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The Role of Leadership in Prevention of Horizontal Violence in Nursing

Learning Outcome: Nurses will gain an increased knowledge of identification of bullying behaviors and interventions to address the behaviors.

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Introduction

The literature provides a variety of definitions to describe bullying, which increases the complexity to define, monitor, and manage bullying in the healthcare setting. More specific terms include horizontal violence, lateral violence, and horizontal hostility. For this article, the term horizontal violence will be used to explore the concept.

The concept of horizontal violence has evolved from an awareness brought forward by Freire (2000) to a conceptual model created by Cynthia Clark (2009) that links directly to the nursing profession (Freire, 2000; King-Jones, 2011; Nemeth et al., 2017; Tillman-Harris, 2012). Clark's continuum reveals a range of behaviors from distracting or irritating behaviors to more aggressive and threatening behaviors. Horizontal violence behaviors have been present in nursing literature for the past 20 years. Within the past 10 years, there has been increased action to recognize and eliminate horizontal violence behaviors in the nursing profession (Balevre et al., 2018; Embree & White, 2010). Horizontal violence among nurses has an impact on nurse job satisfaction and patient care, which makes it a key factor for nursing leadership to consider in policy, culture, and retention of nursing staff. This article will explore the impact of horizontal violence on patient safety and nurse retention.

Impact of Horizontal Violence

Attrition, or the act of nursing staff that leave their place of employment, can be linked directly to the presence of horizontal violence. Effective leadership throughout an organization is essential to maintain a safe, stable work environment in the current unstable economic environment (Zangaro et al., 2009). An organization that tolerates horizontal violence will not be an attractive place for new nursing graduates to apply for a position or for patients to seek medical treatment (Armmer & Ball, 2015; Bartholomew, 2006). Mentorship was found to be an effective tool to retain nursing staff. Conversely, a lack of leadership support leads to attrition among nursing staff (Arnetz et al., 2019). Organizations can monitor staff job satisfaction through regular staff meetings, leadership with an open-door policy, and regular surveys with specific, open-ended questions. Organizations that cultivate a positive work environment will be more likely to retain nursing staff.

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The impact of horizontal violence on nurses, their physical and physiological well-being, and their job satisfaction is well documented throughout the literature. Long-term effects associated with horizontal violence include anxiety, depression, loss of self-esteem, decreased productivity, and absenteeism (Tedone, 2020). A descriptive, correlational study found that horizontal violence negatively influenced job satisfaction and retention of nursing staff (Armmer & Ball, 2015). Lack of leadership support when horizontal violence was reported was identified as a factor for increased absenteeism and reported burnout across nursing groups (Brewer et al., 2020). Data related to job satisfaction is also useful as leaders and organizations plan for recruitment and retention.

Organizations and healthcare professionals strive to create a culture that supports patient safety and quality care. While there are a variety of factors that complicate patient safety, evidence suggests that horizontal violence affects all areas of nursing

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and healthcare, which affects all patient populations. In an environment where horizontal violence occurs, there is a reported lack of teamwork and effective communication which are associated with errors and negative patient outcomes (Longo et al., 2016). Patient care is reliant on effective and positive nursing communication within and between units. Horizontal violence negatively affects patient safety as it decreases a nurse's ability to advocate or speak up for patients and in some cases was reported as a distraction to their ability to provide safe care (Anusiewicz et al., 2020; Townsend, 2012). Negative communication or the lack of communication between nursing staff has been shown to have negative outcomes in patient care and lead to an increase in practice errors (Johnson & Benham-Hutchins, 2020). Negative intra- and inter-departmental communication between staff may be perpetuated by the culture of an organization.

Safe patient care depends on the dynamics of a healthcare team and effective communication. Teamwork is reliant upon formal and informal communication between staff and positive communication is the responsibility of all staff (Logan & Malone, 2018). Communication between nursing staff that is cruel or undermines practice can distract nurses from tasks which increases the likelihood of errors (Plonien, 2016). Horizontal violence can create so much damage to teamwork and communication between nurses that it diminishes the safety of patients and increases sentinel events such as patient falls, medication errors, or permanent loss of function (TJC, 2018). Horizontal violence is a considerable barrier to patient safety (TJC, 2018). Timely, thorough, and professional communication is essential for the safe continuation of patient care.

Recognition of the Problem

Horizontal violence is a significant issue in nursing; however, it remains difficult for organizations and staff to recognize and remains underreported by nurses for a variety of reasons, which includes a lack of education (Plonien, 2016). Failure to address behavior that is unacceptable or causes damage can be interpreted as silent support and reinforcement (TJC, 2008). Organizations must admit horizontal violence exists in healthcare to prevent or eliminate it. Some organizations have created hospital-wide campaigns, listing examples of horizontal violence and ways to prevent and eliminate the behaviors (Tedone, 2020). Hospital-wide campaigns can be used to educate staff, patients, and visitors and demonstrate organizational commitment to recognition of the problem and the need for change. There must be education among leaders and staff for change to occur.

It is essential for an organization to consistently provide education that applies to all units and staff (Longo et al., 2016). Organizations must set clear definitions and methods for staff to report horizontal violence (Arnetz et al., 2019; Vessey et al., 2009). Leaders may recognize horizontal violence within a department but fail to address the concerns to avoid conflict. Avoidance of horizontal violence tends to precipitate bullying behavior (Bloom, 2019). Leaders who engage in the delivery of patient care will be present on the unit and supportive of staff. Also, they may notice slight changes in behaviors or consistent inappropriate behaviors among staff.

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Safe Reporting

Staff must be aware of a safe and effective route to report horizontal violence without fear of retaliation (Granst 2015; Plonien, 2016). Human resources and organizational leaders must work together to establish a safe, consistent outlet to report incidents of horizontal violence (Zangaro et al., 2009.). It is inappropriate and damaging for nurse leaders to ignore horizontal violence or not provide staff with adequate information and support. Acts of omission tend to focus on 'overlooking' incidences of horizontal violence. When concerns are not verbalized, the behavior is allowed to continue.

To gauge the existence of and response to horizontal violence, nurse leaders need to develop strategies that support ease of reporting. One strategy is to provide anonymous surveys for staff to complete and supply locked boxes within the unit for the surveys to be submitted (Tedone, 2020). An effort from organizational leaders and commitment from the human resources department would be a positive first step to change the culture within an organization and eliminate horizontal violence.

Policy Development

The creation of a policy within an organization is a significant task that requires executive leadership approval, followed by dissemination to all staff (Anthony & Brett, 2020). Nursing leaders must participate in policy creation and support bedside nurses to execute the policy as well as relevant updates. The creation of change in an organization starts with unit leadership; unit leaders are the link to the retention of staff and influence organizational decisions (Anthony & Brett, 2020; Ritter, 2010). Nursing leaders that are engaged, involved, and listen to staff concerns can bridge a communication gap between senior leaders and bedside nurses; this step is essential, as it is everyone's responsibility to establish and abide by policies.

Organizations may also choose to establish a task force of staff nurses or leaders to create policy concepts before they are presented to senior leadership (Ceravolo et al., 2012; Lachman, 2015). An organization's code of conduct establishes rules by which employees should abide and can include a framework for how to treat each other (Schmidt et al., 2016). Studies have shown that when organizations have a code of conduct that addresses horizontal violence as well as active

leadership that enforces the code, the behavior is positively modified among nurses (Armmer, 2017; Race & Skees, 2010). A code of conduct may also be incorporated into policies and required education for all staff.

Policies, education, and performance improvement are continuous initiatives that should involve leaders and staff nurses. Organizational policies directed at horizontal violence should align with an organizations' code of conduct as well as its mission and values (Logan & Malone, 2018). In addition to policies, the use of horizontal violence issues can be utilized in process improvement initiatives, such as Six Sigma or Total Quality Management (Taylor & Taylor, 2017). Encouragement of process improvement projects engages leaders and staff to work together to create solutions.

Accrediting bodies continue to encourage leadership intervention in horizontal violence issues. The Joint Commission (2018) created an online guide for staff and leaders called,"Workplace Violence Prevention" that included frequently asked questions related to workplace bullying as well as an open forum for staff to discuss situations and concerns (Kopp, 2018). The Joint Commission provides expectations that include education of team members, accountability, and the formation of policies. There is currently not a standard related to bullying, although some patient safety standards can be negatively impacted by a culture that allows disruptive behaviors.

Leaders should share bullying information regularly such as how to recognize it and where to report any identified behaviors (Ross, 2017). In 2015, the American Nurses Association published a position statement that calls for a culture change and focuses on respect as well as the elimination of toxic behaviors (Balevre et al., 2018). The focus of leadership styles has changed from transactional to transformational (Plonien, 2016). A transactional style of leadership focuses more on a hierarchy of power and reward/punishment behaviors, which can precipitate bullying behavior

(Berry et al., 2016). Transformational leadership provides a more inclusive culture and promotes the empowerment of staff (Plonien, 2016). As transformational leadership style becomes more prevalent, there is hope that organizational cultures will change, and bullying behaviors will be eliminated. One example of transformational leadership would be to include nursing staff in the policy process. It is not enough for an organization to create policies without purposeful explanation and education on new policies.

Educational Programs

A lack of purposeful intervention and education puts an organization at risk to develop horizontal violence behavior (Armmer, 2017). Continued conversations and research into the topic of horizontal violence will provide leaders with the tools they need to approach this growing problem in organizations. These conversations should be formal and informal, to allow staff the flexibility to report concerns or question behaviors at any time. Open-door policies invite nurses to share concerns related to behavior and should be encouraged. It is important for nurse leaders to annually review organizational policies in detail with staff members and seek input for improvement.

Literature suggests practice and role-play among nursing staff have shown an improvement in nurses' recognition of horizontal violence and the ability to confront perpetrators of horizontal violence (Balevre et al., 2018; Griffin, 2004; Longo, 2010; MacIntosh, 2006). Organizations can allow staff members the opportunity to gain experience and practice their role through the development of continuing education classes that focus on difficult conversations and confrontations of horizontal violence. Conflict resolution training that teaches the art of de-escalating a situation provides empowerment and confidence among staff (Kopp, 2018). Education should be mandatory, on at least an annual basis, as a reminder to staff of the organizations' code of conduct.

In addition to continuing education, mentorship is essential for new staff members. Organizations conduct mentorship programs in a variety of ways.

Some new staff are assigned one preceptor throughout orientation, others cycle through multiple preceptors, while some have a preceptor and a mentor (Horrigan, 2016). Mentorship programs are mentioned throughout the literature as a crucial step to decrease horizontal violence through the promotion of professional development, constructive feedback, and unbiased advice (Balevre et al., 2018; Clark, 2018; Granstra, 2015). When executed correctly, mentorship programs can grow into supportive peer relationships and mitigate the negative effects of horizontal violence (Horrigan, 2016). Mentorship programs and modeling professional behaviors are the roles of leaders, educators, and all nursing staff.

Culture

Horizontal violence can become embedded in an organization's culture which makes it increasingly difficult to distinguish and eliminate. Whether these cultural changes came about from individuals, or the overall organization is irrelevant and difficult to determine; what is significant is that the overall horizontal violence culture is changed (Berry et al., 2016; Embree & White, 2010). A quantitative, cross-sectional study found positive work environment perceptions were inversely correlated with incivility (Smith et al., 2018). An organization where nurses are empowered to participate in the creation of policies provides a culture of inclusion and support (Lachman, 2015). Attention to policies and education can bolster a positive culture within an organization.

It is the responsibility of all staff, particularly leadership, to hold themselves accountable for their actions (Berry et al., 2016). The caustic behavior of one nurse will affect the entire team; rather than resist the behavior, staff will adapt over time which will increase the incidence of horizontal violence (Zangaro et al., 2009.). Whether disruptive behavior originates from one individual or a group, it is evident over time the culture of the group will change, which can lead to a decrease in positive communication between nurses.

Conclusion

Horizontal violence continues to be a significant obstacle in the healthcare field, particularly in nursing. This article highlighted some of the common issues associated with horizontal violence and provided suggestions to create a culture that minimizes or eliminates horizontal violence. Horizontal violence has been shown to create significant disruptions to safe patient care, potential increased patient mortality and morbidity, decreased nurse retention, and decreased nurse job satisfaction. Also, the presence of horizontal violence has led accrediting bodies to create policies and standards to eliminate and prevent horizontal violence. These policies and standards include specific suggestions for organizational leaders as well as allowing an opportunity for change. There is considerable evidence throughout the literature that unit or front-line leaders are in a pivotal position to create behavioral change throughout the unit, utilize educational interventions, provide consistency in leadership styles, and support nursing staff.

Clinical Practice

The prevalence of horizontal violence is not limited to any organization, demographic, or location. Horizontal violence is a consistent threat to patient safety and nursing job satisfaction. Any member of the healthcare team can display disruptive behavior; examples include criticism of others in front of staff or patients, angry comments, disrespectful language, or demeaning behavior (Brewer et al., 2020). However, when disruptive behavior is linked to behavior between nurses, the

term horizontal violence is more commonly used (Johnson & Benham-Hutchins, 2020). It is important to be able to recognize disruptive behavior and create organizational standards to prevent or eliminate this trend.

There are various consequences of horizontal violence in the healthcare setting; many focus primarily on nurses. Horizontal violence creates a decrease in positive patient outcomes, the potential for increased medication errors, decreases in nurse retention, and increases in physical and psychological consequences for the victim (Logan & Malone, 2018). The recruitment of quality nurses remains critical. It is important to note retention relates specifically to the current culture and behavior within an organization.

As experienced nurses leave the profession, organizations and patient care will suffer. The increased rate of nurses that leave the profession is progressively complicated with constant changes in healthcare. The evolving changes in healthcare support the importance of leaders that recognize and eliminate horizontal violence. The elimination of horizontal violence aligns with the mission of the North Carolina Board of Nursing, to protect the public by regulating the practice of nursing. Information and education provided by the Board can be utilized by all nursing staff to practice safely and be an agent of change for the nursing profession.

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Case Scenarios

1. You are a new graduate RN on a busy medical/surgical floor. During shift change, you hear a negative exchange between two (2) coworkers. One nurse is criticizing the other for not completing or following up on tasks and uses offensive language. The other nurse does not respond but sits quietly. The interaction occurred in the nurse's station where it is witnessed by other staff and visitors.

2. You are an experienced LPN in a long-term care facility. Due to low staffing, the Director of Nursing (DON) is asked to take an assigned cart for the day shift. During the shift, the DON makes negative comments about the nurses that worked the shift prior, complaining about their documentation. The DON makes these comments to multiple staff members throughout the day.

Reflection Questions

1. List examples of bullying behavior from the case scenarios.

2. Before reading this article, how would you have reacted to the situations outlined in the case scenarios?

3. After reading this article, would your response have changed? If so, how?

4. How would your response differ if the behaviors were displayed by a manager versus a coworker?

5. How would you handle the situation if you witnessed horizontal violence in your workplace?

6. What are examples of verbal and non-verbal bullying behaviors?

7. What is your organization's policy regarding horizontal violence?

8. Think about the culture of your organization. How does it support the prevention and elimination of horizontal violence?

9. What are the options for nursing staff to be involved in policy creation or organizational changes?

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