Horizontal violence in nursing affecting nurse retention

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Introduction

In an effort to keep up with technology and scientific discoveries, nursing focus on optimal care has generated interest in many to probe and uncover findings to best care for patients. Problem identification, creation of well- formed foreground question and analysis of supporting literature are instrumental steps toward the goal of providing evidenced best practice for our patients. The authors' purpose is to formulate a foreground question based on literature search findings to support horizontal violence's effect on nurse retention. The authors will outline the clinical issue, describe the problem, and identify its importance and its effect on patient outcomes. Lastly, an analysis of research articles and studies on horizontal violence will be provided to support the question.

Describe the Clinical Problem

In a profession where compassion is the essence, it is surprising to find an environment where nurse-to nurse aggression exists. The pressure to do the right thing for the risk of mistakes for nurses can affect the lives of those we care for adds extra pressure to ensure productivity and accuracy of tasks is at an optimum. This expectation can lead to unfavorable horizontal violent behaviors towards novice nurses by more experienced nurses

Griffin (2004) defines horizontal violence in nursing as nurse to nurse aggression. Meeting productivity and maintaining accuracy while meeting operational demands can affect the experience of nurses in their first year of practice. Promotion of positive working environment is vital for learning to occur. Heightened awareness as well education for new nurses is necessary to change the culture of the institution.

The importance of the problem

Horizontal violence in the workplace can affect patient safety. Bullying behaviors has a direct effect on a novice nurse's confidence and self-esteem, thus affecting their ability to learn. In 2003, McKenna, Smith, Poole and Coverdale's study revealed over half of the study's group felt undervalued by the aggression and over a third feared being labeled an underperformer.

Creating an environment where all nurses can freely exchange ideas and emotion is vital in promoting growth in nursing. Therefore, identification of horizontal violent behaviors is important in promoting safety and positive outcomes for patients. The joint Commission (2007) indicated that an unhealthy environment can result in increased sick calls and turnover. Ensuring that staff recognizes horizontal violent behaviors and providing staff with skills to address this issue is of utmost importance for nurses as well as patients.

Negative consequences/outcomes to patients if problem continues

Horizontal violence creates an uncomfortable environment but more importantly, it can interfere with how we care for our patients. The risk to patient safety requires that resolution to this issue be a priority. Unresolved issues of aggression are not only time consuming for managers but also takes valuable time away from our focus: our patients. Rocker (2008) pointed out that a conflicted environment affects not only those involved but also traumatizes those that surround them. In addition, the financial burden to institutions is costly as a result of decreased productivity, high turnover and potential litigations. A study by Jones and Gates (2007) revealed an overall annual turnover rate of 10.7% and a cost per termination of $6,871.51.

Clinical Foreground Question

In nurses with less than 5 years' experience, is the retention rate higher for those nurses with horizontal violence training than those who did not.

Literature Appraisal

In an era where nursing is challenged by financial and legislative demands, the need for efficient and effective care for positive patient outcomes is a must. Patient outcomes are influenced by staff properly caring for our patients. A healthy environment is essential in creating an atmosphere where nurses can function at an optimum. The presence of horizontal violence threatens the healthy environment as well as the retention of nurses, which is vital in order to provide consistent care for our patients.

The exploration of the issue of horizontal violence (HV) is necessary in nursing because the safety and health of our staff and patient depends on it. As noted in a study by Sofield & Salmond (2003) focus on verbal abuse and intent to leave the organization, 62.2% of verbal abuse incidents cause an increase in turnover in staff, and 67% of verbal abuse contributes to an increase in nurse shortages. According to Sheridan-Leos (2008), 60% of new nurses who had reported being bullied, left the work force within six months of employment as a result of horizontal violence. The authors will be presenting literature that will support the existence of HV in nursing along with data on how it affects nursing turnover. This paper will introduce studies on educational plans proven to have success in addressing HV and will be outlined in projects to come.

Literature Appraisal

Literature supporting the existence of HV in nursing

Corbin, G., Dumont, C., & Brunelle, D. (2011, October). Defeating horizontal violence in the emergency department [Journal]. *American Nurse today*, *6*(10), 1-4.

This was an interventional study that used a pretest and posttest design. Nurses anonymously participated in the pretest, post survey and interventions. They were given a 30 item survey that identified their perception of positive and negative behavior that exists in the

work environment. The nurses rated the behaviors and then participated in interventions to improve their perceptions at work.

Corney, B. (2008). Aggression in the workplace: A study of horizontal violence utilizing heideggerian hermeneutic phenomenology [Journal]. *Journal of Health Organization. 22*(2), 164-177.

This small study highlighted how nurses experienced HV. Many shared how they felt about HV. However, they were afraid to speak out for lack of support. This article confirms HV is a problem.

Curtis, J., Bowen, I. & Reid, A. (2007). You have no credibility: nursing students' experiences of horizontal violence. *Nurse Education in Practice. 7*(3), 156-163.

This qualitative double- blind peer reviewed of 152 second and third year nursing students indicate experiencing or witnessing 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. Discussion of strategies to reduce the effect of horizontal violence, including giving a higher priority to debriefing within a supportive environment, and teaching assertiveness and conflict resolution skills within the Bachelor of Nursing Degree. This article confirms HV is a problem and outlined solution which supports the foreground question.

Hindi Publishing Corporation. (2007). making things right-nurses' experiences with workplace bullying: A grounded theory.

Qualitative study using a constructivist grounded theory method. The study reported on the experiences of nurses confronting workplace bulling used narratives to describe their experiences with bullying.

Huntington, A., Gilmour, J., Tuckett, A., Neville, S., Wilson, D. & Turner, C. (2011, May). Is anybody listening? A qualitative study of nurses' reflections on practice. *Clinical Nursing.*

This qualitative of 7604 participants of electronic cohort of Australian, New Zealand and UK Nurses is aimed at nurse's reflection of the reality of HV. Four themes emerged: embodied care which discusses the impact of work on the nurse's physical and emotional health; 'quantity/quality care' which addresses increasing pressures of work and ability to provide quality care; lack of support from management where bullying and professional relationships were raised. This study confirms that LV is not perceived but an actual reality.

Johnson, S. L. (2009, March). International perspectives on workplace bullying among nurses: A review [Journal]. *International Nursing Review*. *56*(1), 34-40.

This study was a literature review from data bases such as CINAHC, PubMed, Pro Quest, and EBSCO that examined literature on workplace bullying using a quantitative review of previous work. Study number was high due to number of studies looked at.

Johnson, S. L., & Rea, R. (2009, February). Workplace bullying: Concerns for nurse leaders [Journal]. *The Journal of Nursing Administration*. *39*(2), 84-90.

This was a descriptive study using a convenience sample with 249 nurses. They were given a revised negative Acts Questionnaire to measure their experiences with bullying. The study found that 27.3% of the nurses had experienced bullying. The study found that bullying was associated with leaving current job.

Longo, J. (2007). Horizontal violence among nursing students. *Archives of Psychiatric Nursing. 21*(3), 177-178. doi:10.1016/j.apnu2007.02.005

This is a quantitative research brief utilizing a questionnaire sent anonymously to enrolled senior baccalaureate students experiencing HV: Seven yes/no questions-had student

been a victim of specific indicative of HV, three questions regarding observations and responses to HV. The study recommended discussing HV with students prior to entering practice. This supports the author's problem statement that HV exists.

Longo, J. (2010, January). Combating disruptive behaviors: Strategies to promote a healthy work environment. *OJIN: The Online Journal of Issues in Nursing. 15*(1).

This review of disruptive behaviors seeks to increase awareness of the incidence of horizontal violence, identify causative factors and outline strategies to promote a healthy workplace. The author defines disruptive behaviors as any behavior that through its commission has a negative effect of morale, patient care or impairs communication. An apathetic attitude on the part of nursing staff is recognized as a contributing factor. The author distinguishes that bystanders observing bullying can be as negatively affected as the intended victim. Perpetrators of horizontal violence are varied according to the author; managers, physicians, peers or clients. Causative factors are identified as power or control, oppressed group behavior, and lack of conflict management. Consequences of disruptive behavior include diminished patient safety, diminished employee health and increased turnover. Suggested interventions to address disruptive behavior include a confronting and zero-tolerance towards horizontal violence improving communication skills, increasing awareness via educations and introducing policies addressing disruptive behaviors.

Longo, J. & Sherman, R. (2007). Leveling Horizontal Violence. *Nursing Management*. *38*(3), 34-37.

This literature review defined HV acts such as gossiping, belittling or publicly criticizing, information blocking or freezing a college out of group activities. A repeated act of violence toward a recipient is defined as bullying. Review suggested that a predominately female workforce is considered a traditionally oppressed group. 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. Reviews of nursing research indicate that a culture that condones horizontal violence or bullying is a significant reason why many nurses leave their work setting and in some cases the profession of nursing. Strategies to stop the cycle include increased awareness and education for nursing leaders as well as frontline staff, setting expectations for cultural changes and tie these results to professional review as well as nursing competencies. This supports the authors' problem statement on HV and its significance.

Rocker, C. F. (2008). Addressing nurse to nurse bullying to promote nurse retention. *Online Journal of Issues in Nursing, 13*(3).

This article summarizes the many issues that surround the problem of bullying in the workplace. The author writes a well-organized article making it clear that the lack of a solid definition of bullying contributes to the lack of knowledge about the issue as well as clear interventions needed to deal with the problem. The author cites the works of several researches to demonstrate that bullying is a global problem. Bullying can lead to mental and physical ailments which contribute to nursing turnover in times of known nursing shortages. The author describes the incidence of bullying noting that workers in Finland as well as the UK have experienced bullying, or intended to leave their employment as a result of the bullying. Bullying in the workplace is also under-reported and under-recognized in the workplace.

Bullying is a learned behavior and new nurses emulate the behavior of those they work with in order to survive in the workplace. Nurses become oppressed victims of bullying behaviors, leading to a hierarchical structure on the units. Stress related illnesses as well as psychological consequences can be the result of bullying if the nurse manager is not equipped with the tools to identify and act upon acts of bullying. This lack of appropriate tools to

recognize and deal with the issue can lead to increased nurse turnover. This turnover has a financial impact on the organization.

Simons, S. (2008, April/June). Workplace bulling experienced by Massachusetts registered nurses and the relationship to intention to leave the organization [Journal]. *Advances in Nursing Science, 32*(2), 48-59. Doi: 10.1097/01.ANS.0000319571.37373.d7

Data was from 511 newly licensed RN's that were randomly selected. They were given a revised negative acts questionnaire, in which 31% reported being bullied and this was seen as an indicator that they may leave the organization if some interventions were not put into place to end bulling.

Stevenson, K., Randle, J., & Grayling, I. (2006, May 31). Inter-group conflict in health care; UK student's experiences of bullying and the need for organizational solutions [Journal]. *The Online Journal of Issues in Nursing, 11*(2), 1-15. Doi: 10.3912/OJIN.Vol11No02Man05

This paper had two studies which included both a quantitative and qualitative components. The first had 56 people in the study and the second had 313. The strength of this study is even though it had a small number was they were given a survey then given chance to describe their experiences.

Sofield, L., & Salmond, S. (2003, July/August). Workplace violence: A focus on verbal abuse and intent to leave the organization [Journal]. *Orthopaedic Nursing Journal*, *22*(4), 274-283.

This randomized descriptive correlational designed study, used a randomized of 1000 nurses with 461 that returned questionnaire. Findings were that organizations needed a zero tolerance for verbal abuse. Nurses needed education and coaching on how to respond to verbal abuse.

Vessey, J. (2011). Bullying, harassment, and horizontal violence in the nursing workforce.

Annual Review of Nursing Research. 28,133-57.

This review of literature recognized a lack of standardized definition of Bullying, Harassment and Horizontal violence (BHHV) data is incomplete as far as prevalence. However, data suggests 17-76% of professional nurses have experienced BHHV and 50-70% of nurses' report witnessing some form of BHHV. Perpetrators (often nurse managers) and recipients of BHHV revealed behavior is tolerated in the nursing. The authors address strategies to BHHV which include zero tolerance, screening tools for use in by occupational health nurses and leadership teams.

Literature supporting HV affecting turnover

Hogh, A., Hoel, H., & Carneiro, I. G. (2011). Bullying and employee turnover among healthcare workers: A three-wave prospective study. *Journal of Nursing Management. 19*(6), 742-751. doi:10.1111/j.1365-2834.2011.01264.x

This quantitative study of questionnaires about bullying conducted in 2004 of 5696 nursing students one year and two years after graduation revealed 9.2 % reported being bullied one year after graduation on a weekly basis & 7.4% were bullied monthly or now and then. Analysis showed a significant correlation between bullying and intention to leave. Study confirmed a relationship between bullying and turnover along with a positive relationship between reports of bullying and actual turnover 1 year later. Risk of turnover was 3 times higher among the frequently bullied and 1.6 times higher in the occasionally bullied. Those frequently bullied were more likely to think of leaving as well as actually leaving the organization. This supports the authors' problem statement on HV affecting turnover.

Jones, C., Gates, M., (September 30, 2007). The costs and benefits of nurse turnover: A business case for nurse retention. *OJIN: The Online Journal of Issues in Nursing. 12*(3).

This quantitative longitudinal study of turnover and the cost of turnover revealed an overall weighted mean annual rate of turnover was 10.7%. Among agencies that experienced turnover (n=25), the weighted median cost of turnover was $71,613.75. The weighted median cost per termination was $6,871.51 and varied across agency staffing mix. Annual rates of turnover and costs associated with turnover vary. Findings provide estimates of two key workforce measures – turnover rates and costs used by directors and policymakers at all levels of government found result useful towards designing and evaluating programs targeting the EMS workforce. This supports the authors' problem statement on HV affecting turnover.

King-Jones, M. (2011). Horizontal violence and the socialization of new nurses. Creative Nursing, 17(2), 80-86. doi:10.1891/1078-4535.17.2.80

Factors that lead to nursing shortage are identified to include stress level and decreasing job satisfaction high turnover and vacancy rates. Horizontal violence, a factor associated with job dissatisfaction and turnover, is an issue in the nursing profession that is often discussed but is insufficiently investigates. Qualitative review suggests that staff aggression is more disruptive than aggression from patients. The author suggests that the teaching of the philosopher Foucault could help address HV in nursing. Knowledge was power and power was knowledge; the two concepts were so closely related and interdependent that they became one concept: "power/knowledge". The author concludes stating that nurses must protect the profession of nursing by empowering, mentoring, and nurturing nursing students and those new to the profession.

Mac Kusick, C. & Minick, P. (2010). Why are nurses leaving? Findings from an initial qualitative study on nursing attrition. *Medical Surgical Nursing. 19*(6):335-40.

The purpose of this qualitative study was to identify the factors influencing the decision of RNs to leave clinical nursing practice. Themes of decision to leave clinical nursing, three

themes emerged: (a) unfriendly workplace, (b) emotional distress related to patient care, and (c) fatigue and exhaustion. Unfriendly workplace was evidenced by nurses reporting issues of sexual harassment; verbal or physical abuse from co-workers, managers, or physicians in the workplace; and/or consistent lack of support from other RNs. The second theme, emotional distress related to the patient care, was recognized when RNs spoke of the conflict they felt regarding patient care decisions. Often this was marked by a perception that others ignored patient or family wishes. The third theme of fatigue and exhaustion was characterized by the frequent comments regarding overwhelming emotional and physical exhaustion. This supports the authors' problem statement on HV affecting turnover.

McKenna, B., Smith, N., Poole, S. & Coverdale, P. (2003). Horizontal Violence: Experiences of Registered Nurses in their First Year of Practice. *Journal of Advance Nursing. 42*(1), 90-96.

This qualitative survey solicited narrative responses of distressing experiences anonymously sent to one thousand one hundred sixty nine (1169) registered nurses aimed to assess the priority of preventative intervention programs and determine prevalence of horizontal violence by nurses in their first year, describe experienced incidences, consequence and its impact in the profession. Study revealed direct impact of the horizontal violent behaviors causing low self confidence and self-esteem. Over half reported feeling undervalued and treated like a student, and over a third had learning opportunities blocked and these behaviors were spread across service. Sixty six (66) of one hundred sixty one (161) or forty one percent (41%) of the respondents felt undergraduate training in coping is beneficial. Lack of manager's experience in handling complaints was identified as an issue. This supports the authors' problem statement on HV affecting turnover.

Sellers, K., Millenbach, L., Kovach, N., & Yinkling, J. K. (2009 Fall-2010Winter). The prevalence of horizontal violence in New York State registered nurses. *Journal of the New York State Nurses Association*. *40*(2). 20-25.

This quantitative study used questionnaire via email and distributed in 2008 at a leadership meeting with 108 participants, majority nurse administrators. The purpose of the study was to examine the knowledge about HV among nursing administrators. Study validated the theory that HV is so ingrained in nursing culture that it is often not recognized. 34% had observed HV, 49% did not report incidents observed to instructor, 66% of the students had heard the term "eat their young" while 72% believed it and 66% of the students discussed incidents of HV with peers rather than instructors. This supports the authors' problem statement on HV affecting turnover.

Sheridan-Leos, N. (2008). Understanding lateral violence in nursing. *Clinical Journal of Oncology Nursing, 12*(3), 399-403. doi:10.1188/08.CJON.399-403.

The purpose of this article is to give a broad overview of the concept of horizontal violence and the impact it has in nursing. The author gives several definitions of Lateral Violence (LV) in the literature, noting that the lack of a clear concise definition make integrating research on the topic problematic. Sheridan-Leos give a good review of the origins of LV, utilizing the Oppressed Group model as the framework. Several examples from the literature are given as supporting examples for oppression theory, several stemming from the fact that most nurses are female and report to authority figures that are male. The author also notes that there is a cycle within nursing that further compounds this sense of oppression, which leads to continued LV. The author cites a study done in New Zealand that found 34% of new nurse respondents had experienced LV.

Lateral Violence also has an impact on the physical and psychological health for the nurse. These health issues then have an impact of the family of the nurse. Lateral Violence can cause the nurse to leave the organization because it becomes too difficult to cope with. The author notes that 60% of new nurses who leave the work force within six months of employment, leave as a result of LV. Lateral Violence has an effect on staff and patient safety as well as an economic impact on an organization. The working conditions for nurses are being examined as a result of the nursing shortage now occurring in the United States. The incidence of disrespectful behavior is having an impact on being able to keep staff, which in turn has an effect on providing safe patient care.

Simons, S. R., & Mawn, B. (2010). Bullying in the workplace-a qualitative study of newly licensed registered nurses. *AAOHN Journal, 58*(7), 305-311. Doi: 10.3928/08910162-20100616-02.

The purpose of this article was to discuss the qualitative portion of a study done that focused on bullying experiences of newly licensed RNs. The original study was designed to look at the frequency and intensity of workplace bullying. New nurses were defined according to Brenner's definition of a novice nurse, a nurse with less than three years of working experience following graduation. The original study was a survey with 22 items related to bullying and a three item scale that measured intention to leave the organization. The data from this portion of the study revealed that an increase in bullying also increased the intent to leave the organizations. There was an open ended section at the end of the survey that asked for participants to add personal comments related to the topic of bullying. The authors note that bullying and horizontal violence have different definitions but also share certain behaviors. Bullying is defined as occurring repeatedly while horizontal violence can be an isolated occurrence. No definition of bullying was given within the context of the open ended survey question. This stance seems to

be confusing as many of the bullying experiences may not fit into the authors criteria of occurring repeatedly over six months or more.

Four themes were identified from this qualitative portion of the survey. The themes were derived by content analysis using NVivo7 software. Data saturation was achieved after analyzing the first 100 responses, however all 184 responses were included in the analysis. The first three themes centered on the existence of bullying. Structural bullying was identified as the perceived unfair or punitive actions that the nurses experienced at the hand of their supervisor. The second theme focused on the cliché of nurses eating their young. The third theme centered on the topic of "feeling out of the clique. A fourth theme identified was leaving the job.

For the qualitative portion of the study 36% of the respondents provided detailed answers to the opened ended question about bullying experiences. The authors note that though 31% of the respondents met the criteria for experiencing bullying behaviors, only 21% responded that they had been bullied. This finding suggests a lack of understanding of what bullying is and the impact it has on the work experience of the new nurse. The authors note several limitations for the study and suggest further studies are needed to build upon some of the conclusions they reached. The original study was not designed to meet the rigorous standards of a good qualitative study which included in depth interviews over a prolonged period. The study only focused on a population of nurses from one state. Suggestion is made that further qualitative studies be developed that would look at the origin of the phenomenon of bullying and the impact it has on nursing. Although this study has limitations it does introduce the problem of bullying in the workplace and has presented some qualitative information that bullying does have an impact on retention.

Sofield, L. & Salmond, S. W. (2003, July- August). A focus on verbal abuse and intent to leave the organization. *Orthopaedic Nursing, 22*(4), 274-283.

This quantitative, descriptive correlation design utilized mailed questionnaire revealed 13.6% of respondents left a nursing position because of verbal abuse, 62.2% believed that incidents of verbal abuse cause an increase in turnover in staff, 67% believed that verbal abuse contributes to an increase in nurse shortages. In addition, 91.1% of the respondents reported verbal abuse, but only 11.9% of the nurse would actively look for a new job in the next year. Furthermore, 33.4% would consider resigning as a result of verbal abuse. Qualitative responses indicated that nurses had left positions or changed their work status as a result of verbal abuse; however, nurses accept verbal abuse as part of the job. This supports the authors' problem statement on HV affecting turnover.

Wilson, B. L., Diedrich, A., Phelps, C. L., & Choi, M. (2011). Bullies at work: the impact of horizontal hostility in the hospital setting and intent to leave. *The Journal of Nursing Administration. , 41*(11), 453-458.

This quantitative study using an AACN survey from study "Silence Kills" and "Lateral Violence in Nursing" measured degree of HV in the workplace and the perception of HV. HV affected sick calls and likely the reason for leaving current positions, thus affecting job satisfaction and high turnover rate. Intent to leave is a predictor of those who actually leave. The hospital annual turnover cost of 3.7 to 5 million and about 39.6% of the respondents were definitely leaving or considering leaving their position due to HV. This supports the authors' problem statement on HV affecting turnover.

Literature supporting education on HV

Barrett, A., Piatek, C., Korber, S., & Padula, C. (2009, October-December). Lesson learned from a later violence and team-building intervention [Journal]. *Nursing Administration Quarterly. 33*(4), 342-351.

This quasi experiment design and qualitative study focus on the impact of intervention on group dynamics. Nurses worked in group sessions on team building, how to role-model positive interactions at work in order to improve nurse satisfaction and group cohesion. The study had a qualitative and quantitative component, a pre and post survey and a look at the impact of the intervention on group dynamics.

Griffin, D. (2004). Teaching Cognitive Rehearsal as a Shield for Lateral Violence: an Intervention for Newly Licensed Nurses. *The Journal of Continuing Education in Nursing. 35*(6), 257-263.

This is a qualitative exploratory design study videotaped and interviewed focus groups. The aim of the research is to provide a theoretical understanding of lateral violence, recognizing the nurse's vulnerability, teaching cognitive rehearsal techniques of the 10 most frequent forms of lateral violent behaviors in nursing. For the research, two hours of the first two weeks of hospital orientation was set aside for the participants to partake in the educational portion of the study. One hundred percent (100%) reports confronting their violators. It was an emotional encounter. The perpetrators responded with surprise that they were perceived by the new nurses as bullies and majority apologized. However, lateral violence in general ceased to occur after the confrontation. Retention of 91% of the new hires indicates success. Use of cognitive teaching helped in understanding HV and provided skills to nurses on how to respond to threats.

Rocker, C. F. (2008). Addressing nurse to nurse bullying to promote nurse retention. *Online Journal of Issues in Nursing, 13*(3).

This article summarizes the many issues that surround the problem of bullying in the workplace. The author writes a well-organized article making it clear that the lack of a solid definition of bullying contributes to the lack of knowledge about the issue as well as clear interventions needed to deal with the problem. The author cites the works of several researches

to demonstrate that bullying is a global problem. Bullying can lead to mental and physical ailments which contribute to nursing turnover in times of known nursing shortages. The author describes the incidence of bullying noting that workers in Finland as well as the UK have experienced bullying, or intended to leave their employment as a result of the bullying. Bullying in the workplace is also under-reported and under-recognized in the workplace.

Laws and policies that address bullying behaviors are important interventions needed to address the problem. Education is necessary in order to decrease the incidence of bullying. Steps needed to develop educational programs include defining what bullying is as well as the development of anti-bullying policies and preventative measures. Nurses need to be involved in policy development in order to achieve desirable outcomes, such as prevention of bullying behaviors and establishing a dignified working environment. Bullying must also be reported and investigated so that the laws that are in place can be enforced appropriately. Structured education programs are needed along with re-evaluation of these programs in order to review the effectiveness of the program.

Sheridan-Leos, N. (2008). Understanding lateral violence in nursing. *Clinical Journal of Oncology Nursing, 12*(3), 399-403. doi:10.1188/08.CJON.399-403

The purpose of this article is to give a broad overview of the concept of horizontal violence and the impact it has in nursing. The author gives several definitions of Lateral Violence (LV) in the literature, noting that the lack of a clear concise definition make integrating research on the topic problematic. Sheridan-Leos give a good review of the origins of LV, utilizing the Oppressed Group model as the framework. Several examples from the literature are given as supporting examples for oppression theory, several stemming from the fact that most nurses are female and report to authority figures that are male. The author also notes that there is a cycle within nursing that further compounds this sense of oppression, which

leads to continued LV. The author cites a study done in New Zealand that found 34% of new nurse respondents had experienced LV.

The nature of today's health care systems creates an environment that contributes to the continuation of LV. There is an increase in the demands on management to do more with less. This creates a stressful environment which results in strained relationships between nurses and an increase in LV. Nurse relationships can be improved by recognizing these LV behaviors, thus reducing the cycle of negative behavior. Techniques such as carefronting and cognitive rehearsal have been described in the literature as ways to counteract negative behaviors. Nursing management must also take an active role in addressing the issues of LV. The AACN has made the issue of LV a top priority when it found 18% of RNs had experienced verbal abuse from another RN. The author suggests further research be done on this topic.

Simons, S. R. & Mawn, B. (2010). Bullying in the workplace-a qualitative study of newly licensed registered nurses. *AAOHN Journal, 58*(7), 305-311. Doi: 10.3928/08910162-20100616-02

The purpose of this article was to discuss the qualitative portion of a study done that focused on bullying experiences of newly licensed RNs. The original study was designed to look at the frequency and intensity of workplace bullying. New nurses were defined according to Brenner's definition of a novice nurse, a nurse with less than three years of working experience following graduation. The original study was a survey with 22 items related to bullying and a three item scale that measured intention to leave the organization. The data from this portion of the study revealed that an increase in bullying also increased the intent to leave the organizations. The study further suggests the need for development of education that focuses on identifying bullying behaviors and the creation of interventions to deal with the phenomenon.

Stanley, K. M., Martin, M. M., Nemeth, L. S., Michel, Y., & Welton, J. M. (2008, January). Examining lateral violence in the nursing workforce. *Mental Health Nursing*.

This study describes the development and testing of LV in nursing by a Survey. Found that leadership that was effective mediates oppressive and negative Behaviors. Leadership that was Ineffective was found to actually make it worse. This has good information on management's responsibility but does not support problem with turnover relationship to HV.

Walrafen, N., Brewer, M. K., & Mulvenon, C. (2012, January/February). Sadly caught up in the moment: An exploration of horizontal violence [Journal]. *Nursing Economics, 30*(1), 6-12.

This article revealed some nurses were not even aware they were doing LV until the survey and seeing questions and examples. The hospital did an educational program after this research on LV with over 700 nurses attending so far focus on awareness of LV, examples and how to respond to it.

Nursing needs to take ownership of the problem of horizontal violence for the issue is well documented in the literatures outlined. The data on awareness of its presence is evident (Corney, 2008; Curtis, Bowen & Reid, 2007; Huntington, Gilmour, Tuckett, Neville, Wilson & Turner, 2011; Longo, 2008 & 2007; Rocker, 2008) and its effect in nurse turnover are many (Sofield & Salmond, 2003; Sheridan-Leos, 2008; King & Jones, 2011; Jones & Gates, 2007; Hogh, Hoel & Carneiro, 2011). Nursing's obligation is to create an environment where nurses can flourish and learn and not be handicapped by an uncaring culture. McKenna et al. (2003) study has shown the impact of horizontal violent behaviors on reducing self confidence and self-esteem of new nurses. Nursing has many challenges, some we have control over and some we do not. The topic of horizontal violence is one we can change but culture change will take time and the time to begin is now.

In an era where nursing is challenged by financial and legislative demands, the need for efficient and effective care for positive patient outcomes is a must. Patient outcomes are influenced by staff properly caring for our patients. A healthy environment is essential in creating an atmosphere where nurses can function at an optimum. The presence of horizontal violence threatens the healthy environment as well as the retention of nurses, which is vital in order to provide consistent care for our patients.

Nursing is a profession known for caring, and each year both men and women enter into the profession to care for others. Many of these new nurses will go on to have rewarding careers, but for some their dreams will be shattered. Their dreams will unfortunately be shattered by a fellow caregiver, a colleague, a nurse. This new nurse may be the victim of horizontal violence and may not know how to deal with this situation. Nurses may see themselves as alone, and powerless not only in dealing with the abuser but in changing the organizations response to this behavior (Sofield & Salmond, 2003). The paper will look at horizontal violence, and develop and implement a clinical protocol to educate staff about it and it effects. We will also not only look at some potential barriers to implementation of the protocol but strategies to gain cooperation from those groups and individuals.

Implementation of the Plan

Idea Development

Nurse's Week was approaching and it was the responsibility of the Professional Development Shared Governance Council to plan activities for the nursing staff to attend during the week. One of the activities was to have an educational program which was held annually on Nurses Day. The chairperson of the Council suggested having the topic of Horizontal Violence for the program. The organization was looking at nursing turnover and ways to retain new nurses. The chairperson was enrolled in a Master's degree program and had been doing some

reading on the topic of turnover and the specific problem of horizontal violence was her focus. The Council voted on and approved the topic. Subcommittees were formed to handle the week's activity assignments. Team Purple was given the task to plan and develop the educational program. They met for a short time to discuss the plan and establish time lines for completion of tasks in order to develop the program. They decided to do a review of the literature to see what information they could find on the topic. The first subcommittee meeting would be in two weeks. Following this initial meeting the group planned to meet weekly to develop the program, with the goal to have the program design completed one month before the scheduled program date.

Literature Review

The first task the team took on was reviewing the literature for information on the topic. Each of the four members agreed to find five articles to review. They would write a summary of the article, which would be reviewed by the group at their first scheduled meeting. The group met, discussed the summaries and decided to categorize the articles according to three themes. The themes chosen by the group were Existence of Horizontal Violence, Horizontal Violence and its effect on turnover and Education on Horizontal Violence.

The group identified several interesting points. In an article on a study Griffin (2004) it was noted that the turnover rates for nurses practicing in a clinical setting ranged from 33% to 35% annually and the rate for new registered nurses ranged from 55% to 61% annually. The article also stated that almost 60% of new nurses left their first position as a result of the exposure to horizontal violence. Through the literature review the team also found that workplace bullying was an international problem, and that bullying was prevalent in the healthcare institutions in the United States. In a report in 2002 it was reported that 70% of the victims of workplace bullying leave their positions (Rocker, 2008).

There are many synonyms for Horizontal Violence found in the literature. Other terms include verbal abuse, lateral violence and bullying. The team noted that many of the articles identified a lack of knowledge about Horizontal Violence. According to Rocker (2008) there is a lack of a solid definition of bullying, which contributes to the lack of knowledge about the issue as well as what clear interventions are needed to deal with the problem.

After reviewing the literature the team decided to plan an educational program that would define what horizontal violence was as well as teach the audience ways to deal with the problem. Utilizing the articles the group had categorized as education based, the decision was made to structure a four hour class that could be offered twice so that nurses from day and night shifts had the opportunity to attend. A brief overview of the program was presented at the next Professional Development Council for approval.

Stakeholders

Team purple received approval to move forward with the presentation. A suggestion was made to evaluate the response to the program. If there was a positive response the council felt it would possibly move forward to suggest that the educational offering be presented so that all nurses could attend. Stakeholders for the Nurse's Day presentation would be the registered nurses who sought to attend the presentation, the nurse managers, directors and CNO. The Council had funds budgeted for the Nurses Day presentation; however, if the program was offered again, support from the CNO for the additional funding costs would need to be approved. Attendance at the inaugural program was voluntary and payment for attendance was at the nurse manager's discretion, based on the unit's continuing education budgets and unit norms.

Implementation Logistics

A member of the team contacted the education department to confirm the auditorium as well as the times the program would be offered. The program was also advertised on the

facility's weekly news feed beginning six weeks prior to the program. Posters (Appendix A) designed by the team and printed by the marketing department to advertise the event was placed on each unit and in the elevators by members of the Professional Development Council. Members of the Professional Development Council sent out information on the program with the minutes sent to staff and also included it as an agenda item at their unit staff meetings. The chairperson of the Professional Development Council attended Leadership Council so the nurse manager representative and nursing directors were asked to encourage staff to attend the event.

Registration for the event was handled by the secretaries in the education department. This was an internal event so all registration was completed by email. Attendance rosters were created for sign in and tracking purposes. The rosters would be used to send a Survey Monkey questionnaire 6 months after the program to re-evaluate the impact of the program for the nurses who attended the program.

Education Planning

Each educational session was planned for a four hour span of time. The team based its plan on the educational plan found in a qualitative study by Griffin (2004). The educational program in the study was broken into two, one hour sessions. The first hour covered the topic of the definition of horizontal violence and the second session covered cognitive learning methods that could be used to deal with horizontal violence when it happened. The team decided to expand the time for its presentation to allow for the completion of a pre-assessment questionnaire about horizontal violence. The pre-assessment questionnaires (Appendix B) would be tabulated so the team could share the results prior to the start of the second portion of the class. The team wanted the program to be interactive so it allowed additional time for role playing and questions about the two topics. The attendees would also complete a post class evaluation so the team

could get feedback on the presentation to make improvements, assuming the event would be successful and further class offerings would be supported by the nursing administration.

The pre-assessment questionnaire (Appendix B) was created by the team at a separate meeting. A post evaluation tool was also created to make sure the objectives of the class were met and to gather information from the participants on the class structure as well as the relevance of the class to their work environment.

An outline of the program was developed based on the information the team had summarized from their literature review. Two members of the team took the educational planning for the knowledge segment and the other two members developed the cognitive learning portion. Role playing in order to demonstrate concrete examples of horizontal violence would be incorporated in the educational portion of the class. These examples would be acted out by the team members based on situations they scripted for the class. Time would be allowed for audience discussions of the situation and the team decided to encourage the participants to ask questions and give additional examples of horizontal violence they may have experienced. The participants would be asked to provide information in a generic format, leaving out specific names of individuals or units where this incident may have occurred. The team members who covered the cognitive learning segment of the class would also have role modeling examples for the group to demonstrate the techniques that could be used. The same scenarios used in the first half of class would be repeated with the new techniques scripted into the presentation. Time for audience questions and feedback was also allotted. The team would also be available for confidential questions following the presentation in the event that some participants were not comfortable to speak publically.

The team decided to create a power point (Appendix C) that would be printed as a handout (Appendix D) for the participants. The team members worked together on their portion

of the presentation to create the slides they wanted to include. A deadline was set for two weeks prior to the class to merge the slides into one program. Cue cards (Appendix E) would also be developed and be distributed as an additional take away learning tool that would help reinforce the techniques taught in the cognitive learning segment. These cue cards would be done by the team members working on that segment of the class.

Evaluation Process

A meeting time was planned for the team to gather and evaluate the class. Post class evaluations (Appendix F) would be reviewed and plans for changes to the class were scheduled to be outlined. The team planned to do a follow-up survey (Appendix G) on the usefulness of the program six months after the inaugural event to determine if the class was perceived as beneficial for the participants and to evaluate the usefulness of the cue cards as a method to help reinforce the teaching strategies. The Survey Monkey tool would be developed following class so the team could evaluate the feedback they received from the post evaluation from the class. If the team received positive feedback, it planned to update the presentation based on feedback and take it back to its administrative stakeholders for approval to move the program forward. The long term plan was to create a mandatory competency for all existing staff as well as an orientation module for new nursing staff.

Barriers

The success of the presentation was dependent on a good turnout and an interactive group. The team would need to clearly define definitions of horizontal violence, incorporating the variety of terms found in the literature. One of the primary barriers the participants noted from the literature was a lack of understanding that horizontal violence was actually a problem. As noted by the research study by Griffin (2004), there has been a tolerance of lateral violence in nursing because the behaviors exhibited are viewed as a “rite of passage”. Some nurses don’t

identify their behavior or interactions with staff as bullying. This state of unawareness is a contributing factor to the cyclical nature of bullying behavior. New nurses have little knowledge as they enter the profession. The demeaning behavior they experience may mean the development of low self-esteem and respect. The new nurse learns from the interactions they experience (Sheridan-Leos, 2008). This learned behavior then gets passed as they become the teacher and interact in the same ways they learned from their teachers (Griffin, 2004). If this cycle is not broken horizontal violence remains a barrier to the retention of new nurses given the statistical information about turnover that is present in the literature.

A lack of any national research studies that look at the effect of horizontal violence and an individual form of stress for new nurses (Griffin, 2004) may be a barrier when arguing the value of an educational program. Administrators may not see the problem as important because it may be difficult to measure any improvement in job satisfaction or retention based on new knowledge gained in a four hour class. It would be difficult to measure the success of the program in terms of a return on investment.

Barriers also exist for the long term success of the teaching protocol. Administrative support for the program as well as the additional follow-up actions to change the culture would be needed. The program itself would have a financial piece and if the nurses were paid to attend there would be a cost. The question that is posed is: does the comparatively small cost to provide education outweigh the larger cost of replacing a nurse. Additional education would also be needed to provide nurse managers with the education and tools necessary to provide counseling and support to the staff. Policies would also need to be implemented that would address the consequences and need for a zero tolerance policy in situations of horizontal violence. These policies need to be in existence but they must also have the full backing of the administration in order to have a positive impact on eliminating the problem. There must be

follow through on the consequences for the inappropriate behavior in order to give credibility to the process. There must also be departments to provide outside support to the employee who is having difficulty with a coworker who may exhibit horizontally violent behaviors, such as an employee assistance program. In today's health care environment, all of these steps could be a barrier because of the costs associated with implementation as well as sustaining the program.

The only thing that is constant in life is change. The profession of nursing is made up of many types of people, and for the most part people are creatures of habit. There may be multiple barriers to the implementation of change in the hospital to reduce or eliminate horizontal violence. One of these barriers may be that there is not an agreed upon definition of what horizontal violence actually is (Sheridan-Leos, 2008). Without a definition that nurses, managers, professional organizations and others can agree upon, it will be hard to eliminate what we cannot define.

Another barrier in eliminating horizontal violence may be the nursing culture itself. Nursing as a whole has been known as a profession that "eats its young". As long as this is accepted as a cultural norm it will be difficult if not impossible to eliminate horizontal violence among nurses. Bullying is a learned behavior, new nurses to the organization, or unit may be just copying and repeating bulling or horizontal violence behavior to get along as they may think that is the norm (Rocker, 2008). Horizontal violence should not be tolerated in a profession that is built on caring for others, seasoned nurses need to be seen as mentors for young nurses and not as a lioness out to devour and intimidate them. Nurses must also take it upon themselves as individuals to intervene when witnessing acts of horizontal violence and not sit quietly by while others are intimidated (Walrafen, Brewer, & Mulvenon, 2012, p. 11).

Managers not only serve as administrators for the hospital in running their unit or department in a cost effective manner, they also set the tone of the unit. Lack of leadership by

the unit manager can be a barrier to ending horizontal violence on the unit (Barrett, Piatek, Korber, & Padula, 2009, p. 344). Managers can also be a barrier if there is no leadership enforcing a zero tolerance policy for acts of horizontal violence. The manager must also assure staff that they should not have a fear of retaliation for reporting witnessed acts of horizontal violence and there will be managerial follow through.

Finally the last barrier we will look at is administration, without their support there will be no resolution to problems created by horizontal violence in the workplace. Hospital administrators need to implement a zero tolerance policy that addresses horizontal violence among all staff. Education of staff is the key in reducing the impact and cost that horizontal violence has to the hospital. Once education strategies are identified administrators need to hold managers accountable to its implementation and hold everyone in the organization accountable to following the zero tolerance policy (Stanley, Martin, Nemeth, Michel, & Welton, 2008, p. 1262). If it does not seem important to hospital administrators it will not be important to the nurse who may be doing horizontal violence to others.

Strategies

Change in healthcare is understood to be inevitable. Technological advances, policy change and the current political environment have meant change for the past decades in the delivery of healthcare. What has not changed is the culture of nursing in the modern health care environment. When seeking to develop change it must be conducted in such a way to inspire team members to embrace the change. Utilizing Lewin's philosophy of freeze phases to create change is an effective avenue to gain the support of nurses, managers and administration when creating a culture free of horizontal violence.

Kurt Lewin developed his Change Model in the late 1940's. The three phases of this process are Unfreezing, Change, and Re-freezing. Although the model is straightforward and

possibly considered simplistic it holds the key to creating change in the group dynamics of nursing as whole.

Unfreezing is the process of preparing for the change. Many nurses fail to recognize horizontal violence has occurred as it has long been accepted as appropriate behavior. This point in change process requires that the group let go of the old culture and embrace the new culture. In the case of horizontal violence the unfreezing process will include increasing awareness, educational push, and policy review. A campaign of posters and preliminary education will be deployed to increase awareness of the repercussion of horizontal violence. This phase sets the stage to push nurses to recognize the need for change.

Change phase is the actualization of the Implementation plan. Change is not an event but a gradual process in which a careful plan is implemented. This phase includes the application of formal educational process and model-role modeling of cognitive rehearsal techniques. Important to this phase is the development of voice among the staff. Collaborative and constructive meetings mediated by leadership to discuss unit issues and develop plan of action to address issues geared creating a culture of communication is vital to this process. Also key to the development of the new culture is the review and development of policies to address aberrant behaviors. These policy changes must include zero tolerance for horizontal violence. Cue cards and policy acknowledgement will help solidify the expectations of behavior for all staff. Implementation of these interventions will be carried out throughout all levels of nursing hierarchy. This phase establishes the new culture of non-violence.

The final phase of change model is refreezing. This phase is about the follow through of all formerly mentioned tactics. All members of the staff are vital to the refreezing process. This is perhaps the point of greatest risk of failure. It is incumbent on all levels of the organization to uphold the policy, educational and behavioral modifications that have been put in place.

Reporting behavior to management and appropriate tackling of issues will lend to solidifying the changes in culture. Utilizing the cognitive teaching and modeling of behaviors with further strengthen the changes. Additional measures to fortify the implementation plan include reviewing conflict management and policy review during staff meetings to be conducted until the behaviors have become the new normal.

Although change is inevitable it can be a difficult process. Without a plan to encourage push and sometimes pull a group the evolution of change can become stagnate or in some cases fail outright. Utilizing the Lewin Model of Change the development of a culture free of horizontal violence can be achieved.

Conclusion

To gain an understanding of the impaired nurse to nurse relationship, one needs to look at the evidence. Review of documented studies and research supporting the foreground question is vital to the validity of the relationship between horizontal violence and nurse retention. Analysis and understanding of these data will assist in finding resolution to the issue of horizontal violence.

Dissemination of findings is a vital process in research. Nursing's obligation is to contribute in the growth of our profession and enhance the health and welfare of our communities. Thus, operationalizing an implementation plan backed up by research will positively impact the care and lives of those we serve.

The implementation of a cognitive learning module for heightened awareness of horizontal violence in nursing is a start. Recognizing the existence of horizontal violence in nursing is a first step towards regaining respect for our profession. In addition, providing empowerment skills for nurses to change the culture of nursing back to its roots of caring; starting with caring for each other will diminish the detrimental effects of nurse turnover. The

profession of nursing is challenged enough with technology, stress, financial constraints and the economy, therefore any intervention to make nursing a better place will have a positive effect not only in nursing but for those we care for; our patients.

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APPENDIX A

DO SOMETHING ABOUT IT

Recognize Horizontal Violent Behaviors

- Nonverbal innuendo
- Verbal affront
- Undermining activities
- Withholding information
- Sabotage
- Infighting
- Scapegoating
- Backstabbing
- Lack of respect for privacy
- Overt and covert intimidating
- Undermining behaviors
- Abuse of legitimate authority
- Abuse of informal power
- Lack of respect for privacy
- Discounting
- Marginalizing

- **Zero Tolerance for Horizontal Violence**
- **Report to your Manager**
- **Respond by using Cognitive Teaching**
- **Be respectful of others**

APPENDIX B

Horizontal Violence Self-Assessment Form

Consider each of the questions in the self-test below; write the appropriate numbers to indicate how often the described behavior happens.

QUESTION	NEVER	NOT OFTEN	OFTEN	ALMOST ALWAYS /
Ignore you, not say hello when you greet them, not return phone calls or emails?				
Dismiss what you're saying or "put you down" while alone or in the presence of others?				
"forgetting" to tell you about a meeting or, if the person is your boss, set you up to fail by placing impossible demands on you?				
Spread rumors, lies and half-truths about you?				
Frequently act impatient with you, treating you like you're incompetent?				
Blame and criticize you?				
Try to intimidate you by interrupting, contradicting and glaring at you and giving you the silent treatment?				
Tease, ridicule, insult or play tricks on you, especially in front of others?				
Always insist on getting their own way and never apologize?				

A bully in the workplace also uses body language to express him/her. Body language is a powerful tool you can watch to determine whether you have a bully in the workplace. It often communicates a person's attitude more forcefully than words. If you're uncertain about whether or not you're being bullied, look for these body language signals:

Have you experienced any of these physical expressions?

BODY LANGUAGE	YES	NO
Eye contact: little or none. You may notice that the bully maintains eye contact with others but not with you.		
Mouth: a sneer or a cocky smile. A person who values others shows sincerity in their smile.		
Arms: crossed over chest. This gesture says, “I’m closed to anything you have to say.”		
Body: turned away from you. A person who is giving you their full attention turns their body toward you.		
Gestures: aggressive. Is the bully stabbing the air to make a point, turning away from you before you finish, pointing at you or pounding the desk?		
Eyes: narrowed or very wide. Some people report they can see “coldness” in the eyes of a hostile person.		

Question assessment:

Add up the numbers to get your total score. There is a possible total score of 33. If your score is 5 or below, it doesn’t look like you’re being bullied. If your score is between 6 and 19, there are indications of bullying behavior. Naturally, the higher the score, the more pronounced the behavior. If your score is 20 or above: you are definitely being bullied. As scores increase beyond 20, the severity of the bullying is escalating. If you completed the self-test but are still not sure if you are being bullied, consider the body language of the potential bully.

Physical expression assessment:

Take the physical expression test. Answer yes or no, if you answer yes to any of the question. You are being bullied

Resource site: http://www.bullyfreeatwork.com

APPENDIX C

(PowerPoint Presentation on Horizontal Violence)

Submitted in the drop box

APPENDIX D

(PowerPoint Handout)

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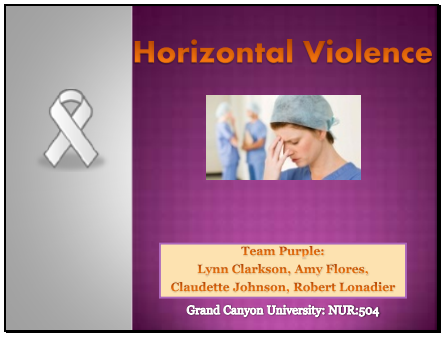

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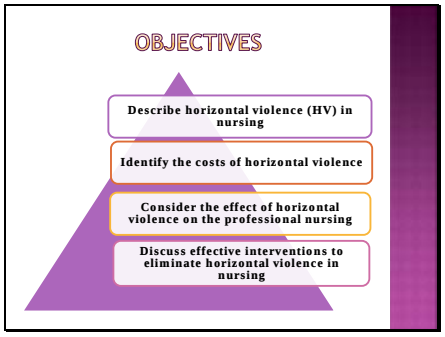

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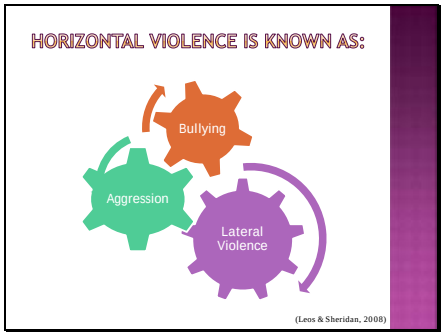

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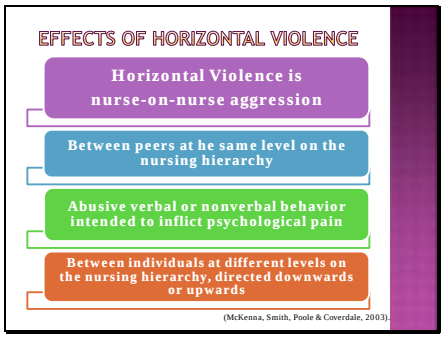

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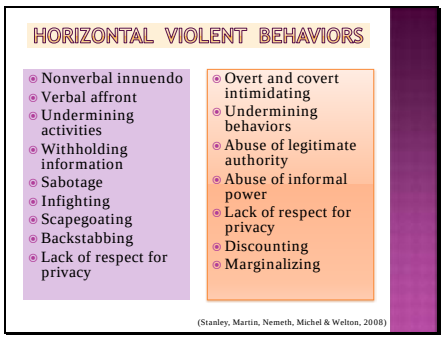

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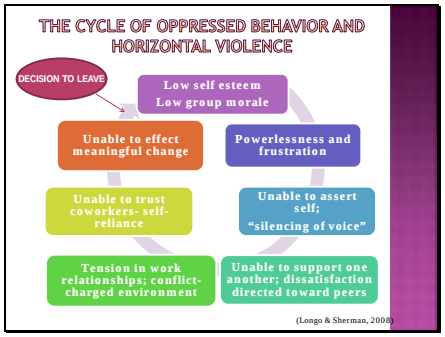

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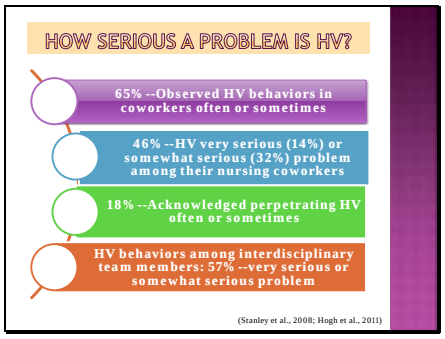

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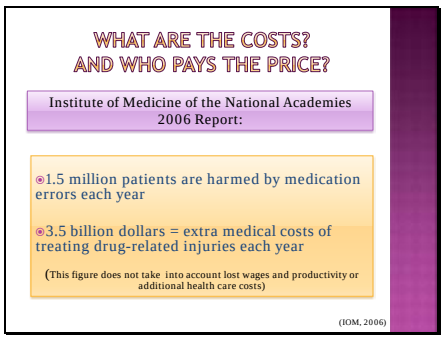

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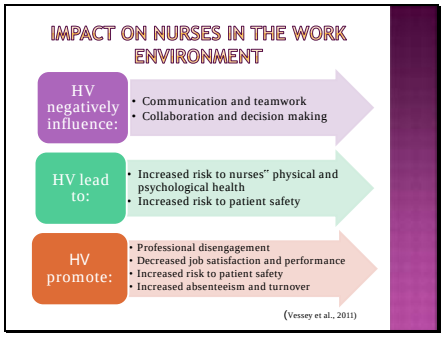

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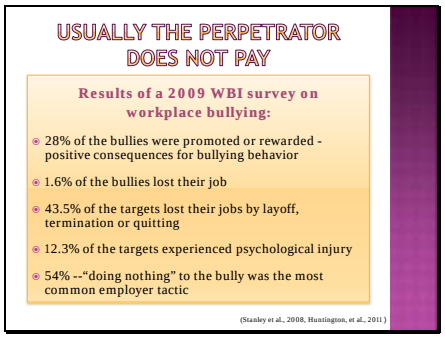

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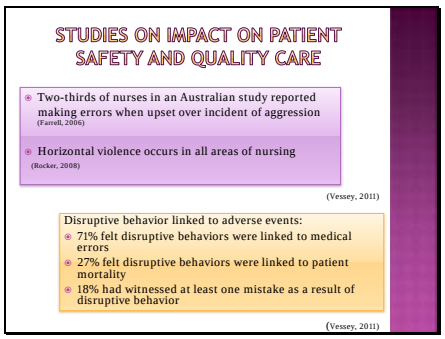

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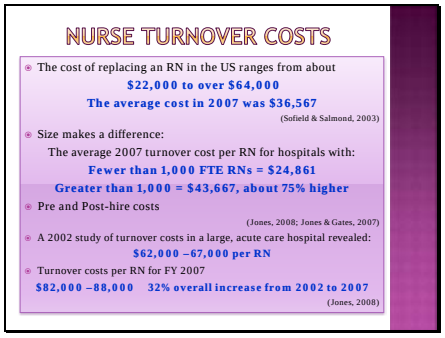

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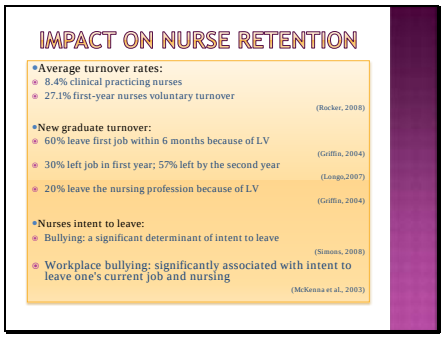

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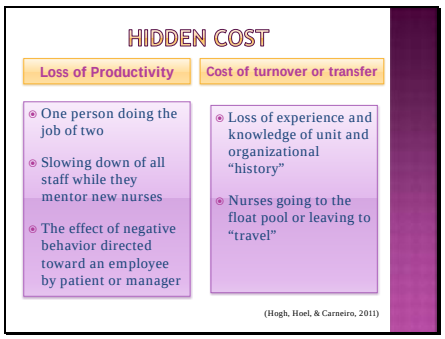

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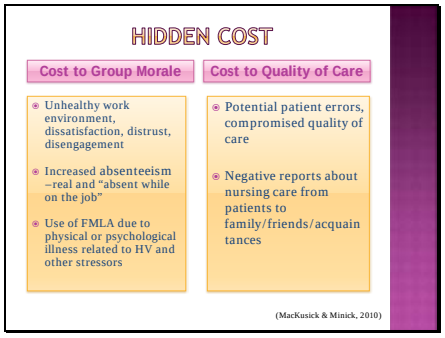

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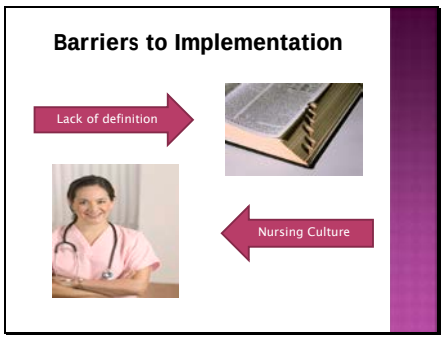

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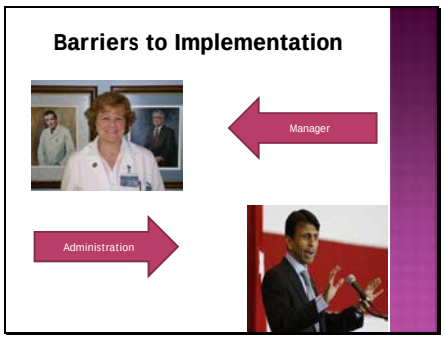

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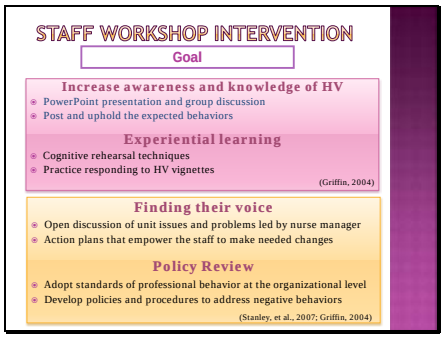

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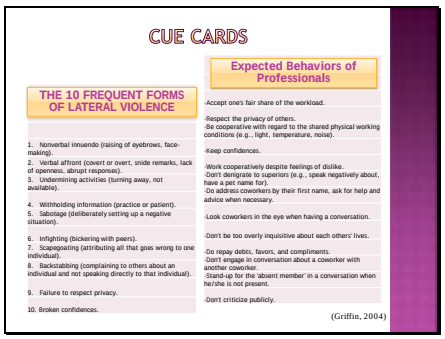

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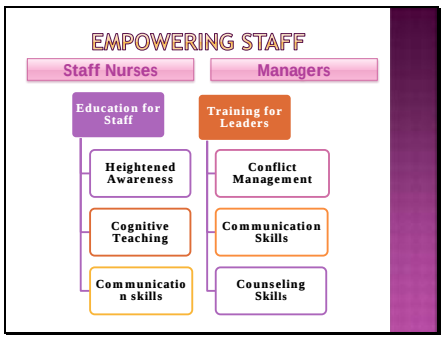

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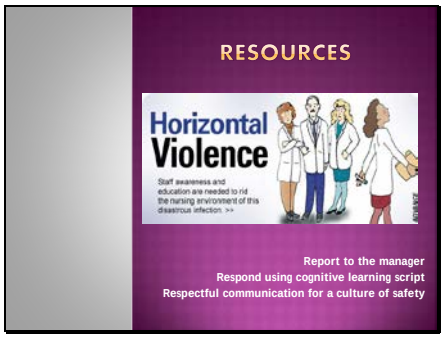

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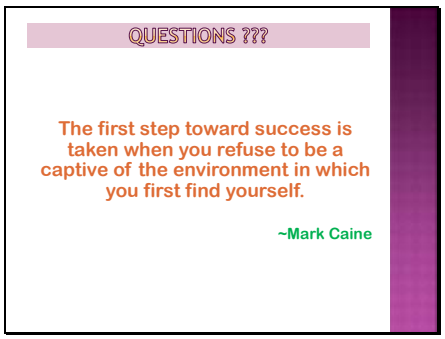

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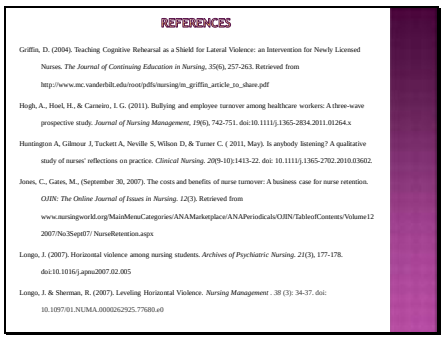

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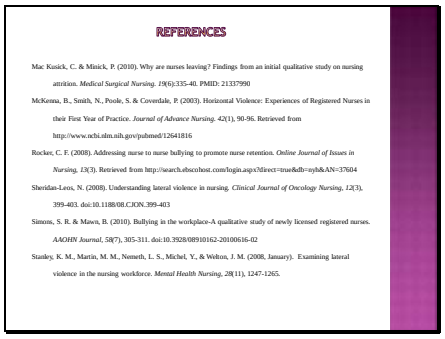

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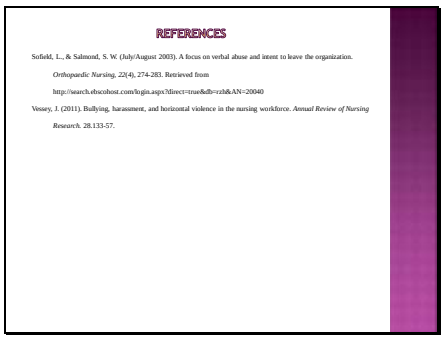

APPENDIX E

(Cue cards)

Horizontal Violence Responses

Nonverbal Innuendo (raising eyebrows, etc.)
I sense (I see from your facial expression) that there may be something you wanted to say to me. It's okay to speak directly to me.

Verbal Affront (snide remarks, lack of openness)
The individuals I learn the most from are clearer in their directions and feedback. Is there some way we can structure this type of situation?

Undermining Activities (unavailable, turning away)
When something happens that is "different" or "contrary" to what I understood, it leaves me with questions. Help me to understand how this situation may have happened.

Withholding Information (practice or patient)
It is my understanding that there was (is) more information available regarding the situation, and I believe if I had known that (more), it would (will) affect how I learn.

Sabotage (deliberately setting up negative situation)
There is more to this situation than meets the eye. Could you and I meet in private and explore what happened.

Infighting (bickering with peers)
Always avoid unprofessional discussions in non-private places. This is not the time or the place. Please stop (physically walk away or move to a neutral spot).

Scapegoating (attributing all that goes wrong to one individual) I don't think that's the right connection.

Backstabbing (complaining to others about someone instead of talking to him/her)
I don't feel right talking about him/her/the situation when I wasn't there or don't know the facts. Have you spoken to him/her?

Failure to respect privacy
It bothers me to talk about this without his/her permission. I only overheard that. It shouldn't be repeated

APPENDIX F

(Tool for Reevaluation of plan in 6 months)

Horizontal Violence Self-Assessment Form

Consider each of the questions in the self-test below: write the appropriate numbers to indicate how often the described behavior happens.

QUESTION	NEVER	NOT OFTEN	OFTEN	ALMOST ALWAYS /
Ignore you, not say hello when you greet them, not return phone calls or emails?				
Dismiss what you're saying or "put you down" while alone or in the presence of others?				
"forgetting" to tell you about a meeting or, if the person is your boss, set you up to fail by placing impossible demands on you?				
Spread rumors, lies and half-truths about you?				
Frequently act impatient with you, treating you like you're incompetent?				
Blame and criticize you?				
Try to intimidate you by interrupting, contradicting and glaring at you and giving you the silent treatment?				
Tease, ridicule, insult or play tricks on you, especially in front of others?				
Always insist on getting their own way and never apologize?				

A bully in the workplace also uses body language to express him/her. Body language is a powerful tool you can watch to determine whether you have a bully in the workplace. It often communicates a person's attitude more forcefully than words. If you're uncertain about whether or not you're being bullied, look for these body language signals:

Have you experienced any of these physical expressions?

BODY LANGUAGE	YES	NO
Eye contact: little or none. You may notice that the bully maintains eye contact with others but not with you.		
Mouth: a sneer or a cocky smile. A person who values others shows sincerity in their smile.		
Arms: crossed over chest. This gesture says, "I'm closed to anything you have to say."		
Body: turned away from you. A person who is giving you their full attention turns their body toward you.		
Gestures: aggressive. Is the bully stabbing the air to make a point, turning away from you before you finish, pointing at you or pounding the desk?		
Eyes: narrowed or very wide. Some people report they can see "coldness" in the eyes of a hostile person.		
FOLLOW-UP		
Did you attend The Cognitive Teaching training?		
Do you feel it has helped you in responding to issues of horizontal violence?		
Give examples of what part of teaching have you used in real practice?		

Question assessment:

Add up the numbers to get your total score. There is a possible total score of 33. If your score is 5 or below, it doesn't look like you're being bullied. If your score is between 6 and 19, there are indications of bullying behavior. Naturally, the higher the score, the more pronounced the behavior. If your score is 20 or above: you are definitely being bullied. As scores increase beyond 20, the severity of the bullying is escalating. If you completed the self-test but are still not sure if you are being bullied, consider the body language of the potential bully.

Physical expression assessment:

Take the physical expression test. Answer yes or no, if you answer yes to any of the question. You are being bullied

Resource site: http://www.bullyfreeatwork.com

APPENDIX G

PROGRAM AND SPEAKER EVALUATION

Program Title: _____ **Date:** _____

Please rate the program and speaker items by placing a mark in the appropriate column.

PROGRAM EVALUATION	Excellent 4	Good 3	Fair 2	Poor 1	NA
1. Content covered topic adequately.					
2. Rate overall quality of this program.					
3. Rate the program facilities.					
4. How well did this program meet your personal objectives?					
5. I can incorporate program content into my practice.					

SPEAKER EVALUATION (Name of Speaker)	Excellent 4	Good 3	Fair 2	Poor 1	NA
1. **Objectives:** Stated Objectives Met					
2. **Audiovisual:** Contributed to Presentation					
3. **Content:** Relevance of Content to Objectives					
4. **Presentation:** Speaker Qualified & Held Interest					
5. **Effectiveness:** Speaker was Organized & Effective					
6. **Practice:** Validate/Change Practice					

SPEAKER EVALUATION (Name of Speaker)	Excellent 4	Good 3	Fair 2	Poor 1	NA
1. **Objectives:** Stated Objectives Met					
2. **Audiovisual:** Contributed to Presentation					
3. **Content:** Relevance of Content to Objectives					
4. **Presentation:** Speaker Qualified & Held Interest					
5. **Effectiveness:** Speaker was Organized & Effective					
6. **Practice:** Validate/Change Practice					

COMMENTS: _____

SUGGESTIONS FOR FUTURE PROGRAMS: _____