Horizontal violence among team members on the labor and delivery, NICU, and postpartum units

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Purpose

• To determine if horizontal violence (HV) is a perceived issue by staff members on the labor and delivery, neonatal intensive care unit (NICU), and postpartum units.

• Utilizing a confidential survey, investigators sought to determine if staff had personally experienced or witnessed HV in the last 12 months.

• Data collected from this survey would be used in determining whether there is a need for interventions aimed at decreasing the incidence of HV.
Horizontal Violence

• Defined as “repeated, offensive, abusive, intimidating or insulting behavior between individuals on the same power level that makes the recipient upset, humiliated, vulnerable, or threatened, creating stress and undermining their self-confidence” (Reynolds, 2013).

• Also referred to as mobbing, lateral violence, incivility, and bullying (Johnson & Benham-Hutchins 2020.)
Background

The Workplace Bullying Institute found that 30% of participants reported being bullied at work (Namie, 2021).

Horizontal violence has been reported in most care areas such as operating rooms, emergency departments, and inpatient units.

In a survey, Small et al. (2015) found that 85% of nursing staff reported being victims of verbal abuse, including gossiping, blaming, and accusing by coworkers or managers.

Horizontal violence in healthcare settings contributes to increases in clinical errors and poor patient outcomes (Johnson & Benham-Hutchins, 2020).

Negative effects reported in the literature include an increase in medication errors, poor communication among team members, and nurse perception of low quality of care delivered within their unit (Purpora et al, 2015; Reynolds, 2013).

Horizontal violence has negative effects on the individual and their work performance, leading to symptoms of stress, absenteeism, and loss of focus (Roberts, 2015), all of which can have profoundly negative impacts on quality of care and patient outcomes.
Methods

- IRB approval obtained
- Nursing 2011 Horizontal Violence Survey created by Dumont et al sent to staff via email
- A preamble provided participants with a summary of the study and an assurance of privacy.
- Survey assessed frequency with which staff have personally witnessed or experienced HV and the impact that HV had on staff
- Demographic data obtained
- Participants were able to add comments at the conclusion of the survey.
Nursing 2011 Horizontal Violence Survey

• Asked how often staff have witnessed or experienced:
  – harsh criticism
  – hurtful remarks
  – complaining about coworkers to others
  – eye rolling
  – pretending not to notice coworker struggling

• Asked if staff have:
  – felt discouraged
  – haven’t spoken up
  – hesitated to ask questions
  – left work feeling bad
  – had physical symptoms
Methods

- Respondents included staff nurses, certified nursing assistants, unit secretaries, charge nurses, nurse managers, nurse educators, case managers, social workers, advanced practice nurses, and physicians.

- Staff ages ranged from 20 to over 60, experience varied from less than 1 year to over 30 years, with male and female participants.

- Years of experience were divided into five different categories: 0-2 years; 3-5 years; 6-10 years; 11-15 years; and greater than 15 years.

- One-way analysis of variance (ANOVA) tests were used to determine if there were any statistically significant differences between frequency of experiencing and witnessing horizontal violence and in the frequency of coping with horizontal violence based on years of experience.
Findings

- Bonferroni post hoc tests, with an adjusted p-value of 0.01, revealed a statistically significant difference in frequency of witnessing and experiencing horizontal violence was between the 0-2 years of experience group (N = 10) and >15 years of experience group (N = 13).

- The group with ≤2 years of experience witnessed and experienced horizontal violence more frequently (mean of 4.24, standard deviation versus mean of 3.11, standard deviation of , p = 0.01).

- There was a statistically significant difference in frequency of witnessing and experiencing horizontal violence between the 11-15 years of experience group (N = 3) and >15 years of experience group (N = 13). The group with 11-15 years of experience witnessed and experienced horizontal violence more frequently than the greater than 15 years of experience group (mean of 3.87, standard deviation of versus mean of 3.11, standard deviation of , p = 0.01).

- Bonferroni post hoc tests, with an adjusted p-value of 0.01, revealed there were statistically significant differences in frequency of coping with horizontal violence in the 0-2 years experience group (N = 10) compared to the 3-5 (N = 7), 6-10 (N = 12) and >15 years experience group (N = 13).

- The group with the least amount of experience coped with horizontal violence more frequently (mean of 3.52, standard deviation of versus mean of 2.14, standard deviation of , p < 0.01; mean of 2.14, standard deviation of , p < 0.01; and mean of 2.55, standard deviation of , p < 0.01, respectively).
Findings

Frequency of Experienced or Witnessed Horizontal Violence by Years Experience, All Units
Findings

Impact of Horizontal Violence by Years Experience, All Units

- I’ve felt discouraged because of lack of positive feedback.
- I haven’t spoken up about something I thought was wrong because of fear of retaliation.
- I’ve hesitated to ask questions for fear of being ridiculed.
- I’ve left work feeling bad about myself because of interactions with coworkers.
- I’ve had physical symptoms such as inability to sleep, headaches, and abdominal pain because of poor interactions with certain coworkers.

Legend:
- 1-2 years
- 3-5 years
- 6-10 years
- 11-15 years
- >15 years
Discussion

Themes in comments section:
• Unfair assignments
• Retaliation for questioning CRN
• Ignoring struggling staff
• Disrespect
• Hostility
• Cliquish behavior
• Lack of accountability

Differences among staff based on discipline
Conclusions

• Horizontal violence affects all workplaces

• Horizontal violence contributes to low quality of care, poor patient outcomes, and physical symptoms of stress.

• We determined that horizontal violence is an issue on the labor and delivery, NICU, and postpartum units.

• Staff with zero to 2 years of experience were subjected to or witnessed horizontal violence more than other groups and were more negatively impacted by its affects.

• Based on our findings, we recommend the implementation of targeted interventions against horizontal violence for new staff.
References


Questions?