


Green Dot: A Bystander Initiative to Prevent Lateral Violence

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C718

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Objectives

- Identify education and skills needed to improve management of lateral violence.
- Describe how you can:
 - Create a positive work environment
 - Thus reducing nursing turnover and negative impact to patient safety through a bystander intervention program.

Overview



- Background & History
- Green Dot Bystander Program
- Implications for Future Action

Green Dot Bystander Violence Prevention Program for Nursing

[illegible]

WVP Law & Standards

- OSHA Act of 1970 General Duty clause
- The Joint Commission Sentinel Event Alert, Issue 40
- 2008 Indiana Supreme Court Workplace Bullying Appeal Case Upheld



WPV Consequences for the Nurse

- Biophysical manifestations
- Emotional
- Cognitive
- Behavioral
- Depression
- Obesity
- Physical and emotional toll
- Low morale and productivity
- Financial Impact
- Witnesses or bystanders

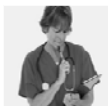
Reference: (Han, Trinkoff, Storr & Geiger-Brown, 2011).

More WPV Consequences for the Nurse

- Long-Term Effects- without therapeutic intervention can lead to Burnout.
- Nurses in crisis, or suffering from burnout and resentment:
 - May not be able to perform to standards of care, placing patients at risk for adverse outcomes.

Reference: (Arnetz & Arnetz, 2001)

Challenge of Under-reporting



- Most workplace violence incidents go unreported for one or more of the following reasons:
 - "Part of the job"
 - Poor or non-existent institutional policies, procedures, staff training or supports
 - Complex reporting
 - Fear of victim blaming or retaliation
 - Belief that some patients cannot be held accountable for their violent actions

VUMC Workplace Violence Prevention in Nursing Task Force 2007- 2015

WPV Consequences for Healthcare Organizations

- Healthcare Workplace Violence
 - Increased absenteeism by nurses
 - Increased use of sick-leave
 - Lower productivity
 - Low morale
 - Increased request for transfers
- Effects job satisfaction
- Impacts the therapeutic environment
- Reputation of the healthcare facility
- Added costs



Reference: (Norbek, 1985; Gates, Gillespie, & Succop, 2011)

Consequences for Healthcare Organizations

- American Nurses Association:
 - Survey revealed that health and safety concerns play a major role in nurses' decisions about whether to remain in the profession
- When nurses leave the profession:
 - Exacerbates an already critical nursing shortage
 - Increases the cost of hiring nurses



References: (ANA, 2001 & Aiken et al., 2001)

AACN

Nurses are as frequently disruptive to nurses, as physicians are to nurses.

- 80-97% of healthcare workers have experienced verbal abuse
- 16% of nurse turnover is related to verbal abuse
- 49% say abuse affects safe handling of decision making
 - **Forty percent** of clinicians have kept quiet or remained passive **during patient care events** rather than question a known intimidator.
- 35-60% of new nurse graduates leave their first job due to bullying

Reference: American Association of Colleges in Nursing <http://www.aacn.nche.edu/>
Behaviors that undermine a culture of safety. Joint Commission, sentinel event alert. (July 2008).

ANA Panel Aims to Prevent Violence, Bullying in Health Care Facilities (4/6/15)

Recommendations for lateral violence

- assessing the nursing unit and raising awareness
- brainstorming and encouraging dialogue
- creating unit specific guidelines
- protection from retribution if reported
- interruption of the violence
- utilization of employee assistance programs
- zero tolerance

Public Comments Sought by April 30 on New Position, Recommendations
<http://nursingworld.org/Comment-Draft-ANA-Position-Statement-Incivility-Bullying-and-Workplace-Violence.html>.

Most Common Forms of Lateral Violence in Nursing Practice

- Non-verbal innuendo
- Verbal affront
- Undermining activities
- Withholding information
- Backstabbing
- Infighting
- Scapegoating
- Failure to respect privacy
- Broken confidences
- Sabotage

Adapted from Duffy, 1995; Farrell, 1997; McCall, 1996; McKenna, Smith, Poole & Coverdale, 2003

Cueing cards (example)

Non-verbal innuendo (raising eyebrows, face-making)

I sense (I see from your facial expression) that there may be something you wanted to say to me. It's okay to speak directly to me.

Griffin, Martha. Teaching Cognitive Rehearsal, The Journal of CE in Nursing; November/December 2004; Vol 35, No 6, p 260.

VUMC Response to LV

- WPV Policy
- VUMC Credo
- Unit Board Dialogue
- Nurse Wellness Committee WPVP website
- VUMC-wide Nurse Survey
- Nurse Manager Consultation- EAP
- Education
- Nurse Executive Board Half Day Workshop
- Mid Nurse Management Seminars
- Nurse Resident Orientation & Training
- Nurse Wellness Program Performance Coaching for Staff



Vanderbilt 2012 Nursing Survey of Violence in Healthcare Ranking: Factors Vanderbilt Staff felt were involved in the incidents:

1. Anger about a patient's condition/situation - 19.3%
2. Anger about enforcement of hospital policies - 17.7%
3. Cognitive dysfunction - 14.5%
4. Substance abuse - 12.7%
5. Workplace stress - 10.9%
6. Anger related to health care system in general - 10.3%
7. Anger related to wait times - 9.6%
8. Other - 5.9%

Vanderbilt Staff reported in this survey they felt the incidents were Committed against staff by the following:

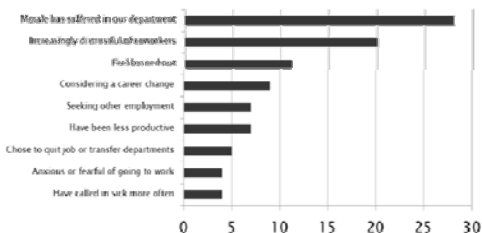
Patients - 27.7%
Visitors - 12.4%
Staff members - 12.6%
Faculty members - 3.7%
Other - 2.6%

2012 VUMC Nursing Workplace Violence Survey

- 53% of the nurses reported having experienced workplace violence
- 39% had witnessed workplace violence
- 28% of these occurrences had been in the past year
- 29% of the occurrences were lateral violence - between staff or faculty members
- Only 17% reported the incidents
- 90% felt it was important to train and prepare the staff to handle physical and verbal incidents [WPVP Task Force]

2012 VUMC Nursing Workplace Violence Survey

Effects of Abuse Reported in Nursing Survey 2012 of Violence in Healthcare for Perioperative Services



Interruption of Violence

- Phase One
 - Building the Civilized Workplace: It Starts with ME!
- Phase Two
 - When Nurses Clash!
- Phase Three
 - What Interrupts Violence?



2010- A Search for True Violence Prevention

- Green Dot- a bystander intervention program created by Dr. Dorothy Edwards @ University of Kentucky which takes action to prevent violence targeted at an individual



Bystander Research

- Sense of responsibility
- Barriers to intervention may be overcome by increasing the importance of bystander intervention norms
- Public self-awareness increases helping behavior
- Individuals react faster when they have had their inhibitions addressed prior

"Indifference Kills: The Bystander Effect"



Bystander Literature

- Diffusion of responsibility
- Evaluation Apprehension
- Pluralistic Ignorance
- Confidence in Skills
- Modeling



Ref: www.livethegreendot.com/gd_research_science.html

"To go against the dominant thinking of your friends, of most of the people you see everyday, is perhaps the most difficult act of heroism you can perform."



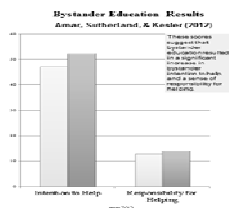
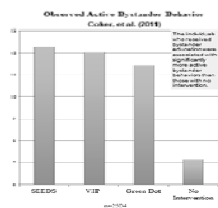
Theodore H. White

- Bystander literature stresses the likelihood that trained participants will intervene when they are a bystander to violence.



Bystander Research

- The bystander effect has been studied in-depth with multiple interventions utilized in large sample populations.



Social Diffusion Theory

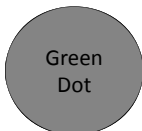
- Everett M. Rogers – 1983

Behavior change in a population (such as nursing) will occur if popular opinion leaders (POLs) shape social/behavior changes and make it easier for others to initiate and maintain these “new” behaviors.



Green Dot

- Cue- Green Dot
 - Accepting responsibility
 - Connection- extending care and concern
 - Public awareness- peer influence



Applying **GD** Best Practices @ VUMC

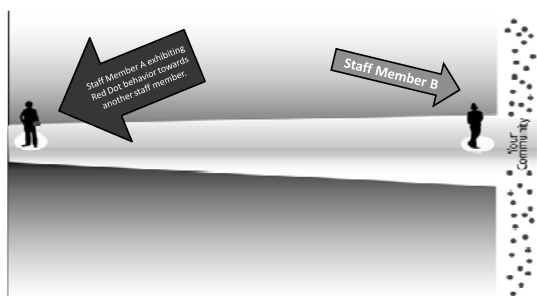
- Vanderbilt was the first to utilize **Green Dot** bystander intervention training as a way to prevent lateral violence in nursing.
- GD developed to address sexual assault, stalking, domestic violence and bullying on college campuses
- Vanderbilt University adopted GD program campus wide in 2010



Green Dot

- Action Program with 3 steps:
 - **You** recognize “at risk” behaviors- **Red Dot**
 - **You** make the decision that this behavior is no longer acceptable in your work environment:
 - self identity clear as non-violent and connection to any potential target person of violence.
 - **You** take any brief immediate action, **Green Dot**, to reduce to probability of Red Dot behavior increasing.

Red Dot Behavior



Obstacles to Bystander Action

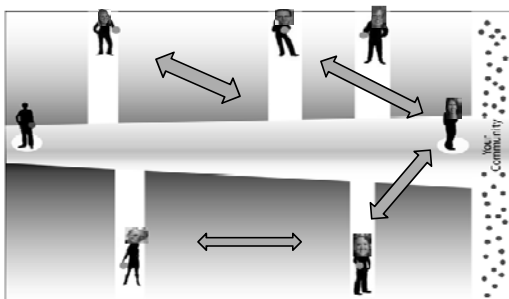
- “I’m an introvert.”
- “I can’t stand conflict.”
- “I’m shy.”
- “I hate calling attention to myself.”
- “It’s not my concern.”
- “I don’t want to get involved.”



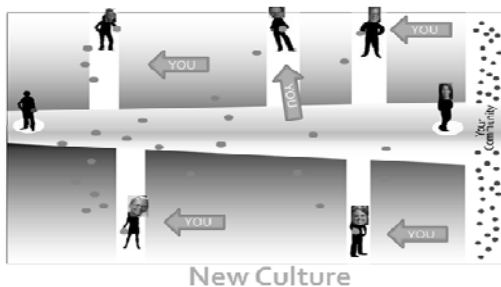
How Does Lateral Violence Affect Me?

- Your coworker is upset, and can't function in their job so you have to help them care for their patients.
- A person you oriented has decided to take a job elsewhere, so you are having to be a preceptor AGAIN!
- You are being asked to work overtime to cover open positions.
- Everyday you are on call you get called in.
- Your best friend leaves to work somewhere else.

Making the Connection



Green Dot Intervention



Green Dot Interventions

Reactive **Green Dot**:

1. **Direct**- Step into the situation and take a directive action.
2. **Distract**- Draw one of the parties away from the violence.
3. **Delegate**- Go tell someone who can help stop the **Red Dot situation**.

Green Dot- In Action

- You are passing by a patient's room and you hear a nurse speaking harshly to another nurse in front of a patient.



Green Dot- Direct

Ask the nurse if you may speak to them away from the patient's bedside.



Green Dot- **Distract**

Or, tell one of the nurses that she has a patient that is calling out for her in another room.



Green Dot- **Delegate**

Alert your charge nurse so that she can go interrupt the situation...



VUMC

- Green Dot Instructors:
 - 1 in 2011; 4 more added 2014
 - Green Dot Champion training
 - Workshops
- Green Dot Champions: 96 trained since 2011
 - Bulletin Boards
 - Green Dot Pledges



- Increased understanding of what lateral violence is.
- Increased reporting of incidents of lateral violence.
- Improved morale and teamwork.
- Improved work satisfaction.



Page 2, Q9. List two (2) items you learned, that you will integrate into your practice and/or environment:

1	Will show rising alerts with colleagues. Will educate colleagues on preventive strategies	Aug 10, 2012 9:23 AM
2	Safety safety safety!!!	Aug 7, 2012 6:21 PM
3	creative direction new resource information	Aug 5, 2012 11:13 AM
4	abstract, take care of self	Aug 4, 2012 9:24 AM
5	Ways to be proactive in the case of red dots: direct, delegate, or distract Excellent abilities to adapt into practice	Aug 3, 2012 9:23 AM
6	use of distraction and building network of "green dots"	Aug 3, 2012 8:18 AM
7	Being proactive before escalation. Share this information with others	Aug 3, 2012 6:58 AM
8	When I see PPSVI I will think the 3 O's and decide how to respond. Being an "innocent bystander" is no longer enough. I will start to do something I am comfortable with and grow from there!	Aug 2, 2012 6:30 PM
9	1) being more aware of peer limitations 2) being more aware of personal limitations	Aug 2, 2012 3:29 PM
10	to do my part in "green dots", to be more professional	Aug 2, 2012 3:18 PM
11	How subtle violence can be - and how I need to be more aware of my participation - active or passive. The three techniques to handle the violence	Aug 2, 2012 3:14 PM
12	Tactics to distract red dot behaviors. Types of red dot behaviors	Aug 2, 2012 12:45 PM

10. Please add any additional comments or suggestions for future topics.

- [illegible]

Green Dot Impact

- “I heard you speak @ 2013 TNA Conference and Vanderbilt’s where I wanted to be.
– Winter 2015 VUMC Nurse Resident
- Keynote Vanderbilt Staff Council Civility Project Kickoff March 25, 2014
<http://www.vanderbilt.edu/usac/care/>

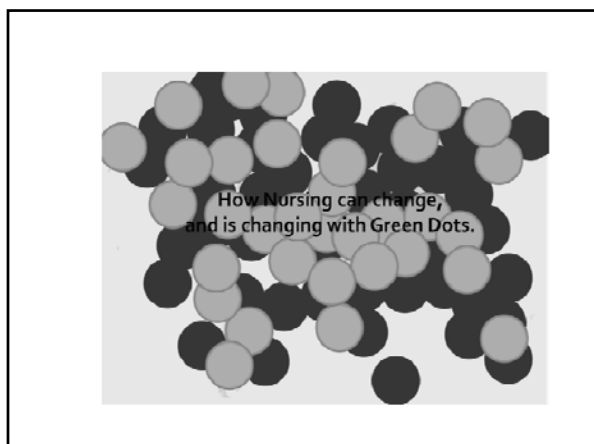


More Bystander Impact

- “I think a lot of times it is hard to measure the good that is done by staff taking action. Our VCH staff member took the extra step and may have prevented something bad from happening to a patient, visitor, or staff member with the actions she took.”
– VUPD Captain May 4, 2012







Implications for Future Action

- Roll out Green Dot 2.0
- Succession Planning
- Follow up survey by WPVP in Nursing Task Force in Nursing
- Move from Early Adopter Phase to achieving Critical Mass throughout VUMC Units & Clinics





Our goal at Vanderbilt is to . . .

"Be the Best....Keep the Best"

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