A paradox exists within the profession of nursing. Despite the fact that nursing is known as the caring profession, empirical evidence demonstrates that nurses do not care well for their own. In fact, an oft quoted statement has been that nurses eat their young. The phenomenon of horizontal violence (HV) is an international problem within the nursing profession (McKenna, Smith, Poole & Coverdale, 2003; Randle, 2003). HV is described broadly as any unwanted hostility or aggression within the workplace and is empirically demonstrated to be connected to oppressed group behaviors (Roberts, DeMarco & Griffin, 2009). Oppressed group behaviors are the result of powerful groups determining what is valued. This devaluing leads to marginalization and the less powerful group develops low self-esteem as well as a silent voice.

Described as nurse-to-nurse aggression, characteristic behaviors of HV within the nursing profession can be overt or covert (Vessey, et al. 2010; Bechner & Visovsky, 2012). Overt examples include ignoring or minimizing concerns, or direct sabotage; while overt behaviors include making sarcastic comments or belittling gestures (Conti-O'Hare & O'Hare, 2003; Hastie, 2002; Longo, 2007). In HV a power imbalance may or may not exist. We know empirically that the novice nurse first experiences HV as a student and HV continues to exist at every level of the nursing profession (Longo, 2007; Stanley, Martin, Michel, Welton & Nemeth, 2007; Vessey, DeMarco, Gaffney & Budin 2009). Abusive behaviors associated with HV are psychological as opposed to physical and have a significant impact on the nurse as well as the patient. The Joint Commission issued a Sentinel Event Alert (No. 40) in 2008 describing these characteristic behaviors and states that they “undermine a culture of safety.”

Cyclical behaviors which are characteristic of HV are passed on from the more experienced nurse to the novice nurse (Farrell, 2001). This cycle is believed to perpetuate HV as these characteristic behaviors become culturally embedded within the nursing profession when negative behaviors are passed on from one generation of nurses to the next. The literature suggests that HV proliferates through a culture which exists in nursing whereby there is an acceptance of nurse-to-nurse abuse as a professional norm (Roberts, 1983; Roberts, Demarco & Griffin, 2009; Farrell, 2001; Sofield & Salmond, 2003; Randle, 2003).

This study uses a newly validated instrument (NEKAP-HV©) and a national sample of nurse educators (n=254) and explores their knowledge, attitudes and practice of horizontal violence measured through dimensions of oppression.

Title:
Nurse Educators’ Knowledge, Attitudes, and Practice of Horizontal Violence Measured Through Dimensions of Oppression

Keywords:
Horizontal Violence in Nursing, Nurse Educators and Oppression in Nursing

References:


Abstract Summary:
This presentation describes the results of research utilizing a newly developed and validated instrument, the NEKAP-HV©, which measures nurse educators' knowledge, attitudes and practice of horizontal violence through dimensions of oppression.

Content Outline:

Introduction
There is a paradox within the profession of nursing. Although nursing is known as the caring profession, evidence demonstrates that nurses do not care well for their own.

Literature demonstrates that the phenomenon of horizontal violence (HV) is an international problem in the profession of nursing that negatively affects the professional nurse workplace environment. HV has an impact on retention of nurses as well as patient safety.

Within the nursing profession, HV is described as aggressive destructive behavior and intergroup conflict which occurs between nurses as a result of oppressed group behaviors (Roberts, 1983).

Oppressed Group Behavior

Oppressed group behaviors are the result of powerful groups determining what is valued, leading the less powerful group to develop low self-esteem due to them feeling marginalized and devalued. Horizontal violence as discussed in the nursing literature results from oppressed group behavior which leads nurses to feel powerless. When nurses feel powerless, it leads to their silencing (Roberts, DeMarco & Griffin, 2009). Within oppressed groups, intergroup conflict occurs when the group turns inward against itself and engages in horizontal violence.

Described as nurse-to-nurse aggression, characteristic behaviors of HV within the nursing profession can be overt or covert (Vessey, et al. 2010; Bechner & Visovsky, 2012). Overt examples include ignoring, minimizing the concerns of another, or direct sabotage while overt behaviors include making sarcastic comments or belittling gestures. In HV a power imbalance may or may not exist.

We know empirically that the novice nurse first experiences HV as a student and HV continues to exist at every level of the nursing profession (Longo, 2007; Stanley, Martin, Michel, Welton & Nemeth, 2007). Abusive behaviors of HV are psychological as opposed to physical and have a significant impact on the nurse as well as the patient. The Joint Commission issued a Sentinel Event Alert (No. 40) in 2008 describing these characteristic behaviors and states that they "undermine a culture of safety."
Cyclical behaviors which are characteristic of HV are passed on from the more experienced nurse to the novice nurse (Farrell, 2001). This cycle is believed to perpetuate HV as these characteristic behaviors become culturally embedded within the nursing profession when negative behaviors are passed on from one generation of nurses to the next. The literature suggests that HV proliferates through a culture which exists in nursing whereby there is an acceptance of nurse-to-nurse abuse as a professional norm (Farrell, 2001; Sofield & Salmond, 2003; Randle, 2003). International and domestic research demonstrates that HV is a global problem within the professional culture of nursing as a result of embedded characteristic behaviors that are passed on throughout professional role socialization (Roberts, 1983; Roberts, Demarco & Griffin, 2009).

Problem Statement

Cyclical behaviors which are characteristic of HV are passed on from the more experienced nurse to the novice nurse (Farrell, 2001). This cycle is believed to perpetuate HV as these characteristic behaviors become culturally embedded within the nursing profession when negative behaviors are passed on from one generation of nurses to the next. The literature suggests that HV proliferates through a culture which exists in nursing whereby there is an acceptance of nurse-to-nurse abuse as a professional norm (Farrell, 2001; Sofield & Salmond, 2003; Randle, 2003).

Purpose of this study

To develop and validate a tool to measure Nurse Educators knowledge, attitudes and practice of HV through dimensions of oppression. Nurse educators are the first to socialize nurses into the profession and literature demonstrates that nurses first experience HV as students (Longo, 2007).

Results

National sample (n=254) of nurse educators completed the survey using a newly developed instrument measuring Nurse Educators Knowledge, Attitudes and Practice of Horizontal Violence through Dimensions of Oppression (NEKAP-HV copyright B. Petersen)

The NEKAP-HV demonstrated internal consistency measured through Cronbachs alpha (.722) in the acceptable range (Cohen, 1988).

• Nurse educators in this study (n=254) agree that there has been a long-held tradition of a power-imbalance in healthcare resulting in oppression of nurses.

• Nurse educators suggest that students need to be equipped with the skills to change the power imbalance that has long been a tradition in healthcare with nurses at the bottom of the hierarchy.

• 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.”

• 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 and suggest these NEs may not be providing students with the necessary skills for appropriate communication with physicians.

- 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.”

**Implications for Nurse Educators**

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.

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.

In the healthcare industry, indeed “silence kills” as preventable medical error remains the third leading cause of death in the U.S. (IOM) 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.

This study suggests that nurse educators need resources to teach about HV as well as a need to develop nursing curriculum that empowers students to "be the change" to eliminate the hierarchy that has resulted in nurses oppressed group behavior and HV.

Nurse educators and nurse leaders need to create a paradigm shift to transform our environment and eliminate the negative behaviors that have been embedded in the nursing profession. Nurse leaders need to inspire our future generation of nurses to be empowered, find their voice and unify. Nurses need to support each other to change our professional norm from "eating our young" to "feeding our young." The backbone of the healthcare

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**Author Summary:** Dr. Petersen is an advanced practice nurse and nurse educator with more than two decades of experience in nursing education and administration. With a passion for empowering a future generation of nurses, Petersen has presented on the topic of horizontal violence and oppression in nursing at the state and national level. Currently Petersen is Director of the School of Nursing and Public Health of Caldwell University.