Horizontal Violence in the OR: Does Bullying Impact Intention to Leave?

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Nurses are essential workers’ in health care, and play a significant role in the health of today’s society. Workplace bullying and the resulting negative impacts arising from these experiences has caused nurses to consider leaving their unit for employment elsewhere or separating from the nursing profession altogether (Bambi, 2014). While bullying has been identified as a factor influencing nurses’ intentions to quit nursing (McKenna, et al., 2002), limited studies have researched the phenomenon of bullying in perioperative nursing. Bullying in the healthcare workforce has been described as more costly and destructive to organizations than all other types of work-related stress put together (Safety, 2007).

The purpose of this study was to gain insight into the phenomenon of bullying as it occurred in perioperative workplace and its effect on turnover to perioperative personnel. More specifically the study identified the presence of bullying behavior within a population of operating room registered nurses (RNs), surgical technologists, and other operating room personnel; and examined whether entry level RNs (less than 36 months) are bullied more than more experienced non-managerial RNs, and tested the association between those who were bullied and those who were not with intention to leave the organization, and lastly analyzed the characteristics that predict intention to leave.

Workplace bullying (the persistent exposure to interpersonal hostility and maltreatment from peers, superiors or subordinates) is a rampant problem in present-day working life, with shattering effects on both victims and institutions. The nursing literature is rich with descriptions of various types of incivility, the most common being lateral (eg, nurse to nurse) and hierarchical (eg, nurse administrator or manager to nurse, nurse to student, physician to nurse). The incivility described is usually directed from someone in a position of power toward a coworker who has less power, and it can be devastating to the targeted person, unsafe for patients, and costly for the facility. With the impending shortage of nurses, we cannot afford to lose nurses to bullying. According to recent literature, nursing retention is in peril. A New Zealand study revealed that of 551 new graduates surveyed, one in three respondents (n=34, 58%) considered leaving nursing and 14 intended to leave nursing as a result of horizontal violence (McKenna, et al., 2002).

Workplace bullying interferes with the target’s confidence that her/his livelihood is safe. Bullying creates a focused, personalized attack that results in an economic crisis that affects the victim and her/his family. When bullies have control over the targets’ livelihood (as in 72% of situations), they have tremendous leverage to cause financial pain. Single parent workers are the most vulnerable. Additionally, controlling bullies can block transfers to a safe job, and then can make the targets so miserable that they quit. Targets suffer lost opportunity to be left alone to do their once-“loved job”, forced to transfer from loved job, often a punitive transfer (13%), constructively discharged.
without reasonable cause (24%), target quits to reverse decline in health and sanity (40%).

The research questions answered by this study are:

1. What, if any, are the types and frequencies of bullying behaviors experienced by perioperative nurses in Midwest U.S. health care settings?
2. Who are the principle perpetrators of bullying behaviors in perioperative nurses settings in Midwest U.S. health care settings?
3. What, if any, impact does the experience of bullying have on perioperative nurses?
4. What, if any, impact does the experience of bullying have on the employing organization?
5. How, if at all, do any experiences of workplace bullying, affect perioperative nurses’ intentions to leave the organization/nursing profession?
6. What is the experience of being bullied as a perioperative nurse– as an essentially human, lived experience?

A mixed methods design, comprised of a cross sectional survey and a hermeneutic phenomenological design was used for the study. The quantitative component was informed by the qualitative component. A cross sectional design was appropriate for this research as the collection of data was gathered at one point in time, with the intention of describing a phenomenon of interest and or the relationships that existed among the phenomenon (Polit & Beck, 2013). The central premise of such designs (Cresswell, 2003; Cutcliffe & Harder, 2009; Lund 2012), is that the combination of quantitative and qualitative approaches provides a more comprehensive and complete understanding of problems than either approach can alone.

The Negative Acts Questionnaire-Revised (NAQ-R; © Einarsen, Staale, Hoel, Helge & Notelaers, 2009) is a research inventory developed for measuring perceived exposure to bullying and victimization at work. The NAQ-R comprises a reliable and valid measure of exposure to workplace bullying, with three inter-related factors associated with person-related bullying, work-related bullying, work-related bullying and physically intimidating bullying respectively (Einarsen et al., 2009). Cronbach’s alpha for the 22 items in the NAQ-R was .90, indicating excellent internal consistency (Einarsen et al., 2009). This was the survey distributed to the participants. IRB approval was obtained prior to commencement of the research.

Implications for Practice
According to the relevant literature workplace bullying is a significant problem within healthcare. If unaddressed bullying can lead to errors in practice, high rate of sickness and absenteeism, diminished group cohesion, lower patient outcomes, and increased cost for the organization period. Therefore if reductions in the frequency and or severity of bullying can be achieved then the perioperative personnel, patients, and the organization themselves all stand to gain significantly. For example when one considers the economic cost of replacing one single staff RN ($85K) the potential implications are self-evident.

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References:
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**Abstract Summary:**
The phenomenon of bullying as it occurs in perioperative workplace and its effect on turnover to perioperative personnel. More specifically the study will identify the presence of bullying behavior within a population of operating room registered nurses (RNs),

**Content Outline:**
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1. Purpose of Project
2. Background
3. Literature review
   1. Types and frequencies of bullying behaviors
   2. Targets or victims
   3. Perpetrators of bullying
   4. Negative outcomes/impacts
4. Economic impact
5. Project description
6. Research questions
7. Research Method
   1. Quantitative component
   2. Qualitative component
8. Ethical concerns - IRB
9. Data collection
10. Implications for practice

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**Author Summary:** Dr. Bashaw has spent many years educating tomorrow’s nursing work force. She engages her students to critically think and challenge conventional thought. She is preparing her students to become the thought leaders for the next generation.