

**Empowerment as a Strategy to Combat Horizontal Violence**

Fatima Shah 100242453  
NRSG 4650

Kwantlen Polytechnic University

## **Introduction**

Horizontal violence can take on various forms within the healthcare system, including workplace bullying, incivility, hostility, and other variations of disruptive behaviours towards a fellow nurse (Egues & Leinung, 2013; Lachman, 2014; Myers et al., 2016). This type of violence can have lasting negative effects on the nurse experiencing such behaviours, including feelings of powerlessness, fearfulness to continue work, burnout, decreased morale, and a lessened sense of worth, all of which can lead to feelings of regret for their chosen career path (Taylor & Taylor, 2017; Myers et al., 2016). It can also have drastic effects on patient outcomes and overall care, as horizontal violence can lead to patient complaints towards the care being received, increases in errors, and job dissatisfaction that can be felt and recognized by the patient (Egues & Leinung, 2013). Although horizontal violence is a growing issue within the nursing field, an even bigger concern is the acceptance of such behaviours as being a part of the job of nursing. Studies have suggested that when nurses are faced or are witnesses to aggressive behaviours from fellow co-workers, they do not recognize it as being a form of horizontal violence, further perpetuating the acceptance of such behaviours (Sellers, Millenbach, Kovach & Yingling, 2009-2010; Sellers, Millenbach, Ward & Scribani, 2012; Taylor & Taylor, 2017). This paper aims to inform the reader of the types of bully-like behaviours, the developed theories of empowerment that have been presently utilized within nursing, and a potential strategy that can leave nurses feeling positively empowered within their work, with the hopes of eradicating this devastating culture of horizontal violence that exists within the nursing field.

## **Forms of Bullying**

In a study conducted by Taylor and Taylor (2017), three types of bullying were identified to help organizations within health care to recognize the forms of bullying behaviour that can

occur amongst nurses. The first form of horizontal violence includes the ‘pathological bully’, who participates in aggressive acts, establishes a sense of power over the victim, and is lacking empathy or a moral compass. Although rare, this type of bully conducts actions with minimal witnesses, and attempts to undermine the victim during reporting of such instances, stating comments towards the victim that are both degrading and harmful to the mental health of the victim (Taylor & Taylor, 2017). More often than not, these bullies utilize their aggressive behaviour to gain superiority and dominance over their victim (Piotrowski, 2015). The second form of bullying was the ‘self-justified bully’, which can take on two different forms – the first being the nurse that utilizes a “tough-love” approach, using their authoritative role as manager, supervisor, or charge nurse to hold abusive power over the victim, or the “hoarder type”, that collects all available resources to provide care for their own patients. The result of this type of behaviour is the inability for fellow nurses to carry out their duties and tasks appropriately when attempting to provide care to their patients (Taylor & Taylor, 2017). The final form of bullying is the ‘unprofessional co-worker’, which is one that expresses low level of incivility, including eye-rolling, gossiping, and uses a condescending tone towards fellow nurses. Fellow nurses may consider these behaviours as non-aggressive; however, to patients, visitors, or newly hired nurses, these behaviours can often be identified as both aggressive and unprofessional (Taylor & Taylor, 2017). The important implications of this study were that newly hired nurses, including new graduates, face all of the forms of bullying on a daily basis. This has the potential of developing feelings of poor self-worth, damaging professional self-perception, and absenteeism early on in the new graduates career, which can lead the new graduates to leave their position within the first year of graduation due to hostility and negativity in the work environment (Laschinger, Wong & Grau, 2013; Egues & Leinung, 2013). Myers and associates (2016) further

this argument by stating that when horizontal violence occurs, it does so in a workplace environment that harbours a mindset of “eating their young”, creating a culture of acceptance towards harassment and devaluation of new graduates as a way of advancing within their own careers (Myers et al., 2016). It is evident that strategies must be put in place to address horizontal violence, from both an organizational and structural level, to ensure that all nurses feel respected, accepted, and empowered in their chosen career.

There have been many solutions that have been put forth to address the growing issue of horizontal violence within the nursing community. In essence, the issue is set within the organizational culture, in which management is aware of the issue, but does not address it, causing a negative workplace environment to form (Myers et al., 2016). The lack of acknowledgement can be attributed to nurses being thrust into such managerial leadership roles without being adequately prepared for such a position (Egues & Leinung, 2013). Therefore, education for both nursing leaders and management are at the forefront of many of the solutions that have been brought forth by numerous studies. Primarily, education that involves case studies, discussions, and role playing of real-life case scenarios of horizontal violence in the workplace enables leaders and managerial nurses in the recognition and implementation of methods to deal with the issue at hand (Egues & Leinung, 2013; Taylor & Taylor, 2017). Although education in dealing with horizontal violence is crucial in its eradication, there becomes a growing need for leaders to develop a sense of belonging, strength, and satisfaction amongst their nurses, lessening the feelings of oppression that horizontal violence brings.

### **The Importance of Empowerment**

Empowerment can have varying meanings in both an organizational and structural level in nursing and in other health care environments. Although there are numerous definitions of

empowerment within literature, the core concept of empowerment is the idea that individuals must have the power to accomplish their work in a meaningful way (Laschinger, Gilbert, Smith & Leslie, 2010; Bradbury-Jones, Irvine & Sambrook, 2010). This power can be acquired through supportive working conditions that allow for employees to pursue their personal work goals, as well as ensuring employees have the necessary resources that allows them to maintain their health and well-being (Faulkner & Laschinger, 2008). It is reasonable to state that leadership structures within nursing plays a crucial role in lessening the feelings of disempowerment amongst nurses that are placed in such stressful environments. A large portion of the context of nurses' duties are created by nurse managers, who are responsible for creating a supportive environment and ensure the availability of necessary resources for work to be completed within a unit (Laschinger, Wong & Grau, 2013). With such a supportive and resourceful environment, nurse managers and leaders can promote an empowering environment that allows for growth, self-determination, competency, dedication to the organization, and overall job satisfaction, which will then be reflected towards patients and their care.

### **Theoretical Framework**

There are two empowerment strategies that have been associated with enhanced nurse and nurse leader outcomes for a more positive working environment (Wagner et al., 2010). Kanter's theory on structural empowerment emphasizes the need for organizations to have empowerment structures in place that foster greater employee performance rather than improving the employee's personal attributes (MacPhee, Skelton-Green, Bouthillette & Suryaprakash, 2012). Empowerment structures that can be put in place on an organizational level include access to opportunity, access to vital information, support systems, and resources necessary for the accomplishment of set goals. Access to opportunity includes having access to challenges,

rewards, and professional development that allows for growth of knowledge and skills. Access to information entails having knowledge about the organization's values, policies and goals, as well as having the expertise knowledge in skills and patient care that allows for effective work to be completed. Supports includes being provided with feedback and guidance from managers and colleagues that can improve performance. Finally, resources include being provided with the materials, tools, technology, supplies and time required for goals to be accomplished (Laschinger, Wong & Grau, 2013). Being provided with these empowerment structures will result in increased nurse job satisfaction, organizational commitment, trust, and decreased burnout (MacPhee, Skelton-Green, Bouthillette & Suryaprakash, 2012; Laschinger, Wong & Grau, 2013). Access to such empowerment structures can be done through formal and informal power systems. Formal power systems are augmented when the job is flexible, are at the center of the goals set forth by the organization, and are supportive of the employee's creativity and decision-making. Informal power is associated with effective relationships with colleagues, managers, and subordinates with open channels for communication within and outside of the organization (Laschinger, Wong & Grau, 2013). Based off of Kanter's theory, nurse managers play a crucial role in ensuring that empowerment structures are in place for all members of the nursing team. This can be done through elimination of barriers that inhibit the above-mentioned structures, and allows for a 'sharing of power', which can include resource allocation that is fair and equal, enhanced communication networks, and participatory decision-making (Wagner, et al., 2010; MacPhee, Skelton-Green, Bouthillette & Suryaprakash, 2012).

Spreitzer's theory of psychological empowerment refers to how the employee experiences the work being done, focusing on their personal beliefs on their role within the organization (Spreitzer, 1996; Thuss, Babenko-Mould, Andrusyszyn & Laschinger, 2016). The

theory states that empowerment can be defined as intrinsic motivation that manifests into four cognitions that reflect how an employee completes his or her own work. These cognitions include meaning, competence, self-determination, and impact (Spreitzer, 1996). Meaning involves finding a link between the requirements of the work and the individual's beliefs, values, and behaviours that the individual holds. Competence is the individual's belief in their own capabilities that is required for the work to be completed as it complies with the organizations set of beliefs, values, and requirements. Self-determination is the choice of initiating through actions and continuation of completing the assigned task. Finally, impact is the degree to which an individual perceives to have influence on the outcomes of the work at hand (Spreitzer, 1996). Psychological empowerment is the combination of these cognitions and is reflective of an individual's ability and desire to shape their role in their own work (Thuss, Babenko-Mould, Andrusyszyn & Laschinger, 2016). To be able to understand and accomplish empowerment in the workplace, both structural and psychological empowerment theories must be integrated, by coupling both organizational-focused structural empowerment with individual-centered psychological empowerment (Thuss, Babenko-Mould, Andrusyszyn & Laschinger, 2016). Simply put, a nurse's knowledge of the empowered working conditions in their unit can have significant effects on their intrinsic motivation to complete assigned tasks, which leads to positive nurse outcomes, increased job satisfaction, and commitment to the organization (Laschinger, Wong, Grau, 2013).

### **Strategy for an Empowered Work Environment**

One of the greatest challenges for nurse leaders in creating an empowered work environment is being able to provide the necessary tools to empower the nurses. Based on the ideas set forth in both Kanter's and Spreitzer's theories of empowerment, it is essential that nurse

leaders are able to provide the tools for structural empowerment, which will therefore give rise to greater opportunities for individual nurses to experience psychological empowerment. One of the most important aspects of structural empowerment that can be controlled by nurse leaders is involving nurses in a participatory decision-making schema, which allows for nurses to actively participate in the decision-making process. In a study conducted by Siu, Laschinger & Vingilis (2005), the researchers noted the importance of having nurses with developed skills in problem-solving towards an empowered work environment that produced substantial feelings of self-worth and self-sufficiency in the most stressful situations. The researchers also noted that the responsibility of creating a safe working and learning environment lied with nurse leaders and managers, but that nurses and new graduates were equally responsible of maintaining the learning environment to allow for autonomous professional skills and critical thinking within the work setting to enhance patient care (Siu, Laschinger & Vingilis, 2005). This can be taught through workshops that provide a simulated yet realistic workplace situation in which all staff must work collaboratively and/or individually to find solutions to the issues at hand. These simulations must incorporate the use of critical thinking and practical skills in order to be effective. Similarly, the workshops can also be used to provide education on the issue of horizontal violence, and simulations can be used as a guide for workplace cultural change and allow for nurses to provide constructive feedback towards nurses, learning to do so in a positive manner that allows for nurses to feel capable and empowered (Myers et al., 2016). This would allow for nurses to develop supportive relationships with colleagues that can be carried into the workplace as well, which would contribute to structural empowerment by providing support and development of informal power (Thuss, Babenko-Mould, Andryszyn & Laschinger, 2016). However, for this intervention to be effective, there is a greater need for availability and access

to resources. Without resources, workshops like the one suggested above would not be able to take place. Thinking in terms of an acute care setting, not having resources available (whether that is due to supply shortages or due to the ‘self-justified bully’) can have negative effects on nurse’s perceptions of the organization, subsequently influencing their commitment and job satisfaction with the organization itself (Thuss, Babenko-Mould, Andryszyn & Laschinger, 2016; Taylor & Taylor, 2017).

### **Discussion**

The topic of empowerment is extremely relevant to new graduates looking to enter and build their career in nursing. The negative effects that horizontal violence has within the nursing profession is impactful to not only new graduates, but to the health authorities that seek nurses. It is well known that North America is experiencing a nursing shortage, and a contributing factor to the decreased retention of new nurses is the disempowering experiences and incivility that occurs in the workplace (Smith, Andryszyn & Laschinger, 2010; Egues & Leinung, 2013; Laschinger, Wong & Grau, 2013). Addressing this issue head-on through workshops and practice settings that are non-judgmental and efficient in providing constructive feedback would allow for the occurrence of structural empowerment, which would in turn result in job satisfaction and commitment and trust towards the organization (MacPhee, Skelton-Green, Bouthillette & Suryaprakash, 2012).

The writer acknowledges the current relevancy of this topic as it pertains to hers as well as her classmates’ lives. Unfortunately, as we move forward from the completion of our degree towards the beginning of our careers, we will more than likely be faced with horizontal violence in any of its forms. This is especially possible with new graduates as they are most prone to making errors and having more accidents that results in poor performance in comparison to their

seasoned colleagues. Research suggests that many newly-graduated nurses characterize their transition from student to newly-graduated nurses as stressful, full of conflict, and led to eventual withdrawal from the career (Smith, Andryszyn & Laschinger, 2010). Due to the shortage of nurses, and the need for retention of hired nurses, it is important for health authorities to recognize the existence of horizontal violence within their organization and implement learning workshops to address the issue head-on. The onus remains with the health authority as well as nurse leaders to work beyond the orientation phase of transitioning newly-graduated nurses into the workplace. This can be done through changing the dynamic and culture within the workplace and ensuring that the workplace promotes satisfaction and empowerment to all nurses.

### **Conclusion**

Horizontal violence has become part of the nursing culture and has caused great strain in the ability for organizations to retain the nurses that are being hired, especially those that are newly graduated. If newly graduated nurses have access to structural and psychological empowering workplaces, there is a greater opportunity for a decrease in incivility and an increase in the newly-graduated nurses' commitment to the organization. Nursing leaders must make a commitment to creating empowering work places that allows for access to resources, support, information and opportunities as Kanter's theory of empowerment suggests, which will lead to the nurse developing an intrinsic motivation that allows for the nurse to find meaning, have competency, become self-determined and impactful in their work, as Spreitzer's empowerment theory suggests (MacPhee, Skelton-Green, Bouthillette & Suryaprakash, 2012; Spreitzer, 1996). Without a definitive change occurring within the work force to address horizontal violence, the survival of the profession, as well as patient care, can be put at stake (Smith, Andryszyn & Laschinger, 2010).

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