The American Society of PeriAnesthesia Nurses (ASPAN) has the responsibility for defining the practice of perianesthesia nursing. An integral part of this responsibility is to promote a safe, appropriate workplace environment for perianesthesia staff.

**Background**

A healthy work environment is imperative for patient safety and overall job satisfaction. Staff nurses desire collaborative and interdisciplinary relationships, both attributes of a healthy and dynamic work environment. Workplace violence, also known as horizontal hostility, has become prevalent in the healthcare setting. Horizontal hostility is evidenced by disruptive behaviors among healthcare professionals, especially the nursing workforce.1 Observed behaviors include bullying, harassment, intimidation, condescending attitudes, outbursts, lateral or horizontal violence.2-3 The behaviors consistent with horizontal and lateral violence “can range from overt behavior manifestations such as infighting among nurses; sabotage (where pertinent information is intentionally withheld); passive aggressive behavior; eye rolling in response to a question; or verbal remarks that are snide, rude, and demeaning, to more covert behaviors including failure to respect confidences and privacy.”3 Workplace incivility is another form of workplace violence, albeit more difficult to identify. As a result of workplace incivility, employees tend to decrease work effort, workplace longevity and productivity.4

These disruptive behaviors and contributing factors adversely impact the foundation of a unit-based safety culture along with effective communication and patient well being. This is a particular concern in the healthcare setting because these actions disrupt relationships and create barriers to communication needed to effectively care for patients. In addition to the deleterious effects of disruptive behaviors on members of the healthcare team, patient safety can be compromised by distraction. The experience of violence against one’s welfare can perpetuate a fear of ongoing horizontal hostility which can interfere with the willingness or ability to communicate effectively.5 In response to concerns raised by findings associated with negative workplace behaviors, The Joint Commission has implemented standards which require accredited facilities to define and address all forms of disruptive behavior.
Definitions:

- **Bullying** is defined as the misuse of power or position; which includes: humiliation, criticism in public places, exclusion from decision-making, aggressive behavior over a period of time, treating others as incompetent, or deliberately withholding information to affect a colleague's performance. The bullying behavior that occurs within the nursing profession can occur at all levels and in various clinical settings.

- **Cyberbullying** involves sending or posting harmful or cruel messages or images and using the Internet or other digital devices such as cell phones.

- **Harassment** is a conduct which is unwanted that affects dignity and well-being and creates a hostile or ineffective work environment. This conduct can be directed towards age, sex, race, color, language, sexual orientation, religion, political, physical abuse or contact, verbal or written abuse, offensive language or jokes, or other association of abuses.

- **Horizontal/Lateral Violence/Horizontal Hostility (demeaning and/or intimidating others)** is individual or group behavior described as hostile and aggressive behavior towards another member or groups of members of the larger group.

- **Intimidation** includes, but is not limited to, stalking or engaging in actions intended to frighten and coerce.

- **Physical Attacks** are unwanted or hostile physical contact such as hitting, fighting, pushing, shoving or throwing of objects.

- **Property Damage** is intentional damage to property.

- **Sexual Harassment** is “unwelcome advances, requests for sexual favors and other verbal or physical conduct of a sexual nature, when submission to or rejection of this conduct explicitly or implicitly affects a person’s employment or education, unreasonably interferes with a person’s work or educational performance, or creates an intimidating, hostile or offensive working or learning environment.”

- **Threat** is the expression of intent to cause physical or mental harm.

- **Workplace Incivility** is an insidious form of workplace violence defined as “low intensity deviant behavior with ambiguous intent to harm the target.”

- **Workplace Violence** is an umbrella term which includes, but is not limited to, intimidation, threats, physical attacks, property damage and sexual harassment.

Position

It is therefore the position of ASPAN that leaders and educators must educate and mentor nurses, empowering them to manage perceived or actual workplace violence. Leaders must develop guidelines within their own settings to incorporate this position statement into their daily practice in order to provide a safe work environment for all healthcare professionals.
Perianesthesia registered nurses are responsible for reporting any disruptive behavior in the workplace to the appropriate leadership team. Early recognition and prevention are critical to creating a safe and therapeutic environment for patients and a safer work place for health care workers.

The following principles and guidelines should be followed:

1. Perianesthesia nurse leaders need to seek out continuing education to develop skill set to help identify horizontal hostility and learn how to employ ways to decrease it at the unit level.
2. The confidentiality and privacy of the involved healthcare worker shall be maintained.
3. Perianesthesia nurses should work collaboratively with the management or administrative team to establish and implement policies on zero tolerance regarding abuse or violence in the workplace.
4. Education and training programs in horizontal hostility prevention for perianesthesia nurses should be promoted.
5. Violence and/or hostility in the workplace should not be tolerated in any healthcare organization.
6. Upper management leaders’ involvement in the infrastructure of two-way communication, ability to speak up without fear (just culture) of retaliation and consistency in the implementation of zero tolerance policy on workplace violence is promoted.
7. Clear guidelines are in place to protect those reporting workplace violence and/or harassment.

**Expected Outcomes**

Perianesthesia registered nurses need to familiarize themselves with this position statement, inform and educate colleagues and other health care professionals.

Following the principles outlined in this position will result in:

1. Improved and open communications among healthcare workers.
2. Decisive actions against workplace violence, hostility and incivility.
3. Open door policies and easy access to nursing management.
4. Improved professional development opportunities through inservices, seminars or continuing education for staff on how to manage bullying.
5. Development of policies and procedures on workplace violence and how to resolve conflict.
6. Development of standards for management teams to follow-up when complaints are made.
Approval of Statement

This position statement was reviewed and recommended by the ASPAN Safety Committee in February, 2009.

This position statement was recommended by a vote of the ASPAN Board of Directors on April 18, 2009, in Washington, DC and approved by a vote of the ASPAN Representative Assembly on April 19, 2009, in Washington, DC.

This position statement was updated and revised at the October 2015 meeting of the Standards and Guidelines Strategic Work Team in Fort Worth, Texas.

REFERENCES


BIBLIOGRAPHY


Fudge L. Why, when we are deemed to be carers, are we so mean to our colleagues? Horizontal and vertical violence in the workplace. *Can Oper Room Nurs J.* 2006;24(4):13-16.


