Nurse Hazing: A Costly Reality

Laura began college at age 17 with the career goal of becoming a registered nurse. She discovered horizontal hostility within the nursing profession early in her nursing curriculum. After completing the prerequisites for nursing school, Laura began her first course in pediatric nursing. Being young and naïve, Laura unexpectedly walked onto a pediatric oncology unit unprepared to deal with the negative attitude and disrespect of her preceptor. Laura’s preceptor referred to her as, “Hey, student!” throughout the 2-day clinical activity while continually rolling her eyes each time Laura presented her with a patient care question.

This is just one example of many situations that Laura and other new nurses experience daily. Fortunately, Laura chose to continue in the nursing profession and, learning from this incident, always has tried to treat others the way she would want to be treated as a student, co-worker, patient, or family member.

Hazing Definition and Examples

Nursing management is stressful, with patient safety and excellent care at the forefront of decision making when overseeing and managing staff and staff interactions. The role of the nurse manager in dealing with horizontal violence in the workplace has received increased attention over the last few decades. Horizontal violence or horizontal hostility can be defined as “a consistent pattern of behavior designed to control, diminish, or devalue a peer (or group) that creates a risk to health and/or safety” (Bartholomew, 2006, p. 4). Horizontal violence in nursing is comparable to hazing in the university or college setting, and is described by Longo and Sherman (2007) as “an act of aggression that is perpetrated by one colleague toward another colleague” (p. 35). The descriptions of hazing in education settings and horizontal violence in nursing have many similarities. While nurses don’t require new co-workers to eat live goldfish, they frequently engage in irritating actions or behaviors to see how new nurses can tolerate or fit into the unit. The continual nursing shortage does not allow for the costly loss of nursing staff due to unnecessary disrespect in the workplace.

Hazing in the school setting is described as “a complex social problem that is shaped by power dynamics” within a group or organization (Klein, 2005, para. 2). There are varying degrees of hazing in the education setting. Hazing can range from subtle hazing to harassment hazing or violent hazing. Klein described subtle hazing as hazing accepted among the group as harmless. Examples included assigning demerits with loss of group privileges, using social isolation, silence, or name calling, or assigning rookies tasks that other group members are not expected to perform. Klein also discussed harassment hazing as behaviors that cause a group member anxiety or physical discomfort. They encompass verbal abuse, threats, humiliation, degradation, sleep deprivation, sexual simulations, and harassment. Lastly, violent hazing has the potential to cause physical, emotional, or psychological harm to the individual being hazed. Examples consist of insistence of drug or alcohol consumption, assault, branding, water intoxication, public nudity, illegal activities, bondage, or exposure to extreme elements.

Numerous examples of nurse hazing appear in the literature, encompassing verbal and nonverbal behaviors and activities. According to one study, 30%-50% of all U.S. workers report experiencing bullying on a weekly basis (Craig & Kupperschmidt, 2008). Purpura (2005) provided the hazing examples of “criticizing, undermining, discouraging, or scapegoating” (p. 35). Other forms include gossiping, eye rolling, sighing, humiliation, silence, or sabotage through withholding information or peer support (Simpson, 2008). Further behaviors consist of intimidation, negative innuendos, revelation of personal information, consistent criticism, or exclusion from nursing cliques (Craig & Kupperschmidt, 2008). Do any of these sound familiar to your work setting?

Hazing is a violation of university policy and an illegal activity under state laws, and is considered...
to be a felony in many states (Cornell University, 2007). Even college fraternities realize hazing causes a loss of trust, confidence, and reputation among the fraternity brotherhood. The consequences of being found guilty of hazing in the college setting may be monetary fines, suspension for a minimum of 3 months, expulsion from the university, or jail time (Kappa Alpha Order, 2004). If university policies and state laws mandate no-tolerance for hazing, why would nursing allow hazing to continue?

**Nurse Hazing: Influences and Outcomes**

Sociology literature explains that individuals within a group act against one another when they feel they have no power or control in the work environment (Bartholomew, 2009). Oppressive conditions already exist in nursing, including the inability to have uninterrupted meals or restroom breaks, no time to schedule personal appointments (Thomas, 2003), inadequate staffing ratios, or limited resources to provide quality patient care (Baltimore, 2006). Oppressed individuals tend not to verbalize frustrations to administration for fear of punishment. Many health care settings continue to have a hierarchal structure that lacks support and recognition of nurses’ ability to think critically. Frequently, this structure does not allow or provide significant clinical recommendations for improved patient outcomes or organizational change (Purpora, 2005).

Nursing research indicates horizontal violence diminishes nursing enthusiasm and creates dissatisfaction in the work setting (Longo & Sherman, 2007). A disagreeable work setting may slow productivity and clinical effectiveness (Purpora, 2005). Nurses who bully colleagues are described as having low-self esteem, feelings of powerlessness, and feelings of disrespect from others (Longo & Sherman, 2007). Typically, university hazing also is associated with low self-esteem (Kappa Alpha Order, 2004). Hazing becomes the norm in nursing and university settings if the behavior is allowed (Longo & Sherman, 2007).

Nurse managers and staff nurses must realize horizontal violence not only affects nursing satisfaction, but also ultimately places patient safety at risk (Simpson, 2008). Nurses who experience bullying are less likely to ask for help or ask questions, increasing the likelihood of errors in patient care (Longo & Sherman, 2007). According to Longo and Sherman, the ability to recruit new nurses is limited when horizontal violence occurs, which leads to unsafe conditions from inadequate staffing ratios. The Joint Commission’s Sentinel Event Alert titled “Behaviors That Undermine a Culture of Safety” (Simpson, 2008, p. 328) includes hazing if a sentinel event occurs in relation to the behavior.

**Nurse Manager’s Role**

Gaining knowledge about the common types of nurse-on-nurse bullying behaviors and causes for these behaviors is a nurse leader’s responsibility (Longo & Sherman, 2007). Additionally, administrative awareness and understanding necessitate intolerance for negative treatment among peer groups and support for staff willing to speak against bullying or hazing. Zero tolerance of horizontal hostility in nursing is beneficial, leading to improved staff satisfaction and morale and resulting in lower nurse turnover rates (Mehallow, n.d.).

**Changing the Culture**

The majority of nurses desire a manager who responds to staff concerns, encourages shared governance or participative decision making, and acknowledges staff contributions to the organization (Thomas, 2003). Nurse managers can take several steps to make a positive change in nursing culture (Longo & Sherman, 2007) (see Figure 1). Managers also should provide staff with a copy of the position statement “Lateral Violence and Bullying in the Workplace” from The Center for American Nurses as a reference (Simpson, 2008). This position statement provides suggestions for developing a no-tolerance policy in the health care setting.

Once a unit culture has been evaluated for hazing, the manager should confront hazing behavior immediately (Bartholomew, 2009). Confrontations always should occur in private. The manager should monitor his or her behavior to avoid becoming part of the hazing problem (Mehallow, n.d.). The manager should maintain an open environment for sharing complaints and concerns involving hazing incidents (Craig & Kupperschmidt, 2008), engaging staff in the process of change for zero-tolerance for nurse hazing (Longo & Sherman, 2007). Lastly, the manager should be equipped and provide staff with the tools for crucial conversations to stop nurse hazing in the workplace (Patterson, Grenny, McMillan, & Switzer, 2002).

**Conclusion**

The controversial issue of nurse hazing is detrimental to the health care culture and is quite expensive for an organization (Longo & Sherman, 2007). Because nursing’s journey toward achieving respect as a profession among members and other disciplines is diminished by horizontal hostility, nurses and nurse managers must undertake an era of change.
Nurses are caring, compassionate individuals with the ability to think critically and make changes for the greater good of the profession and patient safety. Is it asking too much to demand professional treatment of co-workers as well?

References