

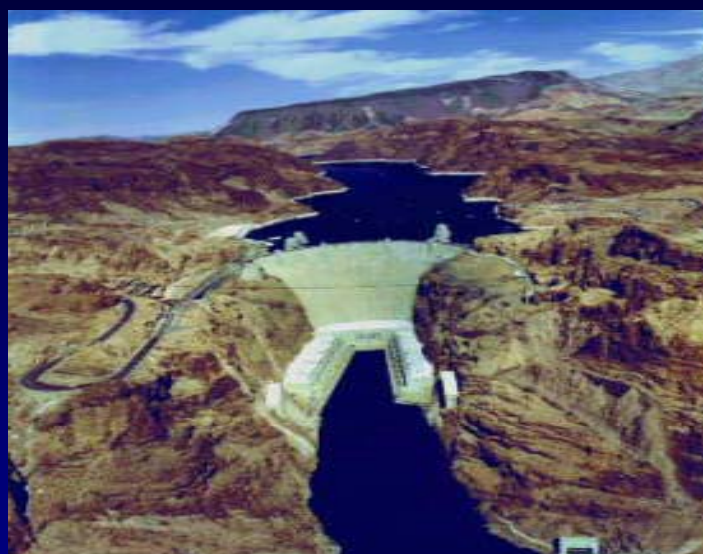
Tell Me Your Story...

Ending Nurse-to-Nurse Hostility and
Creating Healthy Relationships

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“Alas, culture is not what we say,
what we think, what we mean, or
even what we intend;

it's what we do.”

Jon Burroughs, MD

Horizontal Hostility

A consistent (hidden) pattern of behavior
designed to control, diminish,
or devalue another peer (or group)
that creates a risk to health
and/or safety

(Quine 1999, Farrell 2005)

Shares 3 elements common to racial and sexual harassments laws:

1. Defined in terms of effect on recipient
2. Must be a negative effect on victim
3. The bullying behavior must be consistent

(Quine, 1999)

Overt:

name-calling, sarcasm, bickering, fault-finding, back-stabbing, criticism, intimidation, gossip, shouting, blaming, put-downs, raising eyebrows, etc.

Covert:

unfair assignments, eye-rolling, ignoring, making faces (behind someone's back), refusal to help, sighing, whining, sarcasm, refusal to work with someone, sabotage, isolation, exclusion, fabrication, etc.

Prevalence - Internationally

44% reported “bullying”

Bullied staff had lower job satisfaction
higher stress, depression, & anxiety
and higher intent to leave

33% were intending to leave because of
verbal abuse

United States

Empirical studies

- 1. 82% witnessed in last yr.**
- 2. 77% saw negative RN-RN behaviors**
- 2. 28% in survey of US occupations ⁽¹⁶⁾**
- 2. 31% Mass. Study ⁽¹⁵⁾**
- 3. 27.3% bullied in last 6 mo. ⁽¹⁷⁾**
- 4. 46% reported serious LV behaviors ⁽²⁾**

- Verbal abuse from physicians 90-97% ⁽⁹⁾

United States

Verbal abuse from physicians 90-97%

Verbal abuse cited as reason nurses leave

60% of newly registered nurses leave their first position within 6 mo. because of some form of lateral violence





“Of all types of aggression nurses experience, peer to peer hostility is the most harmful.”

Farrell, 1999

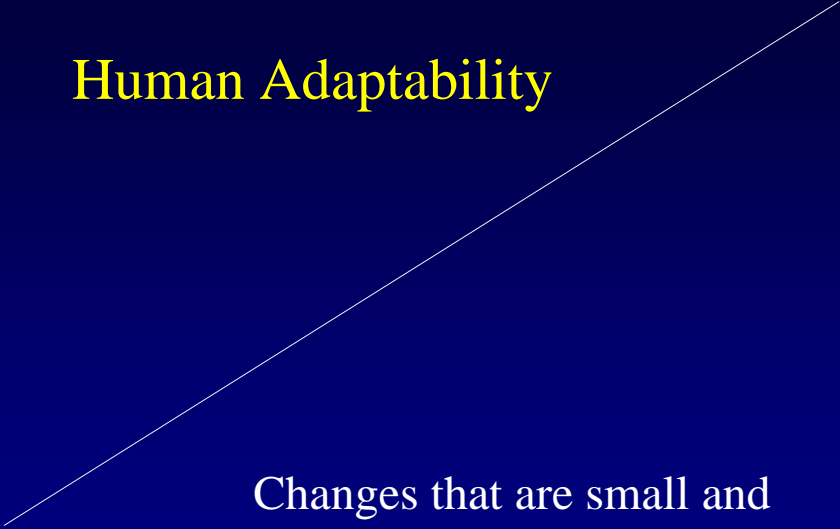
Individual Impact

- Psychological, physical, emotional and social
- Nurses who report highest degree of conflict also report the highest degree of burnout
- Decreased job satisfaction and morale,
- Increased intent to leave

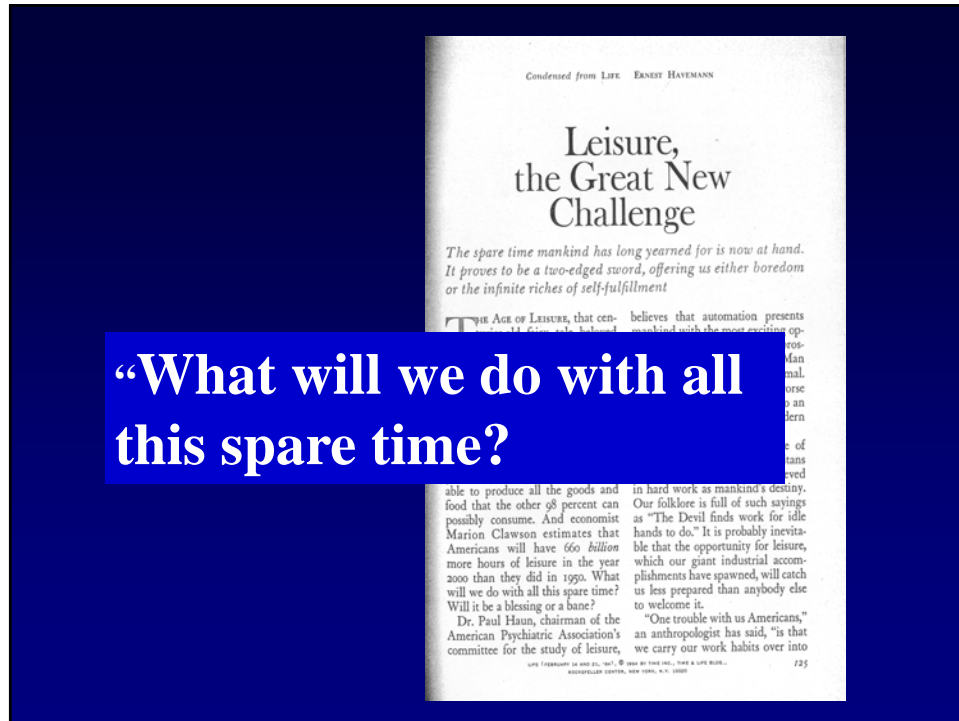
“All too often we leave the workplace bone tired and soul weary, trying to shake off the sticky residue of moral distress, that awful realization that we could not give patients the care they deserved.”

Thomas (2004)

Human Adaptability

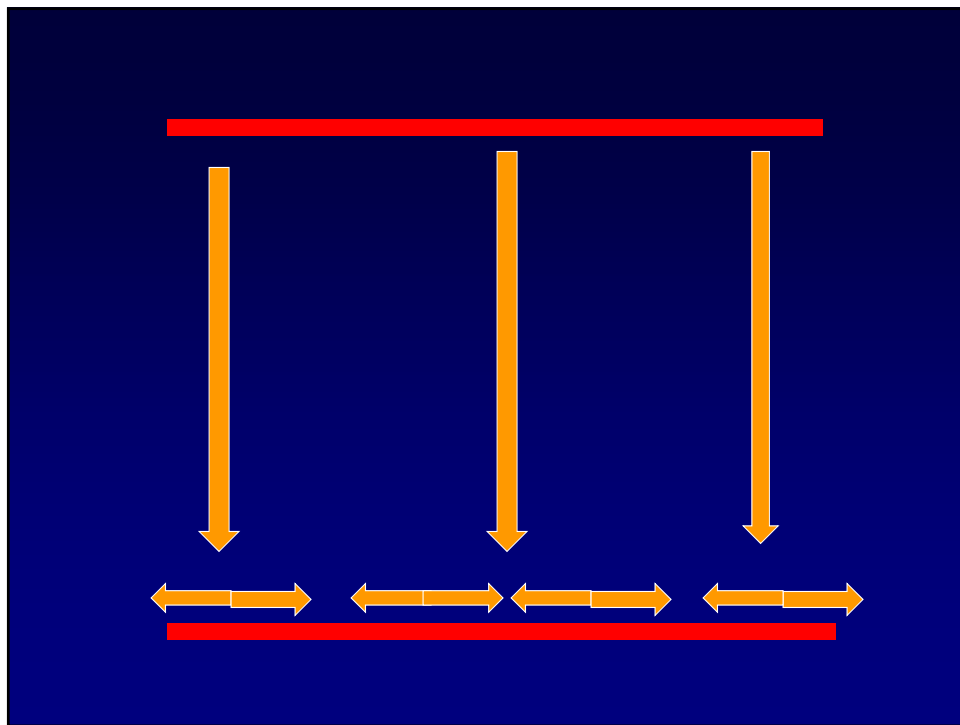
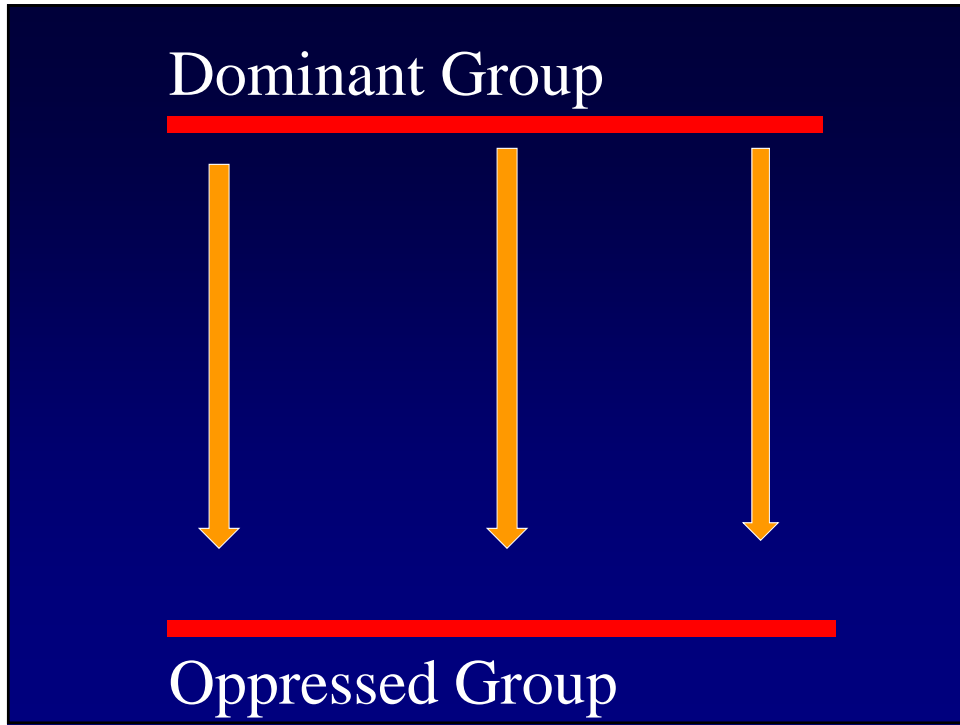


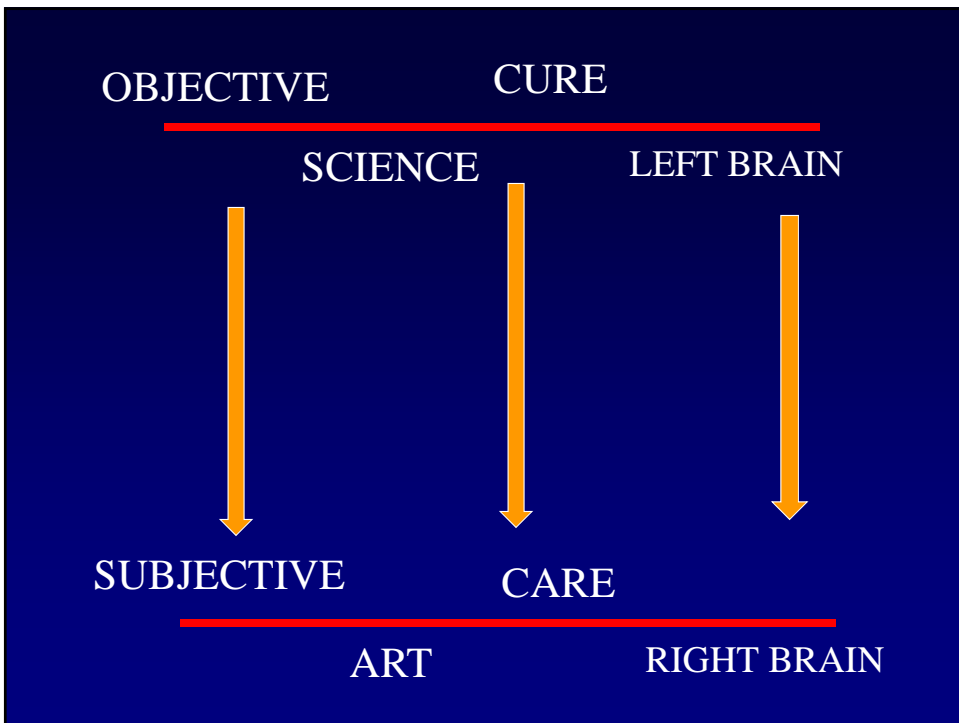
Changes that are small and incremental are not noticed



Theoretical Framework

- Oppression Theory
 - Major characteristics of oppressed behavior stem from the ability of dominant groups to identify the “right” norms and values and from their power to enforce them.





When what you do is disconnected
from what you value,
You begin to feel anger, fear,
helplessness and a lack of energy

(Quine 1996)

Whose doing the bullying?

- 50% identified managers/directors
- 25% identified charge nurses
- 29 % physicians
- 38% coworkers

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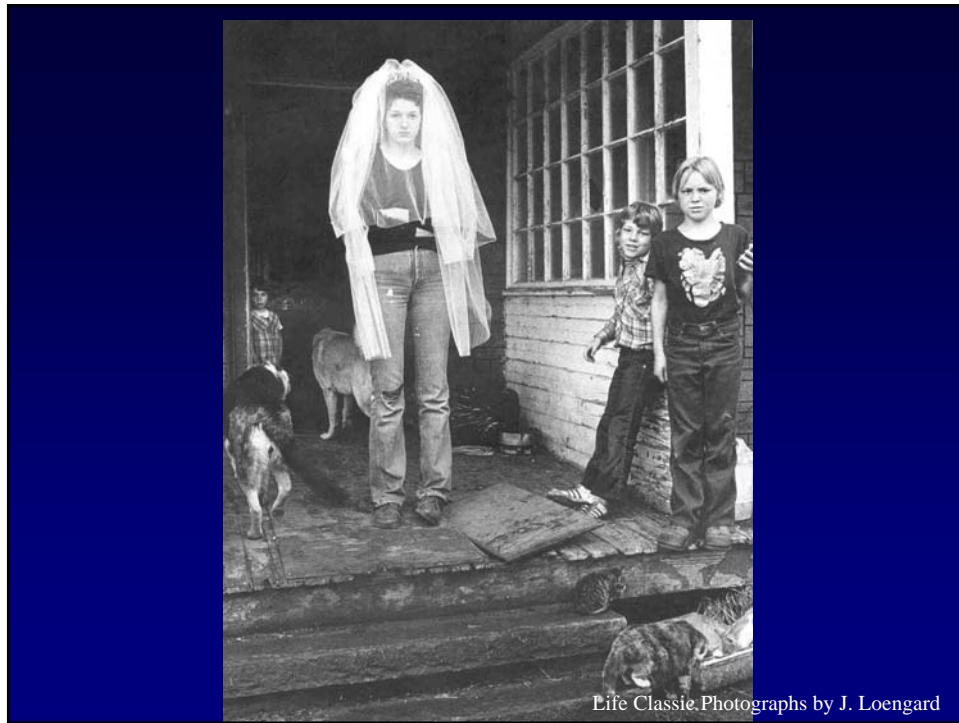
New Grads

- **60% of newly registered nurses leave their first position within 6 mo. because of some form of lateral violence** Griffin
- **Almost half of new grads experienced humiliation and rudeness; and distress**

McKenna



Life Classic Photographs by J. Loengard



The Current Situation

- Our lifestyles, our choices...
 - 23.7% married with kids
 - children sicker than parents
 - 5 million > relocating a year
 - decreased time for self/community
 - 60+ hr. work week/longer commute
 - the pace of our lives

Emotions running strong...

Because nurses

- do not have an outlet for frustration
- do not have an opportunity to process (reflection)
- are wounded by horizontal hostility
- lack a support system/solidarity
- **have adapted to an increased pace of work and workload**

Intrinsic Factors

- Emotional State – anger, burnout
- Personality Style – Type “A”
- Intermittent reinforcement is strongest
- Inadequate communication and conflict management skills
- Beliefs and expectations
- Culture of little-no feedback

Nurse to Nurse Beliefs

- A good nurse values herself/himself last
- A good nurse completes everything and charts correctly - whether reasonable or not
- A good nurse picks up extra shifts – for straight time
- A good nurse never makes a mistake
- A good nurse doesn't rock the boat; keeps the status quo
- If I had to earn it, than you will have to as well

Extrinsic Factors

- Violent workplace
- Poor nurse-physician relationships
- Task and time imperatives
- Changing role/responsibilities of managers
- Demands for efficiency/productivity

Aftermath...

- “Nearly everyone got even”
- Intentionally lower productivity
- Cut back hours
- Give minimal effort
- Left the job – months afterward
- Lost respect for boss

(The Cost of Bad Behavior)

Impact on Nursing Profession

- Recruitment/ Retention in a shortage
- Lack of staff due to increased sick days related to stress and burnout
- Creates a toxic work environment
- Failure of nursing to achieve solidarity
- Patient safety – can’t think clearly when upset

“The future ...materializes from the actions, values and beliefs we’re practicing now.

We are creating the future every day by what we choose to do...

...If we want a different future

we have to take responsibility for what we are doing

in the present.”

Wheatley 2002

Nurturing Our Young

“ The profession of nursing has an obligation to reduce lateral violence...”

Griffin 2004

Professional Behaviors

- **Accept one's fair share of the workload**
- **Keep confidences**
- **Work cooperatively, despite feelings of dislike**
- **Always look co-workers in the eye**
- **Don't engage in conversation about a coworker**
- **Stand up for an “absent member” in conversations**
- **Don't criticize publicly**
- **Don't be overly inquisitive about each other's lives**
- **Do repay debts, favors, and compliments**

Action Plan for New Nurses

1. Preceptor Feedback
2. Increase One-on-One Time
 - share a meal the first month
 - decrease the preceptor's workload
3. Encourage compliments
4. Make time for reflective practice
5. Review professional behaviors
6. Speak to rotating nursing student
7. Differentiate new nurses <1 yr. with nametag
8. Ask senior nurses to share their experiences

Response: Strategies and Tools

- 1. Decrease** negativity, gossip and a culture of blame by maintaining a zero tolerance for any communication that is unhealthy
- 2. Increase** a climate of safety and healthy communication by role modeling and utilizing opportunities to teach interpersonal and confrontation skills.

To *thrive* horizontal hostility needs:



**secrecy
shame
silent witness ***



RN Action Plan

1. Be aware of the signs and symptoms of HH
2. Understand the many forces nurses affecting nurses today
3. Speak your truth – hold crucial conversations
4. Adopt a zero tolerance unit philosophy
5. Re-evaluate your belief system
6. NEVER be a “silent witness”

Revolutionary New Nurse Beliefs

- A good nurse takes care of himself/herself
- A good nurse needs the help and support of his/her peers
- A good nurse seizes the details of a mistake and shares them to improve practice
- A good nurse speaks their truth at all times
- A good nurse nurtures and feeds new nurses

*“Never doubt that a small group
of individuals can change the
world.*

*Indeed, it’s the only thing that
ever has.”*

M. Mead

Thank you!

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