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You have no credibility: Nursing students' experiences of horizontal violence

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Summary Horizontal violence is a significant issue confronting the nursing profession both in Australia and internationally. The term *horizontal violence* is used to describe bullying and aggression involving inter-group conflict. Some evidence suggests that nursing students commonly experience this during clinical placement(s). Despite the current shortage of nurses and the fact that clinical placement experiences may influence whether students remain in the nursing profession, there has been little research undertaken on this topic. This study used a questionnaire to investigate 152 second and third year nursing student's experiences of horizontal violence (either directly experienced or witnessed). Analysis identified five major themes: humiliation and lack of respect; powerlessness and becoming invisible; hierarchical nature of horizontal violence; coping strategies; and future employment choices. More than half of the sample indicated that they had experienced or witnessed horizontal violence; importantly, most of these (51% of the total sample) also indicated that it would impact on their future career and/or their employment choices. Strategies are discussed that could be implemented to reduce the effect of horizontal violence, including giving a higher priority to debriefing within a supportive university environment, and teaching assertiveness and conflict resolution skills within the Bachelor of Nursing Degree.
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Background

A severe global shortage of practicing nurses is currently causing a crisis in health care systems across the world (International Council of Nurses, 2006). In Australia, the inability of the health care system to retain qualified nursing staff was acknowledged by Tony Abbot, Australian Federal Minister for Health who stated that ''one fifth of nursing graduates have left the profession a year after graduation'' (Arlington, 2004, p. 3). The same issue is also present prior to graduation, with some nursing students failing to complete their courses without obvious reason. Some evidence suggests that students commonly

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experience horizontal violence (HV) during the clinical component of their course (Randle, 2003). Unfortunately, HV is a significant issue confronting the nursing profession as a whole (Taylor, 2001). The present research focuses on the extent of HV experienced by nursing students during clinical placement(s) and the possible impact of this on future employment choices.

What is horizontal violence?

HV is a term that describes bullying and aggression involving inter-group conflict. Duffy (1995) explains that HV is hostile and aggressive behaviour by one or more group members, towards another member or section of the larger group. HV most commonly takes the form of psychological harassment as opposed to physical violence (Farrell, 1997, 1999, 2001; McKenna et al., 2003). It includes a range of covert and overt harassment ranging from being neglected and ignored, being denied access to learning opportunities, being subjected to verbal and written threats through to physical intimidation and unwanted touching (McKenna et al., 2003). Other studies have identified excessive criticism, intimidation, ridicule, making excessive demands, inequitable roster practices, rumour mongering and blocking opportunity for promotion (Jackson et al., 2002). For the purpose of this study, the terms workplace bullying, workplace harassment and HV are used interchangeably.

Horizontal violence in nursing

Nurses in certain clinical areas, namely emergency and mental health, are known to encounter high levels of occupational violence and threats, including direct physical assault. However, there is increasing recognition that nurses in general areas are also exposed to various forms of aggression, originating from patients and relatives as well as from other professional groups and *other nurses* (Jackson et al., 2002). Nurse-to-nurse violence, or HV, appears to be tolerated to a much higher level in nursing compared with other professions (Stevens, 1998).

Nursing as a profession is considered to be oppressed (Hendricks-Thomas and Patterson, 1995); in this context, a hierarchical system has arisen in which nurses, in order to succeed, must accept that their role is defined by those with power and authority (Pitts, 1985). Such a system supports the occurrence of HV. McKenna et al. (2003) found that in many HV incidents, the person involved was someone senior such as a charge nurse, nurse co-ordinator, supervisor, etc. The perpetrators are usually themselves past or current victims and most are convinced that their experiences have strengthened them for their nursing role (Stevens, 1998). Randle (2003) suggested that the cycle of HV actually begins during nursing education.

The negative effects of HV are substantial. On an individual level, aggression from colleagues has been found to be more upsetting to deal with than patient assault (Farrell, 2001) and is linked to poor self-esteem (Randle, 2003). On a macro level, interpersonal conflict has been linked to decreased job satisfaction, performance and higher rates of turnover (Gardner, 1992; Cox, 1991). A recent New Zealand study found that 34% of new graduates reported experiencing overt verbal statements made by other nurses that were 'rude, abusive, humiliating or involved unjust criticism' (McKenna et al., 2003). Most incidents of HV went unreported and some led to absenteeism and thoughts of leaving the profession altogether.

If HV is associated with increased turnover, it may have a flow-on economic effect: The Nursing Executive Center (NEC 2000; cited in Cvach and Lyndon, 2003) estimated the real cost of turnover in the US to be (USD) $64,000 per specialty nurse. In the Australian context, the authors estimate that it costs the government between (AUD) $36,000 and $48,000 to educate one student to become a registered nurse (calculated on 24 university subjects at a cost of between (AUD) $1500 and $2000 per subject; Unpublished Document, 2004). From a purely economic perspective it is important to retain students who have completed a substantial part of their training and it is vital that new graduates continue to work in the nursing profession. Some background on nursing educational requirements in Australia is given below.

Educational requirements for registered nurses in Australia

Currently, registered nurses (RNs) in Australia complete a 3-year Bachelor of Nursing (BN) degree; there is only one type of registration and all nurses are now trained comprehensively so they can work as a beginning practitioner in any area. Each university nursing curricula is slightly different with regards to theory and clinical allocation, however they must be passed by the relevant Nursing and Midwifery Registration Board. Universities compete for a limited number of clinical placements in a range of areas such as aged care, mental health, medical/surgical and so on, depending on availability. At the University of Wollongong, placement

hours are completed in 2 week blocks, with 1 placement per clinical subject. Students currently undertake 1 clinical subject in their first semester and then 2 clinical subjects per subsequent semester.

Student attrition

During nursing education specifically, attrition can be attributed to a variety of reasons including age, child-care, financial pressure, self-efficacy, the demands of balancing a family and study, and previous academic performance (Aber and Arathuzuik, 1996; Houltman, 1996; Jeffreys, 1998; O'Connor and Bevil, 1996; White et al., 1999). The first two authors of the present study have each had over 15 years experience in nursing education, and during that time have noted an increase in the student non-completion rate. This attrition generally occurs after students have undertaken their first or second clinical placement(s).

It has been well recognised that the experiences of students during their clinical placements influences their choice of postgraduate employment (Lam et al., 1993; Nolan and Chung, 1999). Students especially value placements where they are made to feel welcome and supported (Snadden and Yaphe, 1996) but too often they report feeling isolated and unsupported by clinical staff (Clinton et al., 2002). In the Randle (2003) longitudinal study on nursing student self-esteem, a major theme to emerge was that of bullying — of students and of patients. Randle emphasised that students who were bullied by nurses found it very distressing, yet they were aware that staff had to complete an assessment form that would affect their course progression, and they were under great pressure to comply with the norms of the nursing staff. Anecdotal evidence suggests that many students have left their studies because of what happens to them on clinical placement (Commisso, 2005).

While Randle (2003) mentioned that the majority of her study respondents were determined to continue with their course, the results strongly suggest that further research is needed to ascertain the extent of HV experiences and the practical effects they have on student choices. Despite the current shortage of nurses, the issue has been given almost no attention in the literature to date. The specific aim of the present study was to further explore and document the problem. Additionally, as the literature reviewed here contained surprisingly few practical recommendations to deal with HV at the nursing education level, this paper will also contribute strategies to better cope with the problem. Ultimately, this research aims to encourage nurses in both academic and clinical settings to take action and stop the cycle of HV, helping to create a more positive environment in which nurses want to work.

Method

Participants

All 2nd and 3rd year nursing students at the University of Wollongong were invited to participate in the survey. Of the 251 surveys that were distributed, 152 (61%) were completed. There were 88 2nd year participants (71% of total 2nd year students) and 64 3rd year participants (50% of total 3rd year students). Of the 152 participants, only 16 were male, and more than half ($n = 82$) were aged between 20 and 29. There were 19 participants aged under 20, and 48 participants aged between 30 and 59 (age data was missing in 3 cases).

Students had undertaken between 0 and 4 clinical placement(s) in a variety of areas (geographic and specialisations) throughout NSW. Those students who had no previous placement(s) experience were qualified as Enrolled Nurses (ENs) and whilst they had not experienced clinical placement(s) as BN students, they reflected on their EN experiences; some students had also worked as Assistants in Nursing (AINs).[1]

Participants were recruited during class time in groups, completing and returning the survey during this class (taking 10–15 min). Afterwards, most groups chose to have an informal discussion on the topic.

Ethical considerations

Ethics approval was obtained from the University Human Ethics Committee. Issues of confidentiality and participation choice were explained verbally and in an accompanying information sheet. Participants were informed that there was no penalty for non-participation, and that by returning the survey, they were providing consent for participation and publication. No individual names or identifying data were recorded. The survey was distributed and collected by an independent tutor.

[1] In Australia, ENs have less responsibility than RNs and undertake a 12-month course that is run by the training institution TAFE (Technical and Further Education). ENs can proceed directly into the 2nd year of a university course after a bridging course. A further category of nursing work is performed by AINs, for whom there is no formal course requirement.

Survey

The survey obtained basic demographic data (sex, age and course year) and also allowed for written responses to five open-ended questions:

(a) What do you think HV means within a nursing workplace?
(b) Have you ever personally experienced HV during any of your clinical placements? (Y/N). If you have, please describe your experience.
(c) Please describe any experience that you have witnessed during your clinical placement.
(d) Explain how your experience or observation of HV has influenced your perception of nursing.
(e) Will your experience or observation of HV affect your choice of employment after your graduation? (Y/N). Please elaborate.

Students were provided with a general definition of HV at the beginning of the survey.

Analysis

The data were entered into PC software statistical package JMP 5.1. Demographic percentages only are used in this study. Data were not reported for individual open-ended questions because significant statements and commonalities were identified across questions. A thematic content analysis of the data was undertaken, in which the data were coded for themes that arose from the data rather than being imposed on it (Curtis and Harrison, 2001). To increase their validity, both authors agreed and verified the emergent themes.

Findings

Eighty six students (57%) indicated that they had experienced or witnessed HV. Analysis produced five major themes that were associated with such experiences: humiliation and lack of respect; powerlessness and becoming invisible; the hierarchical nature of HV; coping strategies; and future employment choices.

Humiliation and lack of respect

The students described feelings of humiliation that often occurred during their first clinical placement. These students felt that they were not respected, not valued and that they were different to the Registered Nurses (RN).

The RN of the nursing home that was our first clinical placement treated us nursing students (sic) with arrogance and indifference. She would not allow us to use the staff tea room, buy the meals from the kitchen that the others were allowed to and made the comment — ''get those lazy student nurses to do something'' — even though we had completed all the work and were using our time talking and comforting the residents. She would not involve us in any aspect of her role as a RN [2nd year female; aged 40—49].

More students spoke of witnessing HV rather than directly experiencing it themselves. Students spoke of observing their fellow students being verbally reprimanded *in front of a lot of people during handover [3rd year female; aged 20—29]; while others spoke about witnessing staff members being treated in a manner that they would describe as HV.*

There was a new grad, an older man who was on our ward; he was really struggling and all he needed was someone to ask him if he needed a hand ...The RNs were really short and were counting how many RNs there was (sic) on the ward. ... One said, ''Well, XXX is really only 1/5th of an RN''. The sad thing was he was there while they were counting [2nd year female; aged 20—29].

The description of an older male above illustrates the fact that HV is not restricted to the younger females who are predominant in this sample. Other comments from older nursing students support this: *I was told that I had left my choice of career a little late in life...also...as a student, I was there to do the dirty jobs, not follow RNs around [2nd year female; aged 40—49].*

Powerlessness and becoming invisible

The students who had experienced or witnessed situations where HV had taken place described feeling powerless. Students explained that HV occurred fairly regularly and invariably happened when the clinical facilitator was not present. Students often felt unable to deal with specific incidents and one way of responding was by removing themselves from the situation when possible. [I was] *placed in a surgical ward (lunchtime), told to sit at a different table (which was on my own) while the other group sat at another table — resorting (sic) to sitting in my car each day to avoid feeling uncomfortable [3rd year female; aged 30—39].*

A very common theme was that students were ignored and at times treated as if they were

invisible. They described situations that they had found untenable. *The two people that I was assigned to on shift completely ignored me when I walked into a room [2nd year female; aged 20—29].* Furthermore, students felt that being ignored impacted on the care that was given to clients. *They did not answer my questions appropriately and left me unaided many times [2nd year female; aged 20—29].* Another student described a situation where she was ignored by all the nurses on the ward except for a new graduate who worked with her. *When she was away the nurses refused to work with me because of my inexperience [3rd year female; aged 40—49].*

Hierarchical nature of horizontal violence

Students spoke of a 'pecking' order that occurred in the clinical area and a trickle down effect where RNs treated ENs and AINs badly. They described how HV was used to *keep a nurse in ''her place'', especially a new one [2nd year female; aged 50—59]*, and that it had the effect of making a person feel insecure — *doubt[ing] their own ability and knowledge so that those who have been there the longest maintain the ''pecking order'' [2nd year female; aged 50—59].* They spoke of working with AINs on their first clinical placement and the treatment that they sometimes received from the other AINs (particularly those who were not engaged in nursing education). One student described being left to shower a patient with dementia and being told *''if you want to be a RN look after her by yourself'' [3rd year female; aged 40—49].* ENs undertaking study to become RNs were also singled out: *''Don't think you're anyone special L...you're lower than an enrolled nurse because you're a student'' [3rd year female; age unknown].*

Students also gave examples of both experiencing and witnessing HV when they were employed by institutions or agencies as AINs. Some of these students gave examples of feeling victimised by more experienced AINs.

I came to work one evening to fill in my time-sheet and found offensive drawings that were on my time-sheet. I didn't report it because I was scared that these nurses would harass me more. They aren't as bad now that I am more experienced as a nurse but they still do it to other new AINs [3rd year female; aged 20—29].

Yet another aspect to the hierarchical structure was the 'us and them' mentality, where some hospital trained nurses made negative comments about university educated nurses such as *''Uni students don't know much about ''real'' nursing'' [2nd year female; aged 40—49].* The division between nurses who were trained in the hospitals and university educated nurses was identified and students often responded by referring to these nurses as ''old school''.

Coping strategies

It appears that students develop different responses to HV as they progress through their education. Second year students often appeared to be overwhelmed by their experiences of HV and were not able to find a way through the situation. They were able to identify that it was occurring, but struggled to understand why. Students often described nursing as a 'bitchy' profession in which many *nurses are mean...even though their job revolves around caring there does not seem to be much care in their relationships with some of their colleagues [2nd year female; aged 20—29].* They were not able to articulate what they could do to change the situation: *It's like everyone just accepts that nursing is a tough job that has no hope and that for everyone working as a nurse it will be a depressing and draining experience [2nd year female; aged 20—29].*

Over time students begin to accommodate behaviours: *I have realised that this is something unavoidable and to deal with it I must evaluate what I decide to take on board personally [2nd year female; aged 30—39]*, or [*Nursing is*] *a very nasty profession in which some nurses seem bitter and negative. Something I never want to become [2nd year female; aged 20—29].* Although many students spoke about the negativity of many nurses, by their 3rd year they were more likely to have accepted this and made a decision to be different. They may view their experiences more objectively and turn them into learning experiences by deciding not to repeat those behaviours: *It has made me promise myself that when I become an RN I am going to treat student nurses with respect and not treat them the way I have been treated [3rd year female; aged 20—29].*

It seems that students eventually gain awareness of ways to deal with HV on both a personal and an institutional level. *You have to keep out of it to try and concentrate on the job [3rd year female; aged 20—29]*, or *You need to develop a 'thick' skin! But also it is not something that one should put up with, and hopefully there are avenues for reporting and rectifying this [2nd year female; aged 30—39].* Effective communication between clinicians, other staff and students was identified as

an important strategy to decrease HV. One student articulated it succinctly when by explaining: *How you speak has an impact on working relations [3rd year female; aged 40–49].*

Future employment choices

Seventy seven (90%) of the respondents who had experienced or witnessed HV said that it would impact on their career and/or employment choices. Students identified characteristics that needed to be present within the work environment before they would choose to work in it after graduation. For example: *I would prefer to work somewhere where I feel supported by my colleagues. I would not want to feel discouraged or unvalued by my workmates [2nd year female; aged 20–29].* Some students were adamant that they would not work in areas where they had experienced HV and identified a specific institution or facility, or a specific ward or speciality area: *I will not do a new grad year in that hospital [3rd year female; aged 20–29],* or; *I do not want to work in a surgical ward again because I think that all surgical nurses are as nasty as her [2nd year female; aged 20–29].* All specialty areas of nursing were named; however, several students singled out mental health nursing as having a more positive approach. *I do not want to work in acute care or nursing home care. Mental health seems to have decreased bullying amongst staff [3rd year female; aged 30–39].*

Experiences of HV created dissonance in some students; they responded to this by either becoming more determined to succeed or instead disillusioned with nursing. For example: *I want to do nursing; if someone has a problem with me then they need to tell me. Nobody has the right to stop me doing what I want to do [3rd year male; aged 20–29],* or alternatively, *I'm not sure I can tolerate the attitudes of many nurses – not sure I am going to stay in the profession [2nd year female; aged 20–29].*

Discussion

This is one of the first studies to document nursing student experiences of HV in detail. That over half of the students in this study had experienced or witnessed HV during clinical placements paints a bleak picture of the current nursing climate. Moreover, almost all of those students indicated that those HV experiences would influence their future employment choices. It is therefore imperative that the nursing profession identify ways to equip nursing students and new graduates with strategies to recognise, manage, cope with and ultimately decrease the incidents of HV within nursing.

The perceptions of powerlessness and humiliation in this Australian study are similar to those reported by Randle (2003) in the UK. The way in which many students began to accommodate their HV experiences supports her view that nurses are desensitised and socialised into accepting that HV is simply part of the job. While it is currently necessary to recognise that they must learn to deal with HV, students must be discouraged from a passive acceptance of HV if change is to occur. Although students in this study made comments about being different when they become RNs, Randle (2003) asserted that sadly some did take on those behaviours, perpetuating the cycle. Some students in the present study already referred to hospital trained nurses as 'old school', furthering that division.

The proportions that had *directly experienced* HV and that had *witnessed* HV were combined in the final percentage figure (57%). This was because students did not discriminate between them in their comments, despite separate questions relating to the two. The results highlight that merely witnessing HV can be distressing for students. As students described employed staff members being victimised, they clearly see that HV could happen to them after graduation also. Further research should also focus on increasing coping skills of enrolled nurses, as along with students, ENs were especially vulnerable to HV.

An important aspect of this study is the documentation of the expected impact of HV on future employment choices. This sample reported that they intend to avoid specific wards, institutions or facilities, or a particular speciality area, when choosing a post-graduate working environment (we cannot comment on *actual* employment choices.) The problem for nursing is that, as Kramer and Schmalenberg (1991) argued, there is a shortage of environments that nurses *do* want to work in. Consistent with this, the Australian Federal Minister for Health, Tony Abbot, estimated that ''23,000 qualified Australian Nurses were not practising'' (Arlington, 2004, p. 3).

Although it was not a common theme, the fact that thoughts of leaving the nursing profession were mentioned at all, along with the extent and nature of HV described, does indeed suggest that HV may contribute to student attrition. However, a major limitation of this study is that the sample consisted of current nursing students – and as the data was anonymous, it could not be linked with later attrition. A further qualitative study of

students who have withdrawn from their undergraduate nursing degree is warranted. A larger quantitative study based on the themes uncovered in this study, and incorporating views of a larger number of nursing students from multiple Australian universities, would also be valuable. Such research could prospectively examine the possible links between HV experiences, coping strategies and student attrition.

Recommendations

Some researchers have warned that HV in nursing will not be reduced unless radical social structural changes are made (Randle, 2003), and others have called for changes at the institutional level such as effective incident reporting processes and supportive debriefing services (McKenna et al., 2003). We acknowledge that HV is a very complex issue, for which there is no 'quick fix'. However, we believe it is crucial that part of the solution be the implementation of interventions during undergraduate courses, as it is here that the cycle of HV begins (Randle, 2003). Previous studies have demonstrated that many nurses do not feel competent in responding to HV and that the majority have had no undergraduate (or post-registration) training to enable them to cope with adverse staff relationships (Sofield and Salmond, 2003; McKenna et al., 2003). Training students to deal effectively with HV is one way to help break the cycle of HV, and help the profession to retain the individuals it educates.

Clinical placement(s) are the ideal time to initiate HV coping strategies. It would be useful to monitor student experiences and provide an opportunity for them to debrief in a more supportive environment within the university. Students' experiences could be mapped over the three years of clinical placements and response strategies developed and discussed. Specific HV awareness programs also need to be implemented to explicitly focus attention on HV and its effects on work morale. Students need to be able to appropriately label what is occurring as HV, and place it in a broader context than what is happening to them personally. Taylor (2001) describes an effective strategy of 'reflective practice' in which nurses as a group generate, act and reflect upon an HV action plan with a facilitator, over a set period of time. Such programs would fit well into the commonly taught topic of Lewin (1951) theory of change management.

Johns (1996) suggests that conflict resolution skills are indicated because power relationships are actually hiding personal and professional conflicts — these skills need to be given a higher priority in undergraduate programs. Assertiveness training using role-play can be very successful in assisting people to clearly communicate in a way to avoid misunderstanding, hence minimising interpersonal conflict (McCabe and Timmins, 2003). We suggest that the combination of these programs in undergraduate education will give students and new graduates more confidence in addressing HV, and these skills can be developed and reinforced with practice. Although there is a substantial body of literature regarding HV in the nursing profession, there is a concentration primarily on the incidence and causes — it is vital that a further direction of research be the evaluation and comparison of such undergraduate education strategies in reducing the effects of HV.

The training needs to be offered in workshops facilitated jointly by academics and clinicians as more collaborative environments foster increased satisfaction and less conflict (Blickensderfer, 1996). Interestingly, this point is illustrated by the fact that students in this study were positive about their mental health placement experiences — this university has established particularly good collaborative relationships with mental health areas, and clinicians are involved at all levels of teaching. It is recommended that educators work closely with *all* clinical areas to ensure that students are well supported — this could even involve explicitly teaching staff what students can be expected to know, and how to interact with students. Commisso (2005) quote from an HV victim summed up the ideal: ''patience, a welcoming smile, and a spirit of generosity in their sharing of knowledge'' (p. 40).

Chan (2002) suggested that nurses and students need to be more involved in professional organisations, and that this should be cultivated at the early stage of professional socialisation. This is expected to increase a sense of belonging with peers, which is associated with increased job satisfaction (Winter-Collins and McDaniel, 2000). We agree that more emphasis needs to be placed on establishing professional support networks during undergraduate programs. This could be as simple as ensuring that students have access to information about professional organisations in their first year, or having a representative talk to students and make them feel welcome to join.

In conclusion, this study confirms that HV is encountered often by students during clinical placement(s), and importantly, that it can be expected to influence employment choices. HV in the nursing profession is unacceptable, but it is unlikely to be diminished in the near future. By

focussing attention on the effects of HV and by equipping students in BN programs with ways to deal with it when it occurs, it is hoped that the effects of HV will be greatly reduced over time.

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