

# **Ending Nurse to Nurse Hostility**

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## **Creating and Sustaining Healthy Relationships**

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### **Horizontal Hostility**

**A consistent (hidden) pattern of behavior  
designed to control, diminish,  
or devalue another peer (or group)  
that creates a risk to health  
and/or safety**

**(Quine 1999, Farrell 2005)**

**Shares 3 elements common to racial and sexual harassments laws:**

1. Defined in terms of effect on recipient
2. Must be a negative effect on victim
3. The bullying behavior must be consistent

(Quine, 1999)

**Overt:**

name-calling, sarcasm, bickering, fault-finding, back-stabbing, criticism, intimidation, gossip, shouting, blaming, put-downs, raising eyebrows, etc.

**Covert:**

unfair assignments, eye-rolling, ignoring, making faces (behind someone's back), refusal to help, sighing, whining, sarcasm, refusal to work with someone, sabotage, isolation, exclusion, fabrication, etc.

## Why do nurses minimize HH?

- Doesn't match our virtue image
- They also do it
- Too close – focus is on workload
- Poor conflict/confrontation skills
- Low confidence/self-esteem
- “Herd Mentality” – expect HH Farrell, 2000
- It's a norm of the culture

## Prevalence: Internationally

44% reported “bullying”

Bullied staff had lower job satisfaction  
higher stress, depression, & anxiety  
and higher intent to leave

33% were intending to leave because of  
verbal abuse

## ***United States***

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**Verbal abuse from physicians 90-97%**

**76% witnessed RN to RN hostility**

**Verbal abuse cited as reason nurses leave**

**60% of newly registered nurses leave their first position within 6 mo. because of some form of lateral violence**



**“Of all types of aggression nurses experience, peer to peer hostility is the most harmful.”**

Farrell, 1999

## Impact on the Individual

- Psychological, physical, emotional and social
- Nurses who report highest degree of conflict also report the highest degree of burnout
- Decreased job satisfaction and morale,
- Increased intent to leave

*“All too often we leave the workplace bone tired and soul weary, trying to shake off the sticky residue of moral distress, that awful realization that we could not give patients the care they deserved.”*

*Thomas (2004)*

## Theoretical Framework

- Oppression Theory
  - Major characteristics of oppressed behavior stem from the ability of dominant groups to identify the “right” norms and values and from their power to enforce them.

## The Current Situation

- Our lifestyles, our choices...
  - 23.7% married with kids
  - children sicker than parents
  - 5 million > relocating a year
  - decreased time for self/community
  - 60+ hr. work week/longer commute
  - >3 hrs/day on internet/TV
  - the pace of our lives

## Intrinsic Factors

- Emotional State – anger, burnout
- Personality Style – Type “A”
- Inadequate communication and conflict management skills
- Beliefs and expectations
- Culture – history of lack of mechanism for constructive feedback

## Extrinsic Factors

- Violent workplace
- Poor nurse-physician relationships
- Task compression and > complexity
- Demands for efficiency/productivity
- Increase in span of control for managers
- Technology : increase in isolation

## Work Complexity

- Multiple goals, unpredictability and constant change
- 8 Factors
  - Disjointed work supply sources
  - Missing equipment/supplies
  - Repetitive travel
  - Multiple interruptions
  - Waiting – for system or processes
  - Difficulty in accessing resources
  - Inconsistent communication
  - Breakdown in communication (Ebright)

## Emotions running strong...

Because nurses

- do not have an outlet for frustration
- do not have an opportunity to process (reflection)
- are wounded by horizontal hostility
- lack a support system/solidarity
- have adapted to an increased pace of work and workload

## **Impact on Nursing Profession**

- Recruitment/ Retention in a shortage
- Lack of staff due to increased sick days related to stress and burnout
- Creates a toxic work environment
- Failure of nursing to achieve solidarity
- Cost lacks behind actual problem
- Patient safety – can't think clearly when upset

## **Action Plan**

Depends entirely on three things:

- Awareness: Our ability to see the problem
- Our communication network
- Our response

## Awareness

- Poor employee satisfaction scores
- Low morale
- High Turnover rates
- Dueling shifts or units
- Presence of cliques
- Incident report increase
- Absenteeism > 4 x year
- Behavior Clues

## Response: Strategies and Tools

- 1. Decrease** negativity, gossip and a culture of blame by maintaining a zero tolerance for any communication that is unhealthy
- 2. Increase** a climate of safety and healthy communication by role modeling and utilizing opportunities to teach interpersonal and confrontation skills.

*“Our lives begin to end  
the day we become silent about  
things that matter”*

*M. L. King*

**[www.silencekills.com](http://www.silencekills.com)**

- 78% said it was difficult if impossible to confront a person or group directly (keeping silent) if they exhibited incompetent care
- “Self Silencing” (Jack 1991)
- “Value relationship so much that they will sacrifice interpersonal confrontation and assertiveness to keep the peace”

## **DESC Communication Model**

- Describe - Lead with the facts
- Explain – Let them know the impact  
(pause, pause, pause)
- State – What you want. Be descriptive
- Consequences – Describe the impact  
(individual, social and work env.)

## **DESC Communication Model**

**D - When...**

**E - I feel...because**

**S - Therefore, I want (I need)**

**C - So that...**

How do I approach an experienced nurse when she makes it obvious in many ways that she has no time patience or empathy for my concerns?

D

E

S

C

*How do I approach an experienced co-worker when she makes it obvious in many ways that she has no time, patience or empathy for my concerns?*

**D** – I noticed today you felt bothered by my questions and I felt in the way

**E** - I understand your workload is heavy, but when you ignore me, I feel unimportant and get the message that you wish I wasn't here

**S** - I need to find some way or some time to connect with you. I really want to learn and be the best nurse I can be.

**C** - If you continue to ignore me, I can't learn and I won't stay

What do I do when I walk into the manager's office and I can tell by her tone and expression that she has made up her mind already?

D

E

S

C

*What do I do when I walk into my manager's office and I can tell she has already made up her mind by her tone and expression?*

**D** – As soon as I walked into your office I noticed that your jaw is set and your face looks stern

**E** - This makes me feel defensive, anxious and afraid that the open dialogue that I wanted to have with you just isn't going to happen

**S** - What I need is for you to listen to me before you make up your mind because I need your support and understanding. Ask me questions instead of jumping to any conclusions

**C** - So that I can tell you what I know and together we can solve this issue

*...If we want a different future  
we have to take responsibility  
for what we are doing  
in the  
present.”*

*Wheatley 2002*

*What do you say after you hear that someone  
has been backstabbing you?*

**D**

**E**

**S**

**C**

## Nurturing Our Young

*“The profession of nursing has an obligation to reduce lateral violence...”*

Griffin 2004

## Professional Behaviors

- **Accept one's fair share of the workload**
- **Keep confidences**
- **Work cooperatively, despite feelings of dislike**
- **Always look co-workers in the eye**
- **Don't engage in conversation about a coworker**
- **Stand up for an “absent member” in conversations**
- **Don't criticize publicly**
- **Don't be overly inquisitive about each other's lives**
- **Do repay debts, favors, and compliments**

## Action Plan for New Nurses

1. Preceptor Feedback
2. Increase One-on-One Time
  - share a meal the first month
  - decrease the preceptor's workload
3. Encourage compliments
4. Make time for reflective practice
5. Review professional behaviors with staff
6. Nurture rotating nursing students
7. Have staff share *their* orientation experience
8. Create name tags for new nurses

### To *thrive* horizontal hostility needs:



**secrecy**  
**shame**  
**silent witness**

## Staff Action Plan

1. Be aware of the signs and symptoms of HH
2. Understand the many forces nurses affecting nurses today
3. Speak your truth – hold crucial conversations
4. Adopt a zero tolerance philosophy
5. Never be a ‘silent witness’
6. Evaluate your belief system

## Revolutionary New Nurse Beliefs

- A good nurse takes care of herself
- A good nurse needs the help and support of her peers
- A good nurse seizes the details of a mistake and shares them to improve practice
- A good nurse speaks her truth at all times
- A good nurse nurtures and feeds new nurses

7. Take the time to reflect on your practice
8. Education
  - Assertiveness training,
  - Confrontation skills
  - Crucial Conversation skills
8. Compliment each other – often!
9. Provide opportunities for socialization
10. Embrace, Protect and Nourish new nurses

*“What we need is what the ancient Israelites called hochma ...the capacity to see, to feel and then to act as if the future depended on you. Believe me, it does.”*

*Bill Moyer*