With growing concern about staff recruitment and retention, nurse leaders are challenged to create work cultures that promote professional empowerment.

By Joy Longo, RN, MSN, and Rose O. Sherman, RN, CNAA, EdD

Karen Miller excitingly shared the news with her unit colleagues that she'd been accepted into an RN-BSN program. Her enthusiasm was quickly deflated when the charge nurse responded, "You're wasting your time—you're already an RN and won't receive any additional compensation for doing this." Karen's heart sank as she questioned her own professional plans and vowed to never again discuss school with her colleagues.

Unfortunately, this scenario repeats itself again and again in healthcare organizations nationwide. It's an example of an act of horizontal violence, with repercussions that are extremely detrimental to the work culture and potentially costly to your organization. A key first step to preventing acts of horizontal violence in your unit is to educate yourself about...

Leveling horizontal violence
what it is, how it manifests itself, and what steps you can take to intervene if you observe these behaviors in your staff.

The term, defined
Horizontal violence between nurses is an act of aggression that’s perpetrated by one colleague toward another colleague. Although horizontal violence is usually verbal or emotional abuse, it can also include physical abuse and may be subtle or overt. Acts of horizontal violence can include talking behind one’s back, belittling or criticizing a colleague in front of others, blocking information or chance for promotion, and isolating or freezing a colleague out of group activities.

Although managers may occasionally observe some of these behaviors and not consider them serious events, horizontal violence isn’t easily forgotten by the victim. Repeated acts of horizontal violence against another are often referred to as bullying.

People may wonder why horizontal violence is common in nursing environments. Horizontal violence has been described as an expression of oppressed group behavior evolving from feelings of low self-esteem and lack of respect from others. Despite recent research that indicates a significant improvement in RNs’ perceptions of satisfaction with their careers and work environments, the majority of nurses still disagree when asked if nursing is a good career for people who want respect in their jobs.¹ Nursing has been described as an oppressed group because the profession is primarily female and has existed under a historically patriarchal system that’s headed by male physicians, administrators, and marginalized nurse managers.²

Oppressed groups feel alienated and removed from autonomy and control over their working conditions, which begins a cycle of low self-esteem and feelings of powerlessness.³ Rather than fighting back and risking retaliation from their superiors, the oppressed groups’ frustration is manifested as conflict in their own ranks with horizontal violence from coworker to coworker.⁴

The theory of oppression helps to explain that the behaviors of horizontal violence aren’t directed at the individual but are rather a response to the situation in which the nurse finds herself. Fear of retribution and punishment prevents the nurse from responding to the oppression, so the emotions that result from the oppression are displayed in a way that are deemed to be safer. A colleague becomes the victim. This leaves the colleague feeling hurt and vulnerable, so the cycle of powerlessness is continued.

Staff can begin to think of these behaviors as the norm in a unit, and victimized staff will act out these behaviors toward new victims. When a student or new
nurse enters a unit, she can become a prime target for this type of behavior without realizing the motivation behind it. A student may pick up on these behaviors and incorporate them as the norm in nursing without questioning it. This cycle helps to perpetuate behaviors that can be described as horizontally violent.

**Caught in the act**
As a nurse leader, your challenge is to identify behaviors that should be characterized as horizontally violent in order to stop the cycle. Some common ones include:

- Nonverbal behaviors such as the raising of eyebrows or making faces in response to comments from the victim
- Verbal remarks that could be characterized as being snide, or abrupt responses to questions raised by the victim
- Activities that undermine the victim’s ability to perform professionally, including either refusing or not being available to give assistance
- The withholding of information about a practice or patient that will undermine a victim’s ability to perform professionally
- Acts of sabotage that deliberately set victims up for negative situations in their work environment
- Group infighting and establishment of cliques designed to exclude some staff members
- Scapegoating or attributing all that goes wrong in a situation to one individual
- Failure to resolve conflicts directly with the individual involved, choosing instead to complain to others about an individual’s behavior
- Failure to respect the privacy of others
- Broken confidences.

**The fallout**
Horizontal violence among nursing staff that’s allowed to continue without leadership intervention can be very costly to the organization. If nurses are allowed to oppress one another, the outcome will be job dissatisfaction and psychological and physical stress. Nurses who are victims of horizontal violence may have problems sleeping, develop low self-esteem, have poor morale, feel disconnected from other staff, exhibit depression, and use excessive sick leave. Ultimately, recruitment, retention, and patient care are all impacted. (See above graphic.)

Reviews of nursing research indicate that a culture that condones horizontal violence or bullying is a significant reason why many nurses leave their work settings and in some cases the profession of nursing. If bullying behaviors become part of the unit culture, new staff may feel powerless to stop behaviors that seem to be “the way that things are done around here.” They’ll be less likely to ask for help from their colleagues, which increases the likelihood of medical errors. They may also leave an organization without honestly discussing the impact that horizontal violence has had on their decision to resign.

Horizontal violence may limit your ability to recruit new nurses. When a nursing student rotates through a unit, he or she may be looking for a potential employer. An experience with horizontal violence as a student sends a strong message that the culture isn’t supportive of novice nurses.

**Stopping the cycle**
Nurse leaders have a responsibility to become knowledgeable about horizontal violence and its causes. The following steps are recommended to stop the cycle of horizontal violence:

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horizontal violence

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1. Analyze the culture of your work unit; observe for
   verbal and nonverbal cues in the behavior of your staff
   for signs or symptoms of horizontal violence.
2. Name the problem when you see it and use the term
   "horizontal violence."
3. Raise the issue at staff meetings and educate your
   staff about horizontal violence to help break the
   silence.
4. Allow staff members to tell their stories if horizontal
   violence is part of the culture of the unit.
5. Ensure there's a process for dealing with this issue if
   it occurs in your unit and be responsive when issues
   are brought to your attention.
6. Engage in self-awareness activities and reflective
   practice to ensure that your leadership style doesn't
   support horizontal violence.
7. Provide your nursing staff members with training
   about conflict management skills and empower them
   to defend themselves against bullying behavior.  

setting cultural expectations

A culture of zero-tolerance for horizontal violence is
the most effective leadership strategy to prevent its
occurrence. An initial step to changing a culture that
has tolerated horizontal violence is to develop a new
shared set of values and goals with staff. The core val-
ues of the unit should promote staff empowerment,
communication, collaboration, and lifelong learning.
Nurse leaders need to set standards regarding behav-
iors that are expected of those who call themselves pro-
fessionals. Encourage the celebration of staff achieve-
ments and valuing of the gifts that each staff member
brings to the work culture.

New graduates often report horizontal violence dur-
ing their first year of practice. If your unit hires
novice nurses, provide an opportunity for staff mem-
bers to tell their stories about their first year in prac-
tice and use these as powerful reminders about the
need to nurture our young. Include horizontal vio-
ence as an orientation topic with new staff and set
your expectations. In a recent study, new nurses who
practiced responses to horizontally violent behavior
during an orientation session were able to successfully
stop this behavior when confronted in an actual prac-
tice situation. The selection of preceptors who will
support a zero-tolerance policy and who will intervene
if they observe other staff demonstrating horizontally
violent behaviors with new staff is also an important
consideration.

Horizontal violence must ultimately be viewed as
both a performance and competency issue. The evalua-

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tions of staff who exhibit these behaviors should reflect this in the area of interpersonal effectiveness. Successful strategies in dealing with horizontal violence begin with the commitment from nursing leadership to change the culture. The American Association of Critical-Care Nurses recently developed a set of standards for establishing and sustaining healthy work environments. They’ve recommended that organizations devise and enforce policies to address and eliminate abuse and disrespectful behavior in the workplace.9

Nursing research indicates that exposure to horizontal violence drains nurses of their enthusiasm for the profession and undermines the attempts of organizations to create a satisfied workforce.10 At a time when organizations are spending considerable resources to recruit and retain nurses, it’s imperative for us to rid our cultures of horizontal violence. NMM

REFERENCES

ABOUT THE AUTHORS
Joy Longo is a nursing doctoral student at the Christine E. Lynn College of Nursing, Boca Raton, Fla. Rose O. Sherman is director of the Nursing Leadership Institute and assistant professor at the Christine E. Lynn College of Nursing, Florida Atlantic University, Boca Raton, Fla.