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Sabotage and Workplace Bullying: The Bad and Ugly of Horizontal Violence

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SABOTAGE AND WORKPLACE BULLYING: THE BAD AND UGLY OF HORIZONTAL VIOLENCE

By

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Abstract

Sabotage and workplace bullying, forms of horizontal violence; which occur frequently among healthcare workers, nurses in particular, can have a significant and detrimental effect on professional growth, recruitment and retention, and quality patient care. The root cause of sabotage and workplace violence is not known, but what is known is that sabotage and workplace bullying erode teamwork and undermine the goals of the organization. The purpose of this study is to test the hypothesis that sabotage and workplace bullying is associated with physical and psychological stress and loss of job productivity, which may affect patient safety. A convenience sample of nurses from one southern hospital was utilized.

Data was collected over a three-week period utilizing combined Sabotage Savvy Questionnaire (SSQ) and the Sabotage, Abusive and Bullying Behaviors (Briles, 2009). The results of the study indicated that 40.4% of participants strongly agree that sabotage and workplace violence cause stress both physical and psychologically and loss of job productivity.

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Chapter I

Introduction

Sabotage and workplace bullying are forms of horizontal violence that exists in the healthcare environments across the country. The term "horizontal" or "lateral" violence has been used interchangeably to describe the disruptive and aggressive behavior that takes place among nurses (Sellers, Millenbach, Kovach, & Yingling, 2010). The most commonly used term in recent literature is horizontal violence; which includes sabotage and bullying. The term horizontal violence will be used throughout the context of this research. Although the incidence of horizontal violence has been exhibited in other types of work environments, it has attracted considerable attention in nursing practice. Horizontal violence has been studied in nursing literature for more than 20 years (Johnson, 2009; Stanley, DuLaney, & Martin, 2007; Woelfe & McCaffrey, 2007). Approximately 60% of new nurses leave their first place of employment within six months due to horizontal violence (Hippeli, 2009; Bartholomew, 2006; Shewchuk, 2005). In an otherwise caring environment, it is difficult to understand why nurses leave their profession due to this cause. Sabotage and workplace bullying, which most often occur among nurses in the hospital setting, can cause a significant and detrimental effect on professional growth, recruitment and retention of qualified nurses, and quality patient care; as it undermines the goals of the organization. The causes of horizontal violence are complex; however, sabotage and workplace bullying can occur during shifts in managerial positions, organization restructuring, and nursing shortages (Stanley et al., 2007; Rowell, 2005). Sabotage and workplace bullying erode teamwork, which can lead

to decreased job satisfaction; poorer work performance, medication errors, and compromises in other patient care areas (Rosenstein & O'Daniel, 2008; Sheridan-Leos, 2008). Furthermore, the consequences of sabotage and workplace bullying impact the well being of nurses both physically and psychologically, which leads to an increase in absenteeism and loss of productivity.

Background

According to Stanley et al (2007) sabotage, workplace bullying, or horizontal violence, is an international problem for nursing, as evidenced by research that has been conducted in "Canada, the United Kingdom (UK), the United States (US), Australia, Pakistan, and Turkey" (Stanley et al., 2007). While bullying is difficult to measure, some researchers think that most studies fail to show the prevalence of the phenomenon (Johnson, 2009).

Bullying is the behavior of an individual or a group, the cause of horizontal violence is complex, but can occur during times of restructuring within the organization (Stanley et al., 2007). Griffin (2004) has described horizontal violence as non-verbal innuendo, verbal affront, undermining, withholding information, sabotage, infighting, scapegoating, backstabbing, teasing, failure to respect privacy, and broken confidences (Griffin, 2004). According to Moayed, Daraiseh, Shell, and Salem (2006) behaviors that constitute bullying include threats to professional status, such as belittling remarks, persistent criticism, humiliation, intimidation, and inaccurate accusations.

Although conflict may occur among coworkers, sabotage and workplace bullying are different from simple conflict. This form of conflict occurs more frequently for

longer periods of time (Lutgen-Sandvik, Tracy, & Alberts, 2007). Victims of workplace bullying are unable to defend themselves and lack the power to resolve the conflict. In the 1980's, Heinz Leymann, a Sweden psychologist initially referred to workplace bullying as "mobbing". Researchers in the UK studied the phenomenon and in the 1990's, labeled it "bullying" (Rayner & Keashly, 2005). Researchers in the US have focused on similar workplace issues but have only recently begun to study the phenomenon of workplace bullying, harassment, and emotional abuse in a systematic manner consistent with research previously done in other countries (Lutgen-Sandvik et al., 2007; Rayner & Keashly, 2005).

Theoretical Framework

The theoretical framework used to guide this study was the Theory of Oppression by Gerald Farrell (2001). According to Farrell (2001) the major characteristic of oppressed behavior stem from the ability of a dominant individuals or groups to identify right norms and values, therefore forming power to enforce them. Oppressed group behavior occurs when one group believes it has been excluded from the power structure. Nurses possess little control over their work environment but are held accountable for what takes place within their environment; this lack of power mingled with increase responsibility and accountability results in personal stress (Farrell, 2001). The member of the oppressed group is abusive to peers and those with lesser status because of fear of addressing the source of stress. The end result is the oppressed nurse lashing out at peers, unlicensed personnel, students, and sometimes, even patients (Farrell, 2001).

Purpose

The purpose of this study is to test the hypothesis that sabotage and workplace bullying is associated with physical and psychological stress and loss of job productivity, which may affect patient safety. In an effort to minimize the adverse effect of sabotage and workplace bullying, healthcare organizations need to minimize toxic work environments by adopting zero tolerance policies. Organizations must also provide employees with support and education, stress alleviation, and implement standards of dealing with these issues as they arise. Understanding the causes and consequences of sabotage and workplace bullying will aid management and other members of the healthcare team to effectively deal with situations that may lead to horizontal violence. Understanding personal, interpersonal, and organizational factors impacting horizontal violence will lead to future interventional research that could positively affect job satisfaction and nursing retention.

Chapter II

Literature Review

In order to explore the relationship between sabotage and workplace bullying (horizontal violence) and the effects on nurses' psychological and physical well being, job productivity, and patient safety, research studies involving horizontal violence in regard to nurses' well-being and job productivity were reviewed. Results of the studies as well as limitations were analyzed for their positive and negative support of the hypothesis. The following literature review will examine the following: Prevalence of sabotage and workplace bullying; manifestation of sabotage and workplace bullying; sabotage and workplace bullying and psychological and physical effects; and sabotage and workplace bullying and job productivity to include patient safety.

Prevalence of Sabotage and Workplace Bullying

There appears to be strong evidence that the prevalence of horizontal violence plays a significant role in the well-being of nurses. According to the 2007 Zogby International survey reported by the Workplace Bullying Institute, an estimated 37% of workers in the United States, which constitutes approximately 54 million people, have been bullied at work or undermined in an unhealthy manner. In addition, 12% of workers have reported being a witness to bullying behavior (Workplace Bullying Institute, 2007). It is further reported that 72% of people inflicting the bullying are bosses. While 40% of the targeted population report bullying, only 3% actually file lawsuits (Workplace Bullying Institute, 2007).

In a study by Rutherford and Rissel (2004), nurses who worked in a healthcare organization in New South Wales, Australia were surveyed. The survey methodology of 311 participants yielded a 75% response rate and explored the frequency, nature, and extent of workplace bullying. Although the study in Australia did not define how often bullying behaviors occurred, 50% of the respondents reported experiencing one or more bullying behaviors in a 12-month period (Rutherford & Rissel, 2004). Limitations of the study revealed an unexpected high rate of reported bullying with a need to develop strategies to address the issue (Rutherford & Rissel, 2004).

In a study by Yildirim and Yildirim (2007) "mobbing" among Turkish nurses was evaluated. Participants were taken from 505 nurses of whom 325 worked in public hospitals and 180 worked in private hospitals. After obtaining information from literature reviews, a questionnaire developed by the researchers was used for data collection. The questionnaire consisted of four sections including the participants' demographic characteristics and questions asking about mobbing behaviors, reaction to mobbing incidents and actions taken to escape from the mobbing. The data were collected between October and December 2005 by giving an envelope to the participants and then collecting the responses in the closed envelope (Yildirim & Yildirim, 2007).

Results of the study revealed that 86.5% of respondents reported having experienced mobbing behaviors at work at least once during the 12-month period (Yildirim & Yildirim, 2007). Limitations of the study are there were no differentiation between respondents who had experienced bullying behaviors once and those who had

experienced bullying behaviors more frequently and the nurses' perception of the questionnaire (Yildirim & Yildirim, 2007).

Manifestation of Sabotage and workplace Bullying

An online survey questionnaire titled "Violence Against Student Nurses in the Workplace" by Hinchberger (2009) examined the existence of workplace violence among student nurses in their clinical placement. The sample consisted of 173 nursing students with 126 of the participants completing the survey. The research study revealed that 100% of the student nurses who responded to the survey questionnaire reported they had experienced or observed some type of workplace violence; most perpetrators were among other staff members. The most common type of abuse reported was verbal abuse at 69%. Limitations of the study included having to rely on self-reporting of experiencing or observing violent behaviors in the workplace (Hinchberger, 2009).

Chapman, Perry, Styles, and Combs (2006), did a descriptive exploratory study in which they collected qualitative data to investigate nurses' perceptions of their experiences of workplace violence (WPV) and ways to reduce the impact of the incidents. A self-administered survey looking at the previous 12 months experience of WPV was distributed to three hundred twenty-two nurses working in the emergency department, aged care; medical, surgical, maternity, pediatric, and mental health areas of the hospital. The participants in this study identified three consequences of WPV: 1) an expected part of the job, 2) physical and emotional effects, 3) not feeling competent. A limitation to the study was that it was performed in a non-teaching hospital and did

not include other forms of work place violence. The study demonstrated that a consequence of WPV nurses do experience physical, psychological, and emotional harm.

Sellers et al., (2010) did a descriptive study to examine the knowledge of nursing administrators about horizontal violence (HV) among New York Organization of Nurse executive (NYONE) members and to determine if they used evidence based leadership in their roles. The Briles' Sabotage Savvy Questionnaire, a tool that measures occurrences of HV and nurses' knowledge of HV was used in the study.

The questionnaire was completed via e-mailed survey and through distribution of those who attended the Annual Leadership Meeting. The sample consisted of 108 participants, the majority of whom were women 50-60 years of age with 46% holding positions in administration area. Most of the participants worked in acute care settings of healthcare facilities that were mostly union.

Results of the survey showed knowledge of being expected to do other's work, being reprimanded in front of others, not being acknowledged at work, untrue information exchanged and talking ceasing upon arrival occurred "often" and "frequently". Some participants reported that they were often victims due to being expected to do other's work, not acknowledged for work, untrue information exchanges and information held. Findings of the study suggest that horizontal violence is significantly viewed as part of the nursing culture, culture of the organization, and/or is not being recognized nor addressed (Sellers et al., 2010).

Physical and Psychological Effects

In a longitudinal study by Kivimäki, Elovainio, and Vahtera (2000), an attempt to correlate the degree of physical and psychological effects among employees who reported being bullied was explored. Results of the study found an increase in absenteeism due to illness among employees who reported being bullied (Kivimäki et al., 2000). According to Kivimaki et al., (2000), bullying is associated with chronic stress, high blood pressure, and increased risk of coronary heart disease.

In a longitudinal study by Hogh, Henriksson, and Burr (2005) the short and long-term effects of nasty teasing in the workplace was studied. The study hypothesized that employees exposed to aggression in the form of nasty teasing will report more short and long-term psychological health problems than non-exposed employees. Hogh, Henrikkson, and Burr (2005) also hypothesized that social support; role conflicts; and ambiguity; conflict; and quarrels mediate the relation between nasty teasing at work and psychological health. Participants in the study were drawn from a large research project on work environment and health and were interviewed by telephone (Hogh et al., 2005).

An analysis of the study was based on a five-year cohort study from 1995-2000 random samples that consisted of 10,702 Danish residents. The participants' age range from 18-64; and were chosen from various social classes. Correlation analysis showed a significant association between nasty teasing and fatigue and poor mental health in 1995 for both men and women (Hogh et al., 2005).

A cross-lagged correlation of nasty teasing and psychological health in 1995 and 2000 showed that they mutually influenced each other. The study also found a significant relation between being teased and poor mental health in 2000 compared to respondents not being teased. Two major limitations of the study were receiving information via telephone interview, which may have contributed to bias and the study's time-lag of five years between 1995 and 2000 as some participants had either deceased or emigrated during the course of the study (Hogh et al., 2005).

Effects on Job Productivity/Satisfaction

In a study examining workplace violence, Farrell, Bobrowski, and Bobrowski (2006) reported that workplace violence was frequently contributed to nurses making errors and loss of productivity. A special questionnaire was designed and sent to 6326 nurses registered with the Nursing Board of Tasmania. The returned questionnaires of 2407 were complete and usable for the study (Farrell et al., 2006).

Results revealed that 63.5% of respondents reported having experienced either verbal of physical aggression in the four weeks immediately prior to the survey. Limitations of the study revealed that no specific factors led to aggression and future research is needed to try and determine specific factors associated with high levels of aggression (Farrell et al., 2006).

In a survey conducted by Cameron (1998) the incidence of verbal abuse experienced by 151 nurses in a 400-bed North American acute care hospital was examined. The results of the study showed that 85% of the participants reported that they had experienced verbal abuse and 45% had experienced verbal abuse within the

last 15 working days; and that these incidences influenced job productivity by causing 52% of errors, 51% decreased morale, 40% decreased job productivity (40%), and 29% increased workload of peers (Cameron, 1998).

Dunn (2003) attempted to correlate a relationship between acts of sabotage and job satisfaction. A sample of 500 participants was randomly selected from an Association of Operating Room Nurses (AORN) membership list of 1523 perioperative nurses living in New Jersey. The surveys were mailed to the 500 potential volunteers. Unpredictably, the study found a positive relationship between sabotage and job satisfaction scores (Dunn, 2003). The researcher speculated that nurses might minimize or under report the significance of sabotage and its effects on job satisfaction (Dunn, 2003). The difficult nature of the subject matter and individuals' unwilling to reveal the awareness of bullying acts they had perpetrated on others were cited as limitations of the study (Dunn, 2003).

Effects on Quality Patient Care

Rosenstein and O'Daniel (2008) conducted a 22-question survey to assess the significance of disruptive behavior and their effect in communication and collaboration and impact on patient care. In a convenience sample, 4,530 participants were administered a 22-question survey. The study reported that disruptive behavior lead to potentially preventable adverse events, errors, compromises in safety and quality, and patient mortality. Sixty-seven percent of the respondents of the study agreed that disruptive behaviors were linked with adverse events; 71% were medication errors, and

27% were patient mortality. Limitations of the study were not discussed or disclosed (Rosenstein & O'Daniel, 2008).

Rowe and Sherlock (2005) explored the types and frequency of verbal abuse of nurses by other nurses. The Verbal Abuse Scale and the Verbal Abuse Survey were utilized to obtain participants' response to the survey. The researcher also developed a demographic survey for the participants. Rowe and Sherlock (2005) explored types of verbal aggression, the frequency and stressfulness of each type, emotional reaction to verbal aggression, cognitive appraisal of verbally aggressive encounters, and similarity and effectiveness of coping behaviors were explored (Rowe & Sherlock, 2005).

The long-term negative effects of verbal aggression, including absenteeism and errors in patient treatment, were also evaluated to determine if verbal aggression is a contributing factor (Rowe & Sherlock, 2005). Respondents in the study reported that 27% of nurses were the most frequent source, followed by 25% patients' families, 22% doctors, 17% patients, 4% residents, 3% other and 2% interns. Of those who selected a nurse as the most frequent source, 80% of staff nurses were reported to be the most frequent nursing source followed by 20% of nurse managers (Rowe and Sherlock, 2005). The results of the study revealed that workplace bullying and abuse is costly to the individual nurse, presenting as job stress, job dissatisfaction, absenteeism, and decreased quality of patient care (Rowe & Sherlock, 2005).

In 2008, the Joint commission survey approximately 4500 healthcare workers and found that 77% of the respondents reported witnessing disruptive behaviors by physicians and 65% reported witnessing disruptive behaviors by nurses. As a result, the

Joint Commission issued a patient safety alert stating that the presence of disruptive behaviors "erodes teamwork and creates an unhealthy and hostile work environment" (The Joint Commission, 2008). The unhealthy work environment poses stress on the victim and leads to medical errors, patient complaints, increase in healthcare cost, preventable adverse outcomes, and malpractice risk (The Joint Commission, 2008).

In an online study conducted via survey monkey, Lutgen-Sandvik, Tracy, and Alberts (2006) examined the prevalence, perception, degree, and impact of bullying in the American workplace, using the Negative Acts Questionnaire (NAQ). The project was referred to as The American Workplace Survey and 469 United States (US) workers of were obtain through social networking sites and by other online and advertisement means. Undergraduate students were given extra credit by sending the link to other adults, 248 non-working acquaintances, and 119 other contacts. Twenty-five participants were drawn through Google search engine, five from print ads, and seven respondents did not provide data regarding how they learned about the study (Lutgen-Sandvik et al., 2006).

Four hundred three surveys were considered sufficiently complete and were used in the analysis. Two hundred sixty six respondents were women, 134 were men, and three respondents had missing information. The respondents worked in 18 industries, lived in 33 states, and ranged in age from 18 to 57. The 76% of the respondents worked in the following industries: administration, health and social services, education, service sector, professional and scientific fields, finance and insurance and public administration (Lutgen-Sandvik et al., 2006).

The degree of bullying was calculated using duration, intensity, and frequency and was positively correlated. A mid-range bullying degree score could reflect two different possibilities: a high number of negative acts at a relatively low frequency or a limited number of negative acts at a relatively high frequency. Respondents reporting five negative acts monthly, and eight negative acts weekly/daily with a frequency of a six month period, the bullying score would be calculated to equal 19 (Lutgen-Sandvik et al., 2006). According to Lutgen-Sandvik et al., (2006) all of the respondents in the study had a duration score of six due to the fact the NAQ ask about negative acts "over the past six months". The results of the study revealed bullying prevalence based on the number of negative acts was higher than bullying prevalence based on self-identification as targets.

One hundred thirteen of respondents were classified "bullied" and met the operational criteria; however, only 38 of the respondents self-identified as bullied. The hypothesis was tested to determine if the bullying degree positively correlated with stress and negatively correlated with job satisfaction and overall job ranking/rating (Lutgen-Sandvik et al., 2006). The hypothesis revealed that bullying degree positively correlated with stress and was also related to job satisfaction and overall job ranking/rating (Lutgen-Sandvik et al., 2006).

It is determined by the literature that sabotage and bullying not only affects the victim, but also can affect the entire work environment as the witnesses try to deal with the chronic hostile work environment (Lutgen-Sandvik, et. 2006). The limitations of the study is that the NAQ stipulated that the respondents experienced bullying and abuse

during the past six months when in fact, some of the respondents may have reported acts that occurred in less than six months (Lutgen-Sandvik et al., 2006).

In a descriptive study by Johnson and Rea (2009) nurses' experience with and characteristics related to workplace bullying were examined. A convenience sample of 249 members of the Washington State Emergency Nurses Association (ENA) was surveyed on workplace bullying using the Negative Acts Questionnaire-Revised. The results showed that 27.3% of the respondents had experienced workplace bullying in the last six months. Remarkably, most respondents experiencing bullying reported that their manager/director or charge nurse had been the perpetrator. Additionally, workplace bullying was significantly associated with intent to leave their current job and the nursing profession (Johnson & Rea, 2009).

Chapter III

Method

For the purpose of this study, horizontal violence was measured using a modified version of Briles' Sabotage Savvy Questionnaire (SSQ). The questionnaire was used to determine if sabotage and workplace bullying exist in the hospital setting and if it is associated with physical and psychological stress that affects job productivity and patient safety.

Sample

The participants were obtained through a non-probability convenience sample of nurses working in an acute care facility. Participants were recruited from various clinical areas throughout the hospital. Participants were given the questionnaire which was hand delivered to the nurses by the department managers of each unit. Participants in the study were not excluded based on race, age, gender, or level of nursing education. There was no potential risk to the participants. The demographic information survey was collected to provide the necessary information for descriptive analysis of the sample population.

Setting

The study was conducted in a rural community hospital in South Carolina. The hospital is a 142-bed acute care facility and serves a population of 33,000 residents. It is the only hospital within a 30 mile radius, and employs approximately 250 nurses working in fulltime, part-time, and as needed positions. The nurses hold varying levels of

nursing degrees ranging from licensed practical nurse (LPN) to Master of Science in nursing (MSN).

Ethics

Prior to conducting the research study, approval was obtained from the Corporate Compliance and Integrity Department of the hospital with permission to distribute the questionnaire (Appendix A), the Gardner-Webb University MSN Institutional Review Board (Appendix B), and the author of the Sabotage Savvy Questionnaire with permission to modify the tool. The participants were given an informed consent cover letter (Appendix C) and a debriefing statement (Appendix D) and both were attached to the questionnaire. A self-addressed stamped envelope for return of questionnaire to the researcher via mail was supplied in the packet. Return of the completed questionnaire was considered as the subject's implied voluntary consent to participate in the study and maintained participants' anonymity. Demographic information obtained did not include name, address, or social security number. In the event that identification could be obtained from demographic information, data was maintained in a locked file and access restricted to the researcher only. At the completion of the study, all survey forms will be kept for ten years.

Data Collection

After approval from the Institutional Review Board of Gardner-Webb University, recruitment for participation was accomplished by asking each department manager for their permission to approach their nurses upon their arrival to work and at the end of their shift. Each department manager was given information and an opportunity to ask

questions about the study in the form of a personal interview prior to the beginning of the study. With the permission of the department managers, the participants were approached in a courteous manner when entering their clinical areas and explained the purpose of the study. The department manager gave those agreeing to participate in the study a questionnaire packet. Participants were informed that it would take no longer than 15-30 minutes to complete the survey and to return the completed survey in the self-addressed stamped envelope provided in the packet. The questionnaire included the Sabotage Savvy Survey-Modified and a demographic form. A letter of introduction was included in the packet and explained that returning the completed questionnaires implied voluntary consent on the part of the participant. The data was collected over a three week period.

Instrument

The combined Sabotage Savvy Questionnaire (SSQ) and the Sabotage, Abusive and Bullying Behaviors (Appendix E) is a form with 40-questions that ask the participant to recognize the presence or absence of sabotage and abusive/bullying behavior both as a victim and perpetrator. The questionnaire also asked the participant to identify any physical or psychology effects of workplace sabotage and bullying on the victim. The SSQ is a questionnaire containing 40 items in a modified likert-type format. It is a seven-point likert scale ranging from 1(strongly disagree) to 7 (strongly agree). Dunn (2003) established validity in a study of horizontal violence among perioperative nurses. The instrument was reviewed by 26 faculty members of Seton Hall University for clarity, ease of use, and content validity. The results of the test showed that the instrument's

validity was very good, with a high internal consistency (Cronbach's alpha =. 86 and .72) for the Sabotage Savvy victim and perpetrator, respectively (Dunn, 2003).

A modified six-question demographic form was used to obtain information about the population sample. The participants were asked to circle the appropriate answer to six questions: sex, age, highest degree held, ethnicity, employment and marital status.

Upon approval from the Corporate Integrity Department and the Gardner-Webb University Research Review Board, a meeting was held with the department managers of each clinical unit in the acute care hospital to arrange times to distribute the questionnaires. Survey packets were distributed to the nurses and data was collected from the nurses via return mail to the researcher. The nurses were asked to complete the questionnaire as promptly as possible and that the return of the questionnaire constituted their consent. The researcher collected the data over a three-week period. After collection of all forms, the information obtained from the SSQ and the demographic form was analyzed utilizing the Statistical Package for the Social Sciences (SPSS) version 17.0.

Chapter IV

Results

During the three week collection period, seventy-five questionnaire packets were distributed to nurses who consented to participating in the study. Out of the 75 packets distributed, only 47 consented by returning the completed questionnaire via mail. The sample size consisted of 47 participants; the majority of the sample was female (93% n=43) with only six percent (n=3) male. One percent of the participants did not specify gender on the form. The participants ranged in age from 23 to 65 with a mean age of 44 years (*sd*=11.88) as shown in Table 2. The majority of the sample was married (74%, n=35), 19% was single (n=9), and only seven percent (n=3) were divorced. The highest degree held by participants was ADN (60%, n=28), with 32% holding a BSN (n=15), and only one with a MSN, one LPN, and one student. The majority of the sample was employed fulltime (87%, n=41), four percent worked part-time positions (n=2), seven percent worked as needed or PRN (n=3), and two percent reported being a student (n=1). In regards to ethnicity, more than one half of the participants were Caucasian Americans (79%, n=37), with 17% (n=8) African American, 2% (n=1) mixed ethnicity, and one did not list ethnicity on the form (Table 1).

Table 1
Demographic Data of Participants

Characteristics	Frequency	Percent
Gender		
Male	3	6.0
Female	43	93.0
Other	2	4.0
Highest Level of Degree		
ADN	28	60.0
BSN	15	32.0
MSN	1	2.0
LPN	1	2.0
Student	1	2.0
Ethnicity		
Caucasian American	37	79.0
African American	8	17.0
Mixed/Ethnicity	1	2.0
Employment		
Fulltime	41	87.0
Part-time	2	4.0
As needed (PRN)	3	7.0
Marital Status		
Married/Life Partner	35	74.0
Widowed/Divorced	9	19.0
Single	3	7.0

Table 2
Descriptive Statistics of the Average Age of Participants

Statistic	Age
Mean	44.0
95% Confidence Interval for Mean Lower Bound	40.47
95% Confidence Interval for Mean Upper Bound	47.53
Median	42.0
Std . Deviation	11.88

Descriptive statistics and frequencies were calculated on scores and demographic data. The mean of participants (36.2%, n=17) strongly agree that sabotage and workplace bullying] caused stress, while only 23.4% (n=11)] strongly disagree that they suffered stress as a result of sabotage and workplace bullying as shown in (Table 3).

To explore the hypothesis that sabotage and workplace bullying cause physical and psychological illness, questions 27 and 28 were combined. In Table 3, surprisingly, the results showed that 40.4% of the participants (n=19) agree with the hypothesis, 31.9% of the participants (n=15) strongly disagree with the hypothesis, and only 14.8% (n=7) strongly agreed that sabotage and workplace bullying caused physical and psychological illness (Table 4). When participants were asked about being the perpetrator of bullying, the results showed that 59.5% (n=28) strongly disagree that they had intentionally bullied another in the workplace (Table 5) and 40.4% (n=19) strongly agree that they have never bullied anyone in the workplace (Table 6).

Table 3
Participants Response to Question "Does Abusive/Bullying Behavior Cause Stress"

Response	Frequency	Percent
1 Strongly Disagree	11	23.4
2 Disagree	1	2.1
3. Mildly Disagree		
4 Neutral	3	6.4
5 Mildly Agree	4	8.5
6 Agree	11	23.4
7 Strongly Agree	17	36.2

Table 4
Participants Response to Question "Does Sabotage and Workplace Bullying Cause Physical and Psychological Illness"

Response	Frequency	Percent
1 Strongly Disagree	15	31.9
2 Disagree	15	31.9
3. Mildly Disagree	7	14.9
4 Neutral	10	21.3
5 Mildly Agree	21	44.7
6 Agree	19	40.4
7 Strongly Agree	7	14.9

Table 5
Participants Response to Question " I Have Intentionally Bullied Someone"

Response	Frequency	Percent
1 Strongly Disagree	28	59.6
2 Disagree	13	27.7
3. Mildly Disagree	2	4.3
4 Neutral	1	2.1
5 Mildly Agree	1	2.1
6 Agree	1	2.1
7 Strongly Agree	1	2.1

Table 6
Participants Response to Question " I Have Never Bullied Anyone"

Response	Frequency	Percent
1 Strongly Disagree	8	17.0
2 Disagree	5	10.6
3. Mildly Disagree	3	6.4
4 Neutral	4	8.5
5 Mildly Agree	2	4.3
6 Agree	6	12.8
7 Strongly Agree	19	40.4

Chapter V

Discussion

The purpose of this study was to determine if sabotage and workplace bullying, a form of horizontal violence, affect physical and psychological well being, job productivity, and patient care. The study however found that horizontal violence decrease job productivity which may lead to decrease in quality patient care. The study does show that there is concern for increase in physical and psychological stress caused by sabotage and workplace bullying. The absence of a significant acknowledgment of bullying others in the workplace leaves the study open for several limitations. First, the general population size and the limited number of participants who were considered to be victims or perpetrators of sabotage and bullying based on the sum of the scores from the SSQ. It would be hard to generalize these results since most of the studies on sabotage and workplace violence has taken place outside the United States. Limitations of the study also exist in utilizing the patient's interpretation of the SSQ questionnaire and having to rely on self-reporting of experiencing sabotage and bullying in the workplace.

Implications for Nursing

The findings of this study showed that a degree of sabotage and workplace bullying exist in this particular sample, more studies are necessary to validate the perceptions, frequency, and patterns of sabotage and workplace bullying experienced by nurses in the United States. In order for nurses to provide safe, holistic, and effective patient care, organizations should initiate strategies for transforming toxic chaos to

healthy environments. While the main focus of nursing is patient care, an environment that is hostile, creates stress and minimize job productivity that may directly compromise patient outcomes. It is imperative that innovative strategies are developed and executed in addressing the problem of horizontal violence that threatens quality performance.

Implications for Research

Recommendations for further research include an increase in sample size, which could yield an increase in the number of participants who have experienced and/or observed the effects of sabotage and workplace bullying. Demographic information should include years in nursing; 15-20 years of nursing could be more or less significant to the way nurses may perceive horizontal violence over extended periods of time. Considering most of the studies on sabotage and workplace bullying have been studied outside the US, further research should include a more diverse sample population in the US and explore if the effects of sabotage and workplace violence is dependent on culture.

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Appendices

Appendix A

Corporate Integrity Department Approval

Permission to Distribute Questionnaire

Wallace Thomson Hospital
a partner with
Carolinas HealthCare System

322 West South Street
Union, SC 29379
Phone 864 427 0351
Visit us at www.wallacethomson.com

October 15, 2010

Shelia Jeter, BSN, RN
1321 Pineland Rd
Union, SC 29379

Dear Shelia,

I have reviewed the Sabotage Savvy Questionnaire that you have requested to utilize as part of your graduate studies and have determined that it is a reasonable request to distribute the questionnaire and demographics to nursing staff at Wallace Thomson Hospital.

I wish you continued success as you pursue your degree.

Sincerely,

Susan K. Foster

Susan K. Foster, CCO
Compliance Officer

Appendix B

Gardner-Webb University Research Review Board Approval

THE INSTITUTIONAL REVIEW BOARD
of
GARDNER-WEBB UNIVERSITY

This is to certify that the research project titled
Sabotage and Workplace Bullying: The Bad and Ugly of Horizontal Violence

being conducted by ___Sheila Jeter_has received approval by the Gardner-Webb University IRB.

Date_____9-30-10_____

Exempt Research

Signed_____
Department/School/Program IRB Representative

_____
Department/School/Program IRB Member

Expedited Research

Signed_____
Department/School/Program IRB Representative

_____
Department/School/Program IRB Member

_____
IRB Administrator or Chair or Institutional Officer

Non-Exempt (Full Review)

Signed_____
IRB Administrator

_____
IRB Chair

_____
IRB Institutional Officer

Expiration date _____9-30-11_____

IRB Approval:

__X___ Exempt _____Expedited _____Non-Exempt (Full Review)

Revised 09-09

Appendix C

Participant Informed Consent Form

Participant Consent Form

Dear Nurses,

The Sabotage Savvy Questionnaire (SSQ) by Dr. Judith Briles is used to determine the degree of sabotage and workplace bullying that occurs among healthcare workers, nurses, in particular. The survey is being used as part of my graduate studies in nursing at Gardner-Webb University.

Please answer each question to the best of your abilities and return the survey to me via return mail in the stamp addressed envelope provided.

This survey is completely anonymous and should take no longer than 15-30 minutes to complete. The information obtained will be aggregated so that a person's answers cannot be identified. The results will be made available to all participants upon completion of this study.

The return of the survey will constitute your consent to participate in this survey. If at any time you decide you no longer want to participate, you may opt out at anytime without any disclosure of your withdrawal by the researcher. If you feel you have experienced any harm from this study, please contact Dr. Vickie R. Walker, School of Nursing, and Gardner-Webb University, Boiling Springs, North Carolina, 28017, Phone 704-406-4384.

Thank you for your participation and contribution to nursing research. Your prompt return of the completed survey will be greatly appreciated.

Sincerely,

Shelia Jennings Jeter, RN, BSN Phone: 864-674-6968

Appendix D

Debriefing Statement

PARTICIPANT DEBRIEFING STATEMENT

Thank you so much for participating in this study. Your participation was very valuable to me. I know you are very busy and I very much appreciate the time you devoted to participating in this study. No deception was used or included in this questionnaire and the response I received from you was the driving factors in this study's results.

It is very important that you do not discuss this study with anyone until the study is complete. I will inform you of the completion of this study. If you have any questions or concerns, you may contact me @ 864-674-6968 or my advisor, Dr. Vickie R. Walker @ 704-406-4384. Thank you again for your participation and your contribution to nursing research!

Thank you,

Shelia Jennings Jeter, RN, BSN

Appendix E

Participant Demographic Form

Section 1: INFORMATION ABOUT YOU

1. Your Sex: □ Male □ Female

2. Age: _____

3. Highest Degree Held: □ Student □ LVN

   □ LPN □ ADN

   □ BSN □ MSN

   □ Other: _____
   (specify)

4. Circle the letters that best describe your ethnic group(s):

   A. American Indian
   B. Asian American
   C. Black/African American
   D. White/Caucasian
   E. Latino/Latina
   F. Mixed Ethnic Background
   G. Pacific Islander
   H. Other: _____
   (specify)

5. Circle the letter(s) that best describes your current employment status

   A. Full-time
   B. Part-time
   C. PRN (as needed)
   D. PRN (as needed)
   E. Agency
   F. Student

6. Marital Status

   A. Married/Life Partner
   B. Single
   C. Widowed
   D. Divorced
   E. Other:_____

Appendix F

Combined Sabotage Savvy Questionnaire and Workplace Sabotage, Abusive/Bullying Behaviors Survey

Sabotage Savvy Questionnaire (SSQ)-Modified/Workplace Sabotage, Abusive/Bullying Behaviors
How strongly do you agree with the following statements?
Please circle your response

	Strongly Agree	Agree	Mildly Agree	Neutral	Mildly Disagree	Disagree	Strongly Disagree
I have left a job because of abusive or bullying behavior created by another	7	6	5	4	3	2	1
I have witnessed a manager displaying abusive or hostile behavior	7	6	5	4	3	2	1
I have witnessed a coworker displaying abusive or hostile behavior	7	6	5	4	3	2	1
I have experienced abusive or hostile behavior by a family member of a coworker	7	6	5	4	3	2	1
I have displayed abusive or hostile behavior towards a coworker	7	6	5	4	3	2	1
Abusive /bullying behavior has cost me my job	7	6	5	4	3	2	1
Abusive/bullying behavior has cost loss productivity	7	6	5	4	3	2	1
Abusive/bullying behavior has cost me stress	7	6	5	4	3	2	1
Abusive/bullying behavior has cost me loss of reputation	7	6	5	4	3	2	1
Abusive/bullying behavior has cost me money	7	6	5	4	3	2	1
Abusive/bullying behavior has cost me loss of confidence	7	6	5	4	3	2	1
I have observed sabotaging or abusive/bullying behavior in my current workplace	7	6	5	4	3	2	1
There is backstabbing in my current workplace	7	6	5	4	3	2	1
I have been given unfair workloads or assignments in my workplace	7	6	5	4	3	2	1
I have been undermined in my workplace	7	6	5	4	3	2	1
I have been targeted for gossip in my workplace	7	6	5	4	3	2	1
Sabotage or abusive/bullying behavior has increased in the past five years	7	6	5	4	3	2	1
Sabotage or abusive/bullying behavior has decreased in the past 5 years	7	6	5	4	3	2	1
Sabotage or abusive/bullying behavior has not changed in the past five years	7	6	5	4	3	2	1
The current management prevents the incidence of sabotage or abusive/bullying behavior from changing or getting better	7	6	5	4	3	2	1
Management handles sabotage or abusive/bullying behavior and conflict when it occurs	7	6	5	4	3	2	1

Sabotage Savvy Questionnaire (SSQ)-Modified/Workplace Sabotage, Abusive/Bullying Behaviors
How strongly do you agree with the following statements?
Please circle your response

	Strongly agree	Agree	Mildly agree	Neutral	Mildly disagree	Disagree	Strongly disagree
I have been bullied by a manager or charge nurse	7	6	5	4	3	2	1
I have contemplated suicide	7	6	5	4	3	2	1
When I observe sabotage or abusive/bullying behavior, I ignore it	7	6	5	4	3	2	1
When I observe sabotage or abusive/bullying behavior, I participate in it	7	6	5	4	3	2	1
When I observe sabotage or abusive/bullying behavior, I try to sidestep it	7	6	5	4	3	2	1
Sabotage or Abusive/bullying behavior has caused me physical illness such as headaches, abdominal pain, etc	7	6	5	4	3	2	1
Sabotage or abusive/bullying behavior has caused me psychological illness such mental stress, depression, etc	7	6	5	4	3	2	1
My productivity declines when management does not deal with sabotage, abusive/bullying behavior	7	6	5	4	3	2	1
I think about looking for another job when management does not deal with sabotage, abusive/bullying behavior	7	6	5	4	3	2	1
I have lost respect for the organization because management did not deal with sabotaging, abusive/bullying behavior	7	6	5	4	3	2	1
I do everything in my power to avoid those who are abusive in the workplace	7	6	5	4	3	2	1
I lose respect for the manager who does nothing to stop sabotaging , abusive/bullying behavior	7	6	5	4	3	2	1
I feel my workplace is the pits because of sabotaging, abusive/bullying behavior	7	6	5	4	3	2	1
My Loyalty to the organization has decreased because of sabotaging, abusive/bullying behavior	7	6	5	4	3	2	1
I have intentionally abused or bullied someone in the workplace	7	6	5	4	3	2	1
I have unintentionally abused or bullied someone in the workplace	7	6	5	4	3	2	1
I have never abused or bullied anyone in the workplace	7	6	5	4	3	2	1
Sabotage/abusive/bullying behavior occurs on a large scale in my workplace	7	6	5	4	3	2	1
My work environment is Toxic	7	6	5	4	3	2	1

Appendix G

Sabotage Savvy Questionnaire, Abusive/Bullying Behavior Survey

Author approval

YAHOO! MAIL Classic

FW: Sabotage Savvy Questionnaire Thursday, September 2, 2010 5:21 PM

From: "Ms Shelia Jennings Jeter" <sjeter@gardner-webb.edu>
To: "jete2080@bellsouth.net" <jete2080@bellsouth.net>

From: Judith Briles [judith@briles.com]
Sent: Thursday, September 02, 2010 10:15 AM
To: Ms Shelia Jennings Jeter
Subject: RE: Sabotage Savvy Questionnaire

You have permission... pls send results.

Dr. Judith Briles
303-627-9179 ~ 303-885-2207 (cell) ~ 303-627-9184 (fax)
Judith@Briles.com ~ www.Briles.com
Best-selling and Award Winning
Speaker, Author, Columnist & Consultant

Stabotage! How to Deal with the Pit Bulls, Skunks, Snakes, Scorpions & Slugs in the Health Care Workplace
Money Smarts for Turbulent Times
Zapping Conflict in the Workplace
Leading with Confidence

-----Original Message-----
From: Shelia J. Jeter [mailto:sjeter@gardner-webb.edu]
Sent: Wednesday, September 01, 2010 6:36 PM
To: judith@briles.com
Subject: Sabotage Savvy Questionnaire

Dr. Briles,
My name is Shelia and I am a MSN student at Gardner-Webb University in Boiling Springs, NC. I am contacting you to ask your permission to use your measurement tool, Sabotage Savvy Questionnaire, to use in my thesis as completion and fulfilment of the master's program. I graduate in December of this year.

Thank you,

Shelia

Appendix H

Sabotage Savvy Questionnaire, Abusive/Bullying Behavior Survey

Author Approval to Modify Tool

YAHOO! MAIL Classic

RE: Permission to modify SSQ

Tuesday, October 5, 2010 9:40 PM

From: "Judith Briles" <judith@briles.com>
To: "'Shelia J. Jeter'" <jete2080@bellsouth.net>

You have permission--nothing was attached. Judith

Dr. Judith Briles
303-627-9179 ~ 303-885-2207 (cell) ~ 303-627-9184 (fax)
Judith@Briles.com ~ www.Briles.com
Best-selling and Award Winning
Speaker, Author, Columnist & Consultant

Stabotage! How to Deal with the Pit Bulls, Skunks, Snakes, Scorpions & Slugs in the Health Care Workplace
Money Smarts for Turbulent Times
Zapping Conflict in the Workplace
Leading with Confidence

-----Original Message-----
From: Shelia J. Jeter [mailto:jete2080@bellsouth.net]
Sent: Tuesday, October 05, 2010 4:59 PM
To: judith@briles.com
Subject: Permission to modify SSQ

Dr. Briles,
I emailed you a few weeks back asking your permission to use your SSQ tool in my master's thesis. I have reviewed the tool and would like your permission to modify the tool to a closed ended questionnaire, using your same questions. I emailed you @ the judith@briles.com email address but have not received a response. The IRB told me I had to have your permission to modify in order to proceed with my study. In the other email, I have attached the closed-ended questionnaire for your review and approval. Thank you so much for allowing me to use your tool.

Sincerely,

Shelia Jemnings Jeter
Gardner-Webb University Grad student