Fostering a Healthier Workplace: Increasing Awareness of Lateral Violence

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Introduction

The Occupational Safety and Health Administration (n.d, para. 2) defines workplace violence (WPV) as “any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the worksite”. Lateral violence (LV), also known as horizontal violence, bullying, and/or incivility, denotes hostility among individuals on the same hierarchical level within a community or organization (Zukauskas, 2022). Lateral violence, a prevalent concern in healthcare environments, has a detrimental impact that is frequently concealed due to substantial underreporting (Song et al., 2021).

The literature demonstrates that healthcare professionals refrain from reporting due to a lack of awareness on reporting procedures, uncertainty about identifying the types of violence to report, inadequate support from administration, and the misconception that LV is an inherent part of their job (Acquadro Maran et al., 2019; Garg et al., 2019; Song et al., 2021). When nurses participate in LV, it impacts their professional relationships and raises the risk of medical and administrative errors. These mistakes can endanger patients' health, highlighting the critical need for nurturing a supportive and respectful workplace in healthcare settings (Meier, et al, 2021).

Cognitive rehearsal (CR) is an evidence-based technique, which employs mental imagery and visualization to enhance performance and reduce anxiety. CR is particularly effective for healthcare professionals, enabling them to confidently manage difficult interactions by rehearsing specific phrases and responses with a coach or facilitator. Studies by Griffin (2004) and Kile et al. (2018) demonstrate that CR, combined with education on LV, empowers healthcare professionals to confront and reduce such behaviors in the workplace.

Recognizing the importance of this issue, this project focused on not only on the implementation of an educational session to increase awareness of LV among healthcare professionals, but also the use of CR techniques to address it.

Background and Significance to Healthcare

Lateral violence inflicts serious harm on both healthcare professionals and patients. It creates a hostile atmosphere that disrupts caregivers' focus, leading to burnout and high turnover rates. Witnesses, though not direct targets, experience stress, anxiety, and difficulties with empathy. This negative environment fosters lower morale, decreased teamwork, and a culture of fear and silence. Fear of retaliation further hampers reporting, worsening the ethical climate. The consequences are far-reaching, with reduced engagement, compromised patient safety, and significant mental health impacts on victims. (Fink-Samnick, 2015; Meier et al., 2021; Wolf et al., 2018; Zukauskas, 2022; Detweiler & Vaughn, 2020; Chu & Evans, 2018; Murray, 2018).

Reports indicate that those respondents who had been bullied were 59% more likely to suffer from a range of health-related effects such as cardiovascular diseases, diabetes, and musculoskeletal disorders (Vaugh & Snively, 2023). In 2017, the Workplace Bullying Institute reported that 40% of nurses who experienced LV also reported multiple adverse health conditions such as gaining/losing weight, arrhythmias, difficulty sleeping, upset stomach/nausea, and headaches. (Glynn, 2022).

Patients suffer too, facing treatment errors and compromised safety. A 2004 survey by the Institute for Safe Medication Practices found that 7% of nurses reported being involved in medication errors due to workplace intimidation (Institute for Safe Medication Practices, 2004). When nurses experience fear, anxiety, and stress associated with LV it can result in negative

patterns of communication and misinformation within patient care delivery processes, increasing the likelihood of medical errors (Rainford et al. 2015).

This project took place at a 269-registered bed acute care hospital, serving communities in southern and southeastern Cuyahoga County, which employs 972 healthcare professionals. The hospital faces a critical need to increase awareness as evidenced by:

1. Low Reporting Rate: Only two incidents of lateral violence in 2023, despite informal discussions indicating a broader presence of the issue.
2. Root Cause Analysis (RCA) Findings: After conducting an RCA (Figure 1) of a critical incident involving a patient experiencing delayed care for a sepsis diagnosis, it became evident that interpersonal conflicts among caregivers significantly contributed to the issue. Lack of trust and collaboration and conflicting priorities between nursing teams negatively impacted patient care.
3. Concerns Expressed by Staff: During recent rounds, caregivers on a medical-surgical unit expressed concerns about potential retaliation if they filed a safety event report.

These findings emphasize the need to address LV, not only for the well-being of our staff, but also for the safety and quality of patient care.

Problem Statement

Lateral violence, characterized by hostility among individuals on the same hierarchical level within healthcare environments, poses a significant challenge due to underreporting. Healthcare professionals often refrain from reporting incidents due to a lack of awareness about reporting procedures, uncertainty in identifying violence types, insufficient support, and the misconception that LV is inherent to their job. This underreporting has far-reaching consequences, affecting caregiver engagement, retention rates, attendance, morale, turnover

rates, patient safety, and employee mental health. (Fink-Samnick, 2015; Meier et al., 2021; Wolf et al., 2018; Zukauskas, 2022; Detweiler & Vaughn, 2020; Chu & Evans, 2018; Murray, 2018).

PICO Question

In healthcare professionals (P), does an educational session introducing lateral violence awareness and the use of cognitive rehearsal (I) result in increased awareness of lateral violence and familiarity with using cognitive rehearsal techniques (O), as measured by interactive polls and a post-presentation survey?

Purpose

The purpose of this project was to develop and evaluate whether an educational session introducing lateral violence awareness, and the use of CR increases healthcare professionals' awareness of LV and their familiarity with cognitive rehearsal techniques. Specifically, the aim is to increase knowledge through an educational presentation on definition and incidence of lateral violence, its effects on employees and patients, the use of CR techniques, reporting processes, and available resources related to LV. The planned direct outcome is not only an improved understanding of LV among healthcare professionals, but to influence practice change as well.

Review of Literature

The literature review ranged from 2016-2023. Keywords used for the literature search included “lateral violence”, “lateral violence awareness”, “lateral violence reporting”, “incidence lateral violence”, “reporting workplace bullying”, and “interventions lateral violence.” Limits applied to the articles included English language, published in the United States, and document type (limited to article and review). The databases searched were CINAHL, MEDLINE, PubMed, and SCOPUS. From these articles, distinct themes were generated as the framework of this project.

Lateral Violence

Lateral violence, also referred to as horizontal violence, bullying and incivility in the literature, is "hostility among people on the same hierarchical level within a community or organization" (Zukauskas, 2022, para. 1). Lateral violence can have a negative impact on caregivers and patients. It can negatively affect engagement, retention, attendance, morale, turnover rates, patient safety, and the employee's mental health. (Fink-Samnick, 2015; Meier et al., 2021; Wolf et al., 2018; Zukauskas, 2022). Vaugh and Snively (2023, para. 2) estimate between 46% and 100% of nurses have experienced LV at some point during their careers. Healthcare professionals are often hesitant to report all forms of workplace violence, specifically LV. Chu & Evans (2018) discuss that LV is often underreported due to fear of retaliation and believing that zero tolerance policies are often ineffective. Murray (2018) identified that recognizing LV was a significant barrier to reporting and that sometimes these behaviors are considered "normal." She goes on to say that awareness is one of the first steps in combating LV.

Incidence

Several studies have investigated the issue of bullying and horizontal violence within healthcare settings, shedding light on its prevalence and impact across various demographics and professional roles. Chipps et al. (2013) evaluated the incidence of bullying in the perioperative setting, with 34% reporting being targets of bullying and 59% witnessing bullying. Serafin & Czarkowska (2019) reported that bullying was experienced by 65.84% of nurses surveyed, women were most often affected. Obeidat et al. (2018) revealed that 43% of participants felt they were victims of severe bullying and 31% were victims of occasional bullying, with men reporting higher rates than women. They also concluded that the higher a nurse's perceived competence, the lower the perceived bullying. Myers et al. (2016) identified perpetrators of

horizontal violence were from the full spectrum of nursing and several accounts included physicians, with supervisors and administrators often seen as perpetrators or those who refused to address horizontal violence.

Collectively, these studies reveal bullying and horizontal violence are prevalent in healthcare, affecting a wide range of demographics and professional levels, with significant implications for workplace culture.

Reporting

Despite its prevalence and impact on healthcare professionals, workplace violence remains underreported, as evidenced by studies conducted by Arnetz et al. (2015) and Taylor (2016). Arnetz et al. (2015) and Taylor (2016) both investigate the issue of workplace violence in healthcare settings, with a particular focus on nursing staff and their experiences and perceptions of violence. In an analysis by Arnetz et al. (2015), 88% of employees who were subjected to violence chose not to report it. According to Taylor (2016), half of the participants did not report horizontal violence for fear of retaliation. Taylor's study also revealed a general lack of awareness and clarity regarding what constitutes reportable behavior and the appropriate reporting procedures. In both studies, it is noted that better education on workplace violence policies and support systems are needed to encourage reporting and address violence in healthcare settings.

Interventions

Educational sessions and programs have proven effective in increasing awareness and addressing issues of incivility and bullying in healthcare settings, as demonstrated by Griffin (2004), Howard et al. (2016, 2020), Tomes & Gale (2016), and Warner et al. (2016). Howard et al. (2020) focused on increasing awareness and knowledge of incivility and bullying.

Researchers grouped participants into a control or experimental group and used the Workplace Civility Index, developed by Cynthia Clark, PhD, RN, ANEF, FAAN, for pre/post testing. The mean in the experimental group increased from 91.6 to 95.4, indicating an increase in knowledge and awareness. The mean in the control group decreased, researchers had no explanation for this finding. Warner et al. (2016) provided an educational session on incivility to 99 staff members. They obtained one pre-survey and two post-education surveys (immediately following and two months later) using the Nurse Incivility Scale, created by Ashley Yousufzai, PhD, ACC, SPHR. They found a reported mild increase in awareness immediately following and at two months and a decrease in perceived occurrence after two months.

Tomes and Gale (2016) focused on developing programs to provide nursing staff with tools to address LV as a bystander. They reported that nursing staff have become empowered to act when witnessing LV, and incidents that were often unreported are now being addressed. Nurses attended a six-hour class about bystander intervention using the Green Dot strategy. However, the authors did not provide specific examples of strategies learned.

Cognitive Rehearsal

Cognitive rehearsal is an evidence-based technique founded on the principles of cognitive behavioral therapy and sports psychology, using mental imagery and visualization to increase performance and decrease anxiety. Cognitive rehearsal is used to help healthcare professionals prepare for or manage difficult interactions and situations. By working with a coach or facilitator, individuals can practice addressing difficult interactions with confidence by rehearsing specific phrases and responses. Some CR courses utilize cue cards to help reinforce responses and to make it easier for individuals to apply in real-life scenarios. CR can involve role-playing

techniques to give individuals with an opportunity to practice techniques and refine responses. (Clark, 2019a; Clark, 2019b; Ebberts & Sollars, 2020)

Cognitive rehearsal techniques were used in both Griffin's (2004) and Kile et al.'s (2018) educational sessions to address workplace incivility among nurses. Griffin focused on providing cueing cards to new registered nurses, resulting in a high rate of participants confronting perpetrators of LV, leading to an end of the behavior. Despite minimal direct use of cue cards, participants reported feeling empowered post-training.

Similarly, Kile et al. (2018) implemented a CR program modeled after Griffin's, educating nurses on effective responses to workplace incivility. Their study demonstrated that education and CR significantly reduced instances of incivility and increased nurses' awareness and willingness to confront such behaviors post-intervention.

Literature Review Summary

Lateral violence not only affects matters related to staffing, but there are also many negative psychological effects on persons who experience it. Research shows that most nurses experience LV at some time in their career, yet it continues to go unreported. Studies have highlighted the importance of education in addressing LV in healthcare. Incorporating CR into these educational programs helps healthcare professionals better prepare for and manage instances of LV.

Framework

The Awareness-to-Adherence Model is the basis for this project, initially introduced by Donald Pathman in 1996. Pathman's model consists of a series of stages: awareness, reflecting individuals' or professionals' knowledge of specific recommendations; agreement, signifying alignment, or endorsement of these recommendations; adoption, denoting the integration of

recommendations into individual practices; and adherence, emphasizing consistent and ongoing compliance with recommended practices or guidelines (Pathman, 1996).

The project follows the Awareness-to-Adherence Model (Figure 2), progressing through defined stages. Initially, healthcare professionals gain awareness of LV and become familiar with CR techniques. In the subsequent agreement stage, they recognize the significance of addressing LV and utilizing CR to effectively manage it.

Adoption involves integrating strategies to address lateral violence and incorporating cognitive rehearsal techniques into daily practices. As healthcare professionals consistently apply these strategies over time, adherence becomes a natural progression. Adoption and adherence evolve gradually as healthcare professionals integrate these practices into their daily routines and consistently apply them in their workplace interactions.

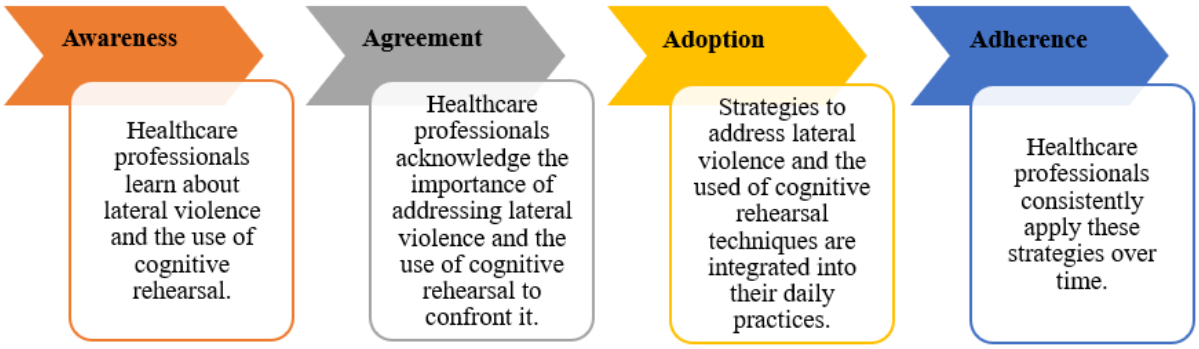

Figure 2 – Conceptual Framework

Project Design

This quality improvement project aimed to raise awareness and provide practical strategies to address LV. Through a combination of educational sessions, policy reviews, and scenario-based learning, healthcare professionals are equipped with the knowledge and skills to effectively respond to LV. The project also emphasizes organizational support and continuing education to foster a culture of safety and respect.

To achieve these goals, the project was structured around the following objectives:

1. **Develop and Conduct Educational Sessions:**
    - Delivered a one-hour educational session to healthcare professionals on lateral violence (LV), including its definition, various forms, causes, and significant effects on caregivers, patients, and the work environment.
2. **Facilitate Recruitment and Participation:**
    - Conducted two sessions of the educational presentation:
        - The first session was offered to all hospital employees with recruitment facilitated by email invitations and flyer distribution.
        - The second session presented during the Nursing Practice Council meeting, requested by the Professional Practice Sub-Committee.
    - Offered one continuing nursing education (CNE) credit as an incentive for participation in the presentation.
    - Ensured that participation in the session and completion of the survey are voluntary for all attendees.
3. **Teach Practical Response Techniques:**
    - Provided attendees with practical ways to respond to instances of LV using Cognitive Rehearsal (CR) techniques.
    - Engaged participants in scenario-based learning with scripted responses applicable to addressing LV.
4. **Review Organizational Policies:**
    - Reviewed organizational policies and methods for reporting incidences of LV.

a. Informed attendees about available MyLearning modules, specifically the Lippincott Horizontal Violence and Lippincott Worker-on-Worker Violence modules.

Project Site and Population

This project took place at a 269-registered bed acute care hospital, serving communities in southern and southeastern Cuyahoga County. All 972 healthcare professionals employed by the hospital (Nurses, Licensed Independent Practitioners, nursing support staff, and employees of ancillary departments) were invited to the first session. The members of Nursing Practice Council (members include 20 registered nurses from medical-surgical, behavioral health, intensive care, emergency department, and perioperative areas) were invited to attend the second session.

Implementation Plan/Procedures

The first educational session took place virtually via Microsoft Teams on March 22, 2024, at 12pm. Twenty healthcare professionals attended the session. Resources for the session included an email invitation (Appendix C) and a promotional flyer (Appendix D) to notify staff about the presentation.

The second educational session took place in-person at the organization's Nursing Practice Council meeting on April 25, 2024, at 8:30 am. Thirteen council members were in attendance for the session.

After the presentations, an infographic handout (Appendix E) and a pocket card displaying common uncivil behaviors with associated CR responses (Appendix F) were provided. The infographic handout provides a visual summary covering types of LV, its impact, how to report incidents, and available resources for those who have been experienced or

witnessed LV. The pocket card serves as a quick reference guide for CR techniques that can be immediately applied in real-world scenarios. These resources were designed to reinforce the knowledge learned during the educational sessions. For the virtual session, the documents were provided as a PDF in the chat and were available in my office. For the in-person session, hard copies were made available. Together, these materials support ongoing learning and the application of strategies to promote a respectful and supportive workplace environment.

Instruments

Two interactive polls were conducted during the presentation to gather feedback and insights. For the first session, polls were administered using the polls application in Microsoft Teams. For the second session, Poll Everywhere was utilized. The first poll was asked at the beginning of the presentation, after LV was defined: "Have you ever experienced lateral violence in the workplace?" Participants could answer yes or no to this question. A second poll was presented at the end of the presentation: "How comfortable do you feel with using cognitive rehearsal techniques to address lateral violence?" Participants were given a Likert scale to rate the perception of their comfort level, ranging from 1 (not comfortable) to 5 (very comfortable).

Attendees of both sessions had the opportunity to provide voluntary feedback through a standard post-presentation evaluation generated by the Nursing Education Department. The evaluation form (Appendix F) consists of 14 items:

- The first five questions rate the educational activity on being free of bias, content, delivery, practical value, and visual aids, with options ranging from excellent to poor.
- The next five questions assess the activity objectives, such as understanding lateral violence, identifying its signs, knowing its impact, and recognizing available resources, with impact ratings of high, moderate, or no impact.

- Two questions evaluate comfort levels with recognizing and reporting lateral violence.
- An overall rating for the program content is given using a Likert scale from 4 (highest) to 1 (lowest).
- Participants are asked to list one specific concept they learned and plan to incorporate into their practice in a free text option.
- The final question allows for additional comments or suggestions in a free text box.

Data Collection & Analysis

The project used both quantitative and qualitative data collection methods. Interactive polls were conducted during each presentation, asking about their experiences with LV in the workplace and their comfort level using CR techniques to address it. A code was provided for participants to access the post-presentation survey in MyCME which remained open for 30 days after each presentation.

The data has been stored on a password-protected computer. It has been evaluated for completeness, appropriate responses, and feasible values. In the analysis phase, the focus has been on scrutinizing the feedback obtained through the evaluation form. The findings have been presented graphically, using a bar chart to depict frequencies and percentages.

1. Develop and Conduct Educational Sessions

- A one-hour educational session was developed and presented
    - The first educational session took place via Microsoft Teams on March 22, 2024.
    - The second educational session took place in-person at the organizations Nursing Practice Council meeting on April 25, 2024.

2. Facilitate Recruitment and Participation

- 33 healthcare professionals attended the two educational sessions.
- 27 participants engaged in interactive polls during the sessions.
- Post-presentation survey completion:
    - Out of 27 participants, 11 completed the MyCME evaluation survey.

Evaluation of Overall Presentation:

- Bias-Free Content, Content Quality, Delivery, and Visual Aids:
    - 73% (n=8) rated it as Excellent.
    - 27% (n=3) rated it as Good.
    - No ratings for Satisfactory or Poor.
- Practical Value:
    - 73% (n=8) rated it as Excellent.
    - 18% (n=2) rated it as Good.
    - 9% (n=1) rated it as Satisfactory.
    - No ratings for Poor.

3. Teach Practical Response Techniques

Findings from Polls:

- First Poll:
    - Question: "Have you ever experienced lateral violence in the workplace?"
        - Response: 70.37% (n=19) reported that they had experienced LV in the workplace.
- Second Poll:
    - Question: "How comfortable do you feel using cognitive rehearsal techniques to address lateral violence?"

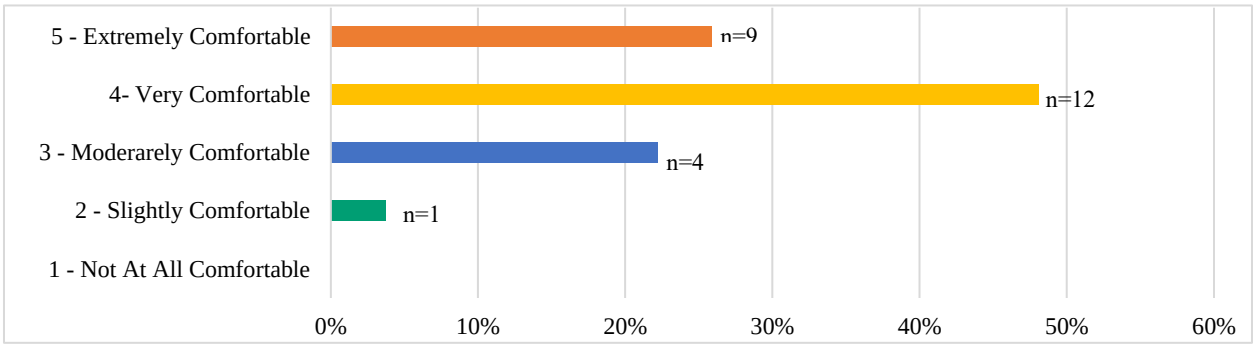

Figure 3- Comfort with Cognitive Rehearsal

Post-Presentation Survey:

- Evaluation of Activity Objectives (Figures 4a & 4b):
  - All participants indicated a high impact in understanding the definition, forms, and common signs of LV.
  - 91% felt highly knowledgeable about its impact on individuals, teams, and the overall environment, as well as key resources available for those experiencing LV.
  - The presentation was unanimously deemed useful for their caregiver roles, with participants expressing high or moderate confidence in recognizing and reporting LV after the session.

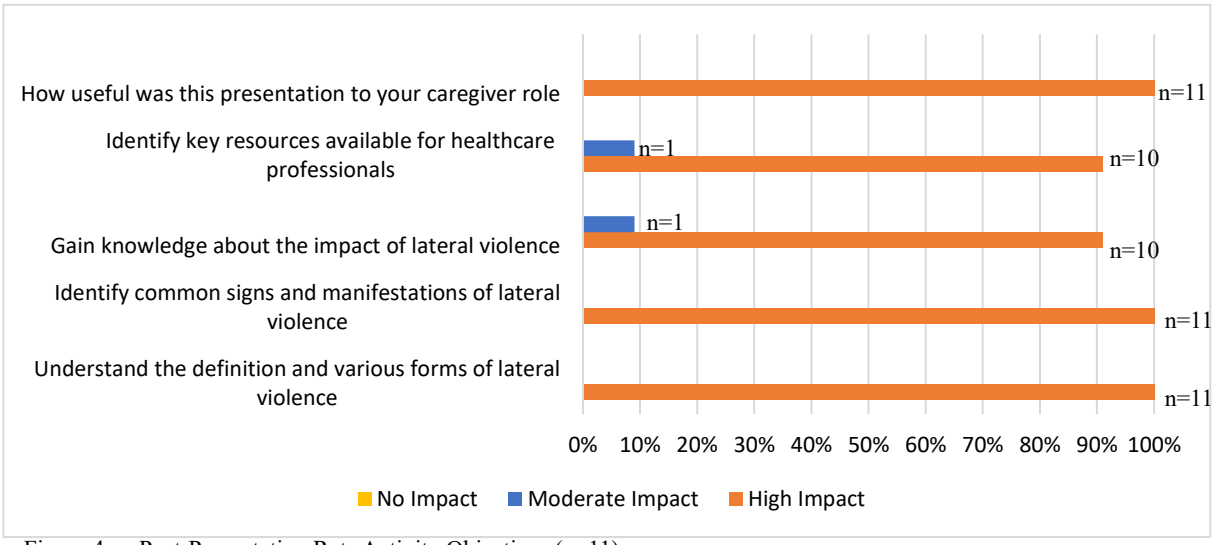

Figure 4a – Post-Presentation Rate Activity Objectives (n=11)

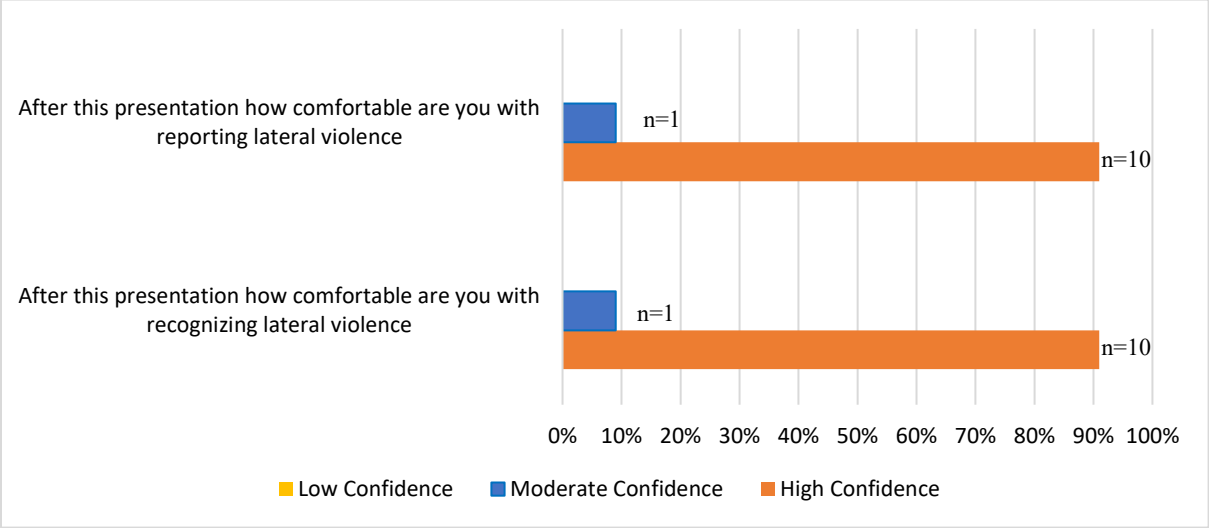

Figure 4b – Post-Presentation Rate Activity Objectives (n=11)

- Participants were asked to name one specific concept they learned and planned to incorporate into their practice:
  - Idea stealing can lead to lateral violence
  - Cognitive rehearsal techniques
  - I learned about the strategies
  - I took this information back to the team and they greatly appreciated it
  - New awareness of lateral violence
  - Speak up
- There were no Comments/Suggestions/Future Topics given.

4. Review Organizational Policies

Completion Reports for Educational Modules:

Completion reports were tracked over the two months following the first educational session to assess engagement with the modules. These efforts aim to gauge the project's effectiveness in increasing staff engagement with these critical educational resources.

- Lippincott Horizontal Violence Module:
  - Prior to the session: 5 completions (1 in 2020, 2 in 2022, and 2 in 2023).
  - Post-session: 4 additional staff members completed the module.
- Lippincott Worker-on-Worker Violence Module:
  - No completions prior to or following the session.

Discussion

The results of the interactive polls provide insight into the experience of LV in the workplace among participants. The post-presentation evaluation shows that the educational session had a positive impact on participants' understanding and awareness of LV in healthcare. Participants felt confident in recognizing and reporting LV after the session and found the presentation useful for their roles. The high ratings for understanding different aspects of LV suggest the content was clear and comprehensive. Overall, the results indicate the presentation was effective in increasing awareness of LV and confidence in using CR to address it.

The presentation on LV generated responses from attendees, highlighting both the awareness and impact of the issue within the unit:

- *Anonymous Reporting:* Following the presentation, an attendee approached me to discuss LV they were witnessing on their unit. They expressed a desire to remain anonymous but wanted to report the issue. This case was escalated to leadership for further investigation, highlighting the importance of creating a safe and confidential reporting environment.
- *Self-Reflection and Behavioral Change:* Another attendee shared that the presentation prompted them to reflect on their own behavior towards colleagues. They realized that some of their actions could be perceived as LV and expressed a commitment to

changing their behavior. This feedback indicates that the presentation effectively raised awareness and encouraged self-assessment and personal growth among participants.

Limitations

There are several limitations to this project that limit its findings and impact. Firstly, the small number of participants limits the ability to identify how widespread the issue of LV is at this organization and the impact the educational session had on participants. Additionally, low participation rates in post-presentation evaluations limit the available data for analysis. It is difficult to assess the effectiveness of the intervention and identify areas for improvement due to the low response rate, which makes it difficult to measure the immediate impact of the educational sessions on attendees' awareness and behavior changes. Another limitation was the organization’s constraints on data sharing and tracking, which prevented the ability to assess outcomes and monitor practice change more thoroughly.

This project focused primarily on immediate responses and feedback, with limited opportunities for long-term follow-up. Due to this short-term focus, it is difficult to gauge the long-term impact of the educational sessions on reducing LV and promoting sustained practice changes. The self-reported nature of the data collected through post-presentation evaluations and interactive polls may introduce bias. Participants might underreport or overreport their experiences and behavioral changes to conform to social norms or out of fear of repercussions, affecting the reliability of the findings.

Addressing these limitations in future projects could involve several strategies. Increasing the sample size by improving strategies to boost attendance, such as offering both in-person and virtual sessions and providing incentives such as lunch. Enhancing data collection methods by

providing written evaluations in addition to the electronic version. Incorporating long-term follow-up measures to better capture the impact of the educational intervention on reducing LV and practice changes among healthcare professionals.

A limitation related to the education on the use of CR techniques was in the presentation format and the assessment of participants comfort using it. In future projects, incorporating role-playing or simulation exercises could increase both the utilization and comfort with CR among participants. Administering surveys or questionnaires before and after CR sessions could better gauge how confident participants feel using CR techniques.

Cost Benefit Analysis

There was no formal budget allocated for this project. However, it's important to note that staff members spent paid work hours attending the presentation. If this were not a DNP project, the estimated cost of the project would include various expenses such as time spent on applying for CNE and creating presentations and handouts. The total estimated cost for these activities is $4513.5 (Figure 4). Despite the lack of a formal budget for the project, addressing lateral violence remains crucial, as it significantly impacts organizational costs.

Estimated Expenses				
Description	Cost	Unit	Qty	Total
Time to apply for CE, create presentation, & handouts	$50.00	per hour	20	$ 1,000.00
Time meeting to discuss presentation with KSU Chair	$50.00	per hour	20	$ 1,000.00
Presentation time	$50.00	per hour	2	$100.00
Administrative Assistant (send email)	$26.00	per hour	0.25	$6.50
1 hour education session (RN)	$38.00	per hour	15	$570.00
1 hour education session (Nurse Manager)	$58.00	per hour	9	$522.00
1 hour education session (Nurse Director)	$70.00	per hour	1	$70.00
1 hour education session (APRN)	$60.00	per hour	1	$60.00
1 hour education session (Non-Nurse Caregiver)	$20.00	per hour	4	$80.00
1 hour education session (Non-Nurse Supervisor)	$30.00	per hour	3	$90.00
Time to create presentation & handouts	$50.00	per hour	20	$ 1,000.00
Printing of handouts	$0.50	per handout	30	$15.00
			Total Project Cost	$ 4,513.5

Figure 4 – Estimated Project Budget

Lateral violence can have a profound impact on turnover rate within an organization. Up to 30% of nurses contemplate leaving their positions due to lateral violence (Vaugh & Snively, 2023). According to the 2023 NSI National Health Care Retention and RN Staffing Report, the average turnover cost for a bedside registered nurse is $52,350. This figure can be even higher for medical-surgical nurses and specialty nurses, such as those in emergency departments or critical care units, potentially doubling or tripling the average cost.

For example, an organization with about 230 full-time RNs, each earning an average of $47.19 per hour, and an 11% turnover rate, incurs an estimated cost of $110,424.63 per quarter due to RN turnover. This amounts to approximately $441,698.50 per year. Additionally, with about 70 Patient Care Nursing Assistants (PCNAs), each earning an average of $16.82 per hour and a 91% turnover rate, the estimated cost of turnover is $111,953.92 per quarter, totaling around $447,815.68 per year. To calculate the expected benefit, the current turnover rates for both RNs and PCNAs at the facility were considered, and calculations were based on an

anticipated 5% decrease in turnover for both RNs and PCNAs (Figure 5a and 5b). This 5% decrease represents a practical starting point, balancing achievable goals with feasibility.

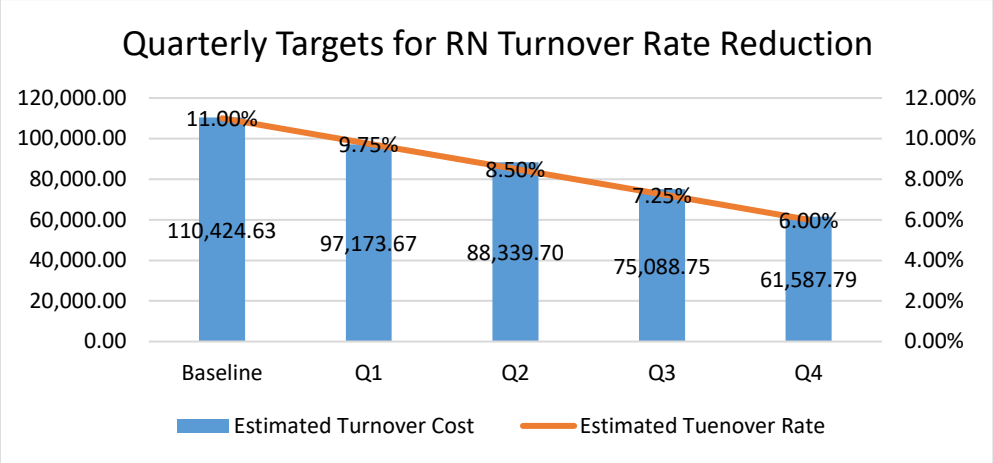

Figure 5a- Annual Potential Cost Avoidance
*Based on average hourly rate

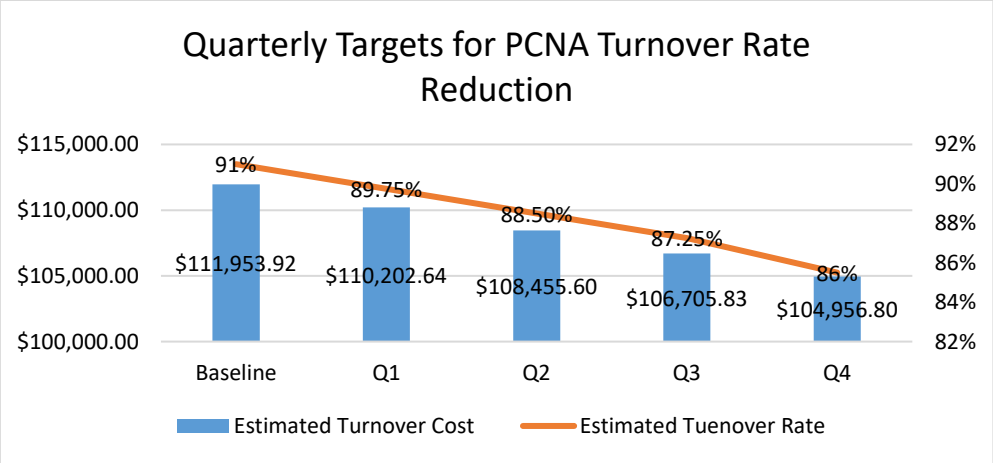

Figure 5b- Annual Potential Cost Avoidance
*Based on average hourly rate

Through a 5% reduction in turnover for RNs and PCNAs, the organization can save an estimated $43,563.70 annually. In addition to the financial benefits of decreasing turnover, there are considerable organizational advantages. High turnover disrupts staff productivity and increases absenteeism, while a stable workforce fosters commitment, reduces distractions like

workplace conflicts, thereby saving costs on recruitment and training (Keller, Budin, & Allie, 2016). Lower turnover supports a consistent and high-quality care environment for patients.

Dissemination

The presentation was delivered during a system-wide Nursing Grand Rounds on July 8, 2024, which typically draws an audience of 150-200 registered nurses each month. Continuing education credits were available for this presentation. This was in addition to the two presentations that were part of the project.

Following the Nursing Grand Rounds presentation, there have been requests to present this information to other hospitals within the health system. I had the opportunity to present at a workplace violence committee meeting at a regional hospital in Northeast Ohio, where 12 nurse leaders were in attendance. Continuing education credits were not offered.

Although data was not collected at these presentations, the information will be disseminated widely and may increase the chance of practice change regarding LV. Additionally, there are plans to publish and submit the findings to local and national conferences.

Protection of Human Subjects

This project involved health care providers. Participation was voluntary and no identifying information was collected or recorded on the evaluation form. Evaluation data was stored on an encrypted computer, in a password protected folder, on desk in my locked office.

Conclusion

The project aimed to increase awareness of LV and introduce participants to the use of CR techniques. Poll results revealed many of the participants have experienced LV, highlighting the importance of addressing this issue. In the post-presentation evaluation, participants reported

feeling comfortable recognizing and reporting LV and with the use of CR techniques to address it, suggesting that the objectives of this educational session were achieved.

The positive feedback from participants emphasizes the importance of increasing awareness of and addressing LV. There is a continued need for ongoing education and support to effectively address this issue. By maintaining a focus on these efforts, a safer and more supportive work environment for all healthcare professionals can be established.

The prevention of workplace violence is a top priority for the organization which is committed to the physical and psychological safety of their caregivers. The organization has a zero-tolerance policy and covers workplace violence in Annual Compliance training, monthly Leader Guided Discussions, and MyLearning Modules, as well as Professional Grand Rounds. Despite the many initiatives in place at this organization, it is recognized that prevention of LV is an ongoing problem that requires constant vigilance and training.

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Appendix A

Presentation

Fostering a Healthier Workplace: Increasing Awareness of Lateral Violence

Rebecca Cesa, MSN, APRN-CNP, CPHQ

Fostering a Healthier Workplace
Increasing Awareness of Lateral Violence (CCE24033)

Purpose / Goal Statement

Learning Objectives:

- Participants will understand the definition and various forms of lateral violence in healthcare.
- Participants will gain knowledge about the impact of lateral violence on individuals, teams, and the overall healthcare environment.
- Participants will identify key resources available for healthcare professionals who may experience lateral violence in their workplace.

Disclosure Information

Learner is informed of the criteria for successful completion of the CNE activity:

- Required attendance for 100% of the activity
- Must complete the evaluation in MyCme within the time frame specified in order to receive the CNE – link provided at the end of the presentation.
- Faculty disclosures – next slide

Accreditation Statement

- In support of improving patient care, is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Disclosures

Faculty Disclosure

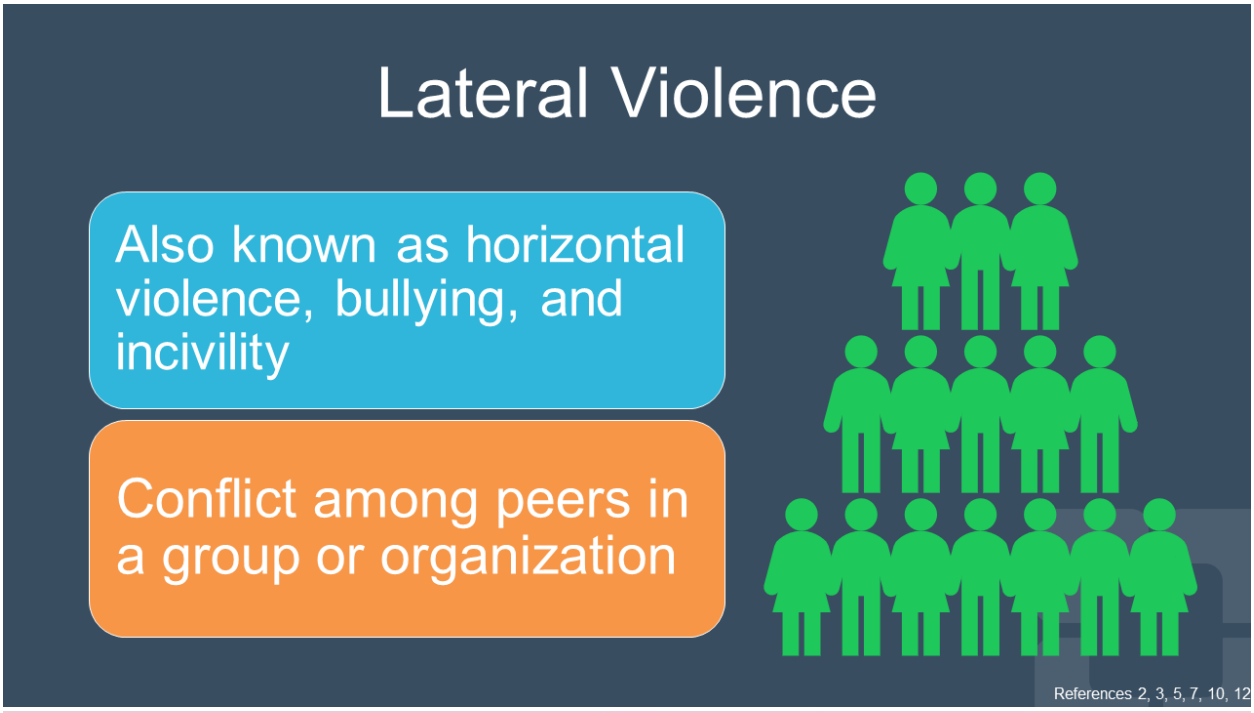
- In accordance with the Standards for Integrity and Independence issued by the Accreditation Council for Continuing Medical Education (ACCME), The Center for Continuing Education mitigates all faculty conflicts of interest to ensure CME activities are free of commercial bias.
- The following faculty have indicated they have no relationship which, in the context of their presentation(s), could be perceived as a potential conflict of interest: Rebecca Cesa, MSN
- The following faculty have indicated that they may have a relationship, which in the context of their presentation(s) could be perceived as a potential conflict of interest: N/A

Objectives

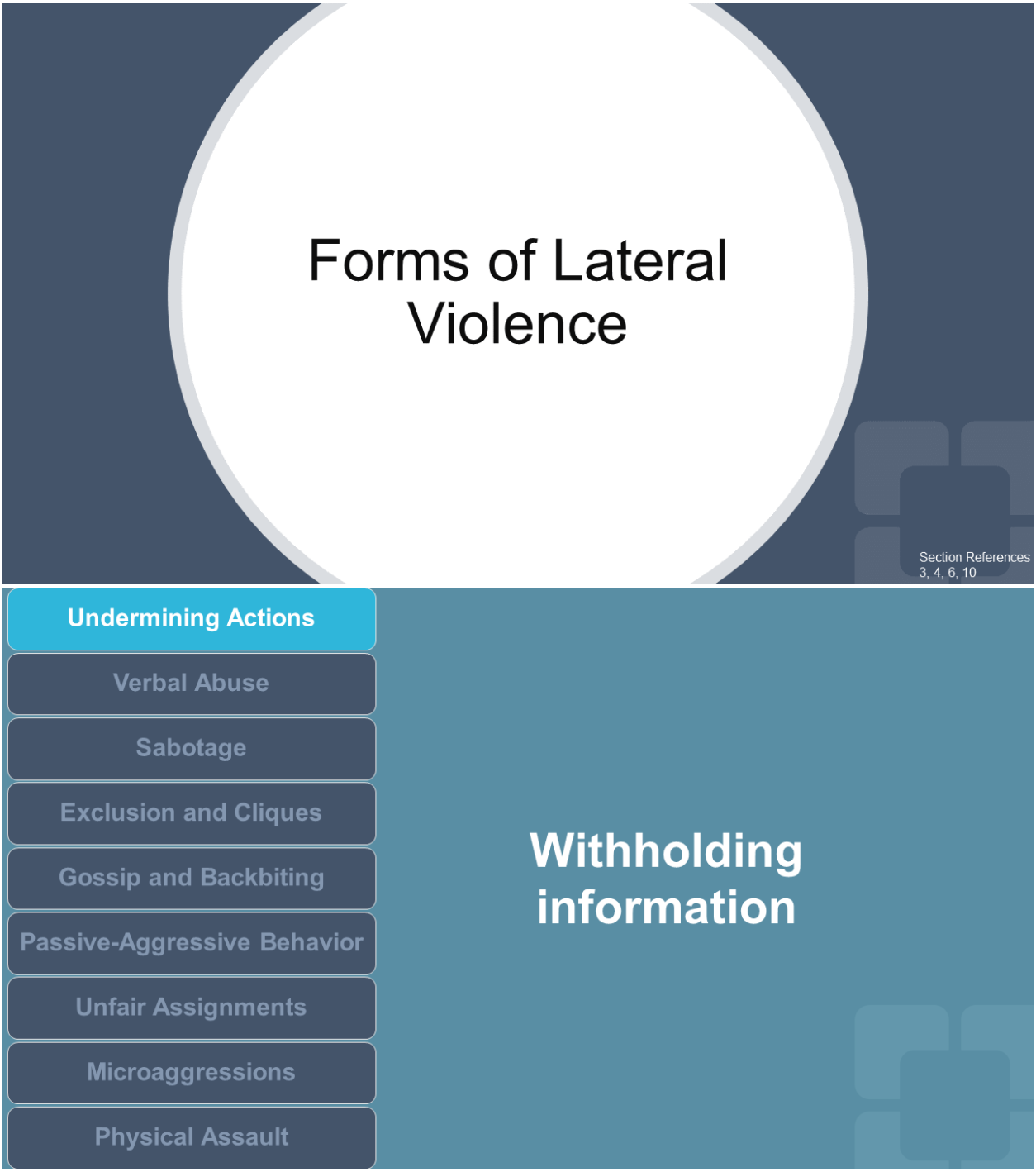
Participants will:

- Define forms of lateral violence in healthcare
- Identify signs of lateral violence in the healthcare setting
- Discuss the impact of lateral violence on individuals and the overall healthcare environment
- Discuss the use of cognitive rehearsal in responding to and managing lateral violence
- Identify two key resources available for healthcare professionals who may experience lateral violence in their workplace

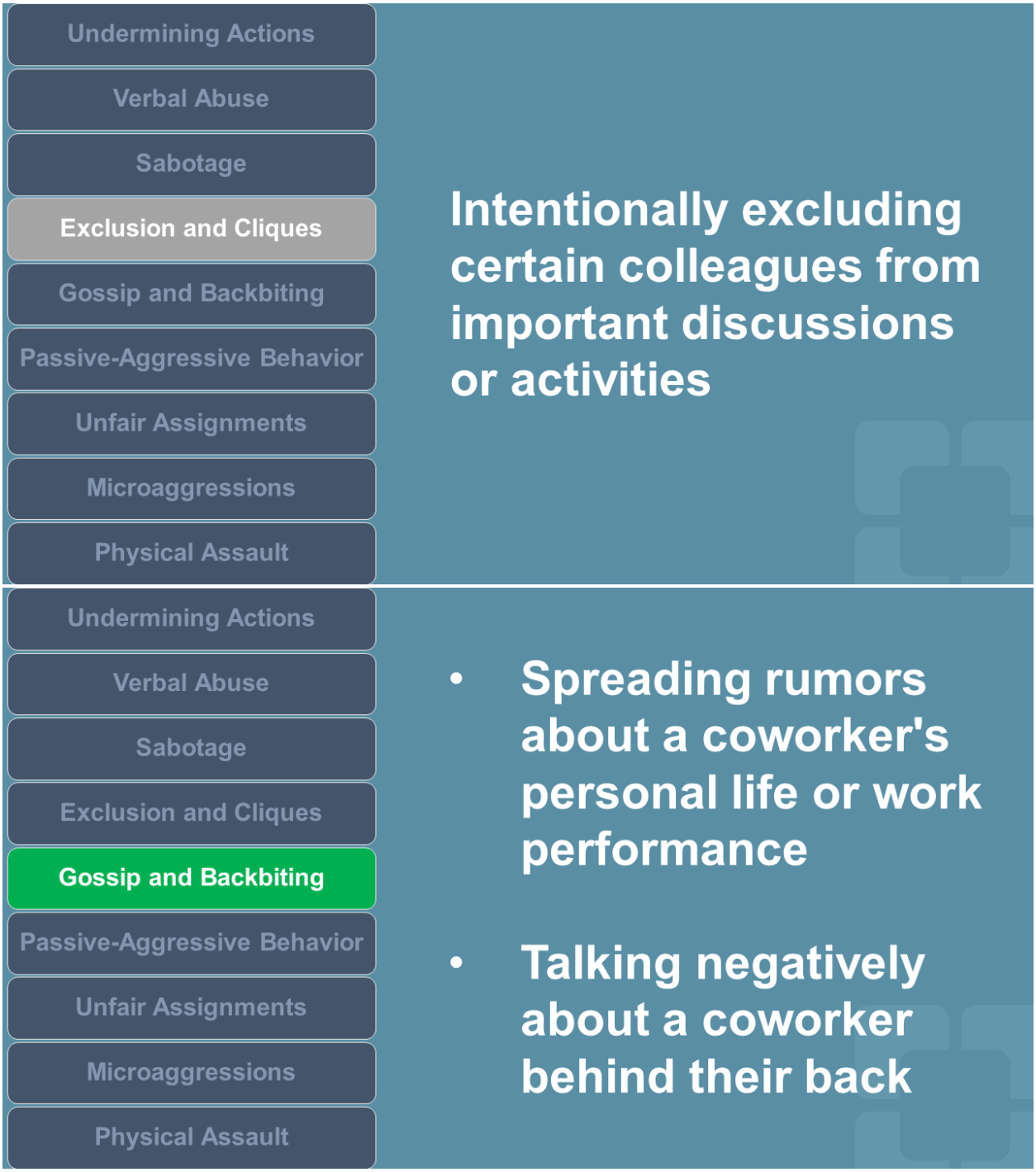

What is Lateral Violence?
Workplace Violence
“Any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the worksite”
Can be initiated by patients, family members/visitors, and other healthcare workers
Reference 9

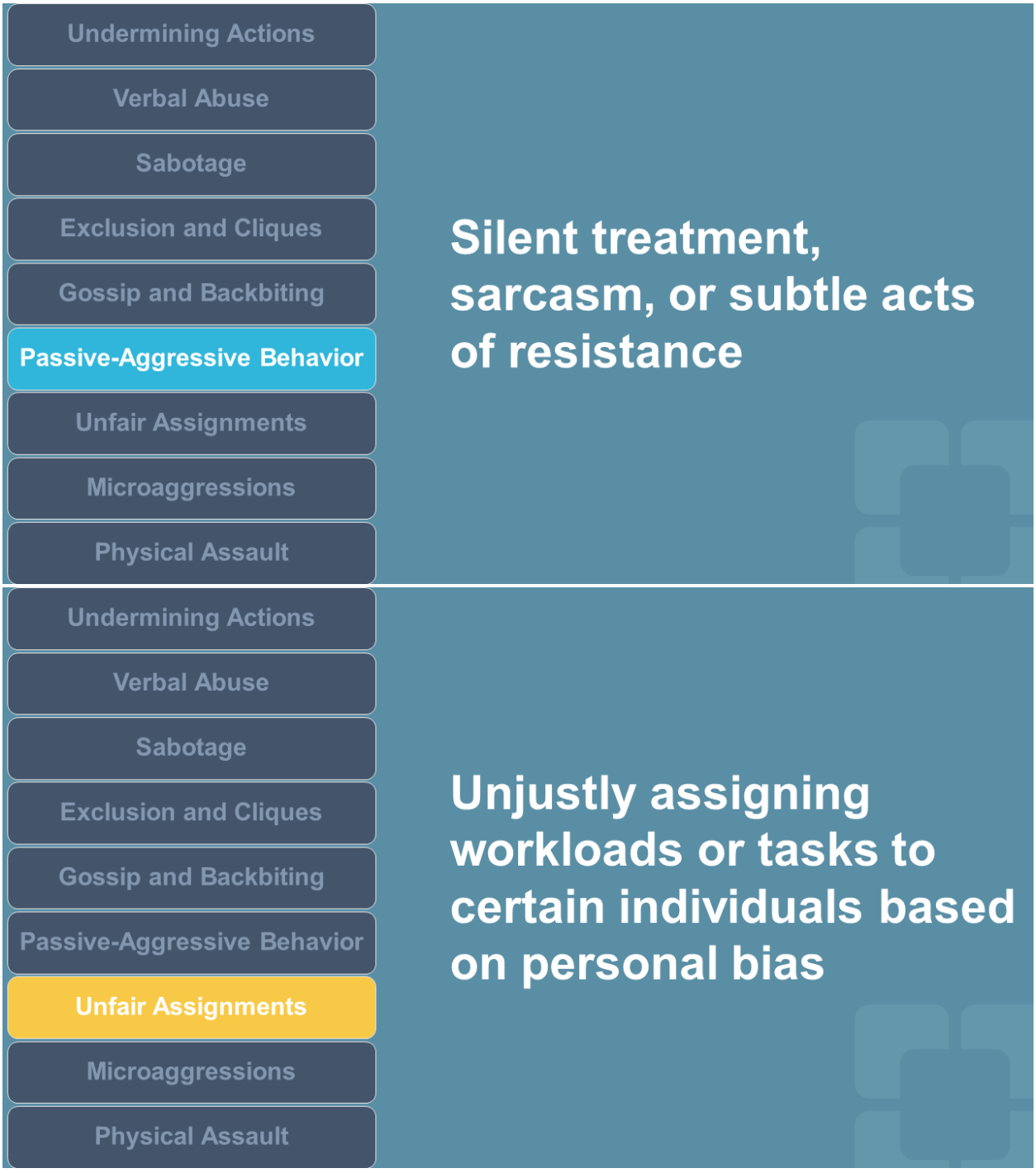

Lateral Violence
Also known as horizontal violence, bullying, and incivility
Conflict among peers in a group or organization
References 2, 3, 5, 7, 10, 12

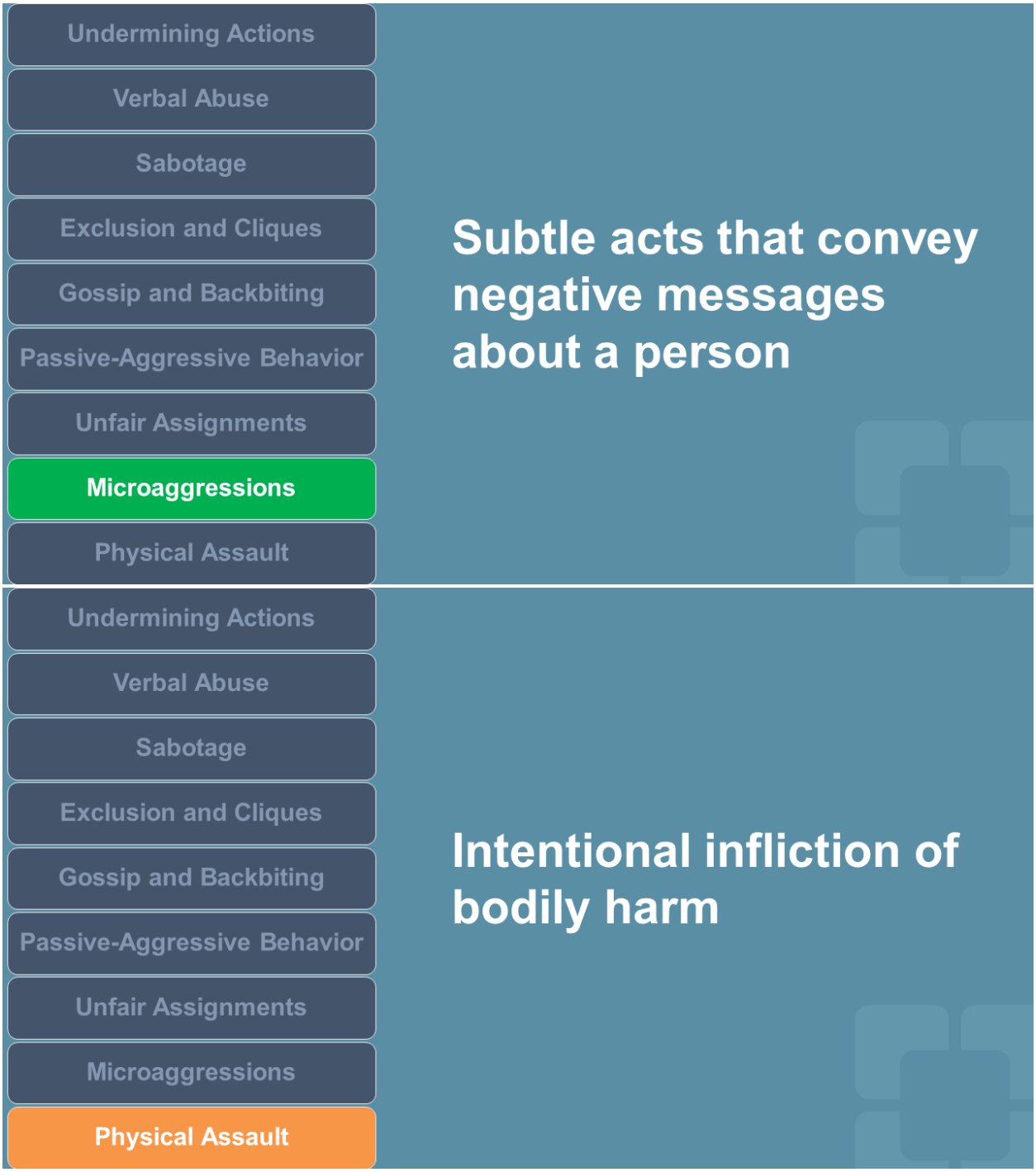

Time for a Poll!


Forms of Lateral Violence
Section References
3, 4, 6, 10
Undermining Actions
Verbal Abuse
Sabotage
Exclusion and Cliques
Gossip and Backbiting
Passive-Aggressive Behavior
Unfair Assignments
Microaggressions
Physical Assault
Withholding information

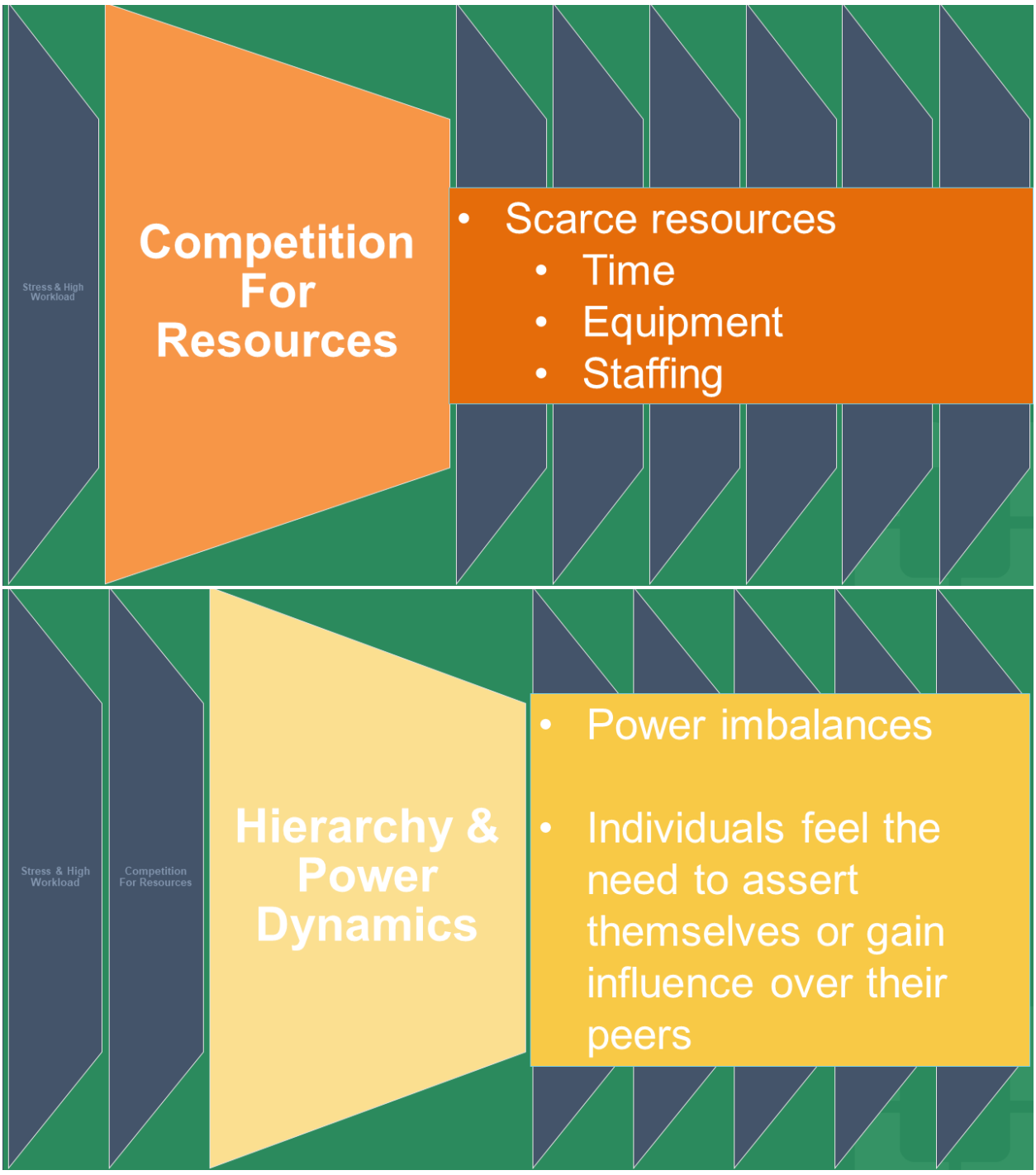

Undermining Actions
Verbal Abuse
Sabotage
Exclusion and Cliques
Gossip and Backbiting
Passive-Aggressive Behavior
Unfair Assignments
Microaggressions
Physical Assault
• Disrespectful or hurtful communication
• Insults or harsh criticism
Undermining Actions
Verbal Abuse
Sabotage
Exclusion and Cliques
Gossip and Backbiting
Passive-Aggressive Behavior
Unfair Assignments
Microaggressions
Physical Assault
Intentionally misplacing or mishandling equipment that a colleague needs to do their job

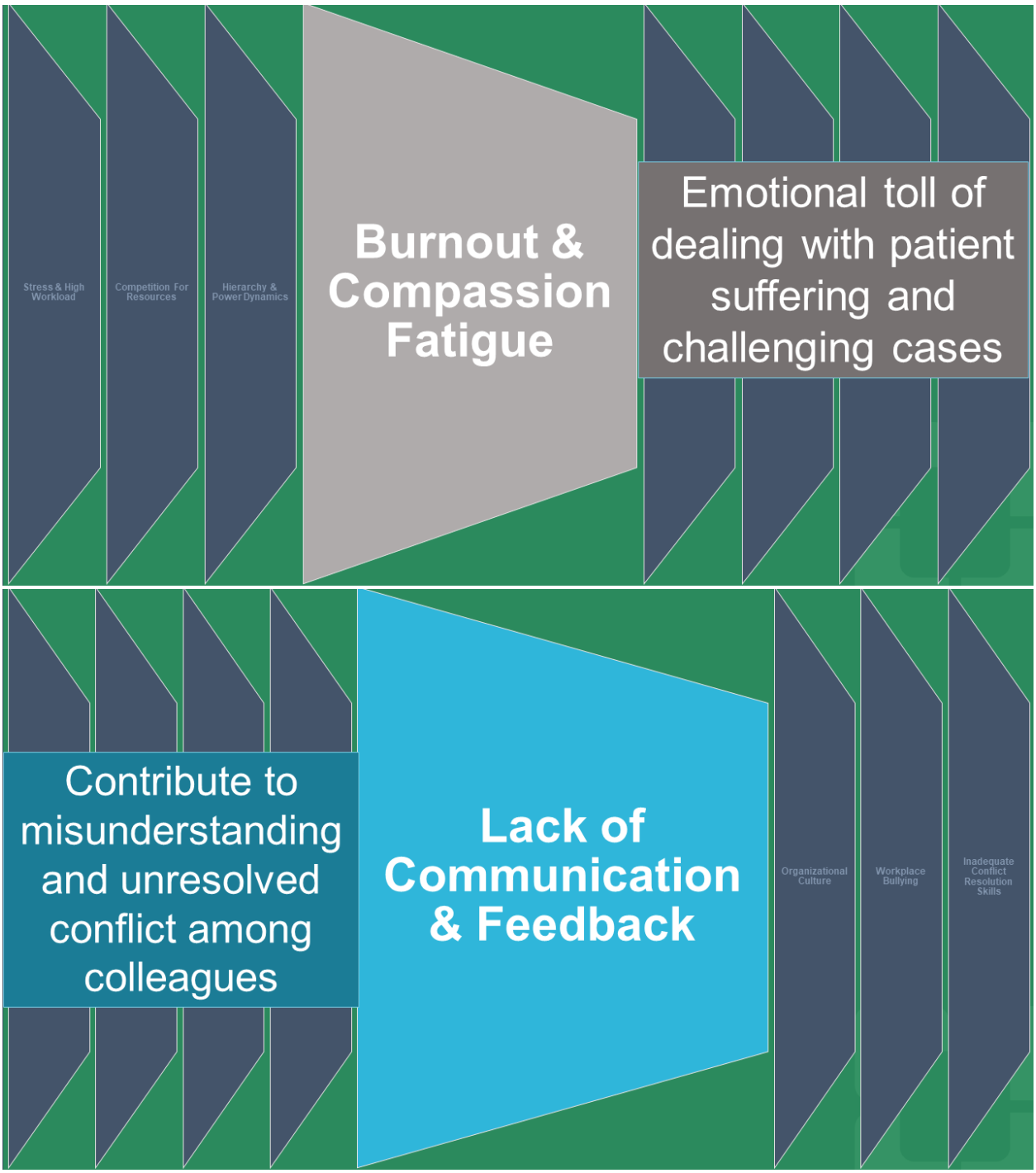

Undermining Actions
Verbal Abuse
Sabotage
Exclusion and Cliques
Gossip and Backbiting
Passive-Aggressive Behavior
Unfair Assignments
Microaggressions
Physical Assault
Intentionally excluding certain colleagues from important discussions or activities
Undermining Actions
Verbal Abuse
Sabotage
Exclusion and Cliques
Gossip and Backbiting
Passive-Aggressive Behavior
Unfair Assignments
Microaggressions
Physical Assault
• Spreading rumors about a coworker's personal life or work performance
• Talking negatively about a coworker behind their back


Undermining Actions
Verbal Abuse
Sabotage
Exclusion and Cliques
Gossip and Backbiting
Passive-Aggressive Behavior
Unfair Assignments
Microaggressions
Physical Assault
Silent treatment, sarcasm, or subtle acts of resistance
Undermining Actions
Verbal Abuse
Sabotage
Exclusion and Cliques
Gossip and Backbiting
Passive-Aggressive Behavior
Unfair Assignments
Microaggressions
Physical Assault
Unjustly assigning workloads or tasks to certain individuals based on personal bias


Undermining Actions
Verbal Abuse
Sabotage
Exclusion and Cliques
Gossip and Backbiting
Passive-Aggressive Behavior
Unfair Assignments
Microaggressions
Physical Assault
Subtle acts that convey negative messages about a person
Undermining Actions
Verbal Abuse
Sabotage
Exclusion and Cliques
Gossip and Backbiting
Passive-Aggressive Behavior
Unfair Assignments
Microaggressions
Physical Assault
Intentional infliction of bodily harm


Why Does Lateral Violence Happen?
Section References
3, 4, 6, 11, 12
Stress & High Workload
• High stress environment
• Heavy workloads
• Pressure to provide quality patient care


Stress & High Workload
Competition For Resources
• Scarce resources
• Time
• Equipment
• Staffing
Stress & High Workload
Competition For Resources
Hierarchy & Power Dynamics
• Power imbalances
• Individuals feel the need to assert themselves or gain influence over their peers


Stress & High Workload
Competition For Resources
Hierarchy & Power Dynamics
Burnout & Compassion Fatigue
Emotional toll of dealing with patient suffering and challenging cases
Contribute to misunderstanding and unresolved conflict among colleagues
Lack of Communication & Feedback
Organizational Culture
Workplace Bullying
Inadequate Conflict Resolution Skills


Tolerating or overlooking disrespectful behavior
Organizational Culture
Workplace Bullying
Inadequate Conflict Resolution Skills
Individuals who have experienced bullying may, in turn, engage in lateral violence as a way of coping or asserting control
Workplace Bullying
Inadequate Conflict Resolution Skills


Stress & High Workload
Competition F Resources
Not having the necessary skills or training to manage conflicts
Inadequate Conflict Resolution Skills


Why Should We Care?

Impact on Healthcare Workers

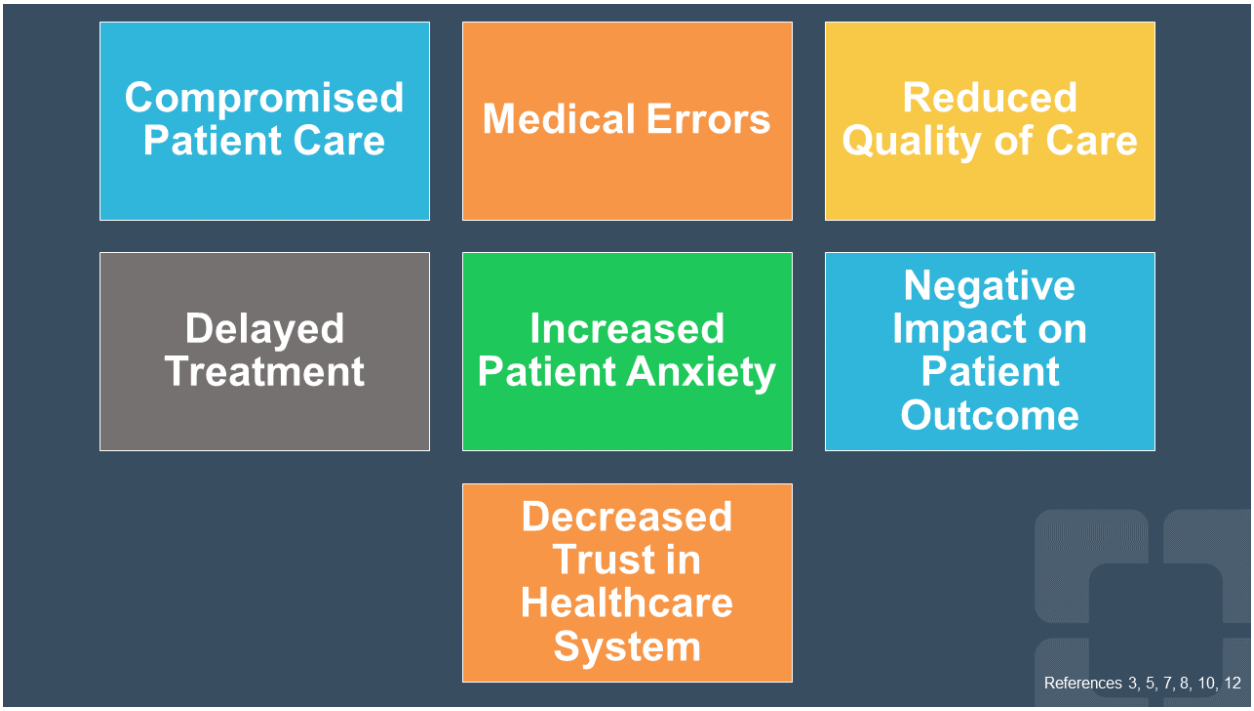
TARGETS

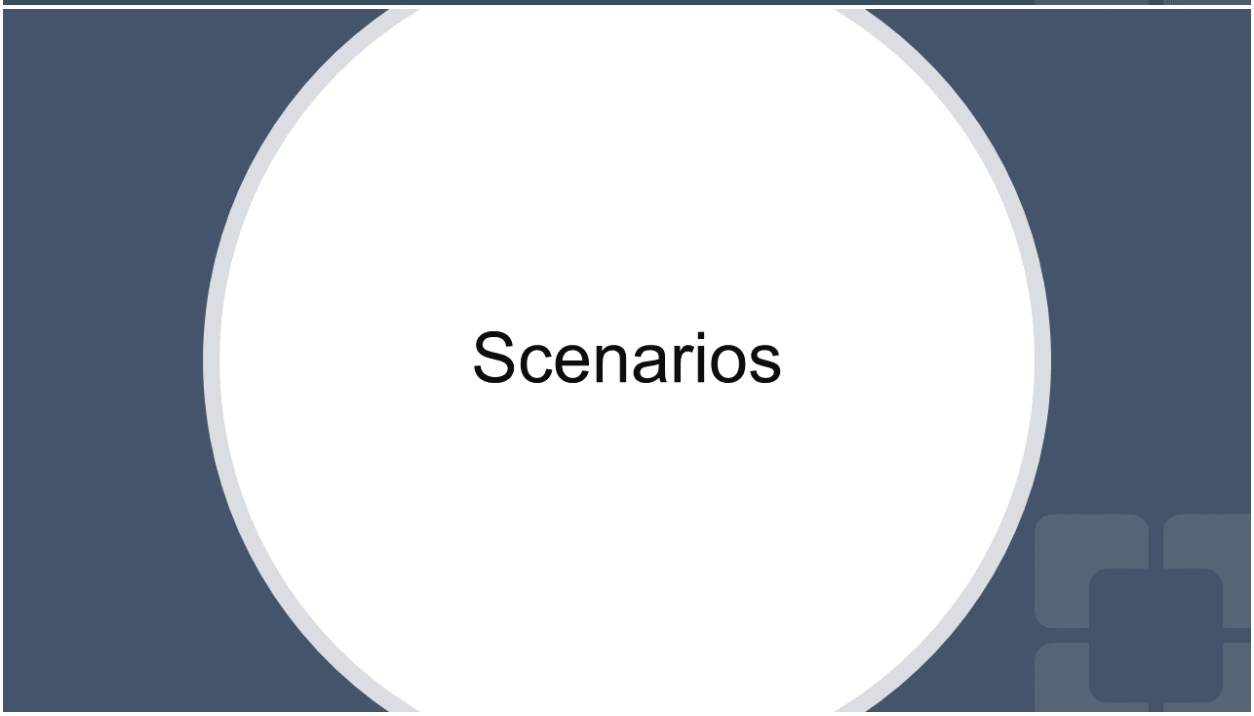
- Emotional Strain
- Decreased Job Satisfaction
- Poor Workplace Morale
- Physical Health Consequences

References 2, 3, 5, 7, 8, 10, 11, 12


WITNESSES
Emotional Distress
Negative Work Environment
Fear & Silence
Decreased Job Performance
Moral & Ethical Dilemmas
Impact on Team Dynamics
Health Consequences
References 2, 3, 5, 7, 8, 10, 11, 12


Impact on Patients


Compromised Patient Care
Medical Errors
Reduced Quality of Care
Delayed Treatment
Increased Patient Anxiety
Negative Impact on Patient Outcome
Decreased Trust in Healthcare System
References 3, 5, 7, 8, 10, 12


Scenarios

Scenario #1

A veteran nurse consistently:

- Questions the junior nurse's clinical judgment in front of other team members
- Dismisses their suggestions during patient care discussions
- Selectively withholds important information necessary for the junior nurse to carry out their responsibilities

- Verbal Abuse
- Sabotage
- Passive-Aggressive Behavior
- Undermining


Verbal Abuse
Sabotage
Passive-Aggressive Behavior
Undermining


Verbal Abuse
Sabotage
Passive-Aggressive Behavior
Undermining

Scenario #2

Mark, a physician assistant, becomes frustrated with Shelly, a medical assistant, for perceived mistakes in patient documentation.

Mark starts yelling at the Shelly in front of other staff members, using derogatory language and making personal attacks.

- Verbal Abuse
- Sabotage
- Passive-Aggressive Behavior
- Exclusion & Cliques

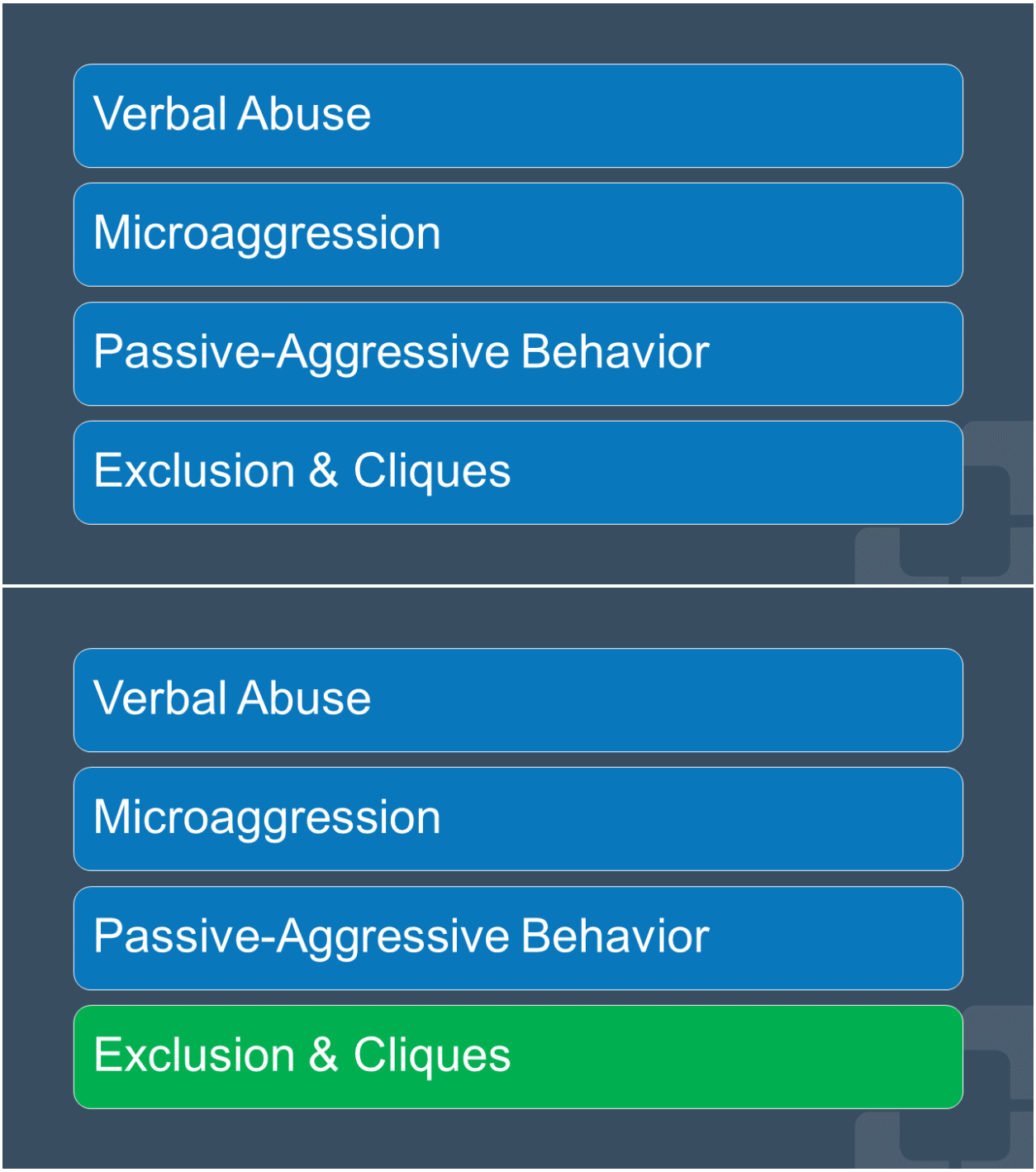
- Verbal Abuse
- Sabotage
- Passive-Aggressive Behavior
- Exclusion & Cliques

Scenario #3

A group of long-time lab technicians often gathers separately, making a newly hired technician feel isolated.

They selectively keep the new technician out of important discussions about lab procedures and data management.

This limited sharing of information could create gaps in knowledge and coordination within the lab team.


Verbal Abuse
Microaggression
Passive-Aggressive Behavior
Exclusion & Cliques
Verbal Abuse
Microaggression
Passive-Aggressive Behavior
Exclusion & Cliques

Scenario #4

While discussing improvements in patient care during team huddle, Mark suggests an idea that Sarah had previously proposed without giving her credit.

Sarah responds with, "Great idea, Mark! Maybe we should all start taking notes from you."

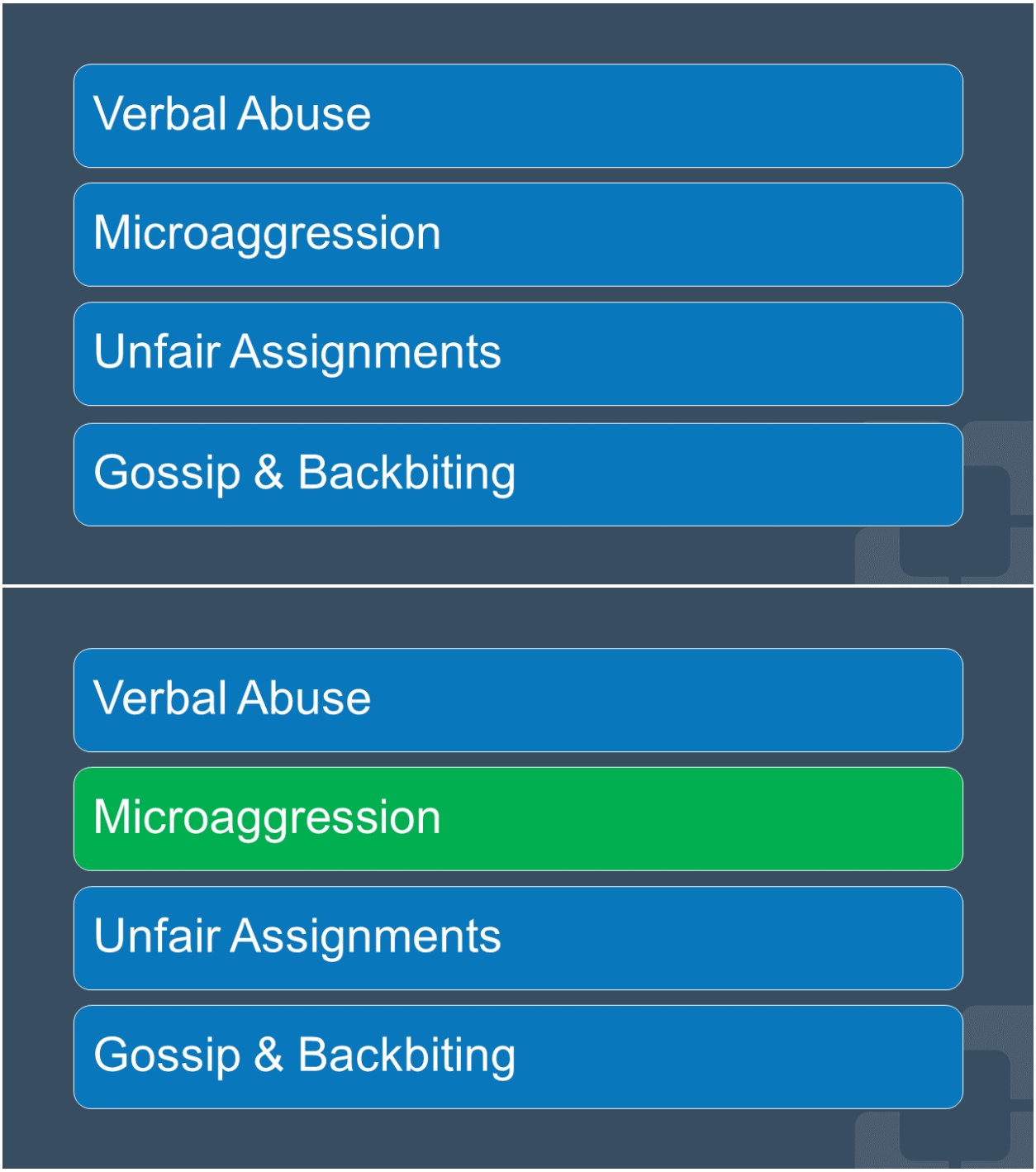
- Verbal Abuse
- Microaggression
- Passive-Aggressive Behavior
- Gossip & Backbiting

- Verbal Abuse
- Microaggression
- Passive-Aggressive Behavior
- Gossip & Backbiting

Scenario #5

During a leadership meeting, Beth is expressing her opinion about changing the way time off is requested.

John interrupts her and says, "You're being too emotional about this. Let's let the rational minds discuss it."


Verbal Abuse
Microaggression
Unfair Assignments
Gossip & Backbiting
Verbal Abuse
Microaggression
Unfair Assignments
Gossip & Backbiting

Responding to Lateral Violence

Resources 2, 12

Cognitive Rehearsal

Evidence-based technique

Uses mental imagery and visualization

Helps prepare for or manage difficult interactions and situations

Rehearse difficult or challenging situations

By memorizing exact responses and phrases

- Lessen worry
- Increase confidence
- Improve self-control

Resources 13,14,15

Scenario #1

A veteran nurse consistently:

- Questions the junior nurse's clinical judgment in front of other team members
- Dismisses the junior nurse's suggestions during patient care discussions
- Selectively withholds important information necessary for the junior nurse to carry out their responsibilities

Ways to Respond

"I appreciate your concern, but I stand by my judgment based on the information available to me. Let's discuss this further after the meeting."

"I value your experience, but I believe my suggestion could benefit the patient. Can we explore it together?"

"I understand this information is important. Could you please share it with me?"

Scenario #2

Mark, a physician assistant, becomes frustrated with Shelly, a medical assistant, for perceived mistakes in patient documentation.

Mark starts yelling at the Shelly in front of other staff members, using derogatory language and making personal attacks.

Ways to Respond

"I understand your concerns about the documentation, but it's not acceptable to speak to me in this manner. Let's find a constructive way to address any issues with the documentation.“

"I would like to involve my supervisor or HR to address this and find a resolution."

Scenario #3

A group of long-time lab technicians often gathers separately, making a newly hired technician feel isolated.

They selectively keep the new technician out of important discussions about lab procedures and data management.

This limited sharing of information could create gaps in knowledge and coordination within the lab team.

Ways to Respond

"I'm eager to learn and contribute. Can I join your discussions about lab procedures?"

"I believe my input could be valuable. Can I be included in these discussions?"

"If there's anything I can do to help with data management, please let me know."

"I'd like to get to know you all better. Maybe we can grab coffee together sometime?"

Scenario #4

While discussing improvements in patient care during team huddle, Mark suggests an idea that Sarah had previously proposed without giving her credit.

Sarah responds with, "Great idea, Mark! Maybe we should all start taking notes from you."

Ways to Respond

"You're right, Sarah. That was your idea, and I appreciate you bringing it up before."

"I'm sorry for not giving you credit earlier. Your ideas are valuable to the team."

"Thank you for reminding us of your suggestion. It's an important one that we should consider."

Scenario #5

During a leadership meeting, Beth is expressing her opinion about changing the way time off is requested.

John interrupts her and says, "You're being too emotional about this. Let's let the rational minds discuss it."

Ways to Respond

"I would appreciate it if you could allow me to finish before we move on to other viewpoints."

"I'm passionate about this topic, but I can discuss it rationally. Let's continue the discussion."

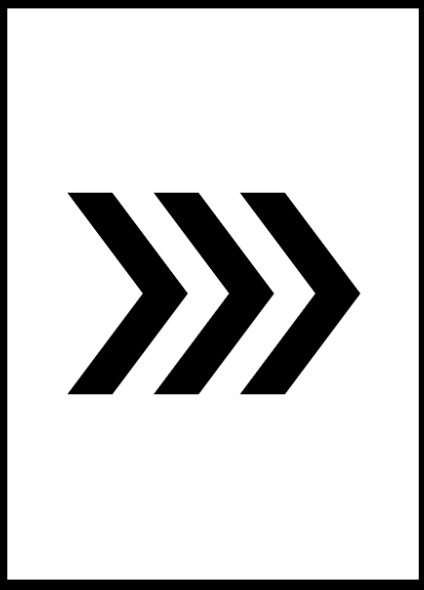
"I'm open to feedback but believe my viewpoint is valuable."


Reporting
Workplace Violence Policy Statement
Cleveland Clinic is committed to maintaining a safe and productive work environment for our employees and to protecting the safety and well-being of our patients, their families and visitors.
Violent, threatening, harassing or intimidating behavior, when exhibited by patients, employees, contractors, vendors or visitors is not permitted, and will not be tolerated.
Cleveland Clinic will promptly investigate instances of such behavior and take appropriate action.

Cleveland Clinic is a blame-free environment in which reporting of all workplace violence incidents is strongly encouraged.

No employee will suffer retaliation for making a good- faith report of violence in the workplace.

Cleveland Clinic provides workplace violence prevention education to all employees and follow up care and support for victims and witnesses that have been affected by workplace violence.



Employees who believe that they have experienced any form of workplace violence shall follow the reporting procedure outlined in the **Workplace Violence Procedure**

Workplace Violence Procedure

Type III violence can occur in any direction within the organization hierarchy.

Actual or threatened violence between employees commonly referred to as lateral or horizontal violence.

Can include bullying and mobbing, and frequently involves verbal and emotional abuse that is unfair, offensive, vindictive, and/or humiliating.

Reporting Procedure

Employees experiencing threats or violence on premises must report to their supervisor, HR, or the Office of Professional Staff Affairs promptly.

Early resolution encouraged for disputes; reporting should precede escalation.

Safety Event Reporting System (SERS)

Submit a SERS report using the Workplace Violence Icon

Confidentiality and Non-Retaliation

Employees making good-faith reports will not face retaliation.

Strict confidentiality pursued during investigations, though full assurance is not guaranteed due to thoroughness.

Supervisor Role

Supervisors report incidents to HR or the Office of Professional Staff Affairs.

Collaboration in investigations as requested.

Investigation Process

Cleveland Clinic commits to prompt, thorough, and impartial investigations into all reports.

Protection of privacy is a priority, though strict confidentiality is challenging due to thoroughness.

Outcome and Action

HR or the Office of Professional Staff Affairs decides actions post-investigation, ranging from corrective measures to termination.

Employee Assistance Program referral possible, involving fitness-for-duty assessments and compliance with recommendations.

False Accusations

If investigation reveals a knowingly false accusation, corrective action, including termination, may be taken against the complainant.


Resources
Caring for Caregivers
• Ohio Employees: 216-445-6970 or 1-800-988-8820
• Florida, Nevada, and Remote Out-of-State caregivers call external EAP: 800- 624-5544
Police Department Advocacy Program
• 216-636-1174

MyLearning

Lippincott: Worker-on-Worker Violence: Start the Conversation (ANPD)

- 1.5 Hours
- CE available

Lippincott: Horizontal Violence: Incivility and Bullying in Health Care

- 1 hour
- CE available

Workplace Bullying Institute

Support, Education, Solutions & Advocacy

https://workplacebullying.org/

Ultimately, the reward of a healthy work environment results in a higher quality of care

Resource 16

Fostering a Healthier Workplace
Increasing Awareness of Lateral Violence (CCE24033)

Can take a picture of slide with your cellphone

HOW TO OBTAIN CREDIT Can use the slide in course and enlarge the code

1. Scan the QR Code using the camera on your mobile device
2. Enter your information as prompted

Please contact myCME@ccf.org if you need assistance.

The code is active for 30 days following the meeting. **EVENT CODE: CCE2403301**

www.ccfcme.org/cmelogin

References

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Appendix B

Evaluation

Cleveland Clinic Foundation

Center for Continuing Education

Session Evaluation

Session Title:	**Fostering a Healthier Workplace Increasing Awareness of Lateral Violence**
Session Code:	**CCE2403301**
Activity Name:	**Fostering a Healthier Workplace Increasing Awareness of Lateral Violence**
Activity Number:	**CCE24033**
Activity Type:	**Live**
Session Date:	**03/12/2024**
Credit Available:	**1.00**
Date of Report:	**01/24/2024 2.44:16 PM**

Faculty Name: Rebecca Cesa, MSN

Bias Free:
Choices: Excellent, Good, Satisfactory, Poor

Content:
Choices: Excellent, Good, Satisfactory, Poor

Delivery:
Choices: Excellent, Good, Satisfactory, Poor

Practical Value:
Choices: Excellent, Good, Satisfactory, Poor

Visual Aids:
Choices: Excellent, Good, Satisfactory, Poor

Please rate the activity objectives:

Participants will understand the definition and various forms of lateral violence in healthcare.
Choices: High Impact, Moderate Impact, No Impact

Participants will be able to identify common signs and manifestations of lateral violence in the healthcare setting.
Choices: High Impact, Moderate Impact, No Impact

Participants will gain knowledge about the impact of lateral violence on individuals, teams, and the overall healthcare environment.
Choices: High Impact, Moderate Impact, No Impact

Participants will identify key resources available for healthcare professionals who may experience lateral violence in their workplace.
Choices: High Impact, Moderate Impact, No Impact

After this presentation how comfortable are you with recognizing lateral violence
Choices: High Confidence, Moderate Confidence, Low Confidence

After this presentation how comfortable are you with reporting lateral violence
Choices: High Confidence, Moderate Confidence, Low Confidence

How useful was this presentation to your caregiver role
Choices: High Impact, Moderate Impact, No Impact

The overall rating for the content of this program
Choices: 4 (highest), 3, 2, 1 (lowest)

Cleveland Clinic Foundation
Center for Continuing Education
Session Evaluation

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Based on this program, name ONE specific concept that you learned and that you will incorporate into your practice:

Textbox answer

Comments / Suggestions / Future Topics:

Textbox answer

Appendix C

Email Invitation

Subject: Invitation: Fostering a Healthier Workplace - Presentation on Lateral Violence

Dear [redacted] Hospital Team,

As part of our ongoing commitment to creating a healthy and supportive work environment, we are pleased to invite you to a special presentation on "Fostering a Healthier Workplace: Increasing Awareness of Lateral Violence."

Date: Tuesday, March 12, 2024

Time: 12:00 p.m. - 1:00 p.m.

Location: Live streaming available on Teams

Presenter: Rebecca Cesa, MSN, APRN-CNP, CPHQ

During this session, we will discuss lateral violence and identify resources available to those who have been affected by lateral violence.

To join the presentation virtually via Teams, please click here.

Thank you for your dedication to the well-being of our [redacted] community. We look forward to your presence at the presentation.

Appendix D

Flyer

Fostering a Healthier Workplace: Increasing Awareness of Lateral Violence

Friday, March 22 from 12-1 p.m.
Join via Teams

Presented by Rebecca Cesa, MSN, APRN-CNP, CPHQ

Participants will:

- Define forms of lateral violence in healthcare.
- Recognize common signs and manifestations of lateral violence in the healthcare setting.
- Discuss the impact of lateral violence on individuals, teams, and the overall healthcare environment.
- Identify two (2) key resources available for healthcare professionals who may experience lateral violence in their workplace.

In support of improving patient care, Cleveland Clinic Center for Continuing Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Scan to join meeting

Nursing contact hours available

The Stanley Shalom Zielony Institute for Nursing Excellence

Appendix E

Infographic

Fostering a Healthier Environment: Navigating Lateral Violence Awareness and Solutions

Types of violence against healthcare workers

- Undermining Actions
- Verbal Abuse
- Sabotage
- Exclusion & Cliques
- Gossiping

- Passive-Aggressive Behavior
- Unfair Assignments
- Microaggressions
- Physical Violence

Impact of Lateral Violence

- Compromised patient care
- Adverse physical and mental health effects
- Decreased job satisfaction
- Reduced productivity
- Poor team dynamic

How to Report

Notify
Supervisor or nurse manager
Human Resources
Office of Professional Staff Affairs

Safety Event Reporting System (SERS)
Submit a SERS report using the Workplace Violence Icon

Resources

Caring for Caregivers
Ohio Employees 800-989-8820
All others: 800-624-5544

Cleveland Clinic Police Department Victim Advocacy Program
216-636-1174

Appendix F

Pocket Card

Uncivil Behavior	Potential Verbal Responses
Using nonverbal behaviors or innuendo (e.g. eye-rolling, making faces, deep sighing, raising eyebrows)	"I sense/see from your facial expression that there may be something you wish to say to me. It is OK to speak to me directly."
Name-calling, verbal affronts, demeaning comments, putdowns, sarcastic remarks	"I learn best form individuals who address me with respect and who value me as a member of the team. Is there a way we can structure this type of interaction?"
Using silent treatment or withholding important information (practice or patient).	"It is my understanding that there was/is more information available regarding this situation. Please share any other important information because safe patient care depends on a full report."
Spreading rumors, gossiping, failing to support a coworker	"I don't feel right talking about him/her/situation when I wasn't there and don't know the facts. Perhaps the information was taken out of context. I suggest you check it out with him/her."
Making fun of another nurse's appearance, demeanor, or personality trait.	"She/he is a valuable member of the team and deserves our support. How can we be more inclusive and work more efficiently as a team?"
Failing to support or encouraging others to turn against a coworker	"I am not feeling like a valued coworker. Can we approach this differently? What helped you to fit in here?"

Uncivil Behavior	Potential Verbal Responses
Infighting (bickering with peers)	"This is not the time or place – please stop." Physically move to a private location. "I'm moving to another location."
Scapegoating (attributing all that goes wrong to one individual)	Rarely is one person, incident or situation the cause for ALL that goes wrong, and scapegoating is an easy route to travel, but rarely solves problems. "I don't think that is the right connection."
Backstabbing (complaining to others about an individual and not speaking directly to that individual).	"I don't feel right talking about him/her when they are not present. If you have an issue with him/her, I suggest you speak to them directly."
Failure to respect privacy or broken confidences	"That may be information that I don't need to know/hear. What would help me is..." "Wasn't that said in confidence?" "That sounds like information that should remain confidential." "He/she asked me to keep that confidential"
Sabotaging a coworker (deliberate setting up of a situation).	"There is more to this situation than meets the eye. Could you and I meet in private and explore what happened?"

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