

A DISCUSSION PAPER ON HORIZONTAL VIOLENCE IN THE WORKPLACE

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DEFINITION OF HORIZONTAL VIOLENCE

Horizontal violence is hostile and aggressive behaviour by individual or group members towards another member or groups of members of the larger group. This has been described as inter-group conflict. (Duffy 1995).

Horizontal violence is endemic in the workplace culture and it is an unacceptable and destructive phenomenon. All members of every workplace are urged to work together to address the issues of oppression and eliminate this unhealthy behaviour from the workplace.

It is essential that appropriate strategies be put in place within each workplace to:

1. Recognise and acknowledge that horizontal violence exists in the workplace.
2. Address the workplace culture issues that allow horizontal violence to exist
3. Management to adopt a continuous, consistent, integrated approach to promote a culture of cooperation and address instances of horizontal violence.
4. Provide regular education for all staff on the subject of horizontal violence; for example, what it is, how to address it etc.
5. Institute mechanisms that enable and allow staff members to safely address issues of horizontal violence
6. Produce a statement outlining desired workplace culture attributes, values and behaviours and have it displayed in prominent places throughout the institution. (see appendix 1)
7. Talk to all staff members about the phenomenon, break the silence.

INTRODUCTION

Horizontal violence is non physical inter group conflict and is manifested in overt and covert behaviours of hostility (Freire 1972; Duffy 1995). It is behaviour associated with oppressed groups and can occur in any arena where there are unequal power relations, and one group's self expression and autonomy is controlled by forces with greater prestige, power and status than themselves (Harcombe 1999). It may be conscious or unconscious behaviour (Taylor 1996). It is, generally, psychologically, emotionally and spiritually damaging behaviour and can have devastating long term effects on the recipients (Wilkie 1996). It may be overt or covert. It is generally non physical, but may involve shoving, hitting or throwing objects. It is one arm of the submissive/aggressive syndrome that results from an internalised self-hatred and low self esteem as a result of being part of an oppressed group (Glass 1997; Roberts 1996; MCall 1995). It is the inappropriate way oppressed people release built up tension when they are unable to address and solve issues with the oppressor. In the majority of western cultures, a dominator model (Eisler 1993) of social organization enables workplace hierarchy to limit autonomy and practice of various groups of workers and therefore acts as an oppressive force. Workers are socialised into the oppressive structures and unequal power relations of the workplace system. Some groups of people within each particular workplace unconsciously adopt inflated feelings and attitudes of superiority. Some groups adopt unconsciously submissive attitudes within the workplace. The internal conflict, generated by conforming to structural pressures and, in some, subduing the desire for autonomy, whilst over inflating it in other groups, compounds the self-hatred and low self esteem of certain groups of people and perpetuates the cycle of horizontal violence (Taylor 1996).

Horizontal Violence is a symptom of the dynamics around oppression and a sense of powerlessness. It is to the workplace culture like water is to fish. It moulds, shapes and dictates the behaviour of those within the workplace culture. It is a form of bullying and acts to socialise those who are different into the status quo. Horizontal violence in the workplace is the result of history and politics in western society and the ideology and practices associated with the socialisation and stereotyping of males and females in western culture. Horizontal violence is a systems and cultural issue, a symptom of an emotionally, spiritually and psychologically toxic and oppressive environment. Horizontal violence is not a symptom of individual pathology, although individual pathology flourishes in a climate that supports and condones aggressive behaviour.

HORIZONTAL VIOLENCE INCLUDES:

All acts of unkindness, discourtesy, sabotage, divisiveness, infighting, lack of cohesiveness, scapegoating and criticism

For example:

- Belittling gestures eg deliberate rolling of eyes, folding arms, staring into space when communication being attempted – Body language designed to discomfort the other
- Verbal abuse including name calling, threatening, intimidating, dismissing, belittling, undermining, humorous ‘put downs’
- Gossiping (destructive, negative, nasty talk), talking behind the back, backbiting
- Sarcastic comments
- Fault finding (nitpicking) – different to those situations where professional and clinical development is required.
- Ignoring or minimising another’s concerns
- Slurs and jokes based on race, ethnicity, religion, gender or sexual orientation
- Sending to ‘Coventry’, ‘freezing out’ excluding from activities and conversation, work related and social.
- Comments that devalue
 - people’s area of practice,
 - women,
 - others that are different to the ‘norm’.
- Disinterest, discouragement and withholding support
- Limiting right to free speech and right to have an opinion
- Behaviours which seek to control or dominate (power ‘over’ rather than power ‘with’)
- Elitist attitudes regarding work area, education, experience etc “better than” attitude
- Punishing activities by management eg. Repeatedly sending someone out of area; bad rosters; chronic understaffing; lack of concern with mental, emotional, spiritual and physical health of employees
- Lack of participation in professional organisations (a subtle form of self-hatred) however, busy family lives can preclude participating in professional organizations.

EFFECTS OF HORIZONTAL VIOLENCE

The effects of ongoing horizontal violence are progressive if not addressed and are explained in the following description of stress breakdown.

The following list is divided into three stages as described by William Wilke (1996 3 - 5)

Stage 1. (activation of the fight or flight response – circulating adrenalin)

- Reduced self esteem
- Sleeping disorders
- Free floating anxiety

Stage 2 (neurotransmitters depleted with lack of sleep – fatigue – brain overstimulated and oversensitive)

- Difficulty with emotional control – bursting into tears or laughter or irritable and angry in response
- Difficulty with motivation – self-starter seems to be 'burnt out'.

Stage 3 (brain's circuit breakers activated)

- A relative intolerance of sensory stimulation
- A loss of the ability to ignore things that before were manageable
- Changed response patterns which superficially resemble a change of personality (brain circuit breakers induce person to actively reduce incoming stimuli)

HORIZONTAL VIOLENCE CAN RESULT IN:

- Sleep disorders
- Poor self esteem
- Hypertension
- Eating disorders
- Nervous conditions
- Low morale
- Apathy
- Disconnectedness
- Depression
- Impaired personal relationships
- Removal of self from workplace – psychologically, physically (sick leave, stress leave, resignation)
- Suicide (successful or attempted)

STRATEGIES FOR PERSONAL ACTION TO AVOID HORIZONTAL VIOLENCE AND CREATE A SAFE, HAPPY WORKPLACE:

You can:

1. Name the problem – use the term ‘horizontal violence’ to refer to the situation.
2. Raise issue at staff meetings – break the silence about this issue
3. Ask about a process for dealing with this issue in your workplace
4. Engage in reflective practice – keep a journal, raise your self awareness about your own values, beliefs and attitudes and your own behaviour; begin or continue a path of personal growth - own your ‘shadow’ – ensure you are part of the solution, not part of the problem, (and we all are part of the problem at times – the important thing is to note and address it)
5. Ensure self caring behaviours, massage, counselling, peer support, good nutrition, adequate sleep, time out, meditation, exercise – do the things that help you to be healthy and happy in all aspects of your human ness.
6. Be willing to speak up when you witness it happening and name ‘horizontal violence’ for what it is.

STRATEGIES FOR MANAGEMENT TO AVOID HORIZONTAL VIOLENCE AND CREATE A SAFE, HAPPY WORKPLACE:

Successful strategies come from the top and require an ongoing commitment to culture change concerning horizontal violence!

You can as a manager:

1. Gain knowledge about Horizontal Violence and its causes, conduct regular meetings with a designated committee and institute a program to address this issue; supervise its operation and success
2. Undertake a formal thorough analysis of your unit’s culture.
3. Ensure there is a process for dealing with this issue in your workplace and follow it
4. Have a policy about harmonious workplace relations, support and encouragement of students, new staff members and staff generally.
5. Foster an environment of open collaboration, exploring and healing of issues, rather than fault-finding and blame.
6. Support workers’ autonomy and initiative and promote a learning culture
7. Provide education about processes to promptly report incidences of victimisation; support and encourage people to do so.
8. Monitor staff morale and address issues which negatively impact upon morale
9. Ensure that staffing is adequate, that rosters are fair and allocation to areas is fair within your unit/institution; ensure that all staff have equal opportunity for advancement and education.
10. Engage in self-awareness activities and in reflective practice. Ask for feedback from staff about your management practices and not just from close associates
11. Institute open, honest and supportive dialogue through peer review - strategies which are process based, not personality based.
12. revise and articulate core values of institution and health care, make one core value a topic at each team meeting
13. Engage in self care activities as above

Access to appropriate counselling services in the workplace is essential for staff involved in this issue. Information about these services should be displayed in an easily observed place.

WHAT TO DO IF YOU ARE SUBJECT TO HORIZONTAL VIOLENCE

Address the behaviour immediately with the perpetrator – most people have no idea they are doing it. Horizontal violence is usually a product of unconscious dysfunctional patterns. These are patterns that fit the ‘victim, rescuer, persecutor’ triangle model of unhealthy human behaviour . Use conflict management strategies; say “I feel(whatever you are feeling) when you...(whatever they are doing)....” Use the broken record approach – repeat the process if the other person makes excuses, denies or dismisses incident. Accept their statement and repeat, saying “that may be so and I feel (whatever you feel) when you...(whatever they do or say that is an issue for you). Feel the fear and do it anyway. Respond with a clear intent. Ensure you are willing to engage in uncontaminated communication.

If you don't get any positive response, or if the behaviour continues:

1. Take comprehensive notes regarding the incidences – this can be in diary form.
2. Name it – refer to it as Horizontal Violence
3. Speak to your supervisor about the incident (s)
4. Obtain counselling support
5. If your health is adversely affected, you may be able to claim WorkCover.

FURTHER INFORMATION CAN BE SOUGHT FROM

Beyond Bullying Association Inc
PO Box 196
Nathan, Queensland 4111
Fax: 07 3839 9716

The National Children's and Youth Law Centre has produced a resource kit with practical strategies for employers regarding ways to stamp out violence, bullying and harassment. The resource kit was produced with funding from the WorkCover (NSW) Prevention, Education and Research Grants Scheme. Please contact the centre on 02 9398 7488.

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STATEMENT OF COMMITMENT TO CO-WORKERS

As your co-worker with a shared goal of providing excellent service to people and families, I commit the following:

I will accept responsibility for establishing and maintaining healthy interpersonal relationships with you and every member of this staff. I will talk to you promptly if I am having a problem with you. The only time I will discuss it with another person is when I need advice or help in deciding how to communicate with you appropriately.

I will establish and maintain a relationship of functional trust with you and every member of this staff. My relationships with each of you will be equally respectful, regardless of job titles or levels of educational preparation.

I will not engage in the '3B's' (bickering, back-biting and bitching) and will ask you not to as well.

I will not complain about another team member and ask you not to as well. If I hear you doing so, I will ask you to talk to that person.

I will accept you as you are today, forgiving past problems, and ask you to do the same with me.

I will be committed to finding solutions to problems rather than complaining about them or blaming someone, and ask you to do the same.

I will affirm your contribution to quality service.

I will remember that neither of us is perfect, and that human errors are opportunities not for shame or guilt, but for forgiveness and growth.

(Adapted from Marie Manthey, President of Creative Nursing Management in Caroline Flint's Midwifery Teams and Caseloads 1993; p. 138)