering the communication skills that are required to establish and maintain the relationship.

Seven characteristics of communication effect therapeutic relationships. There are some characteristics, which are defined below, that "patients did report more satisfaction with nurse-patient interactions;

- ✚ Dominance is the degree to which one is assertive, competent, and influential in the relationship...
- ✚ Formality defines the stiffness of the relationship
- ✚ Composure reflects the degree of calmness and poise one feels and conveys in the relationship...
- ✚ Similarity refers to identification with a relational partner emerging from shared attitudes and values,
- ✚ Immediacy reflects relationship involvement and ability to be approachable...
- ✚ Receptivity infers openness and rapport established between relational partner and,
- ✚ Equality relates to perception of equal standing within the relationship (Finch, 2005)."

Of the above characteristics, patients appeared to be the most satisfied with their nurse-patient relationship if communication was of composed, immediate, receptive, and similar characteristics according to Finch (2005).

Many factors can disrupt patients' relationship with their nurse. Nurses may have a personality trait that may not be compatible with a patient's which may result in increased anxiety for the patient. On the other hand, a nurse may have undergone personal difficulties that may be affecting his or her job. Such impairments to a relationship may include "intimidation, hostility, stress, frustration, loss of focus, poor communication, and reduced transfer of necessary information, all of which adversely affect patient outcomes (Rosenstein & O'Daniel, 2008)."

Therapeutic relationships also exist among the staff, and as the nurse is a vital member of the interdisciplinary health team, they are expected to co-operate with other health care members in patient care (Johansson, Oleni, & Fridlun, 2002). These relationships are present for the promotion and continuity of patient care. According to Finch (2005), poor communication by the nursing staff is known to possibly lead in poor nursing performance, and ultimately result in poor patient outcomes. When one of these relationships (nurse to nurse, nurse to physician, or nurse to supporting staff) becomes disrupted due to improper communication from disruptive behavior, negative outcomes for care may occur. This may include an adverse event, medication error, disruption in patient safety, decrease in quality of care, and even patient mortality (Rosenstein & O'Daniel, 2008). When appropriately reported, 71% of negative outcomes were of both medication errors and poor quality of care (Rosenstein & O'Daniel, 2008). Figure 3 shows the prevalence for these negative outcomes that are a result of disruptive behavior.

Considering how awareness of adverse behavior within the hospital is still relatively low, 20% of nurses responded that they believed that many adverse events occur in the hospital because of disruptive behavior. In figure 4, Awareness of Adverse Events as a Result of Disruptive Behavior, responses to awareness are given from multiple staff types based off a survey question asked by Rosenstein and O'Daniel (2008).

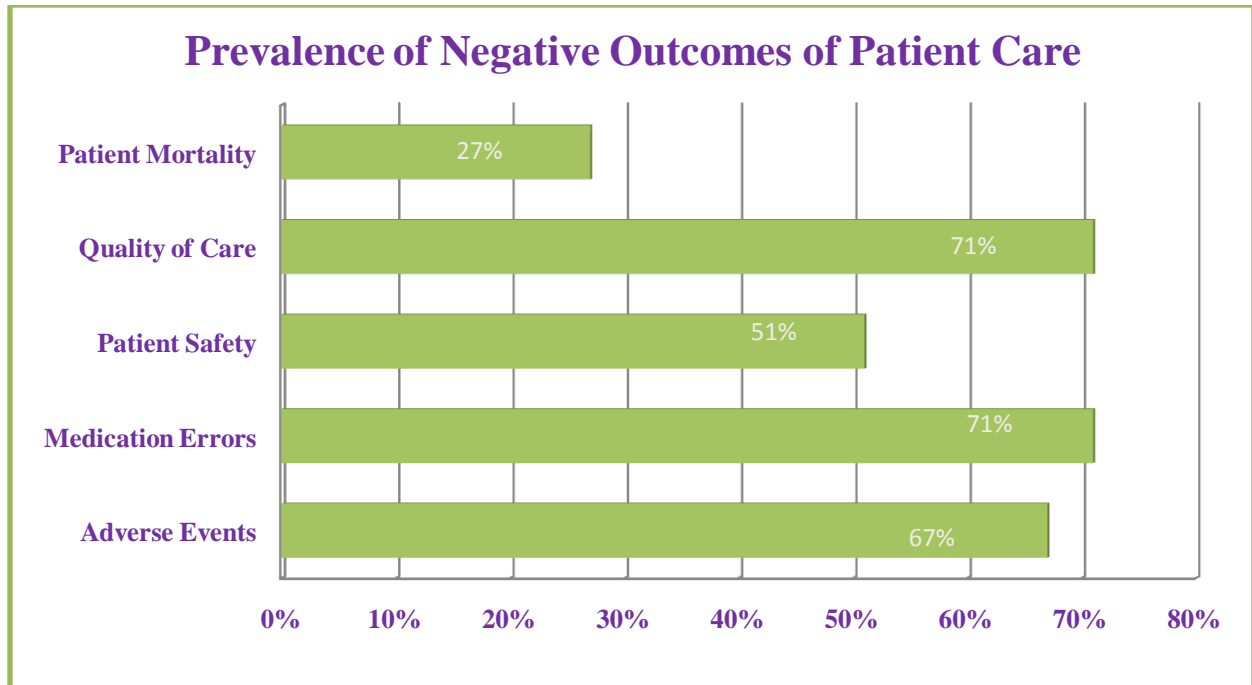


Figure 3: The above chart demonstrates how often the corresponding events may occur because of disruptive behavior within the hospital, according to the staff members (Rosenstein & O'Daniel, 2008).

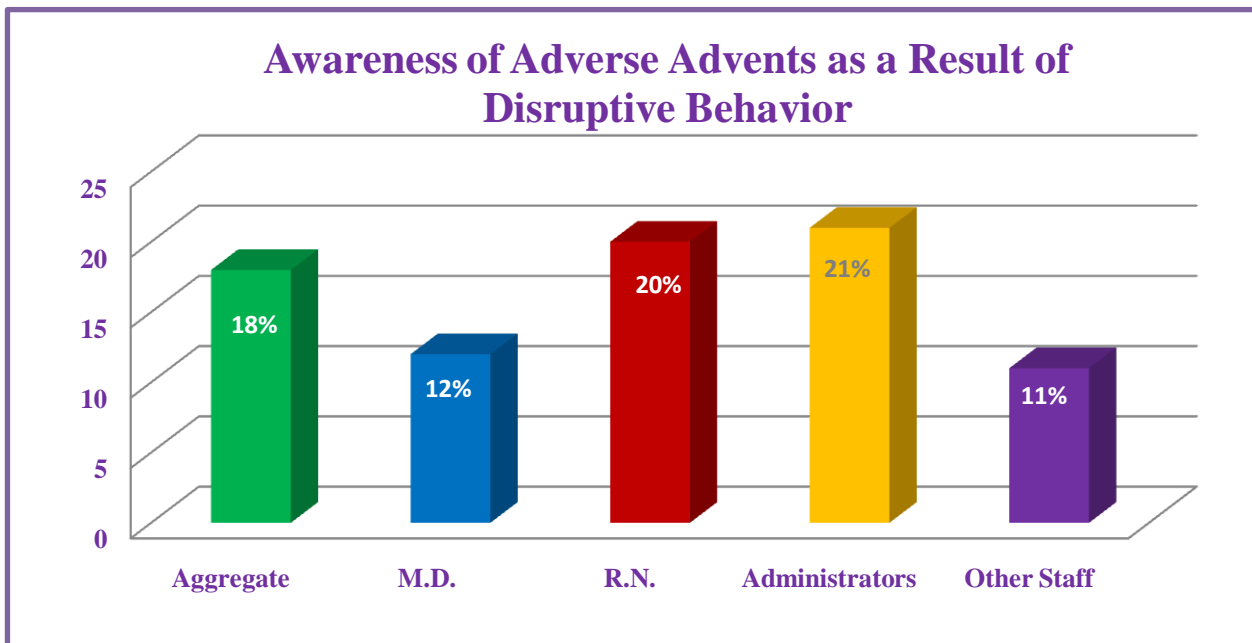


Figure 4: The above chart depicts the responses of the staff when asked, “Are you aware of any specific adverse events that did occur as a result of disruptive behavior (Rosenstein & O'Daniel, 2008).”

Symptom Management: Pain

People decide to go to the hospital typically to get better, or when they have symptoms that cannot be treated appropriately within the home setting independently. There are many symptoms that are treated within the acute care setting, but pain is not only one of the hardest symptoms to manage, it is the one symptom that disables and distresses more than any single disease or symptom in itself (Oware-Gyekye, 2008). It is for this reason that adequate pain relief influences both patient outcomes and patient satisfaction (Johansson, Oleni, & Fridlun, 2002).

Pain is a very individual experience in which no two persons experience the same degree of pain the same way. The treatment of pain is typically a problem when a nurse allows personal beliefs or interpretations of pain affect their actions in treating it. Pain control is recognized as a priority in nursing care regardless of whether or not its source is presentable to the nurse. This is because unrelieved pain impairs recovery, healing, and mobility (Brunskill, 2008), as well as the patient's ability to eat or perform therapeutic exercise that are prescribed to facilitate healing.

The following are a list of challenges that typically adversely affect the nurse's role in treating pain:

- ✚ “Misconceptions about pain...
- ✚ When no obvious source of pain can be found, nurses may stereotype clients as complainers...
- ✚ Many nurses distrust patients' self-report of their pain (Oware-Gyekye, 2008)”
- ✚ Nurses ignore requests for analgesics from a patient with a history of drug abuse, thus labeling the individual as a “drug seeker.”

Poor Standards of Care

Understaffing and its effects on nursing behavior

Increase stress levels are known to decrease performance in any job. Under staffed hospitals are huge contributing factors to stress among the nurses. In terms of patient healing, under staffed hospitals leave patients “at greater risk of pneumonia, shock, cardiac arrest, and urinary tract infections,” as well as pressure ulcers, secondary infections, and death (ANJ, 2004). When there are not enough nurses to provide good quality of care, the outcome will not only result in job dissatisfaction and burnout, but it results in failure to rescue. Failure to rescue is defined by Stanton (2004) as “the death of a patient with life-threatening complications for which early identification by nurses and medical and nursing intervention can influence the risk of death (p. 2).” An example of this could be a urinary tract infection resulted from inadequate assessment and care of a urinary foley catheter, which progresses to bacteremia (blood infection), multiple organ failure, and death.

With an increasing incidence of nurse shortages nationwide, the nurse workload increases in the hospital resulting in job dissatisfaction (Stanton, 2004), which inadvertently results into forms of lateral violence (Personal & Financial Health, 2008). Another issue that is raised in hospital and long term care settings consist of the issue of extending the duration of nursing care, making work days between ten and twelve hours long. Hostility in the workplace is present under these conditions, and nurses tend to leave their job due to it in addition to workload stress. It can become a vicious cycle.

The Solutions

Holistic Nursing

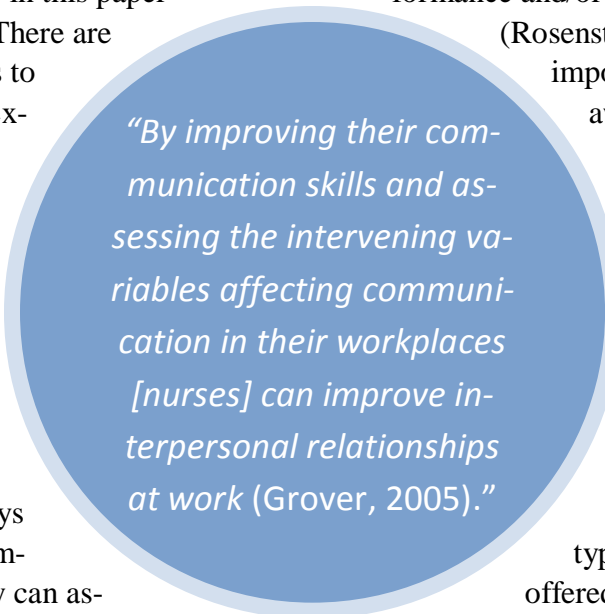
In most nursing programs, the holistic view of nursing is taught to the students. According to the American Holistic Nurses' Association (AHNA) (2011), holistic nursing can be defined to be that "all nursing practice that has healing the whole person as its goal." It is the type of nursing that recognizes all aspects of the person in the attempt to promote patient outcomes through: body, mind, emotion, spirit, social/cultural, relationship, context, environment (AHNA, 2011). Having this concept included in the nursing practices helps students to embrace this form of nursing as their nursing attitude and philosophy, which in return will help nurses present an appropriate and nurturing behavior when caring for patients, despite any personality traits and circumstantial stressful events.

Awareness and Education

Mentioned previously in this paper was lateral violence. There are many contributions as to why lateral violence exists, but one reason is due to stress in the workplace. Often time's lateral violence goes unnoticed, so one possible solution for determining lateral violence is by doing self-assessment surveys for all of the staff members. What this survey can assess is whether or not behaviors and/or events have an effect on their job per-

formance and/or patient care, and if so, how (Rosenstein & O'Daniel, 2008)? It's important for facilities to be aware of the possible presence of adverse behaviors in order for there to be a plan for a solution.

Another potential approach in eliminating adverse behavior is to educate and train staff members. There are various types of education that can be offered to the staff that range from phone etiquette to sensitivity training, diversity training, stress



"By improving their communication skills and assessing the intervening variables affecting communication in their workplaces [nurses] can improve interpersonal relationships at work (Grover, 2005)."

management, anger management, conflict managements, assertiveness training, and basic communication skills (Rosenstein & O'Daniel, 2008).

There are individuals that truly believe that the care provided by them is presented with a positive approach. Aside from lack of awareness, there are nurses that feel strongly that they have a positive and caring behavior. This is a reason why awareness is important because each individual has a trait that may appear as bullying to another individual. Below is a table that demonstrates methods to make caring more visible in figure 5. One may notice that the methods listed are ways to enhance communication. Proper communication skills serve not only to enhance the continuity of good quality of care, but also to enhance the therapeutic relationship between nurse and patient as well.

Six Ways to Make Caring More Visible

Active Listen- ing	Showing car- ing nonver- bally	Making ex- plicit your positive in- tent	Using the words “for you”	The blame- less apology	Expressing appreciation
Acknowledging and reflecting back the person’s feeling in a non-judgmental way	Use facial expression, intonation, posture, eye contact and the like to mirror the patient’s feelings	Explain your purpose. How is what you’re doing in the best interest of the patient?	Make it clear the patient is your focus.	Express genuine regret that the patient is having a negative experience, without taking the blame or blaming anyone else	Give the personal gift of positive regard

Figure 5: The above are six communication skills that are provided to nurses and other caregivers to communicate and express their caring, to be sure the patient can sense the caring versus a caregiver’s failed attempts at trying to show it. (Leebov, 2008).

As with any type of bullying, there should be a zero tolerance policy implemented in the event of recognition of disruptive behavior. Naturally, many people are apprehensive to the idea of “whistle blowing” when disruptive behavior is present. Rosenstein and O'Daniel (2008) suggest that acceptable behavioral standards could be addressed within the organization’s policies, or a code of conduct agreement may be fashioned and signed as part of the employment contract.

Stress Management

According to Swanson and Wojnar (2004), “a fundamental and universal component of good nursing is caring for the client’s bio-psycho-social and spiritual well being (pp. S-46).” This should also be true of the care provider. Stress is unavoidable, however, without proper coping skills, it will affect lives and reflect in all aspects of lives. For this reason, stress management

courses should be offered more liberally in workplaces. This should be especially true for high stress environments when “burnout” is a risk. Another thing that could be fostered within a facility is behavior-based awards. Monthly recognition of a nurse demonstrating caring and positive behavior would not only increase workplace morale, but it would also serve as an attempt at eliminating negative personal and environmental effects on behavior and patient care.

Access Nurses (2010) offers tens ways to help manage stress which serve as a guideline for proper management:

1. “Take deep breaths –stop what you are doing...
2. Get away – find a quiet place to sit and gather your thoughts...
3. Don’t be so hard on yourself – try to keep the situation in perspective...
4. Communicate with your supervisor...
5. Share your worries with friends and family...
6. Do something fun...
7. Set realistic goals for yourself...
8. Exercise regularly and eat healthy...
9. Practice relaxation techniques...
10. Take time off.”

Staffing issues will remain a constant problem in healthcare. There seems to be miss understandings between the cost of hiring nurses being too extravagant when in comparison, the cost of treating in-hospital complications are far more expensive. For the purpose of this paper, in-hospital complications are referring to preventable complications, complications that could have been monitored with constant assessing and care that may have been overlooked in an overworked nurse.

A few strategies are already set into motion for improving these issues. In 2002, Congress had passed the Nurses Reinvestment Act, which establishes a National Nurses Service Corps as a means of recruitment and retention of nurses (Stanton, 2004). This offers nursing students an opportunity to work in hospitals that have huge nursing shortages for a 2-year period (Stanton, 2004). The Act also pays employees for continuing education opportunities, and offers to pay for loans for those advancing their degree.

Conclusion

Summary of Findings

Adverse behavior among nurses has many implications on its negative effect on patient care. Many external factors have influenced nursing behaviors in the acute care setting. For many years, adverse and disruptive behaviors have gone unnoticed, and in some places, they are even accepted. Therapeutic and professional relationships, communication, and proper pain management are interrupted by disruptive nursing behaviors. Workplace hostility and stress have shown to increase the likelihood of workplace hostility and disruptive behaviors. Consequently, these factors reveal a negative effect on patient outcomes, patient healing, and quality of care, in addition to increase the incidences of adverse events in the hospital. These outcomes not only decrease patient satisfaction, but also have potential to increase morbidity.

Interpretation of Findings

Patient satisfaction and positive outcomes for the patient are the end goal for both patients and healthcare providers. However, job satisfaction has a key role. Research has shown that, as the incidence of adverse behavior increases among nursing staff, so does the turnover rate for jobs. In the end, this creates a vicious cycle that is hard to break. As nurses resign their job because of poor job satisfaction caused by adverse behavior, workload increases for other staff members. This increases stress, frustration, and workplace hostility. Eventually, these factors affect patient care, and the cycle spins again. This has become an accepted concept in many facilities, and the primary way of eliminating this cycle is by educating the staff and raising awareness.

Limitations and Recommendations

Although there is research out there that assist in determining if adverse nursing behavior has an effect on patient healing, there were still limitations to this research. Many of the studies found focus on aspects of care that satisfy patients and their expectations of care, although, not much enlightened on the parts of care that dissatisfies the patients. In addition, for the purpose of this research, patient satisfaction was used as a way for measuring patient outcomes and healing. For a true answer to the question of there being a direct effect, a longitudinal study will need to be completed. This should be done to show correlations by doing repeated observations of the same variables over a long period. This would have to be completed to truly observe health outcomes, since hospital stays are relatively short and are for acute problems

Glossary

- ✚ **Activities of daily living (ADLs)** – “self-care activities which a person performs independently, when able, to sustain personal needs and/or to participate in society. [ADLs] include activities such as bathing, dressing, eating, drinking, ambulating, and toileting (OSBN, 2011).”
- ✚ **Disruptive behavior** - behavior that interferes with effective communication among healthcare providers and negatively impacts performance and outcomes (“Personal & Financial Health”, 2008).”
- ✚ **Failure to rescue** - “the death of a patient with life-threatening complications for which early identification by nurses and medical and nursing intervention can influence the risk of death (Stanton, 2004).”
- ✚ **High acuity** – “Acuity determines how much care a patient needs; the higher the acuity, the more care is required (Stanton, 2004).”
- ✚ **Holistic nursing** - “all nursing practice that has healing the whole person as its goal”. It is the type of nursing that recognizes all aspects of the person through body, mind, emotion, spirit, social/cultural, relationship, context, and environment in the attempt to promote patient outcomes (AHNA, 2011).”
- ✚ **Lateral violence** - the “physical, verbal or emotional abuse of an employee (Personal & Financial Health, 2008).” Within the hospital context of the nursing staff, it is defined as nurse-to-nurse aggression and bullying, mostly directed toward new graduate nurse employees.
- ✚ **Patient satisfaction** - “the patients’ subjective evaluation of their cognitive and emotional reaction as a result of the interaction between their expectations regarding ideal nursing care and their perceptions of the actual nursing care (Johansson, Oleni, & Fridlun, 2002).
- ✚ **Vertical violence** - as aggression that “occurs between individuals at different power levels on hierarchy (Stanley, 2010).”

Figures and Tables

- ✚ **Figure 1** - Patient Satisfaction Diagram; highlights the components that patients feel may affect their satisfaction with the care they receive by the nursing staff (Johansson, Oleni, & Fridlun, 2002).
- ✚ **Figure 2** - Percent of Nurses Reporting Lateral Violence According to Respective Areas of the Hospital; is a graph developed from the research of Stanley et al. (2007) that shows the demographics of the incidences of lateral violence in the hospital.
- ✚ **Figure 3** - Prevalence of Negative Outcomes of Patient Care; chart demonstrates how often the corresponding events may occur as a result of disruptive behavior within the hospital, according to the staff members (Rosenstein & O'Daniel, 2008).
- ✚ **Figure 4** - Awareness of Adverse Adverts as a Result of Disruptive Behavior; chart depicts the responses of the staff when asked “Are you aware of any specific adverse events that did occur as a result of disruptive behavior (Rosenstein & O'Daniel, 2008).”
- ✚ **Figure 5** - Six Ways to Make Caring More Visible; six communication skills that provide nurses and other caregivers to communicate and express their caring, to be sure the patient can sense the caring versus a caregiver’s failed attempts at trying to show it. (Leebov, 2008).

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