

# **Epidemic of Horizontal Violence in the Healthcare Workplace**

Beverly Kirchner, RN, BSN, CNOR, CASC

Jeanie Zelanko, RN, MS, CS, PhD

Cheryl Anderson, RN, MN, PhD

Richard Gilder, RN, BSN, CNOR, BCNI

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# The Research Process

# Research Questions

- What effects does horizontal violence (HV) or bullying have on health care personnel?
- Is there a statistically significant relationship between the responses to HV questions and Post Traumatic Stress Disorder (PTSD) question responses?

# Research Questions

- Was there a relationship between the HV bullying “event” and a “near miss”, or actual compromise of patient safety?
- Is there an association between compromised patient safety, PTSD, and horizontal violence?

# Methodology

- A survey consisting of 27 dichotomous (Yes/No) questions relating to violence in the healthcare setting.
- Questions were designed to explore the relationship, if any, between Horizontal Violence (HV), Post Traumatic Stress Disorder (PTSD), and Patient Safety.

# Methodology

- A link to an Online survey was sent by Email from AORN March 1, 2007 to membership
- PTSD Questions were modeled following the guidelines set forth by the SF-36 and APA DSM-IV-TR criteria for Post Traumatic Stress Disorder.
- HV Questions "Horizontal Violence" (Mobbing, Bullying) were modeled using templates derived from the works of Heinz Leyman, MD, PhD

Leymann, H. Mobbing and psychological terror at workplaces. [Journal Article] *Violence & Victims. 5(2):119-26, 1990.*

- *ABSTRACT* "In recent years, the existence of a significant problem in workplaces has been documented in Sweden and other countries. It involves employees "ganging up" on a target employee and subjecting him or her to psychological harassment. This "**mobbing**" behavior results in severe psychological and occupational consequences for the victim. This phenomenon is described, its stages and consequences analyzed. An ongoing program of research and intervention that is currently being supported by the Swedish government is then considered."

# Identification of Mobbing Activities

<http://www.leymann.se/English/12210E.HTM> as of 3/07/2007

- ...Management gives you no possibility to communicate, you are silenced, verbal attack against you regarding work assignments, verbal threats, verbal activities in order to reject you, etc....
- ...Colleagues do not talk with you any longer or you are even forbidden by management to talk to them, you are isolated in a room far away from others, you are "sent to Coventry", etc....
- Gossiping about you, others ridicule you, others make fun about handicap or your ethnic heritage or your way of moving or talking, etc....
- You are not given any work assignments at all, you are given meaningless work assignments, etc....
- You are given dangerous work assignments, others threaten you physically or you are attacked physically, you are sexually harassed in an active way, etc....

# SF 36

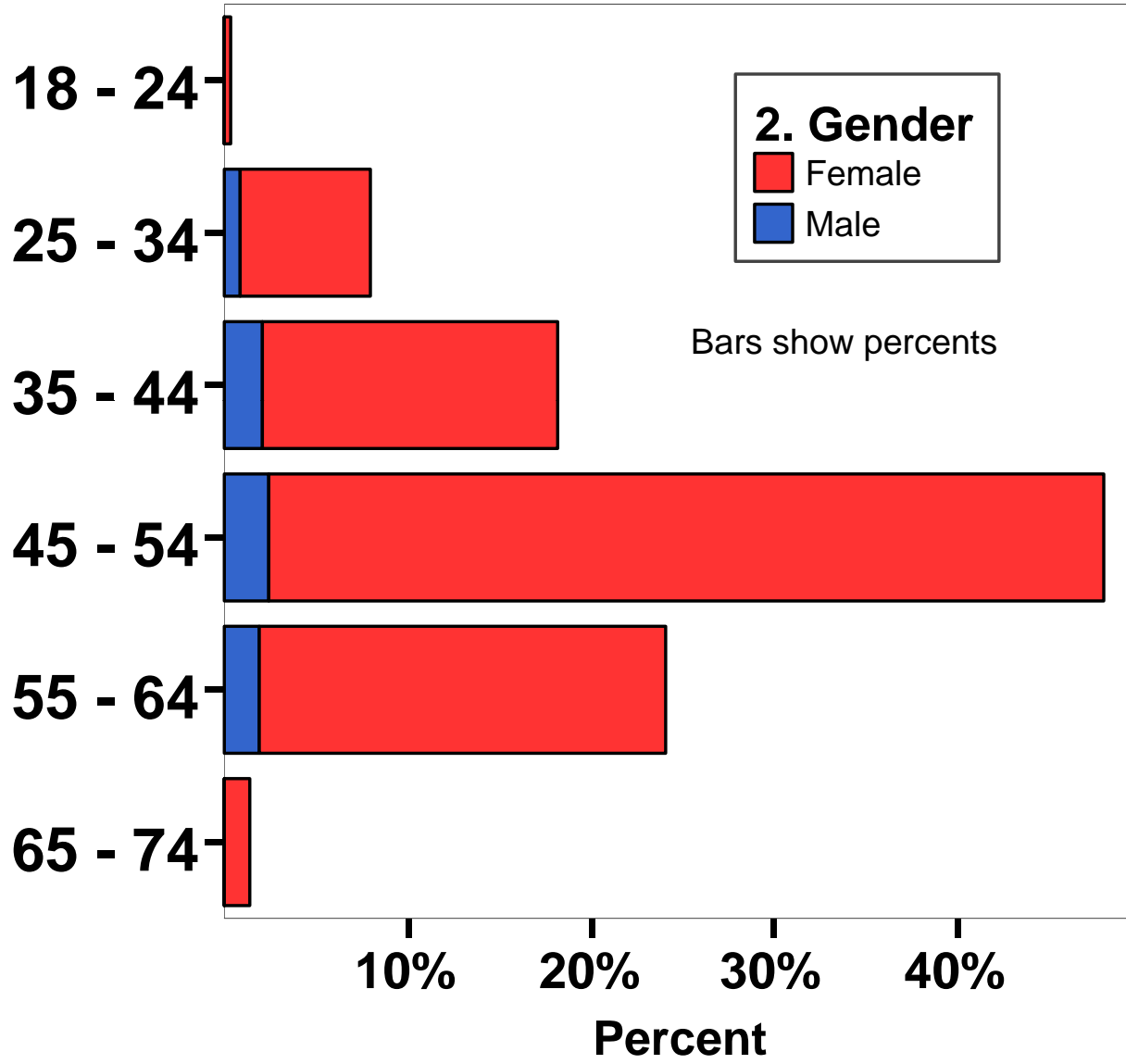
- Outcome of the Medical Outcomes Study (MOS) of the late 1980's
- MOS provided the opportunity for self-administered patient questionnaires
- SF36 was derived from 8 most important health beliefs from the MOS
- Evaluates concepts that represent basic human values

# Preliminary Survey Results

- Demographics
- Findings
  - HV Incidence
  - PTSD Incidence
  - HV PTSD Relationship
  - Association of Patient Safety Issues

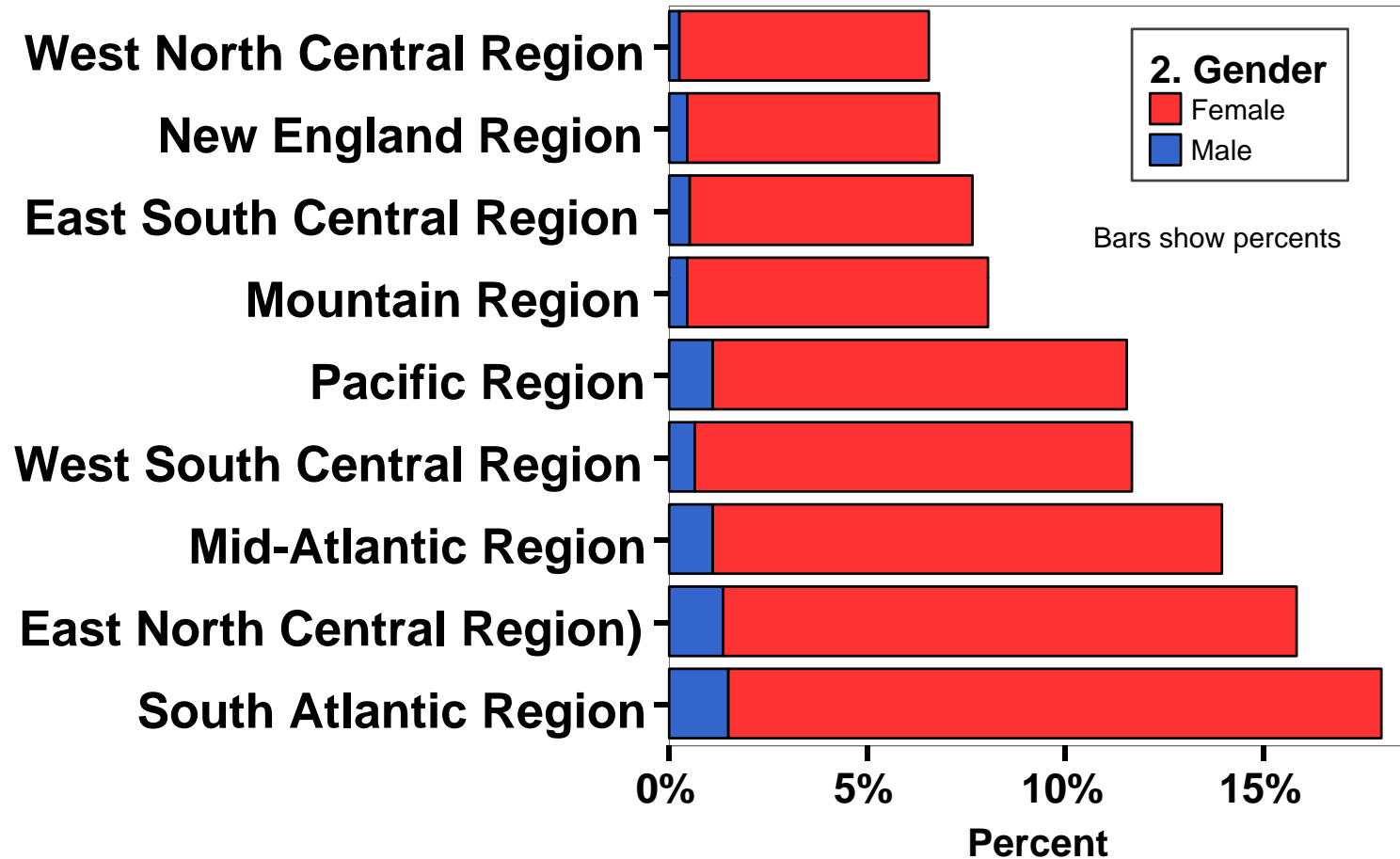
# 1. Age

N - 1099

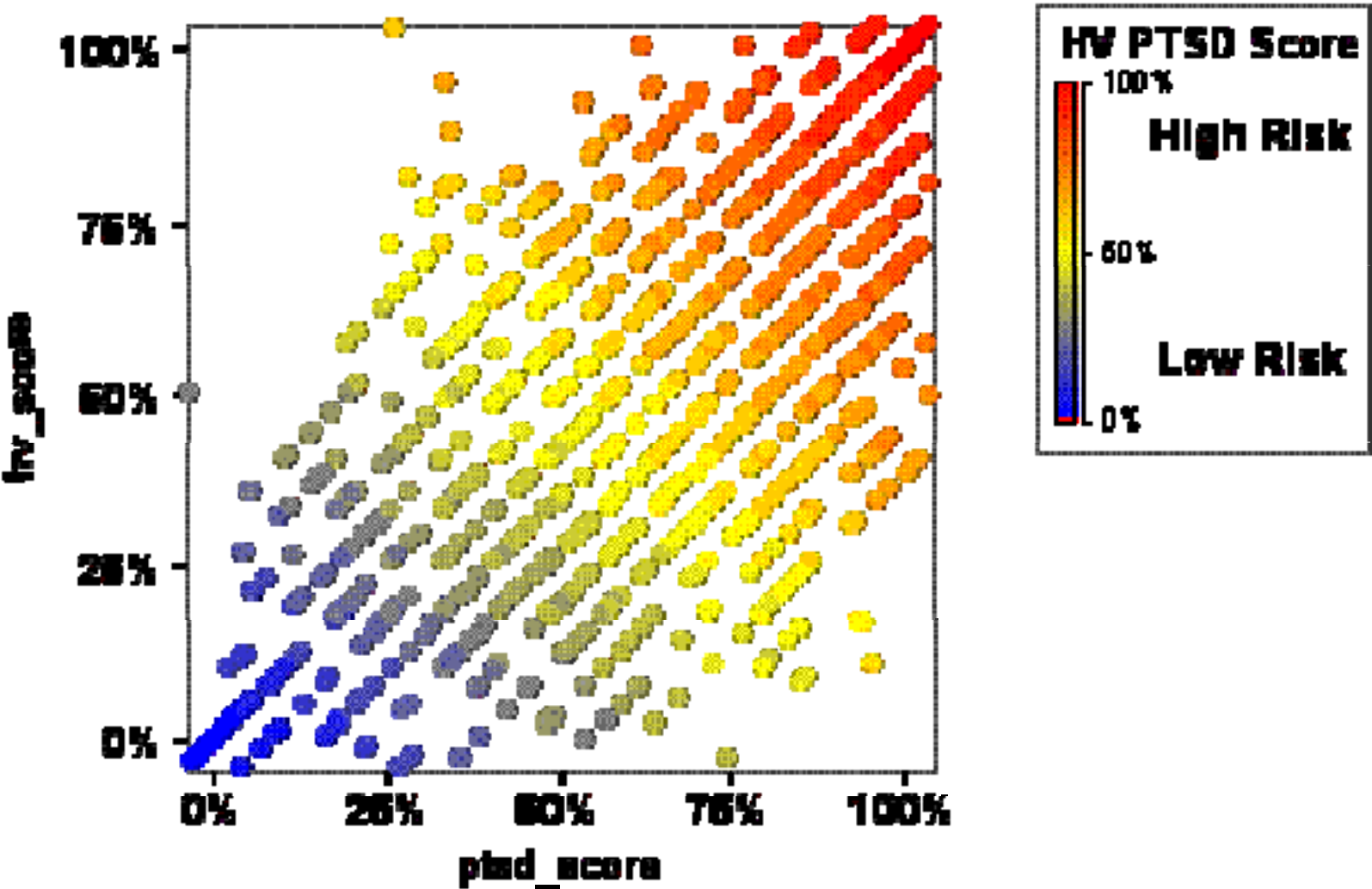


## 6. Region of USA

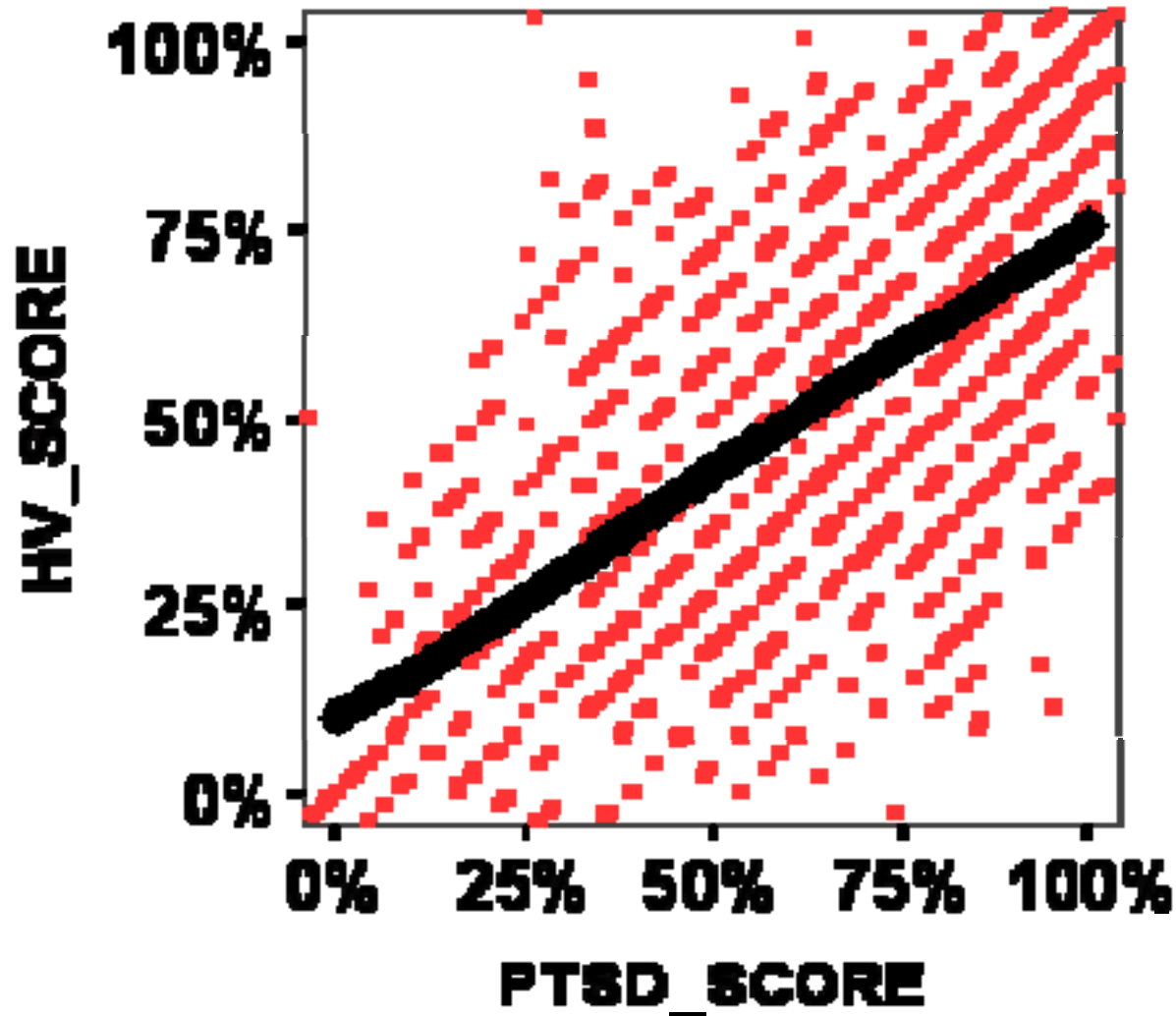
N = 1099



# Relationship Between HV Score and PTSD Score



**HV\_SCORE = 9.74 + 0.68 \* PTSD\_SCORE**  
**R-Square = 0.40**



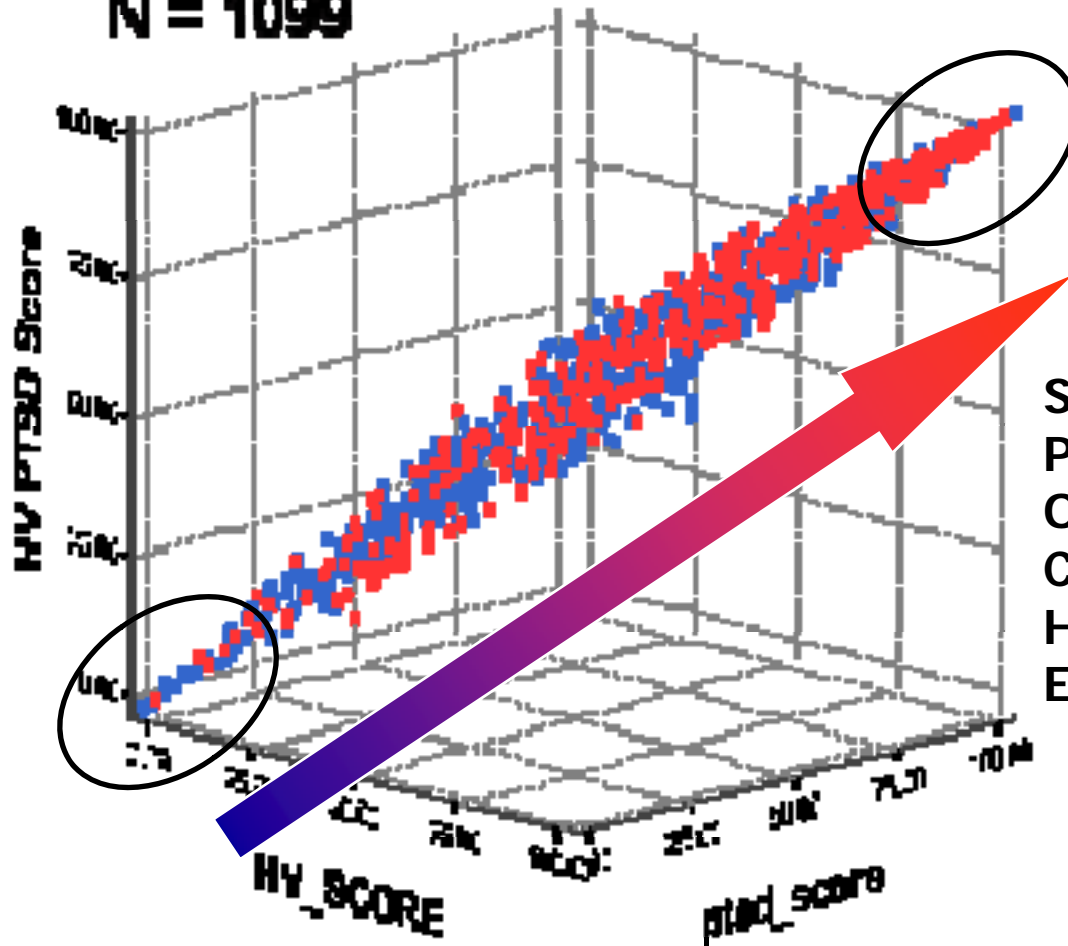
**Significant  
At 99%  
Confidence  
( $p < 0.000$ )**

**N = 1099**



**41. I believe patient care was affected by the incident in a way that could have resulted or actually did result, in an error or a compromise of patient safety**

**N = 1099**



Answered "Yes" to all other questions.

Stronger Probability Of Patient Safety Compromise with Higher HV & PTSD Environment

Answered "No" to all other questions.

# Post Traumatic Stress Disorder

- Recognized in the late 1970's
- Occurs in response to either being the victim of OR witness to an event that was perceived as physically or psychologically threatening.
- Usually associated with distressing dreams of the event, or uncontrollable intrusive thoughts.

# Post Traumatic Stress Disorder

- Accompanied by physiologic symptoms of anxiety
- Behavioral changes include increased irritability, agitation, and avoidance
- Insomnia, decreased concentration, hypervigilance, and emotional detachment
- Exaggerated startle response
- Symptoms last longer than one month

# Other Possibilities

- Acute Stress Disorder
  - Same as PTSD but lasts less than 4 weeks.
- Depression
  - Heightened state of arousal not present
  - Less emotional numbing
- Adjustment Disorder
  - Severity of Stressor doesn't match the intensity of the response ("the last straw")
  - Discrete time period from the time the stressor begins until it ends.

# Cumulative Stress

- Multiple episodes of unresolved emotional trauma increases the risk of PTSD symptoms
  - All staff are at risk
  - Staff working in areas associated with higher emotional energy / intensity such as OR, ER, L&D, and ICU may be at higher risk for workplace acquired PTSD.

# Four Types of Violence

- Verbal Assault
- Psychological (mix of verbal, non-verbal, and “planned” assaults)
- Physical
- Sexual

# Bullying at Work

- Malicious
- Health-endangering
- Repeated

# Bullying at Work

- Unchecked, bullying can cause a workplace environment to be hostile where everyone will suffer

# Bullying at Work

- If bullying is ignored, the entire organization is placed at risk for employee trauma or possible litigation.

# Bullying at Work

- According to Gary Namie and Ruth Namie,

81% of the pool of bullies in a workplace are managers

# Bullying at Work

“Bullying is estimated to affect one in six workers in the US workforce”  
(according to Keashly, “A Year 2000 Scientific Survey of Michigan Residents”)

# Bully Profile

- Low self-esteem
- Bullies need Targets to survive
- Inadequate, Defective and Poorly Developed People
- Workplace Bullies usually have a life-long history of disrespecting the needs of others.

# Bullying Behaviors

- The Bully puts his/her needs above anyone else's to control another human being.
- The control the Bully is seeking is humiliation and the withholding of resources.

# Target Profile

- Targets are vulnerable people
  - Self-effacing statements
  - Action (carries self)
  - Private (previous traumatization)
  - Self-denial (form of protection)

# Target Behaviors

- Perceives self as victim
- Targets find it hard to live with Bullies

# Target - Bully Relationship

- Target is brought into the relationship involuntarily
- Bully controls when to attack, when to hold back, and who the audience will be
- Control is the goal
- Undermining is controlled by the Bully. The Target wants nothing to do with it.

# Types of Bullies

- Critic: Nit-picks  
Negative  
Whines
- Two-headed Snake: Passive-aggressive  
Dishonest  
Pretends to be nice while  
sabotaging the Target  
Manages image of Target  
in other's minds

- Three Types of Two-Headed Snakes
  - Backstabber
  - Jekyll and Hyde
  - No Problem
- Gatekeeper: One ups the Target
  - Orders others around
  - Controls Situation
- Screaming Mimi: Controls through fear
  - Controls through intimidation

They are out of control and volatile.

# Bullying Effects

- Emotional Damage a Target can suffer at the hands of a Bully:
  - Inability to concentrate / forgetfulness
  - Fatigue
  - Insomnia
  - Stress
  - Irritability
  - Mood swings
  - Indecisiveness
  - Panic attacks

- Depression
- Insecurity - out of control feelings
- Obsessive thinking
- Shattered faith
- Feelings of worthlessness
- Shame, embarrassment
- Guilt
- Substance abuse
- Personality changes
- Prolonged Duress Stress (PDSD) / PTSD
- Suicidal

# Bullying & Physical Health

- Reduced immunity
- Allergy issues increase
- Stress headaches
- Digestive problems
- Diseases such as
  - Rheumatoid arthritis
  - Fibromyalgia

# Bullying & Physical Health

- Hair loss
- Weight swings
- Hyperthyroidism
- Hypertension
- Diabetes
- Peptic ulcers
- Heart problems

# Bullying & Social Relationships

- Isolation
- Strain on personal and professional relationships
- Betrayal or abandonment by co-workers

# Economic Damage to Target

- Loss of job
- Increased use of paid time off
- On the job injuries
- Loss of property
- Loss of livelihood, ability to get a job
- Increased propensity toward substance abuse

# Target Reactions

- Immobilization
  - helplessness
  - hopelessness
- Diminished Productivity
  - Decreased social interaction
- Catastrophic thinking
  - Expect the worst, doom and gloom
- Fear of retaliation
  - Hypervigilance (defensiveness, paranoia)
- Aversion to risk
  - Avoidance, inflexibility, resistance to change

# Empowering the Target

- Listen: Be constructive  
Be positive  
Be patient
- Confirm and/or validate reality:  
Be supportive  
Be proactive, not reactive  
Be factual
- Show empathy:  
Be empathetic

# Share Personal Experiences

- Share personal experiences – only when appropriate
  - Educate: Stay current on topic  
Suggest actions to be taken

“Bullies Are Inadequate, Defective  
and Poorly Developed People

Targets are Empathic, Just and Fair  
People”

The Bully at Work, Gary Namie, PhD and Ruth Namie, PhD, Pg 14

# Link to Online Survey

- <http://www.richardgilder.addr.com/cgi-bin/healthcarehv2.html>

# References

- American Psychiatric Association 2000. *Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> Ed.* Washington, DC; American Psychiatric Association
- Namie, G. and Namie, R. 2003. *The Bully at Work.* Naperville, IL; Sourcebooks, Inc.
- Leymann, H. Mobbing and psychological terror at workplaces. [Journal Article] *Violence & Victims.* 5(2):119-26, 1990.
- <http://www.leymann.se/English/12210E.HTM> as of 3/07/2007