



# Breaking the Cycle of Horizontal Violence

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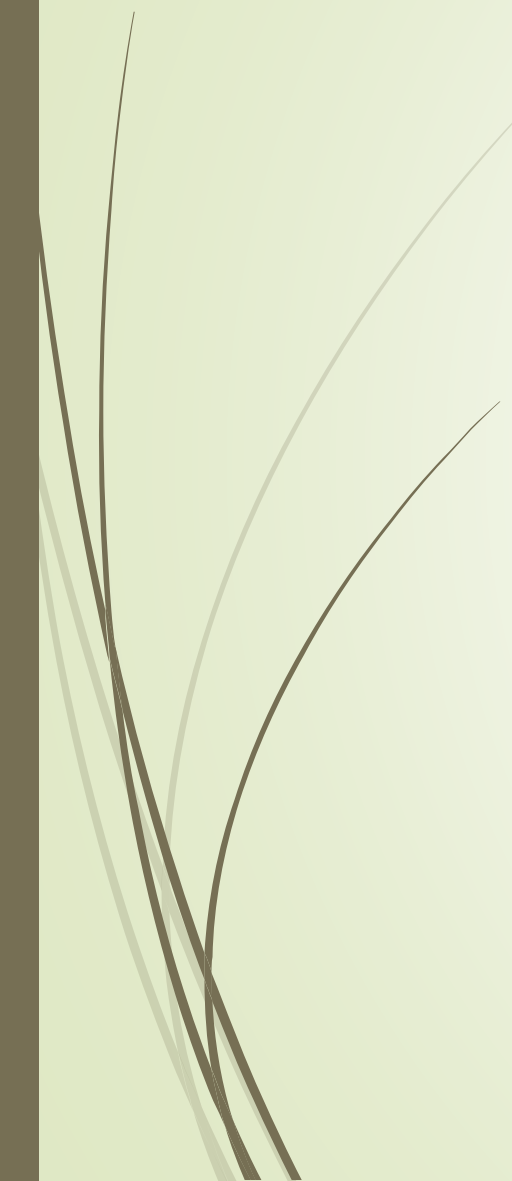


# Disclosures/Outcome

- ▶ The presenter has no conflict of interest related to this presentation
- ▶ Outcome – NPD practitioners will incorporate educational strategies to help learners identify and cope with horizontal violence (HV)



# Overview of Session

- Definition of terms
  - Prevalence
  - Negative behaviors and groups affected
  - Research studies/strategies from the literature
  - Case study
  - Small group work, followed by group sharing/discussion
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# Definition of Terms

- **Incivility** – “Disrespectful, rude, or inconsiderate conduct” (AORN, 2015)
- **Bullying** – “repeated, unwanted harmful actions intended to humiliate, offend, and cause distress in the recipient” (ANA, 2015)
- **Horizontal violence** – “hostile, aggressive, and harmful behavior by a nurse or a group of nurses toward a co-worker or group of nurses via attitudes, actions, words, and/or other behaviors: (Taylor, 2016) – this will be the all encompassing term used in this presentation
- **Lateral violence** – “behaviors intended to demean, undermine and/or belittle a targeted individual working at the same professional level” (Sanner-Steihl & Ward-Smith, 2017)




# Prevalence

- Statistics vary significantly and many authors state the prevalence is higher due to lack of reporting
- Bambi et al. (2018) – integrated review of 79 papers -67.5 to 90.4% for workplace incivility; 1 – 87.45% for lateral violence; 2.4 – 82 % for bullying
- Pfiefer & Vessey (2017) – integrated review of 11 papers – 27.3 to 84.8% for bullying; 48.7% of Magnet nurses experienced it daily or weekly
- Wilson (2016) integrated review of 28 papers – 20-25% of nurses in a range of countries for bullying

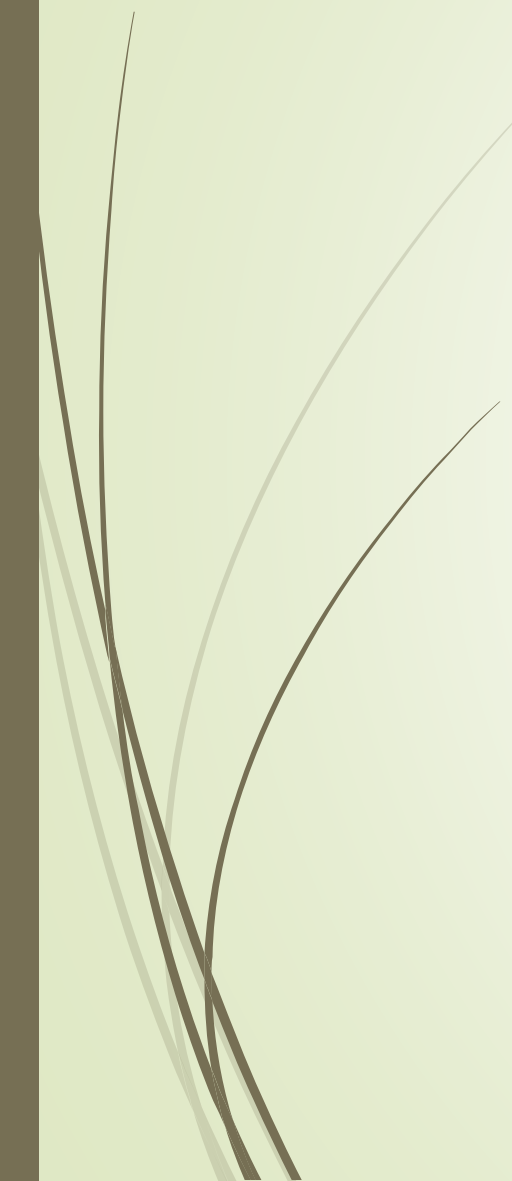


# Audience Poll

- ▶ How many people have experienced or witnessed horizontal violence?
- ▶ What is the frequency you have experienced or witnessed?
  - ▶ Daily
  - ▶ Weekly
  - ▶ Monthly
  - ▶ Occasionally
- ▶ Share with a partner a specific instance you experienced or witnessed



# Overt and Covert Behaviors Seen with HV

- Overt behaviors (14 identified by Bartholomew, 2014)
  - Covert behaviors (13 identified by Bartholomew, 2014)
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# Impact of HIV on the Individual

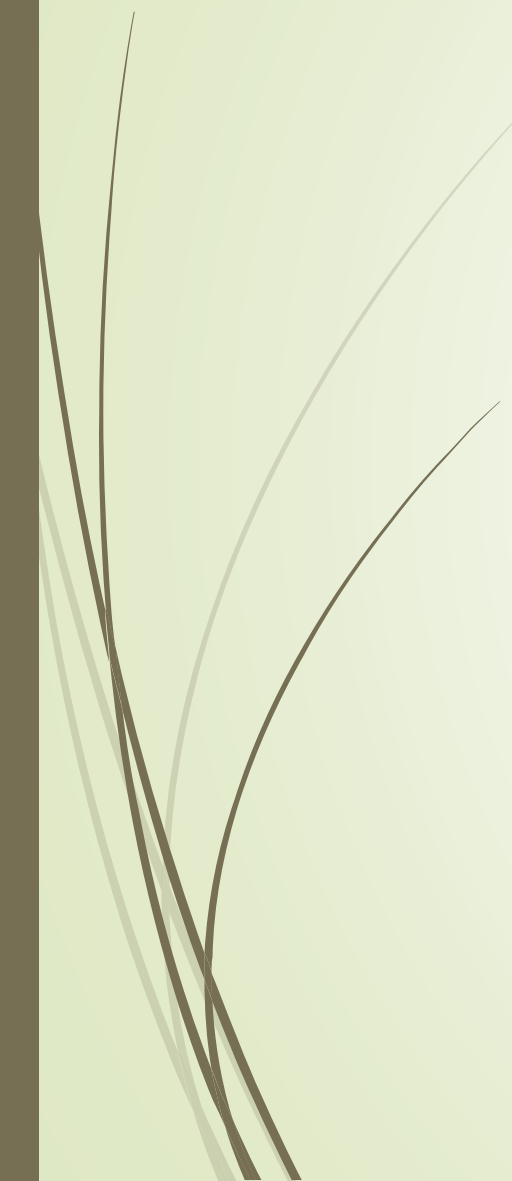
- **Emotional** effects: anger, irritability, decreased self-esteem, self doubt
- **Social** effects: strained relationships with partner and friends, low interpersonal support/absence of emotional support
- **Psychological** effects: depression, PTSD, burnout, and maladaptive responses such as substance abuse, overeating
- **Physical** effects: decreased immune response or resistance to infection, cardiac arrhythmias

(Bartholomew, 2014)



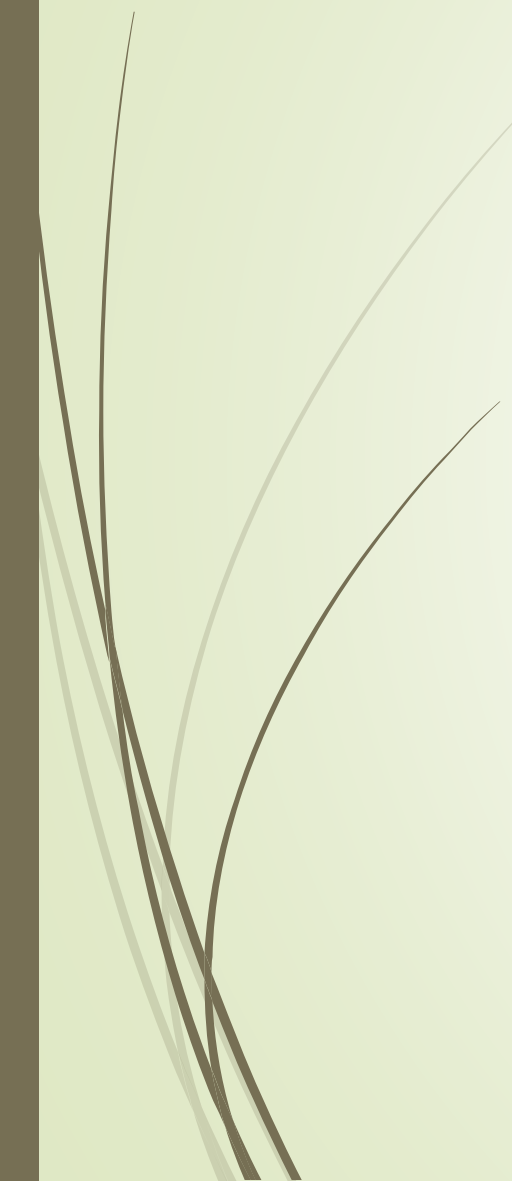


# Groups affected

- Nursing students
  - Newly graduated nurses
  - Clinical nurses
  - Charge nurses
  - NPD practitioners
  - Managers
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# ANA Recommendations for RNs

- Promote healthy interpersonal relationships with all members of the health care team
  - Be cognizant of own interactions in communications with others
  - Consider co-creating norms for a civil workplace
  - Be familiar with organizational policies and code of conduct
  - Establish an agreed-upon code word or signal to seek support when feeling threatened
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# ANA Recommendations for RNs (cont)

- ▶ Practice using cognitive rehearsal strategies
- ▶ Advocate that education be taught in schools of nursing
- ▶ Demonstrate respect and a professional demeanor to help reinforce civility and positive norms
- ▶ Uphold the professional Code of Ethics

(ANA, 2015)



# ANA Recommendations for Employers

- Ensure that the organizational vision and mission are aligned with a culture of respect and safety
- Orient new employees to existing organizational policies and procedures
- Establish a zero-tolerance policy that outlines corrective actions
- Provide a mechanism for RNs to seek support when feeling threatened



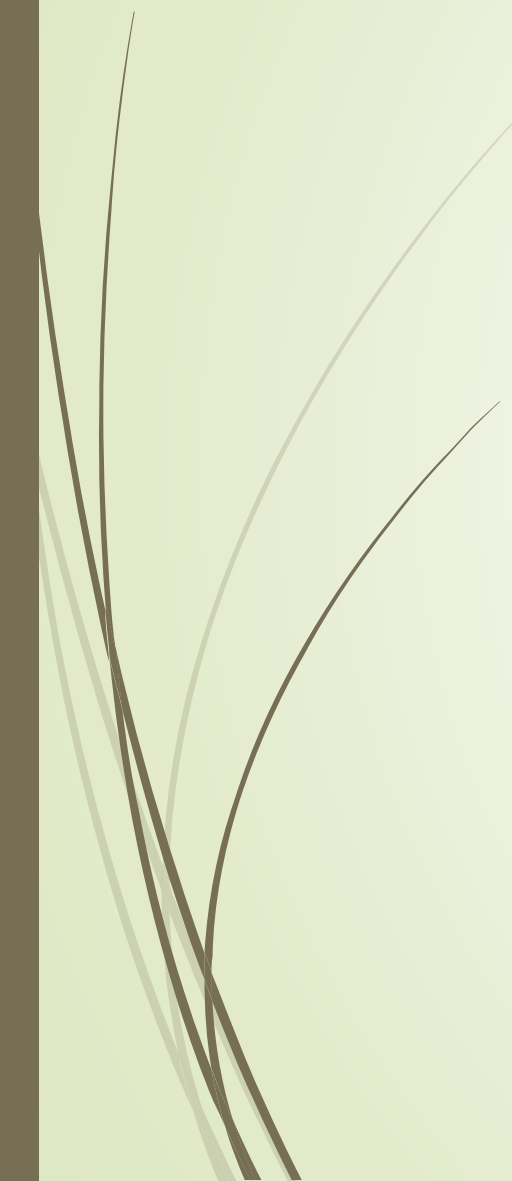
# ANA Recommendations for Employers

- Orient employee to strategies available for conflict resolution & respectful communication
- Make available education sessions
- Nursing curricula should include content on interprofessional communication, conflict negotiation and resolution

(ANA, 2015)



# Research/Strategies From The Literature

- Pfeifer & Vessey (2017) – policy development and implementation, education and training, surveillance and reporting, accountability
  - Roberts (2015) – team building intervention and cognitive rehearsal; leadership and empowerment of nurses
  - Courtney-Pratt et al. (2018) – reporting structures and support strategies, along with resilience training
  - Rush et al. (2014) – transition programs to support new graduates
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## Research/Strategies From The Literature (cont)

- Myers et al. (2016) – nurse managers need to address this & professional associations should continue to disseminate antibullying messages
- Parker et al. (2016) – behavioral performance reviews and staff/manager education programs - “Remember the Promise”
- Sanner-Steir & Ward-Smith (2017) - Incorporate content into simulation experiences, have codes of conduct, and role model appropriate behaviors
- Sanner-Steir (2018); Griffin & Clark (2014)– Cognitive rehearsal



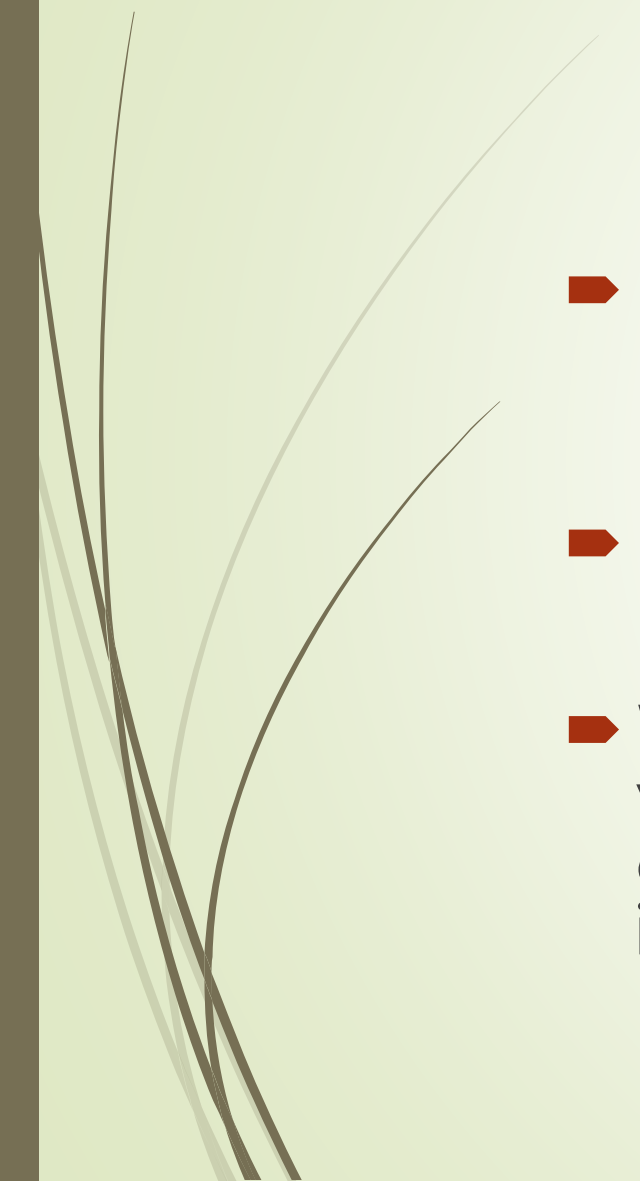
## Research/Strategies From The Literature (cont)

- Castronovo et al. (2016) – Develop survey similar to HCAHPS specific to nurse bullying to be posted on Hospital Compare website
- Keller et al. (2016) – Initiate task force to address bullying with education and policy enforcement – “BE NICE” champion program
- Taylor & Taylor (2018) – Incorporate into existing quality improvement programs
- Bartholomew (2014) – Nurturing our young, awareness and prevention, managerial response, organizational opportunities, and individual awareness





# Questions to Ponder

- Effect of generational differences on perceptions/awareness of HV
  - Effect of compassion fatigue on HV
  - We have know this has been a problem for many years and the incidence is not decreasing – what can we as NPD practitioners do? More effective ideas to deal with it?
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# Case Study Situations

- Preceptor gives new grad look like she was stupid and complains to other co-workers about her performance
- A nurse observes another nurse bullying someone and does nothing
- A seasoned nurse picks on a new nurse because she was picked on when she oriented 30 years ago
- A manager disciplines an employee for bullying behaviors, the employee files a grievance, and the organization supports the bully
- A physician yells at a charge nurse in the nurses station because another nurse called him during the night with a change in patient condition
- During almost every clinical experience when a student walks up to the nurses station to find a nurse to partner with for the day, s/he gets a disgusted look



# Case Study

- Take one or more of the case study situations (or the one you discussed at the beginning of the program) and identify how you could incorporate that into one of your educational programs
- Discussion in small groups
- Sharing with larger group



# Questions

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