

Introduction

Current projections state RN shortage remains problematic (Buerhaus, Auerbach, & Staiger, 2009)

- Up to 260,000 RN vacancies by 2025

Experienced RNs at the bedside:

- Improve outcomes
- Improve quality of care
- Improve patient satisfaction (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2005; Rother & Mourey, 2009)

One-third to one-half of all new RNs leave nursing within five years (AACN, 2003; Aiken, et al., 2001; Cipriano, 2006; Cowin & Henstberger-Sims, 2006; & Duchscher & Cowin, 2006)

Why do RNs leave bedside / clinical nursing?

- Dissatisfaction (Kovner, et al., 2007)
- Discontent with the profession / role (Aiken, et al, 2002; Black, et al., 2008; Black, Spetz, & Harrington, 2010)
- Very few leave secondary to wage / pay issues (Aiken, et al, 2002; Black, et al., 2008; Black, Spetz, & Harrington, 2010)

What do RNs want?

- Have influence of patient care outcomes (Black, Spetz, & Harrington, 2010, Kovner, et al., 2007; Press Ganey, 2011)

Horizontal Hostility

Hostile and/or aggressive behavior by an individual or individuals towards one or more members of the same group. This behavior is designed to hurt, humiliate, or otherwise harm the target.

Dissatisfaction and Discontent

What may cause this discontent / dissatisfaction?

- Horizontal hostility / bullying in the workplace (Bartholomew, 2006; MacKusick, 2010)

Horizontal hostility may cause:

- Change in group dynamics / behavior (Dirks & Parks, 2003; Longo, 2007; Roberts, 1983)
- Decreased job satisfaction (Cox, 2003; Gardner, 1992)
- Decreased RN productivity
 - Increased turnover / absenteeism (Farrell, 2006; McKenna, Poole, Coverdale, & Gale, 2003)
 - Decreased professional confidence (Dunn, 2003)
 - Decreased self-esteem (Griffin, 2004; Leiper, 2005 Randle, 2003; Rowell, 2007)
- Increased co-morbidities (AACN, 2003; ANA, 2006; Aiken, 2007; Aiken, Clarke, Sloane, Sochalski, Busse, Clarke, Giovannetti, Hunt, Rafferti, & Shaman, 2001; Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2005)

Focus of Inquiry

“What are the lived experiences of RNs who report experiencing HH in the workplace?”

Understanding why some RNs leave and others stay after experiencing HH

- Recognizing differences may lead to strategies to help eliminate HH
- May also help develop strategies to respond to HH in the future

Methods

– Phenomenological inquiry

- Gives voice to individuals who have experienced this phenomena
- 32 participants
- Open ended, qualitative interviews designed to allow participants to express their opinions and for the researcher to gain insight into these experiences

Findings

Many new nurses who remained in nursing report:

- Being afraid to tell someone of the behavior
- Leaving first jobs because of HH
- Not knowing what to do
 - “They locked me in the medication room”
 - “She was never nice to me”
 - “He had a chip on his shoulder”
 - “I was afraid”
 - “I didn’t know what to do”

Implications

Have a support plan & person in place

‘Nip things in the bud’

Be assertive, not aggressive

Try first, but don’t be afraid to ask questions

Know chain of command & policies