

# Horizontal Violence: Confronting and Controlling Workplace Incivility With a **"Collaborative Kindness"** Initiative

Debra Dauphinais, CMSRN; Kimberly Snow, CMSRN; Christopher Kowal, DNP, RN, CCRN-CMC-CSC

St. Joseph's Hospital Health Center  
Syracuse, NY 13203



## BACKGROUND

- ❑ **Peer Incivility aka Horizontal Violence (HV):** abusive, intimidating, insulting behavior, abuse of power, or unfair sanctions designed to control, diminish, or devalue individuals or groups
  - **Categories:** Covert / overt, verbal / nonverbal, intentional / unintentional
  - **Subject Classifications:** Aggressor, victim, and bystander / witness
  - **Results:** Feeling humiliated, upset, vulnerable or threatened: which all create stress (Becher & Visovsky, 2014)
- ❑ **Up to 71 % of surveyed organizations report at least one incident of bullying (Jusko, 2013)**
  - Half of all nurses are victims of HV and up to 93% of nursing are bystanders
    - *Most often, the experienced nurse plays the perpetrator while the newer nurse is usually the victim. (Christie & Jones, 2010)*
- ❑ **Patient care can suffer in a HV environment**
  - Decreased communication and lack thereof equal potential errors in handoff reports or daily tasks
  - Joint Commission reports 60% of actual or potential patient harm is linked to insufficient communication (from unidentified sources)
- ❑ **Fear of punishment, retaliation, and feeling powerless leads to under-reporting and perpetuation of HV, leading to hopelessness**
- ❑ **Colleagues who survive (tolerate) bullying early in their careers tend to carry these (learned) behaviors with them**
  - A "Bully"-type conditioning becomes culture, or
  - Colleague leaves or participates as an aggressor or bystander (ANA, 2013)
- ❑ **Effects**
  - Progression of physical ailments: HTN, stroke, weight loss, coronary artery disease
  - Psychological impact: depression, anxiety, eating & sleep disorders
  - Decrease staff retention
  - Decrease in productivity as increased turnover cycles more new, fledgling staff
  - Patient-involved errors increase (episodes of misidentification & medication errors)

## PURPOSE

- ❑ **Negate the prevalence of HV and incivility by developing a positive, nurse-led model of Collaborative Kindness** and examining the results (impact on culture, quality, safety, and retention)
- ❑ **Nurture and sustain exemplary, collegial, nursing practice and optimal patient outcomes by focusing on developing and maintaining positive interprofessional relationships that enhance the employee experience; thus potentially maximizing the patient experience**

## BETTER PRACTICE...

- ❑ **Elements of Incivility Recognized**
  - Nursing recognized increased gossiping, complaining, and blaming among staff
  - Patients recognized increase noise level and longer procedural wait times
- ❑ **HV-prevention Poster Designed (following collaborative observations and colleague consensus)**
  - Education
  - Deepen understanding
  - Help mitigate HV escalation
- ❑ **Frontline Feedback:** Nursing advocated for a more positive approach to curb incivility as "Horizontal Violence" phrasing implied a negative connotation
  - Colleagues instantly defended themselves and each other against acting with HV, incivility, and unkindness
  - Using the term HV added increased negativity to existing incivility
- ❑ **Shared Decision: Promote, accentuate, and recognize relationships and positive behavior to take precedence over a potentially negative focus**
  - Avoid using terms such as "bully, violence, or negativity"
  - Nurses spun positive language transitioning well known HV and created "Horizontal Kindness" (HK)
    - **Risk:** Easy to confuse HK with its predecessor (and say HV when mean HK)
    - **Innovation:** Re-named **"Collaborative Kindness"** (a more positive, appealing approach) as a global incorporation for colleagues at every level of the organization and not compartmentalizing the opportunity as one exclusive to a horizontal focus



Full references available by request:  
Debra.dauphinais@sjhsyz.org

## RESULTS

- ❑ **Global dissemination of CK Initiative throughout St. Joseph's**
  - Posters placed designating "Collaborative Kindness Zones"
  - "Acts of Kindness" boards designed to recognize collegial behavior at the local level
  - Medical Imaging, Hemodialysis, Cardiovascular Lab, Telemetry, and the GI/GU units trained as well
  - System-informational video created
  - Multiple conference presentations at the regional and national levels



## THEORY & METHOD: COLLABORATIVE KINDNESS (CK)

- ❑ **CK promotes development and sustainability of a positive work-culture environment**
  - Process of consistent endorsement of respect, compassion, professionalism, and teamwork development among colleagues
    - *"To provide patients and family with an excellent patient experience, it is important to first value and regularly improve the staff experience as a primary component for success"*
- ❑ **How to Establish a Collaboratively Kind Environment**
  - ❑ Review HV from the perspective of staff having a working understanding of types, subjects, and effects
  - ❑ Regularly promote and nurture positive team and environmental behavior development
    - Encourage acts of kindness versus identifying occurrences of incivility
      - *Leaving staff feeling reprimanded or offended could promote additional defensive or defiant behavior*
  - ❑ Identify real-time opportunities where CK initiatives can be infused
    - Use simulation to demonstrate positive ways to address negative behavior
    - Provide scripting to address dealing with occurrences of gossip and back-biting aggression
      - **For Gossip:** (a) "Have you tried to address 'Mary' directly about this?" or (b) "Maybe you should wait for 'Mary' to be here before discussing this matter"
      - **For Direct Aggression:** (a) "Is there something you would like to address with me directly," (b) "I see that you are upset; I do not respond well to this form of communication, maybe you could be less aggressive when talking to me," or (c) "we should discuss this after you have calmed down, why don't I cover your work so you can leave for a short while and take a break?"

- ❑ **Encourage regular (daily), open, honest communication between staff and leadership, ensuring establishment of a trusting, confidential environment**

- ❑ **Recognize positive behavior and alleviate incivility**
  - "Praise in public and critique/mentor in private"

- ❑ **Lead by example in order to foster and sustain positive behaviors of CK**

- ❑ **Founding theories:** Total Quality Management (Deming, 1986; Donabedian, 1988); Caring Science (Watson, 1979); Relationship-Based Care (Koloroutis et al., 2004)

## INTERPRETATION / CONCLUSIONS

- ❑ **Warning staff of the implications of acting negatively can lead to defensiveness or hostile retaliation**
- ❑ **Finding the positive approach to correct a challenging/negative behavioral situation is a more effective way to enforce compliance with standards of behavior improvement**
- ❑ **Reinforcement and focus on positivity creates a constructive environment improving the employee experience**
  - **For nursing:** the higher the perception of employee experience (job satisfaction) as portrayed to patients, the more patients felt they were receiving higher quality care (Kvist et al., 2014)
- ❑ **Maintaining the well-being of staff through CK could be vital to staff retention, productivity, and assuring a positive patient experience**
- ❑ **Ongoing research is necessary in this field of current culture improvement associated in improving the experience for all healthcare stakeholders**



"There are two ways of spreading light: to be the candle, or the mirror that reflects it." – *Edith Wharto*

