GUEST EDITORIAL - Gerry Farrell

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DANGER! NURSES AT WORK

The literature on conflict and aggression within nursing has almost exclusively concentrated on examining the extent of patient aggression towards nurses or on the management of patients deemed aggressive. It is assumed that aggression in nursing is one-way traffic - from patients to staff. The fact that staff may be aggressive to patients or each other is rarely considered. This is despite the complex web of social intercourse that characterises human service organisations, such as hospitals. A moment's reflection suggests that it would be naïve to think that patients are the only source of violence in nurses' workplaces. Nursing is a demanding job and nurses might be expected to get angry or even aggressive towards patients or colleagues from time to time.

In a recent newspaper article Deirdre Macken (2000) reported that the Cancer Society had problems linking a public face to the most common cancer in the world – colorectal cancer. Famous faces, it seems, are unwilling to 'come out' for this disease. Like colorectal cancer, horizontal violence (HV) - the overt and covert non-physical hostility, such as, criticism, undermining, infighting, scapegoating and bickering that occurs between staff (Duffy 1995) - has an image problem. We know it exists but are unwilling to talk about it, at least in any objective or empirical sense.

The limited literature on the nature and extent of HV in nursing paints a pernicious picture both here and overseas (Smythe 1984; Holden 1985; Adams 1994; McMillan 1995; Farrell 1997; 1999). Across a number of different work settings nurses complain of unresolved conflict and distress on account of their colleagues' behaviour towards them. Further, many staff report that intra-staff aggression is more upsetting to deal with than patient assault or the aggression they sometimes experience from colleagues from other disciplines. Compounding staff concerns was an absence of an effective management response (Farrell 1997; 1999).

The individual and the organisation suffer as a result of HV. McDaniel and Stumpf (1993) indicate that there are positive relationships between a constructive work culture, the morale and retention of employees and the decreased mortality of patients.

That HV in nursing has hardly been investigated is, perhaps, not too surprising. Aggression amongst employees, like the aggression from patients to staff, has until recently been one of work's unmentionables. Argyris (1986) described a group of highly skilled communicators who, in their effort to avoid conflict and upset, ignored issues that were critical for organisational problem solving. Their defensive reactions had the effect of preventing the airing of suspicions and mistrust. This resulted in the inhibition of valid information and the creation of a self-sealing pattern of escalating error. In the UK it wasn't until the radio programme *An Abuse of Power* (BBC, 1992) was broadcast that the lid on bullying at work was lifted across a range of work settings. While we are only now beginning to understand the nature and extent of HV in nursing, the blame for its occurrence is thought to sit outside nursing!

Within the Australian literature HV has been linked to nurses' oppressed status (Roberts 1983; Street 1992; Duffy 1995; Dargon 1999). The implication being that others are to be blamed for its occurrence in nursing. This view of nurses as victims of oppression by a patriarchal system of powerful others, headed by doctors, male administrators, and marginalized nurse leaders has rarely been challenged. Indeed, it has reached the status of nursing legend. But would freeing nurses from their alleged oppressors put an end to HV? I think not. While in Australia doctors dominate the health care debate and have captured for themselves a status and prestige that rivals the aristocrats of the past, they too eat their young. Also, there is mounting evidence that interpersonal conflict among workers arises in many different work settings (Adams 1994); nursing is no exception. A review by Turnbull (1995) concludes that bullying at work is a significant problem across organisations. Walters (1991) suggests that as many as one in three workers leave their job on account of harassment. If, as the evidence suggests, HV is not unique to nursing, or to oppressed groups, why then do nurses cling to oppression theory as its cause?

In nursing it may be more difficult for staff to admit to other causes of HV. Presumably, people enter a caring profession because they want to help others. To find that co-workers are abusive may shatter their expectations about nursing in general and fellow nurses in particular. In order to survive in this situation suppression is one possibility. Suppression occurs when thoughts and emotions are either consciously or unconsciously eliminated from awareness. In this way, the individual is protected from overwhelming anxiety or helplessness.

And if the blame for the occurrence of HV can be laid elsewhere, individual nurses are relieved from confronting HV within their own ranks or from acknowledging any personal responsibility for its occurrence.

While oppression theory is not without merit, especially when sat alongside the broader issues of gender inequality - given that nurses are predominately female - it, nevertheless, falls short of an adequate explanation for the development of HV. A dispassionate view is required. The occurrence of HV can be considered from a number of perspectives: a micro perspective which acknowledges the individual determinant of aggression – eg, we each can choose to treat others with respect, to celebrate another's success or to stand up for a colleague who is unfairly treated; a meso or intermediate perspective, which examines organisational structures, including disenfranchising workplace practices - many of which are controlled by nurses themselves; and finally, a macro perspective, which looks at the position of nurses vis-à-vis powerful others and their resultant marginalisation. And finally, we can say we have arrived when our analysis acknowledges the crossover and interconnectedness that exists between these three levels of explanation.

This whistle stop tour leads to three conclusions. First, the cloak of secrecy surrounding HV needs to be lifted further. Admitting that a problem exists is the first step to its resolution. Aggression and abuse in the workplace are unfortunate features of many different work settings (Bassmann 1992); nursing is not alone. Future research should obtain data on the nature and the extent of the problem across a range of hospital and community settings in both the public and private health care arenas and in rural and remote locations.

Second, relying on a critique, which concentrates solely on exploring nurses' marginalisation as a result of dominant medical regimes of control, will distance nurses from a concern about how they themselves may contribute to their own problems/disempowerment. Cox (1996) notes that while women 'may not have caused many of the problems they face, they must nevertheless take responsibility for finding solutions'. She urges her readers to 'move the debate from the idea that women are simply and unilaterally oppressed by men...' (p. 26). Similarly, in the context of HV, the debate needs to shift beyond a preoccupation with oppression theory. The gaze should extend to the practice of nursing itself, including the role of the individual nurse and that of nurse managers. Nurse managers have a key role in facilitating good workplace relationships.

Third, failure to grasp the nettle of HV will leave nurses further disempowered. In an era where nursing is struggling to maintain staff numbers, without decisive action the situation will only be compounded further. When staff are tense they are unlikely to perform at their best, accidents and sick leave may increase and they may leave the organisation altogether (Jenkins 1992). An integrated organisation-clinical approach is required to improve staff relations. Nurses, along with other health care colleagues, work in fairly unique circumstances, where teamwork and clear and respectful communication among staff are necessary for the delivery of effective care and the maintenance of good staff relations. Just as there are policies on sexual harassment and smoking at work, there should be an organisational ethos that stresses good employee relations.

REFERENCES

Adams, A. 1994. *Bullying at work: How to confront and overcome it*. London: Virago Press.

Argyri, C. 1986. Skilled incompetence. *The Harvard Business Review*. Sept.-Oct:74-79.

Bassman, E.S. 1992. *Abuse in the workplace: Management remedies and bottom line impact*. Westport Connecticut: Quorum Books.

BBC Radio 4. 1992. An abuse of power and whose fault is it anyway? Producer, Cathy Drysdale: London.

Cox, E. 1996. *Leading women*. Sydney: Random Press.

Duffy, E. 1995. Horizontal violence: A conundrum for nursing. *Collegian* 2(2):5-17.

Dargon, L. 1999. Disrupting oppression theory. Unpublished Dissertation. University of Tasmania: Australia.

Farrell, G.A. 1997. Aggression in clinical settings: Nurses' views. *Journal of Advanced Nursing*. 25:501-508.

Farrell, G.A. 1999. Aggression in clinical settings: Nurses' views - a follow-up study. *Journal of Advanced Nursing*. 29(3):532-541.

Holden, R.J. 1985. Aggression against Nurses. *The Australian Nurses Journal*. 15(3): 44-48.

Jenkins, R. 1992. Prevalence of mental illness in the workplace. In *Prevention of Mental Ill Health at Work: A Conference* (Jenkins, R. and Coney, N. Ed.) HMSO: London.

McDaniel, C. and Stumpf, L. 1993. The organisation culture. *Journal of Nursing Administration*. 23:54-60.

McMillan, J. 1995. Losing control. *Nursing Times* 91(15):40-43.

Macken, D. 2000. *The Australian Financial Review*. Weekend 14-15 October. p2.

Roberts, S.J. 1983. Oppressed group behaviour: Implications for nursing. *Advances in Nursing Science*. 5(4):21-30.

Ryan, K. and Oesterich, D. 1991. *Driving fear out of the workplace*. San Francisco: Jossey-Bass.

Smythe, E.E.M. 1984. *Surviving nursing*. California: Addison-Wesley.

Street, A.F. 1992. Inside nursing: *A critical ethnography of clinical nursing practice*. State University Press: New York.

Turnbull, J. Hitting back at the bullies. *Nursing Times*. 91(3):24-27.

Walters, R. 1991. Is job stress too high? *Behavioural Science Newsletter*. 19:2-4.