Horizontal violence and social justice in the profession of nursing: An examination through the lens of institutional ethnography.

A Research Proposal

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Outline:

- Experience
- Background
- Definition
- What is Known *commonalities
- Contributing Factors
- Interventions
- Conceptual Framework
- Institutional Ethnography
- Methods –stages one, two and three
- Research Goals/Conclusion
What are your experiences?
Background

• Happens regularly to nurses in their workplaces

• Negative implications for the nurse, organization and public

• Despite research and interventions it remains a problem

• No nurse is exempt, enduring strong emotions
Horizontal Violence

Intentional and repeated behaviours perpetrated by one nurse to another nurse that indicate a lack of respect and dignity for the worth of an individual, and those acts will be inclusive of the characteristics of bullying.
What is Known:

• Prevalence
  – *difficult to estimate
  – *nurse-to-nurse aggression was most troubling and associated with greatest negative effects

• Effects
  – *creates a toxic work environment

• Typologies
  – *personal and organizational attributes
  – *overt and covert behaviours
  – *masked by nurse’s work routines
Contributing Factors:

**Individual:**
- Demographic Profile
- Personality Types
- Perceptions
  - *HV not recognized
- What is a nurse?
  - Academia
  - Professional Status
  - Roles
  - Governing Documents
  - Public Perceptions

**Environmental:**
- Demographic Profile
  - *overworked stressed
- Organizational and Political
- Hierarchy/Circuits of Power
  - *autonomy
- Leadership
  - *effective leadership needed
- Volatility
- Governing Documents
Interventions:

Individual:
- Reactive
- Onus on individual
  - *Direct discourse -intention
- Education
  - Resilience
  - Cognitive Rehearsal
- Policies and Procedures

Environmental:
- Somewhat Proactive
  - *Positive Practice Environments
- Zero Tolerance
- Monitoring Policy and Procedures
- Strong Leadership
- Culture Change
Conceptual Framework

Larger Social Environment
- Public
  - Organizational Volatility
  - Leadership Style
  - Hierarchy
  - Circuits of Power
  - Oppression
  - Policy Protocols

Organizational Environment
- Culture
  - Setting Rotation
  - Length of Shift Workload

Horizontal Violence
- Nurse
  - Individual Aspects
  - Competencies
  - Standards of Practice
  - Code of Ethics
  - Demographic Profile
  - Nursing Roles

Nursing School
- Personality Type
INSTITUTIONAL ETHNOGRAPHY

LOVE IT
IE:

- To gain a greater understanding of how HV comes to occur
- Emic perspective
- Take the standpoint of nurses
- Commonalities in threads of experiences
- Relationships
Methods:

- Participant Observation
- Interviews
- Textual Analysis
Stage One: Participant Observation

- Comparisons between “sides” of shifts
- Time of day
- Days and nights
- Number of shifts in a row
- Marginalized staff/staff with power
- Role of management/leaders
- Nurse Roles
- Students
- Workload
- Environment
Stage Two: Interviews

- Informed by and linked to observations
- Purposive first – snowball
- “tell me about your day”
- Confirmation of findings
Stage Three – Textual Analysis:

• Informed by literature review

• Informed by observations

• Informed by interviews
What documents are nurses working from?

- RN Act
- Competencies for licensure
- Standards of Practice for Registered Nurses
- Job descriptions
- Scope of Practice for RN
- Documents on Roles and Responsibilities
- Code of Ethics
- Specific nursing protocols and procedures
- Organizational mission, goals, values
- Public documentation of expectations
Documents specific to HV:

- Charter of Human Rights;
- Canada Labour Code;
- Criminal Code of Canada;
- Occupational Health and Safety Legislation;
- Workplace, Health Safety Compensation Commission;
- Canada has not yet developed a precise legislation in regards to workplace violence;
- British Colombia Bill-14
- Quebec
Research Goals/Conclusion:

- Complement existing studies
- Awakened Social Consciousness
- Transformative Change
- Influence nursing practice in the future