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# Horizontal Violence Effect on Nurse Retention

Victoria M. Cox

*Liberty University*, [victorialmcox@gmail.com](mailto:victorialmcox@gmail.com)

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HORIZONTAL VIOLENCE EFFECT ON NURSE RETENTION

An Integrative Review

Submitted to the

Faculty of Liberty University

In partial fulfillment of

The requirements for the degree

Of Doctor of Nursing Practice

by

Victoria Minor Cox

Liberty University

Lynchburg, VA

July, 2016

Scholarly Project Committee Approval:

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**Liberty University**

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## Abstract

Horizontal violence is the demeaning behavior that is exhibited among members of a group to control other members of a similar group. These behaviors are harmful and result in negative feelings, behaviors, and actions that influence nurses' desire to leave employment. Horizontal violence, lateral violence, and bullying are all terms used to describe the actions that are shaping the nursing community and have a negative influence on the nurse-on-nurse relationships thus affecting retention. Negative behaviors and interactions primarily influenced by co-workers, affect healthcare organizations, the nursing work environment, and retention of registered nurses. Nurses may experience stress, burnout, and dissatisfaction that can lead to other inappropriate behaviors, ineffective care, and ultimately influence retention. The purpose of this integrative review is to explore the relationship between horizontal violence in nursing as it relates to nursing retention in the acute care setting. Research findings indicate the further need for education and training to decrease horizontal violence within the nursing profession, which will improve retention. Specific strategies and interventions for healthcare organizations and leadership provide insight into the occurrence of nurse-to-nurse horizontal violence in the healthcare environment.

*Keywords:* horizontal violence, lateral violence, bullying, incivility, nursing, nurse-on-nurse, retention

HORIZONTAL VIOLENCE EFFECT ON NURSE RETENTION

An Integrative Review

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Victoria Cox

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TABLE.....	PAGE
Table One    Inclusion and Exclusion Criteria.....	34
Table Two.    Literature Table.....	35

APPENDIX.....	PAGE
Appendix A: CITI CERTIFICATE.....	44
Appendix B: PRISMA FLOW CHART.....	45
Appendix C: INSTITUTIONAL REVIEW BOARD CERTIFICATE.....	46



## Table of Contents

ABSTRACT.....	iii.
COPYRIGHT PAGE.....	iv.
ACKNOWLEDGEMENTS.....	v.
LIST OF TABLES.....	vi.
LIST OF APPENDICES.....	vii.
SCHOLARLY PROJECT.....	1
BACKGROUND .....	2
PROBLEM STATEMENT.....	3
PURPOSE.....	4
CLINICAL QUESTION.....	5
PROBLEM FORMULATION.....	5
Framework .....	5
METHODS .....	8
Study Design .....	8
Data Collection.....	9
Study selection.....	9
Data Collection Process.....	9
Risk of Bias in Individual Studies .....	10
DATA EVALUATION .....	10

DATA ANALYSIS.....	11
Study selection .....	12
Study characteristics.....	12
DATA REDUCTION .....	22
DATA DISPLAY.....	23
CONCLUSION.....	25
REFERENCES .....	27
TABLE I. Inclusion and Exclusion Criteria .....	32
TABLE II. Table of the Literature .....	33
APPENDIX A. CITI Certificate .....	41
APPENDIX B. PRISMA Flow chart of Search and Screening Process.....	42
APPENDIX C. IRB APPLICATION.....	45

## Horizontal Violence Effect on Nursing Retention

Horizontal violence is known by a variety of terms such as lateral violence, bullying, and incivility. Christie and Jones (2014) describe lateral violence as a problem in nursing where a behavior is demonstrated through harmful actions that occur between nurses. Studies have revealed how horizontal violence affects nurse retention.

Horizontal violence is a relevant issue in the healthcare community, yet often goes undiscussed. Walrafen (2012) explains that an outcome of horizontal violence in nursing is directly proportional to a decrease in retention of nurses. Sherman (2012) proclaimed that nurses who are subjected to horizontal violence have low self-esteem, depression, excessive sick leave, and poor morale. As Wilson (2011) identified nurses, who witness or experience horizontal violence have an increased desire to leave the organization where the bullying takes place.

Horizontal violence is a pervasive source of occupational stress with physical, psychological, and organizational consequences (Hauge, et al, 2010). Roy (2007) describes this as an unkind, discourteous manner in which nurses relate to their colleagues. As nurses seek to perform their daily tasks, other co-workers may embarrass them for their lack of knowledge, tease them as they participate in informal cliques, or demean them for their technique (Bakker, 2012). Creating excuses, taunting, and refusing to share information, nursing education or knowledge are examples of horizontal violence (Ball, 1996).

## **Background**

Smith, Andrusyszyn, and Laschinger (2010) note that ninety percent of nurses experience lateral violence in the workplace. Bullying, according to Bartlett and Bartlett (2011), negatively affects an individual and can be described as work related, personal, and threatening. Interactions between registered nurses will dictate the culture of the workplace, and contribute to a negative work environment that can supersede all other influential factors (Bartlett, 2011). Longo (2010) identified that the negative behaviors associated with horizontal violence have a negative impact on staff retention, increased poor morale, staff attrition, disrupted communication and collaboration, while leading to interpersonal conflicts.

Roy (2007) notes when a group has considered itself powerful, individuals within the group may direct negative behavior or control over another. This less powerful group is considered oppressed. Hutchinson et al. (2006) noted that nurses may experience harassment, bullying, assault, and intimidation from managers, fellow nurses, other medical and administrative staff as well as patients and their families while performing their assigned duties in healthcare. Nurses devote their time and attention to many patients, through the use of critical thinking in assessments and interventions, yet too often do not take the time to care and treat each other with dignity and respect. Huntington, Gilmour, Tuckett, Neville, Wilson, and Turner (2011) explained that nurses who experience horizontal violence leave or consider leaving the profession thus decreasing the retention rate.

National organizations have expressed concerns with the workplace violence issue. Several corporations have identified that lateral violence in the workplace is an issue and must be addressed. Krug, Dahlberg and Mercy (2002) state:

According to the World Health Organization, the definition of violence is the intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation (p.1084).

The Joint Commission (2008) further addressed incivility, bullying, and workplace violence through their statement, “intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase the cost of care, and cause qualified clinicians, administrators and managers to seek new positions in more professional environments.”

([www.jointcommission.org/assets/1/18/SEA\\_40.PDF](http://www.jointcommission.org/assets/1/18/SEA_40.PDF)).

### **Problem Statement**

Belcher and Visovsky (2012) noted that horizontal violence is considered an attack on an individual that creates an unfriendly environment, destroying the collaboration and teamwork amongst the nursing staff. Studying the correlation between horizontal violence and nurse retention will enable nurse leaders within organizations opportunities to focus on factors affecting retention of nursing staff. Implementing educational programs and strategies to identify negative behaviors exhibited by nurses, and the adverse effects that these behaviors have on the workforce, can increase retention, decrease the turnover, and decrease resignation rates (Belcher and Visovsky, 2012). As the front line and advocate for the patient, the nurse must be able to safely and comfortably function in a supportive environment to provide quality care for the patient. Belcher and Visovsky (2012) also stated that without a supportive environment, free from

incivility or horizontal violence, the nurse may experience undue stress, burn out, and dissatisfaction with the job, which leads to issues with retention.

### **Purpose**

The purpose of this integrative review was to investigate current literature related to horizontal violence in nursing, and specifically registered nurse retention. Laschinger and Leiter (2006) noted that work stress and burnout are associated with negative attitudes and poor performance in the work environment. Hospitals that strive to foster supportive workplaces will maintain environments free from horizontal violence. Decreasing negative behaviors exhibited by staff will positively affect team work and ultimately increase nurse retention. Creating a healthy work environment demonstrates to nursing staff that the institution upholds the established Joint Commission goal of controlling negative behaviors, of utmost importance (Johnson, Phantharath, & Jackson, 2010).

According to the Florida Center for Nursing (2014), allocating proper time for assessment of the workplace for issues associated with bullying, must become a priority for nurse managers and leadership. The identification of strategies to improve relationships between nurses, while reducing lateral violence and improving nurse retention, should be a core measure for executive leadership, managers, and staff. Identification of an operational definition of horizontal violence and what it means to the nursing staff will assist leaders in eradication of the incivility problem. Through creation of system definitions, policies are formulated to address the horizontal violence issue. Crowe (2015) documented that a zero tolerance policy for harassment and bullying is the first step in tackling this problem. This scholarly project reviewed the current literature and findings on horizontal violence through examination of the research findings.

Additionally, identification of strategies and approaches to positively affect and change behaviors, the interpersonal relationships between nurses should improve, thus positively affecting morale and retention.

### **Clinical Question**

The proposed clinical question to be answered through the integrative review was “Does nurse-on-nurse horizontal violence decrease nursing retention in the acute care setting?” The aim of this project was to describe horizontal violence and its effect on nurses which ultimately affects nurse retention. Findings were aimed at interventions to decrease horizontal violence in nursing.

### **Problem Formulation**

#### **Framework**

An integrative review was conducted related to nurse-on-nurse horizontal violence and the effect it has on the retention of nursing staff in acute care. Institutional Review Board (IRB) approval was sought. However, a letter was received from the institution’s IRB stating this project does not classify as human subjects research, and approval was not required. Institutional Review Board application is found in Appendix VI. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) was utilized in conducting the integrative review for this project. According to Whitemore and Knafl (2005), the integrative review will synthesize and critique research to provide a better understanding and clear conclusion of a problem. Use of the integrative review process presented current data, generated new perspectives on the topic, and created alternative interventions or strategies. Whitemore and Knafl (2005) provided instruction and focus for the project while guiding the data analysis and steps to gain a conclusion.

Cooper (2012) stated that there are scientific guidelines for conducting integrative research reviews. He identified that research should address several steps: (a) define the broad problem, (b) conduct literature searches, (c) address the overlap, (d) evaluate quality of research, (e) integrate the outcomes, (f) conduct another analysis, and then (g) present the findings of the review. The author noted that the conceptual framework provided support for the synthesis of research to increase generalizability and reduce bias during the primary research.

Preferred Reporting Items for Systematic reviews and Meta-Analysis (PRISMA) is the conceptual model utilized for this scholarly project. This model provided guidelines for conducting reviews through a checklist and flow chart using aggregate data from published reports. Moher et al. (2015) stated that the use of the PRISMA model seeks to take relevant evidence that fits specific criteria, to answer a specific research question providing findings that allow a conclusion to be made and influence decisions. Liberati, Altman, Tetzlaff, Mulrow, et al. (2009) noted that the aim of PRISMA is to reduce the risk of flawed reporting and improve clarity while using an evidence-based approach. Use of the 27-item checklist aided in critiquing the horizontal violence literature. Examining each item of the PRISMA checklist provided transparency and reliability of the review of literature related to horizontal violence, while providing standardization of information. The PRISMA diagram assists to identify data that were useful in the literature search. Through the use of inclusion and exclusion criteria, the systematic review of horizontal violence collected and evaluated the literature while supporting the research question.

The theoretical framework that underpins the context of this integrative review is Banduras Social Learning Theory. The Theory of Social Learning was constructed by



Albert Bandura (1969) in relation to his works on learning and development. Bandura's theory sought to explain why people act the way they do. The theorist declared that individuals simulate the actions and behaviors of groups that they are closely related.

Bandura (1977) stated:

“Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors are performed, and on later occasion this coded information serves as a guide for action.” (p.22)

Walrafen, Brewer and Mulvenon (2012) stated that Bandura's Social Learning Theory identified the importance of how learned behaviors affect actions that are displayed in social context. Spending large amounts of time with a group, which exhibits negativity behaviors, often influenced and promoted negative attitudes and reactions of members within that group. Nurses imitated the standard behaviors identified in their work environment as a way to be accepted among their colleagues. As depicted through the Bandura's Social Learning Theory, people learn and mimic behaviors exhibited while subject to horizontal violence. The learned behaviors were modeled by others and without adequate interventions, the cycle continued. Behaviors exhibited by colleagues within the environment dictated conduct. Bandura accentuated “the importance of observing and modeling behaviors, attitudes, and emotional reactions of others as a way to assimilate into a particular group” (Walrafen, et al., 2012, p.7). In an effort to establish positive relationships and form cohesive bonds, nurses knowingly or unintentionally mirror the behaviors of seasoned nurse professionals. Nurses began to incorporate the negative mannerisms observed, examples of horizontal violence, into normal attitudes,

actions and routines on the unit. The negative mannerisms exhibited were then mimicked to obtain acceptance of the group.

Consequences related to the acts of horizontal violence performed towards the individuals in the nursing group, were displayed in a variety of arenas. Registered nurses experiencing horizontal violence were affected by the negative acts which ultimately lead to a retention issue. The organization's financial support of nurses, through orientation and training yielded monetary losses, decreased patient satisfaction, and increased safety issues and negative patient outcomes.

## **Methods**

### **Study Design**

The integrative reviews were utilized by the project manager to provide a summary of past literature. The summary of the data provided further understanding of the topic. Whitemore and Knafl (2005) noted that encompassing knowledge of the particular phenomenon was pursued through an integrative review. The authors go on to say, that the integrative review allows for the use of varying types of research to support the data and enrich evidence based practices.

An integrative review was conducted related to nurse-to-nurse horizontal violence and the effect on nursing retention. Articles eligible for inclusion for this project were peer reviewed journal articles between January 2009 through January 2016 and written in the English language. The review included manuscripts containing one or more of the following key terms: horizontal violence, lateral violence, bullying, incivility, nursing, retention and nurse-on-nurse. The EBSCOhost search engine was used in the collection of the data. Information sources included the following electronic databases; CINAHL, ProQuest, PubMed, Health Source, and MEDLINE. A full electronic search of the

literature was conducted utilizing the aforementioned inclusion criteria including terms and databases between the dates of August 2015 to June 2016. Research studies that mentioned long term care, community care, or home health care and did not pertain to acute care or hospitals were eliminated. Unpublished dissertations were not included in this collection.

### **Data Collection**

**Study selection.** Through the stages of the integrative review process by Cooper (2012), identification of the problem was distinguished. The statement addressed the consequences of registered nurse to registered nurse horizontal violence on maintaining staff. A professional nursing librarian was consulted during this phase to ensure articles were correctly extracted from the identified databases and utilized the key terms and parameters. Classification of articles with key terms and nurse participation the eligibility criteria were completed.

**Data collection process.** Utilizing the PRISMA method and accepted critique methodology for qualitative and quantitative literature (Mateo and Foreman, 2014), the findings of the literature were organized on a table of evidence. Groupings of the articles were classified by levels of evidence, purpose of the research, level of evidence, sample, methods, major findings, limitations, and gaps. Study biases were reviewed under limitations. Melynck (2011) identified strategies for conducting evidence based research and measures to classify the most relevant information. Extraction and coding of articles were stratified and organized based on reduction of horizontal violence, relationships of nurses, incidences of occurrence and retention. The overarching themes in most reviewed articles were proposed prevention and control strategies of horizontal violence among nurses in the acute care setting.

**Risk of bias in individual studies.** The studies reviewed included quantitative and qualitative studies performed by a variety of authors. Research was subject to bias based on the researcher's interpretations. Validity of studies according to Cooper (2012) were threatened positively in the evaluation of research or negatively against the researcher's position. The potential for project manager's bias was controlled by eliminating extraneous terms and variables not identified as key terms or outside of the inclusion criteria. Bias from review of the literature were identified and eliminated.

### **Data Evaluation**

The selected articles were closely examined during the data evaluation phase. Articles with varying focus, audiences and intent were identified and excluded from the integrative review. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) is a 27-item checklist used to critique the research. Initial identification of articles were derived from the EBSCOhost search engine. The utilization of electronic databases via CINAHL, PubMed MEDLINE, HealthSource and ProQuest, 106 articles were selected. The articles were identified as qualitative and quantitative research and further assessed based on quality. Melynck and Fineout-Overholt (2005) established a rating system to identify varying levels of research within the articles. Maintaining a log, information obtained from the review of literature of the scholarly project was categorized according to four subgroups. Manuscripts written in English and containing one or more of the named key terms assisted in further focusing the data. Through specified times frames desired for review, exclusively January 2009 through January 2016, the screening process continued. Eligibility for inclusion in the review, documents were full text, peer reviewed, and included registered nurse participation, nurse to nurse relationships or observations of registered nurse behavior.

Duplicate articles were excluded throughout each step of the process. One reviewer analyzed the data and identified the themes throughout the articles. The remaining articles utilized for the study were grouped according to the subgroups of relationship, incidence, retention and redirection of horizontal violence.

Relationships were identified as the nurses' perception, experience with and the effects of horizontal violence. Actual number of occurrences that nurses encountered in the workplace defined the subgroup incidence. Issues directly related to nurses' intent to stay secondary to horizontal violence described the sub group of retention. Redirection of horizontal violence refers to the prevention and control of strategies and intervention related to horizontal violence that can alter nursing retention rates.

### **Data Analysis**

In review of the literature, a matrix was devised as shown in Table 2, to evaluate the qualities of each article and findings. In the matrix, attributes such as the purpose for the article and the specific samples utilized in each article were presented. Review of the methods, findings, limitations, and gaps in the studies further provided data to analyze the study question and support the integrative review. Levels of evidence, as identified by Melynck and Fineout-Overfelt (2005) were utilized to identify quality of each article in the review.

Cope (2014) noted that integrative reviews presented the state of science and contributed to theory and clinical development by summarizing literature concerning a problem. The primary goal and purpose for this review was to state the significance in the relationship between nurse on nurse horizontal violence and retention. Strategies for identification of measures to decrease the incidence in nursing are also noted.

Relationships among nurses were crucial to maintaining the healthcare environment and providing adequate care while retaining satisfied staff.

### **Study selection**

The scholarly project reviewed 81 articles for inclusion. The literature search of the current data bases of Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, Health Source, and ProQuest were reviewed via the Jerry Falwell Library utilizing the EDSCOhost search engine. Articles were reviewed, for their relevance to key words. Key words for the search were: nursing, horizontal violence, lateral violence, bullying, incivility, and nurse retention. Inclusion criteria for this project were peer reviewed articles written in English within the last six years (2009-2016). Exclusion criteria were articles written before January 1, 2009 or after April 2016. The target audiences for this scholarly project were registered nurses. A review of journal articles published within the last six years, full text, in English, and peer-reviewed were accessed. For the purpose of this review, the acute care setting is defined as medical surgical, emergency department, critical care, and labor and delivery arenas.

### **Study characteristics**

The review of the articles yielded 106 articles that encompassed the key words. Utilizing specific criteria decreased the amount of articles to 85. Of the remaining articles, 59 were noted to be specific to nurse-on-nurse horizontal violence. Twenty-four articles were identified as applicable to this integrative review. These articles were identified by their similarities in design. The studies were categorized as : nine descriptive qualitative, two quasi experimental, one integrative review, one literature review, one correlational, three cross-sectional, four hierarchical lineal analysis and one mixed method. Multiple articles were reviewed for the construction of this scholarly

project. In review of articles the scholarly project, four themes appeared from the literature. The themes were relationship, incidence, reduction, and retention. These themes were discussed based on their effect on nursing retention and association with horizontal violence.

Mahon and Nicotera (2011) administered a survey to 57 nurses, ranging from new graduate nurses to nurses with up to 30 years' experience. The Institute of Safe Medication Practice detected that 81% of nurses have noted their coworkers exhibited intimidating behaviors in the workplace with 31% occurring within the first year. The authors sought to examine communication and the responses to the conflict. Defining conflict as the interaction of people who have stated opposition of goals, aims or values and those who interfered with these goals, Mahon and Nicotera identified that most nurses do not face conflict or the oppressor. Respondents to the survey stated that they did not have the necessary skills to confront or manage the individual. Nurses need the skills or educational tools to identify and manage horizontal violence.

In an integrative review conducted by Bartlett et al. (2011), the behaviors expressed in horizontal violence had a negative impact on the nurse and the workplace. Identified impacts on the organization included cost, productivity, reputation and culture, which influenced nurses intent to leave the organization. The review stated that assessments, training, and education must be implemented to improve retention efforts.

Incivility and lateral violence are strong predictors of turnover intentions according to Spence, Laschinger, et al (2009). In a hierarchical multiple linear regression analyses of 612 staff nurses, the incivility experienced by nurses directly related to nurse burnout and retention. The authors noted that coworker incivility was related to three retention outcomes: job satisfaction, organizational commitment, and turnover intentions.

In a descriptive study by Johnson and Rea (2009) a convenience sample of 249 nurses in Washington State, the relationship between violence and understanding was addressed. The goal of this study was to determine and describe nurses' experiences with workplace bullying and the intent to leave current positions within the organization. Only nurses that were part of the emergency room association responded to this survey. This study substantiated the associative relationship between bullying occurring in the workplace and the nurses' intention to leave. Bullying affected the nursing attrition rate and decreased retention.

Brothers et al. (2011), examined nurses' perception about the possible after-effects of horizontal violence. Several problems were identified such as reduced self-esteem, sleep problems, musculoskeletal problems, intestinal issues, and depression. Physiological issues increased the incidence of sick leave and unplanned absences. Satisfaction and communication among the key players in patient care were decreased.

According to Brothers et al. (2011), several issues were recognized in those who experience horizontal violence. Issues such as depression, high stress, sleep disturbances, musculoskeletal, and digestive problems affected the work performance of the nurse subjected to the acts of violence. The authors noted, nursing issues associated with the consequences of horizontal violence changed workplace cultures and influenced patient outcomes, patient safety, and decrease satisfaction. Communication was broken down among the staff members, patients, families, and providers which affected health care results. It was further stated that nurses who were victims of horizontal violence experienced decreased job satisfaction and sought opportunities to avoid the workplace. This resulted in increased use of sick leave, time away from work, and intent to leave. Longo (2010) stated that the consequences of horizontal violence between registered



nurses decreased morale and disrupted communication while damaging the physical and mental health of the nurse resulting in attrition rates.

Bartlett and Bartlett (2011) noted that defining workplace bullying was not as simple as envisioned. In the authors' review, a concise definition of workplace bullying was not apparent in the literature. In the United States, it was noted there was a lack of federal legislation to address horizontal violence. Behaviors associated with workplace bullying negatively impacted individuals and organizations. Training, assessments, and policies were recommended to be in place to focus on the presence of horizontal violence.

In an analytical sample of 1407 registered nurses, a study by Budin, Brewer, Chao, and Kovner (2013) examined relationships. Verbal abuse toward nursing colleagues correlated with individual characteristics, work attributes, and attitudes. However, the findings from this survey were unable to determine, whether a definite relationship existed among registered nurses, verbal abuse and intent to leave. The authors identified that further research would be necessary.

Laschinger, Leiter, Day, and Gilin (2009) evaluated 612 Canadian staff nurses in a hierarchical multiple linear regression analyses cross sectional study. The authors examined the influence of work conditions and workplace civility on a nurses' experience of burnout and retention. The self-reported study depicted that nurses' perceptions related to civility were strongly related to employment satisfaction, commitment to the organization, and desire to leave their current position.

In an attempt to develop understanding of the causes of lateral violence in the nursing field, Roberts (2015) conducted a literature review of the years 1990-2010. Although not all inclusive, the author concluded that lateral violence in nursing was a

learned behavior. She noted that this behavior was related to workplace power and dynamics. In order to enhance retention, suggestions for implementing specific strategies could changing of the organizations' culture and delegation of power to nursing staff (e.g. shared governance).

Tourangea, Cummings, Cranley, Ferron, and Harvey (2010) performed a descriptive study using group methodology with 13 focus groups, containing 78 nurses. The authors identified the intention to remain employed as reflected by eight common themes: relationships with co-workers, conditions of the work environments, relationship and support of leadership, rewards, organization support and practice, physical and psychological responses to work, patient relationships, and other external factors. These themes influenced the nurses' intent to stay, and the understanding of these assisted in the development of strategies to strengthen nurse retention.

Purpora, Blegen, and Stotts (2012) sought to identify a relationship between nurses' belief between nursing and horizontal violence. In a cross-sectional study, the authors tested 175 California registered nurses through postal mail and online surveys. There was a low response rate; however, a distinct relationship existed between registered nurses practicing in oppressed environments and high levels of horizontal violence. The authors recommended further research with a larger sample size.

A questionnaire, utilizing mixed method research, administered by Moore (2013), studied the relationship and attributes influencing retention. Eighty-two staff registered nurses were polled as to their relationships in the practice setting. Poor relationships were identified as the primary influence on nurses' decisions to leave the unit or to leave the nursing profession. The effects of horizontal violence detracted from positive and constructive relationships in the healthcare environment.

Huntington, et al. (2011) sought to determine the perceptions of nurses through the examination of workforce characteristics, balance, and health. The data from the qualitative analysis of the 1909 comments and 162 responses identified four themes. The four themes were noted as: embodied care, quantity or quality of care, organizational care, and self-care. The term embodied care was described as the impression the environment had on the physical and emotional well-being of the nurses. Quantity or quality of care defined the barriers that disrupted the nurses' capabilities to perform their work. Management's lack of collaboration with nurses was defined as organizational care, and self-care was defined as occurrences of incivility display. The statistics derived from the survey revealed that nurses believed a positive workplace and culture supported retention.

Nurses play an essential part in the healthcare system's interprofessional relationship network. The relationship concerns related to horizontal violence expressed and exhibited by nurses were, more prevalent in workplace interactions in. Increase in the incidence of horizontal violence between registered nurses, made horizontal violence, and the effect on retention, of vital concern in the professional healthcare arena. Evidence of nurse-on-nurse horizontal violence in the workplace, as noted by Bartholomew (2011), can range from 46-100%. He surveyed 2100 nurses and identified that 25% perceived horizontal violence occurring monthly and 30% percent noted weekly occurrences.

Johnston, Phanhtharath, and Jackson (2010) conducted a study of 1377 female registered nurses who worked in a hospital. These nurses reported that 73% had occasionally encountered horizontal violence, while 19% had reported frequent horizontal violence. In addition, Johnson et al. (2010) indicated that nurses, from the

United States and seventeen other countries, reported that 56% percent were victims of violence and 83% witnessed co-workers became subject to some form of horizontal violence.

Johnson and Rea (2009) conducted a study of emergency room nurses. The authors questioned if nurses had experienced bullying within a six month time period in the acute care arena. Of those polled, 27.3% of the nurses stated that they were bullied by their charge nurse, manager or director, and also by other nurses and physicians. The bullying identified in the acute care arena was found to be directly related to decreased retention of nurses.

Hamblin et al. (2016) conducted a descriptive examination of an electronic reporting system in a large hospital to determine common demographics and characteristics of those involved in violence. In reviewing seven hospitals between 2010 and 2012, a total of 415 incidents were identified. These incidences were mostly verbal forms of aggression. Results noted that nurses with less than ten years of experience at the organization were victims of horizontal violence, while female nurses 45 years of age or greater, were high perpetrators of horizontal violence.

A descriptive study using the Negative Acts Questionnaire Revised (NAQ-R) in a convenience sample through a state nursing association identified that workplace bullying was a problem. Etienne (2014) assessed registered nurses' perceptions of exposure to workplace bullying. Forty-eight percent of those who responded stated that they had been bullied in the workplace during the previous six months. The most common response being that they were "ignored or excluded" during practice, which is the most common form of incivility. It was recognized that strategies must be devised to prevent

adverse outcomes and retain nurses. The authors recommended assertiveness training for nurses.

Secondary to the increased frequency of horizontal violence in nursing, approaches to programs, policies, and interventions must be explored to effectively decrease the concerns. Healthcare managers, leaders, and organizations must review the topic and assess the best applicable and most efficient responses. In an effort to identify horizontal violence in a hospital system, Walrafen, Brewer, and Mulvenon (2012) performed a quantitative mixed method descriptive study on 227 registered nurses. The nurses, Caucasian females between the ages of 46 and 55, had been employed with the organization between 0-10 years. A strong prevalence of horizontal violence was noted in the organization, which indicated a drastic need for interventions to address and decrease occurrences.

According to Embree and White (2010) approximately 60% of new graduate nurses leave their first places of employment within the first few months due to some type of lateral violence. The cost of turnover approximates two times a nurse's salary, which included orientation and initial training. Nurse retention impacted the organization on a unit and corporate levels. The authors also stated ten most common forms of lateral violence included: verbal affront, withholding information, sabotage, non-verbal innuendos, infighting, undermining activities, back stabbing, scape-goating, broken confidences, and failure to respect privacy. Nursing students interviews, conducted at the beginning and end of their nursing education, found that institutions needed to educate staff on the effect, cost, and recognition of lateral violence. Staff members needed skills and techniques to eliminate any type of lateral violence and help improve nurse retention.

Vessey, DeMarco, and DiFazio (2010) performed a descriptive survey to validate the perceptions, frequency, and patterns of bullying behaviors experienced by registered nurses across the United States. The authors received 303 responses to a 30-item electronic survey. The results identified that bullying was a problem among nurses globally, that the consequences affected communication, team work, and patient outcomes, which impacted nurse retention. The study identified that bullying was detrimental to retention efforts and strategies to maintaining staff in the acute care arena. Interventions for change were needed to halt the negative behaviors that resulted in the departure of registered nurses.

Working in an environment where bullying took place or being the subject of horizontal violence had a traumatic effect on the nurses' decision to remain in the workplace. In a study of 357 nurses in 41 hospitals, Houshman (2012) noted that intent to leave was directly related to a negative environment. A high turnover rate was associated with high nurse-on-nurse bullying. Increased nursing employee turnover was recognized in environments where bullying was elevated. The nurses' intention to leave an area, increased in areas where increased bullying was noted whether or not the nurses actually experienced the actions.

Horizontal violence touches all levels of nursing. Negative behaviors exhibited by nurse-to-nurse horizontal violence decreased retention. MacKusick and Minick (2010) noted that organizations that develop cultures with zero tolerance for horizontal violence and provides support will improve nurse retention.

Warrner, Sommers, and Thornlow used the *Nursing Incivility Scale* with nurses at a 60-bed surgical hospital. The study sought to determine if training heightens the awareness of horizontal violence. Pre and post tests were administered after training.

The post testing results revealed nurses were more aware and able to identify horizontal violence in the workplace.

Egues and Leingune (2013) indicated that nurses need practical approaches specific to their work environments. In order to combat horizontal violence interventions must be made. The starting point to lessen the effects of nursing aggression may be workshops and educational programs to empower the nurses.

Dahlby (2013) sought to determine whether educational interventions would increase awareness and combat horizontal violence. Nurses on the two units in this study identified causes of horizontal violence. Education of the staff decreased the incidence of lateral violence and resulted in a healthier work environment. Dahlby went on to say that working in a comfortable environment, without fear of lateral violence, decreased intention to leave, thus improving the retention in the workplace.

Ceravolo, Schwartz, Foltz-Ramos, and Castner (2012) surveyed over 2000 inpatient bedside nurses at a five hospital integrated health care delivery system in the Northeast between the years of 2008 and 2011. Cross-sectional intervention study sought to identify nurse-on-nurse lateral violence and reduce through the implementation of workshops. The results created a more respectful workplace culture. Awareness and communication created a culture of change, reduced horizontal violence, and subsequently reduced nurse turnover. These interventions decreased vacancy rates and improved retention. Policies and established expectations with clearly stated consequences were needed to enforce reduction of horizontal violence and subsequently improved retention rates (Ceravolo et al., 2012).

Robinson and Dodd (2014) performed Plan-Do-Study-Act cycles, surveys, and questionnaires to develop and measure lateral violence and its effect on nurse retention.

More than 400 registered nurses in women's care (labor and delivery, post-partum care, nursery, neonatal intensive care, antepartum, and gynecological care) were polled. As a result of this intervention there was a decrease in lateral violence on the identified nursing units which ultimately increased nurse retention.

### **Data Reduction**

Information obtained from this review was used to assist in the identification of specific interventions and programs that could be implemented for positive changes within organizations. Improvements in the work environment through appropriate interventions would improve retention, staffing, satisfaction, and ultimately improve patient health outcomes (McHugh, 2011). Implementation of the changes are evaluated at intervals and assessed to measure success. Reviewing the current research related to horizontal violence and retention will allow for future identification of specific interventions that can be implemented within an organization.

Horizontal violence in organizations makes it challenging to increase nurse retention (Center for American Nurses, 2008). After many years in the nursing field, observations pertaining to frequent turnover and in acute care were becoming more prevalent. Horizontal violence as a current topic of discussion was a strength to this study as the topic is currently of interest to healthcare professionals. An integrative review provided an evaluation and synthesis of current literature on horizontal violence and how it effects on nursing retention. Limitations of the study included lack of elaboration on survey data information, responses in studies, or use of specific study styles. Extensive amounts of historical research focused did not specifically address the relationships between nurses-to-nurse and horizontal violence.



Whittemore and Knafl (2005) identified a classification system that was utilized in the integrative review. The data were divided into the subgroups of relationships, incidence, retention, and redirection of horizontal violence. Whittemore and Knafl recommended first analyzing the data through the following process: (1) separation of qualitative and descriptive designs, (2) correlation and comparative designs (3) by intervention or experimental design studies. To focus the research for the integrative review, the data were organized using numerical coding.

### **Data Display**

A display tool was developed to facilitate comparison of relationships and patterns between gathered data. An instrument was constructed to present the research data for comparison, interpretation, relationship, in deciding which articles were appropriate. Headings to categorize the data were: journal articles, purpose, level of incidence, sample size, methods, major findings, limitations, and gaps. Uses of the identified subgroups were arranged based on relationships of sources, then data were aggregated.

Dissemination of the results of the integrative review will be communicated to individuals who provide, supervise and manage care of patients. Several methods will be utilized in communicating this information to the key personnel. The outcomes of the scholarly project will be presented through story boards, poster, and podium presentations at the local, state and national levels.

One method of dissemination at the organizational level will be a “moving story board” that will migrate throughout healthcare institutions. This method will provide the information to individuals such as the staff nurses who may experience or participate in horizontal violence. Nurses, who are working on units, often do not have time to leave

the area to participate in committees, attend seminars, or engage in informational sessions. For this reason, a story board identifying key points of the project will be displayed to healthcare practitioners and healthcare institutions. This approach will reach the maximum number of people, without disrupting the flow of patient care. By offering education on the issue, the opportunity for crucial conversations related to horizontal violence can begin within organizations, and throughout professionals. These discussions will promote ideas or suggestions for a call to action on this issue. Queries have been sent to peer-reviewed journals to determine interest in the topic or further recommendations. The initial presentation will be in the form of PowerPoint slides for organizational executive leaders and key stakeholders (nurses, nurse leaders, educators, and other health care practitioners). Once a month, physicians, residents, and students have grand rounds at several south western medical facilities. Each meeting focuses on specific topics of concern to the healthcare practitioners and providers within the community. Nurses, doctors, staff, and executive leaders who view this presentation may have their awareness rise, thus identifying unknown examples, and incidences of horizontal violence in their specific arenas. Recognition may spark interest in further investigation.

The Annual Doctor of Nursing Practice (DNP) conference appeals for abstracts to discuss innovative strategies to improve health care outcomes. After project completion, review of the requirements for abstract submission and presentation to the annual conference will take place. The potential for use of the data across practice settings such as acute care, long term care, and mental health is desired. Presentation of the integrative review findings at a Doctor of Nursing Practice conference this year is a goal. The abstract has been submitted for consideration for presentation during the Virginia

Nursing Association 2016 fall conference, “Creating a Culture of Community Well-being.” Additional opportunities for podium, poster and manuscript submission will be sought.

### **Conclusion**

Articles reviewed for the scholarly project supported the questions that nurse-to-nurse horizontal violence affects the retention of nurses. Healthcare providers may be interested in the results of this project as it will impact their work environment as well as the care delivered and received. Concentrating on the impact of nurse-on-nurse horizontal violence, the perceived impact on other professional groups is recognized. The interprofessional collaboration with healthcare professionals will assist in identifying and understanding the roles of others on the healthcare team (Bridges et al., 2011). Those individuals who collaborate in holistic care depend on the care provided by the nurse. Interdisciplinary views, discussions, and suggestions related to horizontal violence are initiated. Future implications as to how this information can be utilized for financial impact, organizational health, and relationships improvement are discussed. Obtaining knowledge on horizontal violence may identify the support needed for further exploration of the project.

Relationships between nurses may improve with accurate definition and identification of the term horizontal violence. Episodes of incivility in the workplace between nurses should decrease with the dissemination of information on the issues. Intervention, education and other strategies to prevent and control registered nurse to registered nurse horizontal violence, will initiate discussions and bring the topic to the foreground. Addressing the bullying issue from multiple angles can assist the nurse,

other healthcare professionals, and organizational leaders to focus on a topic that influences retention.

Nurses are the primary health care providers that are able to recognize, prevent, and put a stop to horizontal violence. Registered nurses can work on behalf of their associates and the profession to detect this problem. Heightened educational awareness and detection of horizontal violence will also assist other healthcare practitioners to acknowledge behaviors that are, or may, become detrimental. Nurse retention is influenced by undetected or unidentified destructive behaviors in the workplace (Griffin, 2004). Joint Commission (2008) has established the position that disruptive behaviors impact patient safety and have recognized horizontal violence as a workplace issue of concern.

A healthy work environment with positive professional behaviors promotes retention of nurses. Establishing performance expectations and modeling professional behaviors provides a foundation to promote a healthy work culture. Healthcare organizations can develop management strategies and approaches to create educational programs, augmenting mandatory nursing education, encouraging conversations, to address and increase awareness of horizontal violence.

Araujo and Sofield (2011) stated that if organizations' administrators want to create a positive environment, then the understanding of horizontal violence in the health care system must be mandated. The leadership must assess the current relationships in the culture of their nursing environments. Strategies, mechanisms, and methods to reduce occurrences of workplace horizontal violence leads to the positive outcomes of increased retention rates, a healthier workplace and increased financial solidity for the organization.

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incivility. *Nursing Management*, 47(1), 22-30.

**TABLE I.** Inclusion and Exclusion Criteria Table

<b>Inclusion</b>	<b>Exclusion</b>
<p data-bbox="477 527 618 558"><b>Literature</b></p> <ul style="list-style-type: none"> <li data-bbox="526 600 797 632">• From 2009-2016</li> <li data-bbox="526 678 938 856">• Articles in CINAHL, PubMed, MEDLINE, Health Source &amp; ProQuest</li> <li data-bbox="526 898 824 930">• Written in English</li> <li data-bbox="526 972 894 1003">• Peer Reviewed journals</li> <li data-bbox="526 1045 906 1224">• Contains one or more of identified key terms or words</li> <li data-bbox="526 1266 854 1371">• Studies in acute care settings</li> <li data-bbox="526 1413 927 1518">• Registered nurse-to-nurse subjects</li> </ul>	<p data-bbox="964 527 1105 558"><b>Literature</b></p> <ul style="list-style-type: none"> <li data-bbox="1013 600 1409 632">• Outside stated date range</li> <li data-bbox="1013 678 1289 709">• Other Databases</li> <li data-bbox="1013 751 1230 783">• Non-English</li> <li data-bbox="1013 825 1523 930">• Unpublished materials, editorials, discussions or authored opinions</li> <li data-bbox="1013 972 1430 1077">• Studies that included other healthcare professionals</li> <li data-bbox="1013 1119 1474 1224">• Studies in long term care, psychiatry or community care</li> <li data-bbox="1013 1266 1458 1297">• Opposite of inclusion criteria</li> </ul>

**TABLE II. Table of the Literature**

<u>Article</u>	<u>Purpose</u>	<u>Level of Evidence</u>	<u>Sample</u>	<u>Methods</u>	<u>Major Findings</u>	<u>Limitations</u>	<u>Gaps</u>
Workplace Bullying: An Integrative Literature Review. <b>Bartlett, J. E.</b> and M. E. Bartlett (2011). <u>Advances in Developing Human Resources</u> 13(1): 69-84.	Define workplace bullying as a concise definition for workplace bullying was not available in the literature and in the United States there was a lack of federal legislation addressing workplace bullying.	I	Review of literature	Integrative Review	Behaviors negatively impact both the individual and organization. Training, assessments and policies must be implemented.		Future empirical research for HRD professions in relation to workplace bullying.
Verbal Abuse From Nurse Colleagues and Work Environment of Early Career Registered Nurses. <b>Budin, W. C., et al.</b> (2013). <u>Journal of Nursing Scholarship</u> 45(3): 308-316 309p.	Study examined relationships between verbal abuse from nurse colleagues and demographic characteristics, work attributes, and work attitudes of early career registered nurses (RNs).	VI	Analytical sample of 1407 RNS	Data from the fourth wave of a national panel survey of early career RNs begun in 2006. Descriptive statistics	RNs reporting higher levels of verbal abuse from nurse colleagues had higher intent to leave	Clarity on issues unable to be determined	Need to develop and test evidence-based interventions to deal with the problems inherent with verbal abuse from nurse colleagues
Strengthening communication to overcome lateral violence. <b>Ceravolo, D. J., et al.</b> (2012). <u>Journal of Nursing Management</u> 20(5): 599-606.	To reduce nurse-to-nurse lateral violence and create a more respectful workplace culture through a series of workshops	IV	Over 2000 inpatient bedside nurses at a 5 hospital integrated health care delivery system the north east from 2008-2011	Cross sectional organization-wide pre- and post-intervention survey and workshops	Creating a culture of change and fostering environment of awareness, communication and collaboration is needed to reduce lateral violence, reduce nursing turnover and vacancy rates	Low response rate on post surveys, only one hospital system used and economic conditions	Policies, expectations and consequences must be established for reduction
Evaluating an Educational Intervention on Lateral Violence. <b>Dahlby, M. A.</b> and L. M. Herrick (2014). <u>The Journal of Continuing</u>	To determine the effects of an educational intervention to increase awareness and teach cognitive rehearsal to combat lateral violence.	VI	Nurses on two nursing units; 29 respondents participated in the pretest, and 25 responde	One-time pretest-posttest evaluation design was used to evaluate the effects of a 1.5-hour educational	Participants were better able to identify causes of lateral violence in their work units, suggesting the educational intervention was successful in creating a healthier work	Design and sample size	Further evaluation is needed to determine whether the intervention would be effective over time.

<p><u>Education in Nursing</u> 45(8): 344-350; quiz 351-342.</p>			<p>nts participat ed in the posttest.</p>	<p>interventio n.</p>	<p>environment and decreasing the incidence of lateral violence behaviors</p>		
<p>Concept Analysis: Nurse-to-Nurse Lateral Violence. <b>Embree, J. L. and A. H. White (2010).</b> <u>Nursing Forum</u> 45(3): 166-173.</p>	<p>To examine the concept of nurse-to-nurse lateral violence</p>	<p>I</p>	<p>Review of literature through Health Source, Cumulative Index to Nursing and Allied Health Literature (CINAHL), ProQuest health, and Medical Complete was used to determine agreement and disagreement across disciplines and emerging trends.</p>	<p>Concept Analysis</p>	<p>Demonstrates that nurse-to-nurse LV is nurse-to-nurse aggression with overtly or covertly directing dissatisfaction toward another.</p>		<p>Analysis results provide guidance for further conceptual and empirical research as well as for clinical practice.</p>
<p>Exploring Workplace Bullying in Nursing. <b>Etienne, E. (2014).</b> <u>Workplace Health &amp; Safety</u> 62(1): 6-11.</p>	<p>assess registered nurses' perceived exposure to workplace bullying</p>	<p>VI</p>	<p>convenience sample of a Pacific Northwest state professional nurses' association membership was solicited for this descriptive study using the Negative Acts Questionnaire-</p>	<p>Forty-eight percent of respondents admitted to being bullied in the workplace during the previous 6 months, with respondents choosing "being ignored or excluded" as the most common negative experience in the workplace</p>	<p>Workplace bullying remains a problem reduction strategies must be devised as a means of retaining nurses and preventing adverse outcomes. One strategy assertiveness and aggression training for nurses.</p>	<p>Limited survey to professional membership only group Pacific Northwest only-</p>	<p>Provide access to increased number of respondents enlarging the survey study group (i.e. all members of organization) Provide narrative section for survey group</p>

			Revised (NAQ—R)				
(2016). "Worker-to-Worker Violence in Hospitals: Perpetrator Characteristics and Common Dyads." Hamblin, L. E., et al. <u>Workplace Health &amp; Safety</u> 64(2): 51-56.	Identify common demographics and characteristics of those perpetrators of violence	VI	Large hospital system (15,000 employees) between 2010 to 2012 in 7 hospitals with 415 incidents	Descriptive examination of an electronic reporting system in HR database	Female greater than 45 years of age Nurse-to-nurse violence incidents were high perpetrators with verbal aggression as most common. The nurses had less than 10 years	Unable to link data to incidents: 45 incidents -199 perps. Anonymous responses, under reporting, short time period	Further investigation of direct cause
Escaping bullying: The simultaneous impact of individual and unit-level bullying on turnover intentions. <b>Houshmand, M., O'Reilly, J., Robinson, S., &amp; Wolff, A.</b> (2012). <u>Human Relations</u> 65(7): 901-918.	The simultaneous impact of, and interaction between, being the direct target of bullying and working in an environment characterized by bullying upon employees' turnover intentions.	II	Hierarchical linear modeling analysis	sample of 41 hospital units and 357 nurses	environment of bullying increases individual employees' turnover intentions; high turnover intentions characterized by high bullying	One hospital One area	Increase area of survey, specialty arena, and respondents
Is anybody listening? A qualitative study of nurse's reflections on practice. Huntington, A., Gilmour, J., Tuckett, A., Neville, S., Wilson, D. & Turner, C. (2011). <u>Journal of Clinical Nursing</u> 20(9-10) . 1413-1422	To explore nurses' perceptions of the reality of practice based on data from the Nurses and Midwives e-cohort Study which examined the workforce characteristics, work-life balance and health of nurses.	V	7604 participants in the electronic cohort, 1909 provided qualitative comments of which 162 related to nursing practice; thematic analysis resulted in four high order themes. T	Qualitative analysis of data from a cohort of Australian, New Zealand and UK nurses	Nurses still experience these negative aspects of nursing well-qualified, stable nursing workforce improves quality of health care and health outcomes. Changing the work environment and fostering a positive workplace culture seems fundamental to supporting the retention of nurses.	Significant gap between what is known about the practice environment, resulting in nurses intending to leave the profession.	recommendations for change and change occurring: the management equivalent of the theory-practice gap,
Workplace bullying concerns for	To determine and describe nurses experiences with	VI	249 nurses in the	Descriptive convenience study	Workplace bullying was associated with	Only performed in	Further investigation and focus

nurse leaders (2009), Johnson, S. & Rea, R. The journal of nursing administration ,39, 84-90	workplace bullying		emergency association of Washington State		intent to leave current job and nursing affecting attrition	Washington state with emergency room nurses	on why bullying occurs and strategies to decrease
Workplace empowerment, incivility and burnout: impact on staff nurse recruitment and retention outcomes. <b>Laschinger, H.S., Leiter, M., Day, A., Gilin, D.</b> Journal of Nursing Management.	Examine influence of empowering work conditions and workplace civility on nurse's experience of burnout and nurse retention	IV	612 Canadian staff nurses	Hierarchical multiple linear regression analyses Cross sectional	Nurses perceptions are strongly relate to job satisfaction, organization commitment and predicted turnover intentions	Self-reported in Canadian territory Cross sectional	Use a larger sample of nurses. Use a longitudinal study in future research.
Why are nurses leaving? Findings from an initial qualitative study on nursing attrition. Mac Kusick, C. I., & Minick, P. (2010). <i>Medsurg Nursing, 19</i> (6), 335.	Identify the factors influencing the decision of RNs to leave clinical nursing practice	VI	187 registered nurses with minimum of one year experience in southeastern US hospitals	Descriptive correlational study. Answered the question "what is the experience of RNs who leave clinical nursing	Nurses identified three themes unfriendly workplace, emotional distress and fatigue and exhaustion	Small sample size. Unclear reasoning for answers	Further research needed to explore power, perceptions and impact
Understanding nurse-to-nurse relationships and their impact on work environments. Moore, L., Leahy, C., Sublett, C., Lanig, H. (2013) <i>Medsurg Nursing 22</i> (3), 172-179.	Study on how nurses relate to each other every day	V	82 staff registered nurses from five chapters of Sigma theta tau	Mixed method research utilizing an online questionnaire with qualitative findings given	Poor relationship influenced nurses to leave unit and profession	Response rate low and not all questions answered	Future research needed for best practices, strategies
Horizontal Violence among hospital staff nurses related to oppressed self or oppressed self	To identify the relationship between nurses beliefs about nursing and horizontal violence	IV	175 hospital staff registered nurses from California	Cross sectional model testing random sample study thru mailed and	Nurses in oppressed environments experience horizontal violence. Association between nursing	Low response so not all views expressed	Causal relationship of variables; stress and negative workplaces and

or oppressed group. Purpora, C. Blegen, M., & Stotts, N. (2012). <i>Journal of professional nursing</i> . 28(5), 306-314.				online surveys	beliefs and horizontal violence Horizontal violence in hospital staff registered nurses		demographics. Measurement options More research for strategies of interventions
Lateral Violence in Nursing: A Review of the Past Three Decades. <b>Roberts, S. J.</b> (2015). <i>Nursing science quarterly</i> 28(1): 36-41.	Develop an understanding of the causation of lateral violence to nursing practice	I		Literature review of databases PubMed, CINAHL 1990-2010 and references	Lateral violence and bullying in nursing is a learned behavior related to workplace power dynamics; strategy implementation requires altering power and changing culture which enhances recruitment, retention and job satisfaction and pt. safety	Expand	Future research indicated on association
Lateral Violence: The Real Nurse Curse. <b>Robinson, N. K.</b> and D. R. Dodd (2014). <i>JOGNN: Journal of Obstetric, Gynecologic &amp; Neonatal Nursing</i> 43(Supp 1): S65-S65.	Workgroup was developed to decrease the incidences of LV and measure its effect on nurse retention.	IV	Registered nurses (more than 400) from the units: labor & delivery, postpartum, nursery, neonatal intensive care, antepartum, gynecologic surgery/post anesthetic care.	Design Plan-do-check-act (PDCA) cycles, Monthly /quarterly surveys. Questionnaires	Decrease in lateral violence on units, increase in nurse retention. Education and Accountability are needed.	Review sample size Select units in one area	Use of multiple sites and inclusion of acute arenas i.e. Med-Surg, ICU and ED
Workplace empowerment, incivility, and burnout: impact on staff nurse recruitment and retention outcomes. <b>Spence Laschinger, H. K., Leiter, M., Day, A., Gilin, D.</b>	To examine the influence of empowering work conditions and workplace incivility on nurses' experiences of burnout and important nurse retention factors identified in the literature.	VI	Sample of 612 Canadian staff nurses to examine the impact of workplace empowerment, supervisory	Hierarchical multiple linear regression analyses	Incivility most strongly predicted turnover intentions. Environments free of uncivil behaviors may promote retention in nursing work settings	Strong claims of causal effects. Study replicated with larger more representative sample.	Further research needed using a longitudinal study to examine changes over time.

(2009). <i>Journal of Nursing Management</i> 17(3): 302-311 310p.			or and coworker incivility , and burnout on three employees retention : job satisfaction, organizational commitment, and turnover intentions				
The relationship between continuing professional education and horizontal violence in perioperative practice. <b>Tame, S.</b> (2012). <i>Journal of Perioperative Practice</i> 22: 220+.	To identify a link between workplace <a href="#">culture</a> and intra-professional conflict associated with horizontal violence.	VI	Sample of 23 perioperative nurses employed in one large teaching NHS ; having between 21/2 and 30 years of experience	Descriptive qualitative framework was used during data collection and analysis; interviews	Established a relationship between horizontal violence and education.	Interviews were interrupted, which may have limited the information divulged. Inaccurately reflect true perceptions	Further work required to illuminate the relationship between continuing professional education and horizontal violence
Determinants of hospital nurse intention to remain employed: broadening our understanding <b>Tourangeau, A. E., Cummings, G., Cranley, L. A., Ferron, E. M., &amp; Harvey, S.</b> (2010)... <i>Journal of advanced nursing</i> , 66(1) , 22-32	To identify nurse reported determinants of intention to remain employed and to develop a model explaining determinants of hospital nurse intention to remain employed	VI	13 focus group with 78 nurses in 2 Canadian provinces	Descriptive qual. study using group methodology	8 assessment themes emerged to reflect factors that influence intention to stay. Nursing education needed to incorporate knowledge into retention	Unable to determine influences; ability to utilize internationally (Canadian study)	Testing for global unit, testing of hypothesis
Decreasing workplace incivility. <b>Warner, J., Sommers, K.,</b>	Study to determine if training heightens awareness	III	60 bed orthopedic surgical specialty	Rev-NIS-Nursing Incivility scale Surveys	Increased awareness of incivility was noted after training	Mixed sample, No real life scenarios practice,	



Zappa, M., Thornloe, D., (2016). Nursing Management. 47(1). 22-30.			hospital in Midwest US	given at different intervals and training sessions			
Bullies at work: The impact of horizontal hostility in the hospital setting and intent to leave. <b>Wilson, B.,</b> Diedrich, A., Phelps, C., & Choi, M. (2011). <u>Journal of Nursing Administration</u> <b>41</b> (11): 453-458.	To determine the degree of horizontal violence in the hospital and how it affects the intent to leave	VI	RNs at a Southwest community hospital (n=137)	Retrospective descriptive cross sectional design with 28 item survey	HV influences high turnover rates. Leaders should be aware-financial implication. Assessment and education must take place to decrease	Sample size, unit specific analysis unavailable, occurred in single institution	
Bullying, harassment, and horizontal violence in the nursing workforce: the state of the science. <b>Vessey, J. A.,</b> DeMarco, R., & DiFazio, R. (2010). Annual Review of Nursing Research 28: 133-157 125p.	Focus on intraprofessional (nurse-on-nurse) horizontal violence in the acute care setting	I	articles written by or including nurses and PsychInfo/PsychAbstracts/CINAHL, Medline databases to include years 1982-2010	Literature review	Global detrimental issue impacts team work, communication and patient outcomes	Quality of evidence is limited Lack of standardized definitions Human interpretations, measurements sampling bias may be issue, Incomplete data due to difficulty tracking events	Not all inclusive study. Strategies for detection and prevention need to be addressed. Authors state Well conducted studies are needed
Bullying of staff registered nurses in the workplace: a preliminary study for developing personal and organizational strategies for the transformation of hostile to healthy workplace environments. Vessey, J., DeMarco, R.,	To validate the perceptions of frequency and patterns of bullying behaviors experienced by RNs across the US	VI	303 overall RN responders with focus on subsample of 212 or 70% of total sample	Descriptive survey design. 30 item anonymous electronic survey	Bullying is a problem. Influential on retention. Strategies and specific interventions are needed	Extraneous comments not fitting in subgroups. Information unable to be validated. Only a snapshot of Subject to interpretation	Exploring why nurses with intent to leave did not.

Gaffney, D., & Budin (2009). Journal of professional nursing. 25 (5). 299-306.							
Sadly caught up in the moment: an exploration of horizontal violence. <u>Nursing</u> <b>Walrafen</b> , N., Brewer, M., Mulvenon, C. (2012). <u>Economics</u> . 30: 6.	To determine the prevalence of horizontal violence in a multi-institutional hospital system	VI	227 nurses: majority age 46-55, female, Caucasian, with a BSN with 21+ years of nursing and 0-10 years with the organization	Quantitative Mixed Method descriptive design	Development of an intervention to address horizontal violence is needed	Use of researcher developed tool. Majority of nurses were Caucasian females no male or minority representation	Further conversations needed and awareness of topic

## APPENDIX A. CITI Certificate

**COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI)****HUMAN SUBJECT - BASIC CURRICULUM COMPLETION REPORT**

Printed on 09/18/2014

**LEARNER**

Victoria Cox

**DEPARTMENT**

Nursing

**PHONE****EMAIL****INSTITUTION**

Liberty University

**EXPIRATION DATE**

09/14/2017

**NURSING** : This course is appropriate for students doing class projects that qualify as "No More Than Minimal Risk" human subjects research.**COURSE/STAGE:**

Basic Course/1

**PASSED ON:**

09/15/2014

**REFERENCE ID:**

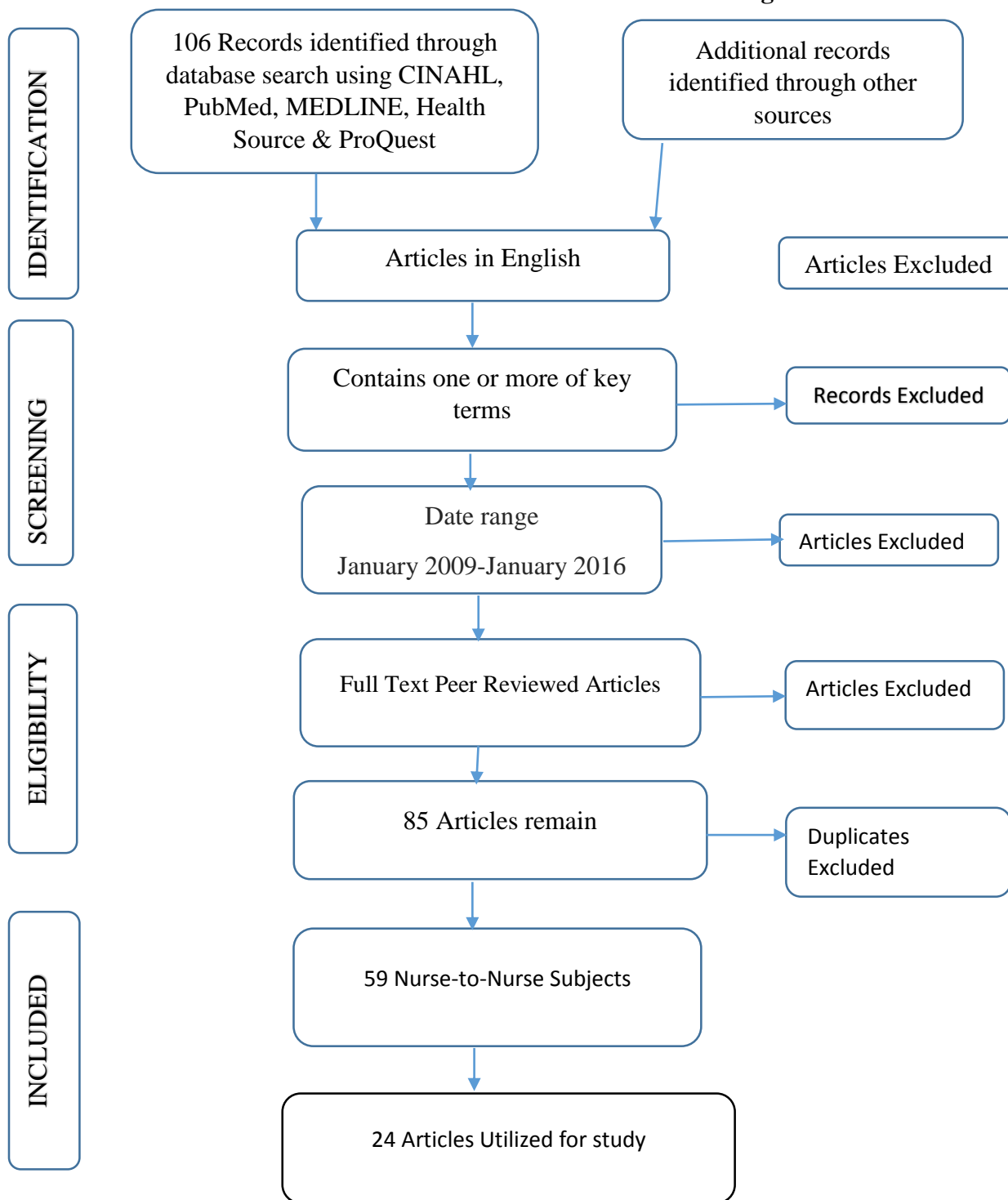
13847738

REQUIRED MODULES	DATE COMPLETED	SCORE
Data Management (RCR-SBE)	09/15/14	5/5 (100%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research	09/15/14	3/3 (100%)
Liberty University	09/15/14	No Quiz
Belmont Report and CITI Course Introduction	09/15/14	3/3 (100%)
History and Ethical Principles - SBE	09/15/14	5/5 (100%)
Defining Research with Human Subjects - SBE	09/15/14	5/5 (100%)
The Regulations - SBE	09/15/14	5/5 (100%)
Assessing Risk - SBE	09/15/14	5/5 (100%)
Informed Consent - SBE	09/15/14	5/5 (100%)
Privacy and Confidentiality - SBE	09/15/14	5/5 (100%)
Records-Based Research	09/15/14	2/2 (100%)
Research With Protected Populations - Vulnerable Subjects: An Overview	09/15/14	4/4 (100%)
Vulnerable Subjects - Research Involving Prisoners	09/15/14	4/4 (100%)
Vulnerable Subjects - Research Involving Children	09/15/14	3/3 (100%)
Vulnerable Subjects - Research Involving Pregnant Women, Human Fetuses, and Neonates	09/15/14	3/3 (100%)
Research and HIPAA Privacy Protections	09/15/14	5/5 (100%)
Vulnerable Subjects - Research Involving Workers/Employees	09/15/14	4/4 (100%)
Conflicts of Interest in Research Involving Human Subjects	09/15/14	4/5 (80%)

**For this Completion Report to be valid, the learner listed above must be affiliated with a CITI Program participating institution or be a paid Independent Learner. Falsified information and unauthorized use of the CITI Program course site is unethical, and may be considered research misconduct by your institution.**

Paul Braunschweiger Ph.D.  
Professor, University of Miami  
Director Office of Research Education  
CITI Program Course Coordinator

### APPENDIX B. PRISMA Flow chart of Search and Screening Process

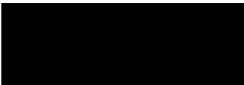


Retrieved from International Journal of Surgery Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group. *Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement*. Int J Surg 2010; doi:10.1016/j.ijsu.2010.02.007

## APPENDIX C. IRB approval/permission/letter of support

**LIBERTY UNIVERSITY.**  
INSTITUTIONAL REVIEW BOARD

May 12, 2016

 Horizontal Violence Effect on Nurse Retention

Dear Victoria,

The Liberty University Institutional Review Board has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study does not classify as human subjects research. This means you may begin your research with the data safeguarding methods mentioned in your IRB application.

Your study does not classify as human subjects research because it will not involve the collection of identifiable, private information.

Please note that this decision only applies to your current research application, and any changes to your protocol must be reported to the Liberty IRB for verification of continued non-human subjects research status. You may report these changes by submitting a new application to the IRB and referencing the above IRB Application number.

If you have any questions about this determination or need assistance in identifying whether possible changes to your protocol would change your application's status, please email us at [irb@liberty.edu](mailto:irb@liberty.edu).

Sincerely,



*Administrative Chair of Institutional Research*  
The Graduate School

**LIBERTY**  
UNIVERSITY.*Liberty University | Training Champions for Christ since 1971*