

Introduction

Horizontal violence is described as any unwanted abuse or hostility within the workplace such as hostile, aggressive and harmful behaviour by nurses or group of nurses towards colleagues via attitudes, actions and words (Becher, 2012)

Why is it a Problem

Nursing is dominated by females and they work in a hierarchal system. Nurses report to doctors, because of this, nurses have been described in literature as being an oppressed group, which has characteristics for bullying out of frustration and because of the feelings of powerlessness, therefore they lash out at a safe target (Fuller, 2014).



This is not
OK

Horizontal Violence in the Workplace

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Effects of Horizontal Violence

Stressed, constantly editing their behaviours to avoid further aggression, withdrawn, use of tobacco, alcohol and other substances, anxiety, irritable, panic attacks, tearfulness and depression, lose their confidence, self-esteem, have mood swings, loss of sleep, headaches, hypertension, anorexia, gastrointestinal upset, loss of libido. Suicide ideation (Vessey, 2011).

What Happens to those being bullied:

Common forms of violence are direct and non-direct communication, undermining, withholding information, sabotage, infighting, scapegoating, backstabbing, privacy breach and broken confidences vs bullying which is offensive abuse that includes being intimidating, malicious, can be insulting behaviour, abuse of power conducted by an individual or group against others which makes the victim feel upset, threatened, humiliated and vulnerable. Examples include acts of unkindness, discourtesy and divisiveness such as gossip, verbal abuse, intimidation, sarcasm, elitist attitudes and fault finding. Repeated intimidating abuse or insulting behaviour, abuse of power or unfair sanctions, vulnerable or threatened that causes stress and undermines their self-confidence (Sellers, 2010).

Solutions to reducing horizontal violence

- Nurses and nurse leaders need to adopt and model professional ethical behaviour, address bullying behaviour through enhanced conflict management and conflict resolution (Texas Nurses Association, 2008).
- Nurses should reflect on their own behaviour and communicate respectfully with each other.
- Those who experience horizontal violence should talk to a trusted friend or colleague for support. Maintain a healthy view of themselves, so not to personalise the attacks.
- Counselling to support the emotional needs of the nurse. Journaling what is happening so they have a timeline of events and it can act as an emotional outlet for psychological distress.
- Assertive behaviour at the time of the events and insist that this form of behaviour is not acceptable. Report horizontal violence and do not be ashamed to do so (Becher, 2012).

References:

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- Sellers, K. (2010). The Prevalence of Horizontal Violence in New York State Registered Nurses. *Journal of the New York State Nurses Association*, 20-25.
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Rational:

Posters are a cost effective way of sending a message to people. Research has found that people will read a poster vs reading a booklet (Ward, 1994). Studies that have already been conducted were unable to tell if posters changed the way people behaved. Poster presentations are a common form of presenting health information at conferences and in the community. Anecdotal evidence within the discipline indicates that health information framed in a poster presentation may be an effective method of knowledge transfer. A total of 51 studies were identified through the database searches, of which 15 met the inclusion criteria. No study evaluated the effectiveness of posters in comparison with other educational interventions. Most studies utilised a before/after methodology, with the common conclusion that posters elicit greatest effectiveness in knowledge transfer when integrated with other educational modalities. The poster presentation is a commonly used format for communicating information within the academic and public health fields. Evidence from well-designed studies comparing posters to other educational modalities is required to establish an evidence base on the effectiveness of utilising posters in achieving knowledge transfer (Rowe, 2013).

Rowe, N. (2013). *What is the evidence that poster presentations are effective in promoting knowledge transfer? A state of the art review*, Health Information & Libraries Journal, 30, pp. 4–12, Retrieved from CINAHL (Cumulative Index to Nursing and Allied Health Literature) Database

Ward, K. (1994). *Do patients read health promotion posters in the waiting room? A study in one general practice*, British Journal of General Practice, December 1994, Retrieved from CINAHL (Cumulative Index to Nursing and Allied Health Literature) Database

PECOT Model

PECOT category	Information relating to question	Explanation
Population	New Grad Nurses Junior Nurses Young Nurses Nurses between 19-44 year of age Enrolled Nurses Female	Younger nurses are new to the profession, and can be timid, and or scared of their more mature colleagues. Male nurses seem to just get on and do the work and keep out of the gossip circle.
Exposure (intervention)	Nurses working with older nurses.	We will be looking at how horizontal violence between nurses affects patient care in the hospital setting
Comparison / Control	New/Young vs Older Female vs Male	We are interested to see if these people have been bullied, bully themselves once they become senior nurses, also why is it that female nurses are bullied more than male nurses
Outcome	Nurses left the profession.	We know nurses leave the profession making it harder to retain nurses
Time	No time frame	N/A

(McCormack, 2007)

McCormack, B. (2007). Evidence-based practice and practice development. In D. W. Zevia Schneider, *Nursing and Midwifery Research* (Vol. 3, p. 306). NSW, Australia: Mosby.