An Integrative Research Review of the Impact of Bystander Training on Violence for Utilization in Nursing

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Background

- Lateral violence in nursing can be defined as negative behavior expressed towards a coworker through attitudes, actions, or words leading to “burnout, increased staff turnover and poor patient outcomes” (Becher & Visovsky, 2012, p. 210).
- As of January 1, 2009, Joint Commission required Leadership to have a code of conduct and a “process for managing disruptive and inappropriate behaviors” (The Joint Commission [TJC], 2008, para. 8).
- At the workgroup level the first step in breaking the cycle of “bullying is for individuals to understand the place of bystander non-intervention in escalating unacceptable and hostile behaviors” (Hutchinson, 2013, p. 567).
- The Green Dot intervention program teaches bystanders to assess a situation, view their options for action, and select and safe effective behaviors such as direction, distraction and delegation, in which to carry out (Coker et al., 2011).

The purpose of this project is to evaluate the effectiveness of bystander intervention and training on violence, and determine whether the Green Dot bystander intervention program could be effective in reducing lateral violence in nursing.

Research Question

Will nurses undergoing bystander training be able to impact lateral violence as compared to those without training?

Methods

Inclusion Criteria: Inclusion Criteria:

- Studies that addressed bystander intervention and training.
- Any race or gender
- All types of violence that address bystander intervention or training effects.

Exclusion Criteria:

- Studies published as abstracts only.
- Studies lacking focus on bystander intervention or training.
- Studies focused on punishment as a tool to decrease violence.
- Randomized clinical trials, meta-analyses, and systematic reviews were retrieved with comparative data providing evidence.
- Five authors reviewed each article using a mutually agreed upon list of keywords used independently and grouped during literature search: bystander training, bystander intervention, bystander effects, Green Dot, lateral violence, bullying, horizontal violence, and incivility. Code Pink.
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Search Process:

- Sources: CINAHL, Google scholar, OVID, PubMed & Medline Plus.
- Keywords used independently and grouped during literature search: bystander training, bystander intervention, bystander effects, Green Dot, lateral violence, bullying, horizontal violence, incivility, Code Pink.
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Inclusion Criteria

- Studies focusing on intervention or training of the victim only.
- Studies focused on punishment as intervention.

Study Design

- Sample Size (Authors)
- Variables of Interest
- Study Design
- Statistical Analysis
- Results
- Summary

- n=502 (undergraduate and graduate students)
- Evaluation of bystander education program: Impact on awareness and sense of responsibility
- Randomized controlled, pre-post design
- Failed example t- test
- There was a significant difference in bystanders' intentions to help in pre- and post test conditions (p<.05). Participants in the intervention group had a higher mean score than those in the control
- Decreased rape myth acceptance and denial of interpersonal violence and increase in responsibility to act and increase sense of responsibility. After participating in a bystander education program, rape myth acceptance and sense of responsibility increased, and decreased intention to help and responsibility for helping increased.
- Limitations: Lack of control group, no formal testing for intervention validity was conducted, omission of a measure of social desirability, convenience samples, and use of 15 items to assess bystander behavior. Very few of the students had bystander intervention training or had bystander intervention training at the same time. All students did not receive their training.

Bum, Shera (2008)
- n=156 (undergraduate students)
- Effect of intervention on bystander behavior and awareness of bystander intervention behavior in regards to lateral violence
- Randomized trial
- Significant differences were found in mean scores of participants who were in the intervention group (p<.05).
- Barriers to bystander intervention were successfully diminished and intervention behavior increased for men (p<.05).
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- Barriers to bystander intervention were successfully diminished and intervention behavior increased for men (p<.05).
- Limitations: Due to the small sample size, results cannot be generalized.

Coker et al. (2011)
- n=1504 (undergraduate students at the University of Kentucky)
- Effect of intervention on observed active bystander behavior in undergraduate students
- Randomized controlled, pre-post design
- Students that received bystander training demonstrated more active bystander behaviors than those with no intervention. Those receiving bystander interventions demonstrated significantly more active bystander behaviors and more observed active bystander behaviors when compared with students receiving no intervention.
- Limitations: Need to determine other areas of violence.

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Results

- Bystanders education resulted in a significant increase in a sense of responsibility for helping and when contribution was seen as necessary (Amar et al., 2012; Greitemeyer & Mügge, 2013; Markay, 2000; Pallasinski, 2012).
- Overcoming barriers of failure to take intervention responsibility and intervene may be overcome by increasing some sense of bystander intervention norms (Burn, 2009).
- Those who received Green Dot education had significantly higher self-reported active and observed bystander behaviors when compared with individuals receiving no intervention (Coker et al., 2011).
- Public self-awareness increases helping behavior based on cost versus benefits. A cue may be necessary for people to become aware of the benefits of their behaviors (van Baomme, van Prooijen, Elffers, & Van Lange, 2012).
- Individuals reacted faster when they had their inhibitions addressed prior (Van den Bos, Müller, & van Buusel, 2009).

Discussion

We could only locate two studies on bystander training specific (Amar et al., 2012; Coker et al., 2011), but several studies addressing interventions towards bystanders and their effects. Each of these studies revealed that bystanders will help when interventions have been put in place, such as: when they feel a sense of responsibility; there is a benefit to intervening; they are under public scrutiny; or when they have had bystander education or training (Amar et al., 2012; Burn, 2009; Coker et al., 2011; Greitemeyer & Mügge, 2013; Markay, 2000; Pallasinski, 2012; van Baomme et al., 2012; Van de Bos et al., 2009).

Due to the findings of this data it is believed that the Green Dot bystander intervention program, which addresses many of these factors, could be an effective tool in addressing lateral violence in nursing.

Conclusions

Strengths: The bystander effect has been studied in-depth with multiple interventions utilized in large sample populations. Bystander intervention and training has been shown effective in multiple areas of violence.

Limitations: We were unable to locate where bystander training had been studied in the nursing environment. Until this has been implemented in relation to lateral violence or nursing and until follow-up research is completed, it remains to be seen whether it will be as effective as it is in other areas of violence.

Implications: Previous focus has been on the victim of lateral violence not the bystander. Bystander training has been shown to be effective in other areas of violence. The Green Dot bystander intervention program demonstrated effective means of addressing lateral violence and thus improving the work environment for staff and the safety of their patients.

Recommendations for future studies: Future studies on bystander training effectiveness in the nursing field will help identify its usefulness with lateral violence.

References

Reference list with full access information is available from the authors.