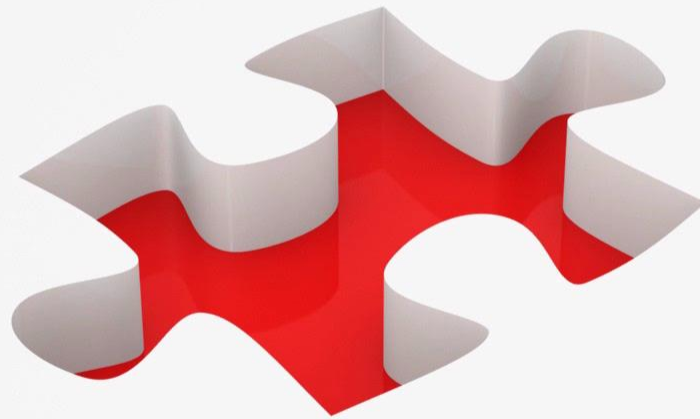


***Horizontal violence and social justice in the profession of nursing: An examination through the lens of institutional ethnography.***

A Research Proposal

Peggy A. Rauman R.N., B.N, M.N.



# 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

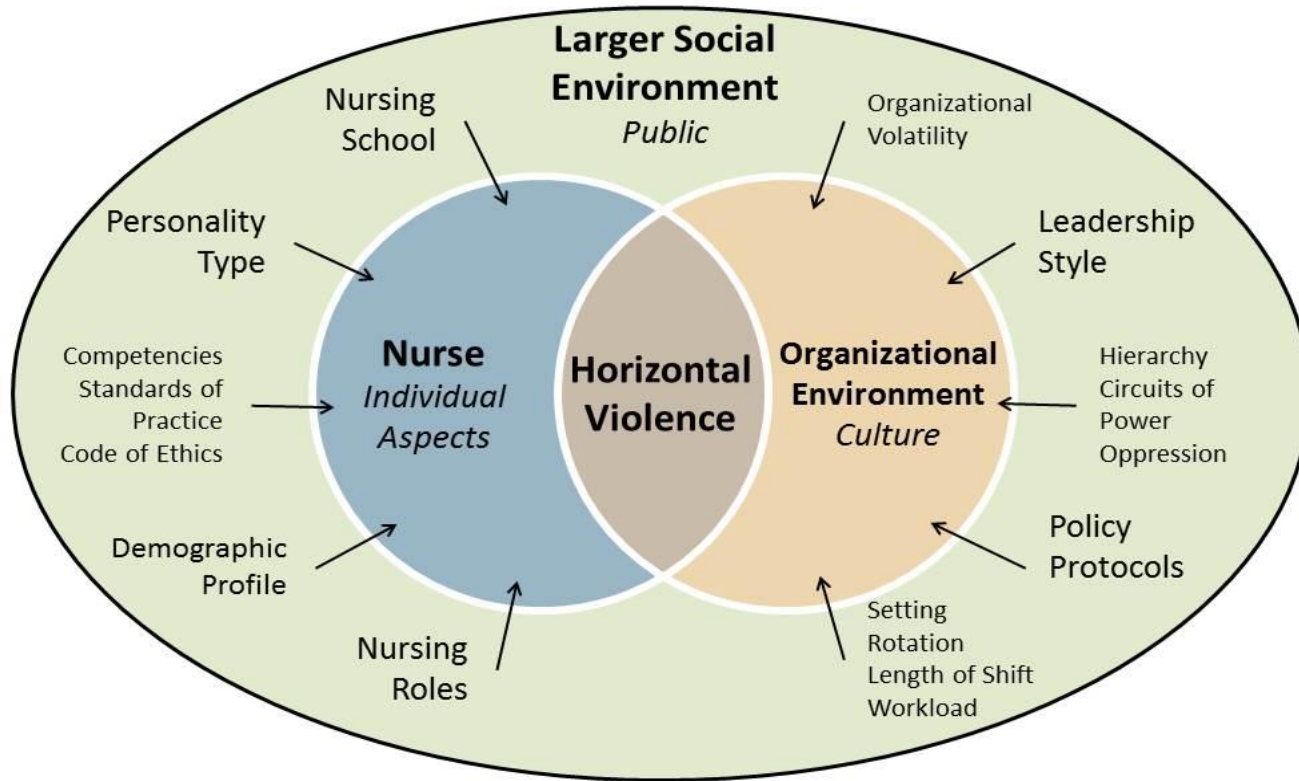
## Environmental:

- Somewhat Proactive
  - \*Positive Practice Environments
- Zero Tolerance
- Monitoring Policy and Procedures
- Strong Leadership
- Culture Change





# Conceptual Framework



**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



# Potential documents:

- 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 Columbia Bill-14
- Quebec



# Research Goals/Conclusion:

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

