Nurse Educators' Knowledge, Attitudes and Practice of Horizontal Violence Measured through Dimensions of Oppression

Brenda Petersen, PhD, MSN, RN, APN-c, CPNP-PC
Associate Dean, School of Nursing and Public Health
Caldwell University, Caldwell, NJ, USA

Learning Objectives & Disclosure Statement

- Define horizontal violence (HV)
- Describe characteristics of HV
- Discuss the impact of HV on the novice nurse
- Describe oppression in nursing and the role of nurse educator
- Understand the correlation between nurse educator knowledge, attitudes and practice of HV and empowerment of novice nurse
- *I have no conflict of interest or financial ties to disclose*

Introduction – The Paradox of Nursing

- Nursing is a caring profession that does not care well for its' own

  "nurses eat their young"

- The phenomenon of horizontal violence (HV) is an international problem (McKenna, Smith, Poole & Coverdale, 2003; Randle, 2003).
  - HV is broadly described as any unwanted hostility or aggression within the workplace
  - Intergroup conflict
  - Where HV exists, the workplace becomes toxic for the nurse

Characteristics of HV

Characteristic behaviors of HV within the nursing profession (Longo, 2007; Griffin, 2004; Duffy, 1995).

- Overt – ignoring, minimizing concerns, sabotage
- Covert – sarcastic comments, excessive criticism
- Power imbalance may or may not exist
- Novice nurse first experiences HV as a student
- HV continues to exist at every level of the nursing profession
- Abuse is psychological as opposed to physical

Literature Review

Horizontal violence among nursing students (Longo, 2007).	**HV frequently encountered - Students did not report incidents to faculty**
Changes in self-esteem during a 3-year pre-registration diploma in higher education nursing programme. (Randle, 2003)	**Students accepted abusive behaviors as the norm in nursing Become like the abuser to gain acceptance. Self-esteem eroded and hierarchy leads to powerlessness**
Horizontal violence: Experiences of registered nurses in their first year of practice. (Mckenna, Smith, Poole, & Coverdale (2003).	**Impact on self-esteem. Physical and psychological consequences. Widespread and unreported. No training on how to resolve inter-personal conflict.**
Workplace violence: A focus on workplace abuse and intent to leave the organization. (Sofeld & Salmond, 2003).	**Verbal abuse in healthcare is pervasive and accepted. Nurses accept verbal abuse because they feel powerless to change it which exhibit the tenets of oppressed group behavior**
Examining lateral violence in the nursing workforce. (Stanley, Martin, Michel, Welton, & Nemeth (2007)	**HV widespread and results in decision to leave. HV goes unreported. Perceived oppression and novice undermined**

Problem

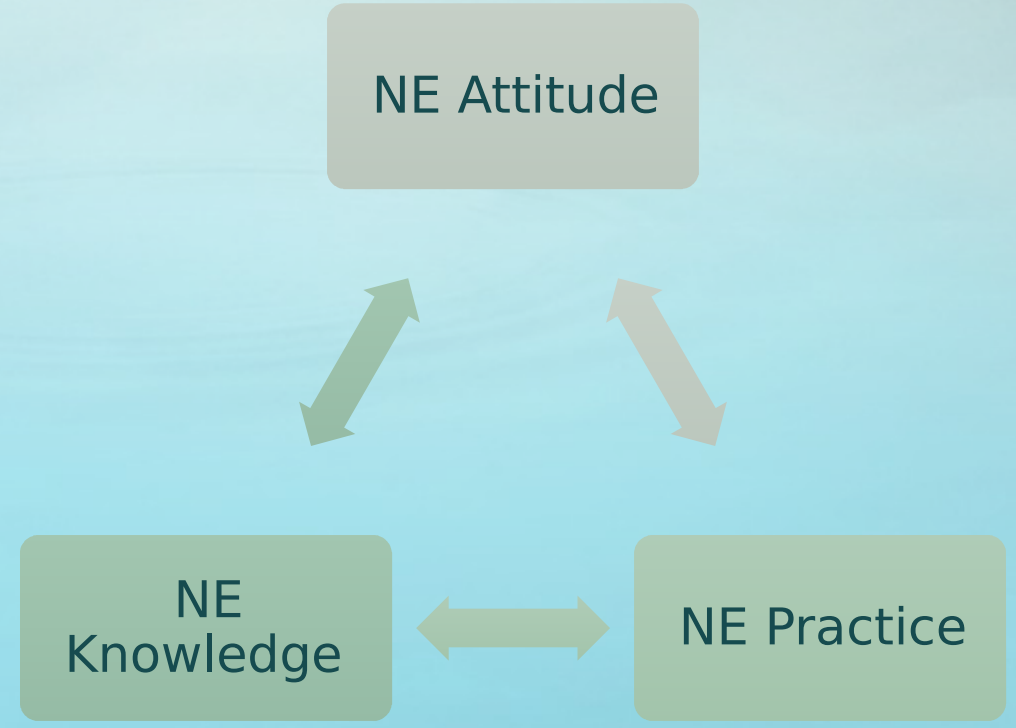
- Disruptive behavior in the form of HV undermines a culture of safety (Joint Commission Sentinel Event Alert No. 40 (2008).
- 70% of sentinel events connected to problems with communication between healthcare professionals
- There is a migration of both novice and experienced nurses out of the profession due to HV (Feblinger, 2009).
  - Cost to employers $65,000 for a staff nurse
  - Cost to replace a specialty nurse exceeds $145,000 (Pendry, 2007)

Methods

- Descriptive, non-experimental
- Correlational and cross sectional
- 43-item instrument including comments section to measure nurse educator knowledge, attitudes and practice of HV through dimensions of oppression
- Delphi Panel of Experts review of NEKAP-HV© for construct validity
- Administered to a national sample of nurse educators (n=254)
- The NEKAP-HV instrument demonstrated to have internal consistency as measured by Cronbach's Alpha (.722).

Nurse Educator KAP of HV & Dimensions of Oppression (Adapted from Matheson & Bobay; 2007).

Knowledge	Attitude	Practice
Assimilation	Assimilation	Assimilation
Marginalization	Marginalization	Marginalization
Low Self-Esteem	Low Self-Esteem	Low Self-Esteem
Submissive-Aggressive	Submissive-Aggressive	Submissive-Aggressive
Horizontal Violence	Horizontal Violence	Horizontal Violence



Results: Theoretical Frame

- Novice nurses learn by observing the behaviors of the instructor (Bandura, 1977).
- Bandura's Social Learning Theory (1977) is particularly relevant as it describes the influence of power on observational learning.
- "Silencing" of the voice is a hallmark aspect of HV (Roberts & Griffin, 2009) and this "silencing" is further validated by this study.
- Friere (1970) posits that the first step in changing a silent voice is through understanding the cycle that allows it to continue (Freshwater, 2000; Roberts, 2000).

Results

- **Nurse educators need tools to *empower* novice nurses to "be the change" in order to break the cycle of oppression.**
- 97% (n=254) of respondents in this study do not teach their students that nurses are subordinate to physicians but that instead, students are "*part of the team*."
- ***However,*** 67.2% also believe that nursing students are "dependent upon those above them in the healthcare hierarchy," and 38.6% agree that nurses are subordinates within the healthcare hierarchy.
- Respondents commented that oppression within the nurse workplace environment has been slowly changing over the years and that nurse dependency "*should not be the case, but it often is*" and suggest that this is because ***"nurses don't speak up" & "nurses bring this on themselves."***

Results (cont’d)

- In this study 14.97% (n=254) of NEs agree that nursing students must receive permission from their instructor before approaching a physician and 7.1% are neutral.
- This finding suggests that while over three quarters (77.96% n=254) of NEs empower their students to approach physicians directly, almost 15% require that they seek permission first, indicating a dis-empowering approach.
- Suggests these NEs may not be providing students with the necessary skills for appropriate communication with physicians.

Results (cont'd)

- Nurse educators offer comments that approaching a physician is "dependent on the situation" and that instructors want "to review their thought process" contrasted with an educator who stated that they "would not want a student to be placed in a position of questioning a physicians' order."
- ***However, students may indeed be in a position where they must confront a physician and if they are not taught as students – when will they learn?***
- Findings suggest that some of the nurse educators in this sample may be disempowering future nurses by not preparing them effectively with the necessary skills to confront a physician (or another nurse) when they have a concern.
- This may be because these nurse educators lack the skills themselves, or simply because they prefer to avoid confrontation

Results – Silent Voice

- 35.6% of NEs agree that "*Nurses seldom confront physicians when they have concerns" (*NEKAP-HV)
- *"40 years of experience and this can be true."*
- ***"****Learned behavior - nurses are reinforced to be passive."*
- *"In my environment we have open discussions with intensivists, but I know this is not the case in all environments;" "it depends on the institution."*
- *"Avoiding MD is more common for novice."*
- *"They are reluctant and hesitant to confront the doctor."*
- *"Over the past couple of decades nurses are more willing and able to confront physicians."*

Discussion: Significant Findings: “*Silence Kills*”

- The difficulty with nurses “speaking up” is validated by *Silence Kills: The Seven Crucial Conversations for Healthcare* (n=1700) (Maxfield, Grenny, McMillan, Patterson & Switzler, 2005).
- When the concern is physician competence 72% of nurses say it is difficult to impossible to confront the physician. When the concern is poor teamwork 78% find it difficult to impossible to confront a physician and when the concern is verbal abuse or disrespect, 59% of nurses find it difficult to impossible to speak up.

Significant Findings – Implications

- This study demonstrates the need to provide nurse educators and nursing students with the necessary communication skills to become empowered to speak up and confront concerns when they arise within the workplace.
- Roberts, DeMarco & Griffin (2009) discuss the traditional role of the “good nurse” as described by Glass (1998) and that the good nurse would “not challenge the system” but once nurses felt “safe to speak up” they felt empowered.

Discussion: Implications

- In the healthcare industry “silence kills.”
- Preventable medical error remains the third leading cause of death in the U.S. and 70% of these errors are tied to communication breakdown between team members (Joint Commission Seminal Event Alert No. 40).
- This research demonstrates nurse educators’ awareness of the need to teach nursing students to speak up and become agents of change; however, this research also demonstrates that not all nurse educators in this study believe they have the skills to do so.
- **It is crucial that NEs increase their KAP related to HV and oppression**

Limitations to Study

- Self report
- Social-desirability bias
- Sample size may not be generalizable to the population

Future Directions

- Administer the NEKAP-HV to larger sample of nurse educators.
- No research identified in the nursing literature about why those who engage in negative acts do so; i.e., what makes the bully a bully?
- Nurse educators need resources to teach about HV.
- Develop empowerment curriculum for nursing students to learn skills and develop attitudes to “be the change.”
- Healthy Workplace Legislation Advocacy

In conclusion

- **The nursing profession needs a transformational change to eliminate negative behaviors between nurses; with a hope that some day we will no longer be known for “eating our young” but instead we will be known for “feeding our young”**
  - “I have long wondered what role we play in this.” **Personal correspondence to PI from respondent to NEKAP-HV**

Questions?

References

Bandura, A. (1977). *Social learning theory.* Prentiss Hall: Upper Saddle River, NJ.

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Earlbaum Associates.

Comey, B. (2008). Aggression in the workplace. A study of horizontal violence utilizing Heideggerian hermeneutic phenomenology. *Journal of Health Organization and Management.* (22) 2, 164-177.

Cox, H. (1991). Verbal abuse nationwide, part 1: Oppressed group behavior. *Nursing Management.* (22), 32-35.

Curtis, J., Bowen, Reid, A. (2007). You have no credibility: Nursing students' experience of horizontal violence. *Nurse Education in Practice.* (7) 156- 163.

Duffy, E. (1995). Horizontal violence: A conundrum for nursing. *Collegian* (2)2, 12-17.

References (cont’d)

Curtis, J., Bowen, I., & Reid, A. (2007). You have no credibility: Nursing students’ experiences of horizontal violence. *Nurse Education in Practice.* (7) 156-163.

Duchscher, J. E. & Myric, F. (2008). The prevailing winds of oppression: Undersanding the new graduate experience in acute care. *Nursing Forum.* (43) 4, 191-206.

Duchsher, J.E., (2002). Out in the real world: Newly graduated nurses in acute- care speak out. *Journal of Nursing Administration.* 31(9), 426-439.

Felblinger, D.M. (2009). Bullying, incivility and disruptive behaviors in the healthcare setting: Identification, impact and intervention. *Frontiers in Health Sciences Management.* 25(4), 13-23.

Friere, P. (1970). *Pedagogy of the oppressed.* New York: Herder and Herder.

References (cont'd)

George, D., & Mallery, P. (2003). SPSS for Windows step by step: A simple guide and reference. 11.0 update(4th ed.). Boston: Allyn & Bacon.

Griffin, M. (2004). Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. *The Journal of Continuing Education In Nursing.* 35(6), 257-263.

Hasson, F., Keeney, S., & McKenna, H. (2000). Research guidelines for the Delphi survey technique. *Journal of Advanced Nursing.* 32(4), 1008-1015.

Horowitz, M., Wilner, N. & Alvarez, W. (1979). Impact of Event Scale: a measure of subjective stress. *Psychosomatic Medicine.* (41) 209-218.

Joint Commission, (2008). Behaviors that undermine a culture of safety. Retrieved from http://www.jointcommission.org/assets/1/18/SEA_40.PDF.

Maxfield D, Grenny J, McMillan R, Patterson K, Switzler A. *Silence Kills: The Seven Crucial Conversations in Healthcare*. Aliso Viejo, CA: American Association of Critical-Care Nurses (AACN) and Vital Smarts; 2005. http://www.aacn.org/WD/Practice/Docs/PublicPolicy/SilenceKills.pdf.

References (cont’d)

Longo, J. (2007). Horizontal violence among nursing students. *Archives of Psychiatric Nursing,* 21, 177-178.

Matheson, L.K. & Bobay, K. (2007). Validation of oppressed group behaviors in nursing. *Journal of Professional Nursing.* 23 (4), 226-234.

McKenna, B., Smith, N., Poole S., & Coverdale, J. (2003). Horizontal violence: experiences of registered nurses in their first year of practice. *Journal of Advanced Nursing.* 42(1), 90-96.

Pendry, P,.S. (2007). Moral Distress: Recognizing it to retain nurses. *Nursing Economics.* 25 (4), 217-21.

Randle, J. (2003 a). Bullying in the nursing profession. *Journal of Advanced Nursing, 43* (4), 395-401.

Randle, J., (2003 b). Changes in self-esteem during a 3-year pre- registration diploma in higher education nursing programme. *Journal of Clinical Nursing.* (12) 142-143.

Roberts, S.J. (1983). Oppressed group behavior: Implications for nursing. *Advances in Nursing Science. 5* (4), 21-30.

References (cont’d)

Roberts, S. J. (1996). Point of view: Breaking the cycle of oppression: Lessons for nurse practitioners? *Journal of the American Academy of Nurse Practitioners.* (8)5, 209-214.

Roberts, S.J., DeMarco, R., & Griffin, M. (2009). The effects of oppressed group behaviors on the culture of the nursing workforce: a review of the evidence and interventions for change. *Journal of Nursing Management*. (17), 288-293.

Sofeld, L. & Salmond, S. (2003). Workplace violence: A focus on workplace abuse and intent to leave the organization. *Orthopaedic Nursing. 22*(4).

Stanley, K., Martin, M., Michel, Y., Welton, J., & Nemeth, L. (2007).

Examining lateral violence in the nursing workforce. *Issues in Mental Health Nursing, 28*, 1247-1265.

Vessey, J., DeMarco, R., Gaffney, D., & Budin, W. (2009). Bullying of staff registered nurses in the workplace: A preliminary study for developing personal and organizational strategies for the transformation of hostile to healthy workplace environments. *Journal of Professional Nursing.* 25(5), 299-306.

Woelfle, C. Y. & McCaffrey, R. (2007). Nurse on nurse. *Nursing Forum*. 42(3), 123-131 Pearson: Prentice Hall, Upper Saddle River, NJ.