Empowering Nurses to Serve on Boards: Our Silence Can Kill

By Brenda B. Petersen, PhD, MSN, RN, APN-C, CPNP-PC

Associate Dean, School of Nursing & Public Health

Caldwell University

Caldwell, NJ

Email: bpetersen@caldwell.edu

Literature demonstrates that the phenomenon of horizontal violence (HV) is an international problem in the nursing profession that negatively affects the nurse and the workplace environment.

Empirically we know that where HV exists, the workplace becomes a toxic environment for nurses(Woefle & McCaffrey, 2007). HV is broadly described as aggressive destructive behavior and intergroup conflict that occurs between nurses. Evidence demonstrates that HV is a widespread and endemic problem in the nursing profession, with a cycle of behaviors that are embedded through nurse role socialization during nursing school (Randle, 2003; Longo, 2007).

HV is based on the pedagogy of oppression(Friere, 1971; Roberts, 1983). Nurses have been widely argued to exhibit oppressed group behaviors(Roberts, 1983; Roberts, 1986; Roberts, DeMarco, & Griffin, 2009). Oppressed group behaviors in nursing occur when nurses feel marginalized and powerless. This marginalization and powerlessness leads nurses to act out against each other resulting in HV. This phenomena has been described as “nurses eat their young.”

The negative disruptive behaviors characteristic of HV are linked to poor patient safety outcomes (Joint Commission Sentinel Event Alert No. 40, 2008)**.** The Joint Commission recommends zero tolerance policies for disruptive behaviors with mandatory reporting; however, HV commonly goes unreported.

A study on horizontal violence measured through dimensions of oppression was conducted using a national sample of nurse educators (*n*=254) employed at Schools and Colleges of Nursing accredited by the Commission on Collegiate Nursing Education (Petersen, 2017). Respondents completed a quantitative self-report electronic questionnaire with variables measuring Nurse Educators’ Knowledge, Attitudes and Practice of Horizontal Violence through Dimensions of Oppression (NEKAP-HV©; Petersen, 2012). The NEKAP-HV© uses a comparative Likert scale and includes a comments section. Construct validity of the NEKAP-HV instrument was measured through Delphi Expert Panel Review. The NEKAP-HV demonstrates reliability measured through Cronbach's Alpha at .722.

In this study, 76% of respondents (*n*=254) agree that “*in general nurses perceive themselves to be less powerful than physicians,*” and 14.97% of nurse educators (NEs) in this study agree that ”*nursing students must receive permission from their instructor before approaching a physician*,” while 35.6% of NEs agree that “*nurses seldom confront physicians when they have concerns.”*

The overwhelming majority of nurse educators in this study (97% *n*=254) do not teach their students that *“nurses are subordinate to physicians*” but that instead, students are “*part of the team*;:” however, 67.2% believe that nursing students are “*dependent upon those above them in the healthcare hierarchy*,” and 38.6% agree that *nurses are subordinates within the healthcare hierarchy* (NEKAP-HV©, Petersen, 2012).

In this study 14.97% (n=254) of NEs agree that “*nursing students must receive permission from their instructor before approaching a physician*” and 7.1% are neutral. This finding suggests that while over three quarters (77.96% n=254) of NEs empower their students to approach physicians directly, almost 15% require that they seek permission first, indicating a dis-empowering approach.

Nurse educators offer comments that approaching a physician is “dependent on the situation” and that instructors want “to review their thought process” contrasted with an educator who stated that they “would not want a student to be placed in a position of questioning a physicians’ order.”

**However, students may indeed be in a position where they must confront a physician with a concern and if they are not taught as students – when will they learn?**

Nurse educators in this study suggest that nursing students need to be equipped with the skills to change the power imbalance that has long been a tradition in healthcare, with nurses at the bottom of the hierarchy. Respondents offer these comments regarding “nurses are subordinates within the healthcare hierarchy:”

* *“I agree but desperately want it not to be true”*
* *“We are interdependent. Silos should be gone, hierarchy flattened and the patient in the center of the circle”*
* *“Nurses are oppressed and the power imbalance in healthcare is based upon long-held traditions.”*
* *“Nurses perpetuate oppression by not speaking up.”*
* *“nurses bring this on themselves”*
* *“40 years of experience and this can be true****.”***
* *“Learned behavior - nurses are reinforced to be passive.”*

This study demonstrates the need for nurse educators to empower future nurses with the leadership skills to “be the change” in order to break the cycle of oppression that leads to horizontal violence among nurses and nurses’ silent voice.

Roberts, DeMarco & Griffin (2009) discuss the traditional role of the “good nurse.” The “good nurse” would “not challenge the system.” Once nurses feel safe to speak up, they feel empowered. The difficulty with nurses “speaking up” is also validated by *Silence Kills: The Seven Crucial Conversations for Healthcare* (*n*=1700)(Maxfield, Grenny, McMillan, Patterson & Switzler, 2005). In the Maxfield et al study, when the concern is physician competence 72% of nurses say it is difficult to impossible to confront the physician. When the concern is poor teamwork 78% find it difficult to impossible to confront a physician and when the concern is verbal abuse or disrespect, 59% of nurses find it difficult to impossible to speak up.

In the current study, nurse educators comment that

* *“Avoiding MD is more common for novice.”*
* *“They are reluctant and hesitant to confront the doctor.”*
* *“Over the past couple of decades nurses are more willing and able to confront physicians****.”***
* *“In my environment we have open discussions with intensivists, but I know this is not the case in all environments.”*
* *“It depends on the institution.”*
* *“They are reluctant and hesitant to confront the doctor.”*
* *“Over the past couple of decades nurses are more willing and able to confront physicians.”*

Nurse educators in this study have further validated nursing as an oppressed group. Their qualitative comments suggest that oppression is a problem in nursing that is slowly changing but that nurses need the leadership skills to speak up and confront concerns when they arise.

As the healthcare industry continues to become increasingly complex and driven by inter-professional teams, indeed the hierarchy in healthcare that has historically left nurses at the bottom is slowly changing, just as these nurse educators observe. With quality and safety the driving force to optimal nursing and healthcare, the need for nurses to become empowered and have a unified and strong voice has never been more important. The voice of the nurse is critical to the health and safety of the public we serve.

While nurse educators in this study suggest that the power imbalance in healthcare is based on long-held traditions that are slowly changing, we know from the seminal Institute of Medicine Report “To Err is Human” (Kohn, Corrigan & Donaldson, 2000), we do not have time to wait for a slow change because preventable patient injury remains a leading cause of death in the United States. Nurses have a responsibility to join forces and unify as one voice. The voice of the nurse must be heard. Nurses cannot be silent because our silence can kill.

Nurses must become empowered to change the face of healthcare delivery locally, nationally and globally. Joining forces by serving on a Board is one of the best ways to join forces. Nurses need to be sitting at the table from shared governance boards, to quality improvement initiatives to Boards of Directors and Advisory Boards, nurses will become empowered through these opportunities. To find our voice, to help improve healthcare, unified through the American Nurses Association, the voice of 3.6 million nurses in the United States will become a powerful voice and one that will be heard around the world.

It has been my honor to serve as a member of the Board of Directors for the New Jersey Physicians Advisory Group for the past 10 years and see the change at the community level when a small group of committed individuals work together to form one vision, one mission, and one voice. And now looking forward to the day when the profession of nursing is empowered, and no longer known for eating its young, but instead we are known for feeding our young.

Biosketch: Dr. Petersen is Associate Dean of the School of Nursing & Public Health at Caldwell University. With a PhD in Health Sciences leadership, certified as a Pediatric Nurse Practitioner and licensed as an Advanced Practice Nurse, Petersen is an expert in community and population health. She serves on the Community Health Worker Task Force for New Jersey with a mission of advancing new models of population based healthcare such as through the use of telehealth. A passionate nurse educator, she works to empower future nurses to end the silent voice that has led to oppression in nursing. She has presented nationally in the area of horizontal violence and oppression in nursing. Petersen serves on the Board of Directors for the New Jersey Physicians Advisory Group and is registered with the Nurses on Boards Coalition.

References:

Friere, P. (1970). *Pedagogy of the oppressed.* New York: Herder and Herder.

Joint Commission, (2008). Behaviors that undermine a culture of safety. Retrieved from <http://www.jointcommission.org/assets/1/18/SEA_40.PDF>.

Kohn L T, Corrigan J M, Donaldson MS (Institute of Medicine). To err is human: building a safer health system. Washington, DC: National Academy Press, 2000Longo, J. (2007). Horizontal violence among nursing students. Archives of Psychiatric Nursing, 21, 177-178.

Matheson, L.K. & Bobay, K. (2007). Validation of oppressed group behaviors in nursing. *Journal of Professional Nursing. 23*(4), 226-234.

Maxfield D, Grenny J, McMillan R, Patterson K, Switzler A. *Silence Kills: The Seven Crucial Conversations in Healthcare*. Aliso Viejo, CA: American Association of Critical-Care Nurses (AACN) and Vital Smarts; 2005. <http://www.aacn.org/WD/Practice/Docs/PublicPolicy/SilenceKills.pdf>.

McKenna, B., Smith, N., Poole S., & Coverdale, J. (2003). Horizontal violence: experiences of registered nurses in their first year of practice. *Journal of Advanced Nursing.* 42(1), 90-96.

Petersen, Brenda Berner, "An Exploration of Nurse Educators' Knowledge, Attitudes and Practice of Horizontal Violence Measured through Dimensions of Oppression" (2017). Seton Hall University Dissertations and Theses (ETDs). 2313.
http://scholarship.shu.edu/dissertations/2313.

Randle, J. (2003 a). Bullying in the nursing profession. *Journal of Advanced Nursing, 43*(4), 395-401*.*

Randle, J., (2003 b). Changes in self-esteem during a 3-year pre-registration diploma in higher education nursing programme. *Journal of Clinical Nursing. 12)* 142-143.

Roberts, S.J. (1983). Oppressed group behavior: Implications for nursing.

 *Advances in Nursing Science, 5*(4), 21-30.

Roberts, S. J. (1996). Point of view: Breaking the cycle of oppression: Lessons for nurse practitioners? *Journal of the American Academy of Nurse Practitioners.* (8)5, 209-214.

Roberts, S.J., DeMarco, R., & Griffin, M. (2009). The effects of oppressed group behaviors on the culture of the nursing workforce: a review of the evidence and interventions for change. *Journal of Nursing Management*. (17), 288-293..

Vessey, J., DeMarco, R., Gaffney, D., & Budin, W. (2009). Bullying of staff registered nurses in the workplace: A preliminary study for developing personal and organizational strategies for the transformation of hostile to healthy workplace environments. *Journal of Professional Nursing.* 25(5), 299-306.

Woelfle, C. Y. & McCaffrey, R. ( 2007). Nurse on nurse. *Nursing*

 *Forum*. 42(3), 123-131 Pearson: Prentice Hall, Upper Saddle River, NJ.