Proceedings of The National Conference
On Undergraduate Research (NCUR) 2017
University of Memphis, TN
Memphis Tennessee
April 6-8, 2017

Horizontal Violence Among Nursing Students in the Clinical Setting

Caitlin B. Barber, Ryan T. Dague, Tatum S. McLaughlin
Emily E. Mullen, Julia E. Scott
School of Nursing
Georgia Southern University
1332 Southern Drive
Statesboro, Georgia 30458 USA

Faculty Advisor: Dr. Marian Tabi

Abstract

In hopes of bringing awareness to the issue of how nursing students are being treated in their clinical rotations, a survey was presented to all levels of nursing students in a specific public university. These levels include all four semesters of the Bachelor of Science in Nursing degree (BSN), the Masters of Nursing degree (MSN), and the Doctorate of Nursing degree (DNP) at Georgia Southern University (GSU). Participants were given various examples of how horizontal violence can present itself and were asked to respond with "never, rarely, sometimes, often, or always." Results concluded that students were faced with the greatest amount of violence in their medical surgical rotation, the level of education did not have an impact on the amount or prevalence of violence that occurred, and the number one way horizontal violence presents itself is through "witnessing a nurse gossiping or complaining about other nurses or students." Through various forms of research and input from the participants, the surveyors conclude that education and awareness to the issue is the key to bringing about change. Once awareness and education are implemented, the nursing leadership, such as the charge nurse position, must commission consequences and motives in order to hold nurses accountable for the way they treat and teach students.

Keywords: Horizontal Violence, Nursing, Students

1. Introduction and Background

The American Nurses Association defines horizontal violence as acts that occur between colleagues and where bullying is described as acts perpetrated by one in a higher level of authority that occur over time.[1] These violent acts toward and among nursing students is a growing problem and concern in nursing education, nursing practice, and the broader health care profession.[2] Armmer and Ball conducted a study emphasizing the idea that horizontal violence could potentially be one of the causes for attrition in the nursing profession.[3]

A survey conducted in New Zealand among new nursing graduates confirmed that horizontal violence was prevalent among units including medical-surgical, surgical, obstetrics/pediatrics, trauma, and intensive care unit (ICU).[4] Studies have shown that more stressful practice environments are linked to higher violence rates among nurses.[5] Horizontal violence instills bad communication in nurses, which then breaks down the protective defense layer and puts patients at risk for a decrease in the quality of care.[6] Burk and Thomas's study on vertical violence of RNs towards junior nursing students in the clinical setting found that nursing students expressed two things; pejorative, unfair treatment of the students themselves, and violation of patient rights.[7] These qualities can potentially affect nurses' morale and attrition at the workplace as well as patient care outcomes.[8] Nursing school is a time that all students pursuing a degree including bachelor of science in nursing (BSN), master of science in nursing (MSN), and doctor of science in nursing practice (DNP) gain knowledge and experience to lay or advance the foundation for their careers in nursing. Horizontal violence, particularly towards BSN nursing students, can disrupt this foundation and perhaps contribute to a rocky

beginning in nursing. Hinchberger's 2009 study on horizontal violence towards female nursing students concluded that many student nurses and new graduates accept horizontal violence as a 'rite of passage', only to mimic and repeat the behavior later in their careers".[9] New graduates who perceive horizontal violence to be okay and as a rite of passage may continue this violence in practice, thus making it a never-ending cycle. Nurses are vital to the hospital system and to the well being of the community. Studies have found that when faced with horizontal violence in the clinical setting, younger nurses are more apt to walk away from the profession than older nurses.[3] As horizontal violence increases, there is potential for decrease in quality of patient care outcomes and increase in medication errors and adverse events.[6]

1.1. Purpose Of Study

This study aims to explore if nursing students enrolled in a rural southeast regional university experience horizontal violence in the clinical setting. The research questions addressed are as follows:

1. Do nursing students enrolled in a rural southeast BSN program experience horizontal violence in the clinical setting?
2. Is there a difference in horizontal violence experienced among undergraduate and graduate students in the nursing program?

1.2. Review Of Literature

Over the last ten years, there has been a steady increase in violence among nurses, however, the number of violent incidents committed toward and among nursing students has seen a dramatic increase.[2] de Villiers, Mayers, and Khalil conducted a study in Western Cape, South Africa to identify nursing students' perceptions of violence and types of violent experiences that were observed, direct, or personal (including those from other nursing students, by educators, administrative staff, or nurse managers).[2] Data were collected from 223 out of 580 nursing students who completed and returned a 25-question survey that gathered socio-demographic data, a list of violent options that the nursing students may have experienced, and students' perceptions of violence.[2] Of the 580 surveys distributed, 223 were returned completed. The results concluded that shouting, fighting, swearing, and discrimination were the most common types of violence observed by nursing students.[2] The nursing student participants felt that violence was a continuous problem at the institution.[2]

Thomas and Burke investigated junior nursing student's experiences of vertical violence during clinical rotations, and focused on the phrase "nurses eat their young" and "violence between individuals with unequal power- such as staff nurse and student".[7] Data were collected over a three-year period from BSN students using a written descriptive narrative of an incidence of anger felt with connection to lecture or clinical.[7] Narratives were divided into four themes: (1) feeling unwanted or ignored, (2) assessments and judgments of mistrust that placed patient care at risk, (3) unfairly blamed for the RN's lateness, or undone job in front of peers, superiors, and patients, and (4) public humiliation including stories of RNs yelling at, shouting at, and chastising students. Findings showed the majority of anger experienced by the nursing students was in the clinical setting provoked by a Registered Nurse (RN).[7] Terms to describe the RN's behavior during the student's clinical experiences included *condescending, overbearing, rude, sarcastic, disrespectful, patronizing, and degrading*.[7] In return, students described feelings of *hurt, defeated, confused, misunderstood, insecure, and embarrassed.*[7] Other described feelings included statements such as *cheated out of learning experiences and unable to let go of anger towards the RN,* and *convinced of having no say in how an RN treats a student.*[7]

Reynolds, Kelly, and Singh-Carlson examined horizontal hostility and verbal violence among nurses in five perinatal units including antepartum, neonatal intensive care (NICU), mother and baby, labor and delivery, and newborn nursery.[5] The study focused on which perinatal area of nursing care experiences and has the greatest effect of horizontal violence on its nurses. Data collected were collected through Survey Monkey using a cross-sectional Likert Scale survey from a convenience sample of 62 participants, of which 61 were female. Participants ranged from 20 to 60 plus years old, and respondents varied in educational background and experience. Findings indicated there was no perceived difference in horizontal violence among the nurses in the respective units. Some examples of horizontal violence portrayed included, *face-making, snide remarks, and turning away or withholding information*.[5] 70% of the events caused by horizontal violence were traced back to communication problems. Reynold, Kelly, and Singh-Carlson concluded as hostility scores increased, so did the rate of poor patient care outcomes.[5]

Cooper, Walker, Askew, Robinson, and McNair's study on students' perceptions of bullying behaviors by nursing faculty reported that undergraduate nursing students perceived faculty bullying behaviors included *bad assignments and grades given as punishment, unmanageable workloads, and unrealistic deadlines for assignments*.[10] Data for analysis were from 665 out of 1133 students who were invited to participate in the study to complete the *Bullying and Nursing Education Questionnaire (BNEQ)*, a one- page Likert scale questionnaire that focuses on the frequency and sources of bullying behaviors.[10]

In their study entitled *Horizontal violence: experiences of Registered Nurses in their first year of practice*, McKenna, Smith, Poole, and Coverdale explored the prevalence of horizontal violence and among new graduate nurses in their first year of practice in New Zealand.[4] 551 out of 1169 participants completed and returned the survey with a 47% response rate.[4] Major findings in the study included 94% of the respondents were female, and 6% male; over half of the participants reported being undervalued and underappreciated by other nurses and felt being treated like a student.[4] The most common types of threats and assault included verbal humiliation (34%), being undervalued (31%), and not receiving appropriate supervision (23%), and verbal abuse (41%).[4] As far as the most distressing incidents experienced, the most common included verbal abuse (41%).[4] The findings of the study showed the psychological impact of horizontal violence on respondents. Feelings including fear, anxiety, depression, frustration, distrust, and sadness were common effects associated with their experiences.[4] Other physiological effects of weight loss, headaches, fatigue, and hypertension were reported by respondents.[4]

2. Theoretical Framework

Conti-O'Hare's Theory of the Nurse as a Wounded Healer involves how the walking wounded nurse becomes a wounded healer. [8] The journey of life brings about many struggles, but healing brings growth in a person and those around them. When nurses choose to take personal issues or working problems out on others, diminished quality of work and decreased care of patients is seen.[8] There is a two-way process for wounded nurses to transform themselves into wounded healers to reduce physical pain or psychological distress from personal or work-related events. One, leave an issue unresolved to lead to emotional problems, job dissatisfaction, and burnout which can ultimately create a negative work environment. Second, take the pathway to healing by recognizing, transforming, and transcending the pain. A wounded healer is an individual who has been able to resolve an issue and is able to use their therapeutic use of self to increase empathy with others and ultimately transform the surroundings into a positive work environment.[8] When nurses, as well as, nursing students are affected by lateral violence in the workplace, they have the option of transforming from the walking wounded to wounded healers. Nurses must first heal themselves before they can heal others through the emotional and physical pain illness can bring.[8]

3. Methods

Data were collected from a convenience sample of nursing students including BSN, MSN, and DNP enrolled in a rural southeast regional university nursing program in fall 2016. Participants completed a 21-question survey based on the reviewed literature, [1-15] and it took 10 minutes or less to complete. The survey obtained demographic data, knowledge of horizontal violence, perception, and personal experience with horizontal violence. Classroom access to the students was made possible with permission from professors for face-to-face data collection and access to online graduate students was granted from the chair of the nursing school. Participation was voluntary and anonymous, completion and return of the survey indicated passive informed consent. The study was conducted upon approval from the authors institutional review board (IRB). All ethical guidelines were followed to meet the minimal protection of human subjects. Participants were informed of the risk and benefits of the study; there were no incentives for participation. Data were analyzed using IBM Statistical Package for the Social Sciences (SPSS) version 23. Descriptive statistics summarized demographic and other participant characteristics. Cross-tabulations and chi-square test of independence were used to measure differences in horizontal violence among undergraduate and graduate nursing students.

4. Results

Demographic profile of participants displayed in Table 1 shows majority (89.8%) were female, 96.8% were undergraduates students pursing baccalaureate degree (BSN) compared to 3.2 graduate nurses completing master's or terminal degrees, 66.8% indicated awareness of horizontal violence in nursing, 23.5% self-reported experience of horizontal violence in the clinical setting, and 27.3% indicated experiencing horizontal violence in the classroom from faculty. Descriptive results of horizontal violence (Table 2) indicate at least 30% or more of the participants reported sometimes or often observing and/or experiencing a nurse's behavior that exemplified horizontal violence or bullying

Table 1. Participants' demographic profile

Item Description		*Frequency (N =187)*	*Percent (%)*
Gender	Female	168	89.8%
	Male	18	9.6%
	No response	1	0.5%
Level of education	BSN	181	96.8%
	MSN	3	1.6%
	DNP	3	1.6%
Aware of horizontal violence in nursing	Yes	125	66.8%
	No	62	33.2%
Experienced horizontal violence in the clinical setting	Yes	44	23.5%
	No	143	76.5%
Experienced horizontal violence in the classroom from faculty	Yes	52	27.8%
	No	135	72.2%

in the clinical setting. Some of these behaviors included belittling or criticizing someone else's work (58.3%), nurse acting upset helping nursing students (62.1%), gossiping or complaining about other nurses or students (77%), making negative facial expressions (64.7%), bickering (51.4%), turning away when asked for help (31.6%), and/or blaming fault on another nurse or nursing student (33.2%). Though majority (84% or more) of participants indicated they never experienced verbal abuse from a nurse, more than eight percent reported often or sometimes feeling embarrassed by a nurse, 11% left the clinical setting feeling bad from negative interactions with other members of the health team, and more than 38% felt discouraged from lack of positive feedback from a nurse. While 69% of the participants consider staying in the profession, at least 14.5% have questioned their career choice in nursing. Comparative analysis

Table 2. Descriptive summary of participants' observation and experiences of horizontal violence

Item Description (N=187)	*Often (%)*	*Sometimes (%)*	*Rarely (%)*	*Never (%)*	*No Response*
I have experienced a nurse belittling or criticizing someone else of their work.	*10.2*	*48.1*	*20.3*	*20.9*	*0.5*
I have experienced a nurse acting upset because of helping nursing students.	*19.3*	*42.8*	*21.9*	*16.0*	*0.0*
I have witnessed a nurse gossiping or complaining about other nurses or students.	*32.1*	*44.9*	*12.8*	*9.6*	*0.5*
I have witnessed a nurse making negative facial expressions toward another nurse or student.	*19.8*	*44.9*	*23.0*	*12.3*	*0.0*

I have witnessed bickering among nurses.	*13.4*	*38.0*	*20.9*	*27.3*	*0.5*
I have witnessed or experienced a nurse turning away when asked for help.	*4.3*	*27.3*	*24.6*	*43.9*	*0.0*
I have witnessed or experienced a nurse blaming fault on another nurse or nursing student.	*7.5*	*25.7*	*22.5*	*44.4*	*0.0*
I have been verbally abused by a nurse.	*1.1*	*2.7*	*12.3*	*84.0*	*0.0*
I have been embarrassed by a nurse.	*1.6*	*8.0*	*23.5*	*65.2*	*1.6*
I have left the clinical setting feeling bad about myself as a result of negative interactions with other members of the healthcare team.	*3.2*	*11.8*	*31.0*	*54.0*	*0.0*
I have felt discouraged because of lack of positive feedback from a nurse.	*11.2*	*38.5*	*27.3*	*22.5*	*0.5*
I have questioned my career choice because of how another nurse treated me.	*5.9*	*8.6*	*16.0*	*69.0*	*0.5*

was performed to examine the differences in horizontal violence experienced among undergraduate and graduate nursing students. A Chi-square test of independence ($X^2(1) = 2.051$, $p = .144 > 0.05$) showed there was no statistical difference with respect to educational level and horizontal violence among the participants in this study. Though only 23.5% had experienced horizontal violence, the experience was equally the same among undergraduate and graduate nursing students. These findings indicate these students observed or experienced some of the same behaviors, which defined horizontal violence.

Table 3. Cross-tabulation of horizontal violence experienced among undergraduate and graduate student nurses

$X^2(1) = 2.051$, $p = .144 > 0.05$			Experienced horizontal violence		
			Yes	No	Total
Level of education	Undergraduate BSN	(N)	41	140	181
		% of Total	21.9%	74.9%	96.8%
	Graduate	(N)	3	3	6
		% of Total	1.6%	1.6%	3.2%
Total			44	143	187
		% of Total	23.5%	76.5%	100.0%

5. Discussion and Implications of Findings

Though the majority of the participants in this study did not experience or observe horizontal violence compared to findings in previous studies[4-10], the findings confirmed the existence of horizontal existence in the clinical setting and/or in the classroom. The findings also confirmed the documented behaviors of horizontal violence that are exhibited by nurses toward nursing students and others.[4-10] The likelihood of 15% of participants considering leaving the profession as a result of horizontal violence is significant. To reduce horizontal violence requires developing appropriate behavior models and consequences for behavior modification. Prevention of horizontal violence begins with education and training to raise awareness. It is important for nurses to recognize negative behaviors that impact horizontal violence. It is also important that nursing students be encouraged to report horizontal violence whenever it is observed or experienced. In order to reduce the prevalence of horizontal violence, nurses should be confident in speaking up and communicating effectively. In addition, it is crucial for nurse leaders to establish higher standard of acceptable behaviors in clinical practice and nursing education to achieve positive learning outcomes for nursing students.

6. Strengths and Limitations

The main strength of this study is that it adds to the literature on the culture of horizontal violence that exists in nursing practice and education. The study was an attempt to add to the discourse on horizontal violence towards nursing students. However, several limitations exist. Data collection was cross-sectional; generalization of the findings beyond the participants and geographic location should be done with caution. Selection, history, and maturational effects may have influenced data collection methods. Participants' were self-reported and these may not represent those of nursing students. Participation was voluntary and may have been influenced by personal interest in horizontal violence. In addition, data collection may also have been influenced by unequal group sizes. The sensitivity and comfort level with horizontal violence may have affected sample size. Only 6 graduate nursing students participated in the study. The inclusion of open-ended questions to obtain reflective responses in addition to closed-ended questions would have strengthened the study.

7. Conclusion

The prevalence of horizontal violence among nursing students, particularly BSN, completing their clinical rotations is apparent. To raise awareness is necessary to discuss and identify solutions to lessen these occurrences in the clinical setting. It is evident that to reduce horizontal violence would require wounded nurses "who endured it as rite of passage" to heal through the process of mentoring, inspiring, leading, and transforming others including nursing students. Further research is needed to explore horizontal violence in the classroom to improve educational experiences for nursing students at the undergraduate and graduate levels.

8. Acknowledgments

The authors wish to express their appreciation to faculty research advisor Dr. Marian Tabi for her advice and diligent hard work throughout this study completed in the undergraduate nursing research course.

9. References Cited

1. Elkins M. Bullying is Still Alive and Well. *RNformation.* 2017:14. http://nursingald.com/articles/17412-bullying-is-still-alive-and-well.

2. de Villiers T, Mayers PM, Khalil D. Pre-registration nursing students' perceptions and experiences of violence in a nursing education institution in South Africa. *Nurse Education in Practice.* 2014;14(6):666-673.

3. Armmer F, Ball C. Perceptions of horizontal violence in staff nurses and intent to leave. *Work.* 2015;51(1):91-97.

4. McKenna BG, Smith NA, Poole SJ, Coverdale JH. Horizontal violence: experiences of Registered Nurses in their first year of practice. 2003:90.

5. Reynolds G, Kelly S, Singh-Carlson S. Horizontal hostility and verbal violence between nurses in the perinatal arena of health care. *Nursing Management - UK.* 2014;20(9):24-30.

6. Purpora C, Blegen MA, Stotts NA. Hospital staff registered nurses' perception of horizontal violence, peer relationships, and the quality and safety of patient care. *Work.* 2015;51(1):29.

7. Thomas SP, Burk R. Article: Junior nursing students' experiences of vertical violence during clinical rotations. *Nursing Outlook.* 2009;57:226-231.

8. Christie W, Jones S. Lateral Violence in Nursing and the Theory of the Nurse as Wounded Healer. *Online Journal Of Issues In Nursing.* 2013;19(1):5-5.

9. Hinchberger PA. Violence against female student nurses in the workplace. *Nursing Forum.* 2009;44(1):37-46.

10. Cooper JRM, Walker J, Askew R, Robinson JC, McNair M. Students' Perceptions of Bullying Behaviours by Nursing Faculty. *Issues in Educational Research.* 2011;21(1):1-21.

11. Castronovo MA, Pullizzi A, Evans S. Article: Nurse Bullying: A Review And A Proposed Solution. *Nursing Outlook.* 2016;64:208-214.

12. Blair PL. Lateral violence in nursing. Journal Of Emergency Nursing: JEN: Official Publication Of The Emergency Department Nurses Association. 2013;39(5):e75-e78.
13. Curtis J, Bowen I, Reid A. You have no credibility: Nursing students' experiences of horizontal violence. *Nurse Education in Practice.* 2007;7:156-163.
14. Lau R, Cross W, Moss C, Campbell A, De Castro M, Oxley V. Leadership and management in advanced nursing in general practice. Australian Nursing & Midwifery Federation; 2013:48.
15. Tee S, Üzar Özçetin YS, Russell-Westhead M. Workplace violence experienced by nursing students: A UK survey. *Nurse Education Today.* 2016;41:30-35.