



## **Lateral Violence in the Workplace: Stop the Cycle**

**1 Contact Hour**

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## **Acknowledgements**

### ***RN.com acknowledges the valuable contributions of...***

***...Kim Maryniak, RNC-NIC, MSN, PhD(c).*** Kim has over 25 years nursing experience with medical/surgical, psychiatry, pediatrics, and neonatal intensive care. She has been a staff nurse, charge nurse, educator, instructor, manager, and nursing director. Her instructor experience includes med/surg nursing, mental health, and physical assessment. Kim graduated with a nursing diploma from Foothills Hospital School of Nursing in Calgary, Alberta in 1989. She achieved her Bachelor in Nursing through Athabasca University, Alberta in 2000, and her Master of Science in Nursing through University of Phoenix in 2005. Kim is certified in Neonatal Intensive Care Nursing and is currently pursuing her PhD in Nursing. She is active in the National Association of Neonatal Nurses and American Nurses Association. Kim's current and previous roles include research utilization, nursing peer review and advancement, education, use of simulation, quality, process improvement, leadership development, infection control, patient throughput, nursing operations, and professional development.

## **Purpose and Objectives**

The purpose of this course is to provide an overview of lateral violence and bullying in the workplace for nurses.

### ***After successful completion of this course, you will be able to:***

1. Define lateral violence.
2. Identify contributing factors to lateral violence.
3. Describe overt and covert behaviors involved in lateral violence.
4. Discuss effects of lateral violence.
5. Discuss strategies to decrease the incidence of lateral violence.

## Introduction

It used to be termed “eating our young,” but now is known by other terms, including lateral violence. Various studies have reported that between 18% and 31% of nurses have been the victims of lateral violence, or bullying, at all levels of practice (American Nurses Association [ANA], 2012). Other studies show that up to 77% of nurses have witnessed behavior of lateral violence (Walrafen, Brewer, & Mulvenon, 2012).

## What is Lateral Violence?

Lateral violence is also known as horizontal violence, bullying, peer hostility, nurse-to-nurse aggression, and horizontal bullying. It is defined as direct and indirect behaviors or sabotage of co-workers at the same level, with intent to harm, control, diminish, devalue, or disrupt (Bartholomew, 2006; Embree, & White, 2010). Lateral violence occurs when groups or individuals who feel oppressed internalize feelings such as anger, and then inappropriately demonstrate these feelings through behaviors such as gossip, insults, and blaming (Embree, & White, 2010). Horizontal violence has been identified as a cause of workplace stress, as well as a potential result of stressors in the workplace (Bartholomew, 2006).

## Factors that Contribute to Lateral Violence

The workplace environment itself influences reactions of healthcare professionals in both a positive and negative fashion. Lateral violence involves both overt and covert behaviors that create unhealthy work environments (Bartholomew, 2006; Becher & Visovsky, 2012). The effects of lateral violence can create withdrawal, avoidance, and unhealthy relationships (Hutchinson, Wilkes, Jackson, & Vickers, 2010). Unhealthy relationships can create a negative work environment, which can increase turnover of staff, cause burnout, and result in poor patient outcomes (Becher & Visovsky, 2012).

Organizational factors that have been associated with lateral violence include lack of strong shared governance, strict hierarchical relationships, lack of resources, imbalance of power, and lack of leadership support.

Personal characteristics of individuals who demonstrate behaviors associated with lateral violence include low self-esteem, feelings of oppression, learned helplessness, previous abuse, suppressed anger, and inadequate coping skills (Becher & Visovsky, 2012; Embree & White, 2010).

## Test Yourself

Lateral violence can be caused by:

- A. Workplace stress
- B. Inappropriate demonstration of internalized anger
- C. Both A and B – Correct

## Behaviors Seen with Lateral Violence

Lateral violence can be seen in forms of both verbal and physical behavior. Verbal behavior is more commonly seen, and includes personal or professional mistreatment. Abusive behavior is that which demonstrates a lack of respect for the worth and/or dignity of an individual, and humiliates or degrades the other person.

Intimidating behavior includes impatience, condescending language, outbursts of anger, unwillingness or refusal to answer questions, threatening body language, and actual physical contact (Embree, & White, 2010).

The most common forms of lateral violence include non-verbal insinuation, verbal disrespect, undermining behaviors, withholding information, sabotage, bickering, blaming others, backstabbing, failure to respect privacy, and broken trust (ANA, 2012; Embree & White, 2010).

## Covert and Overt Behaviors

Covert Behaviors	Overt Behaviors
Ignoring requests for help from others	Open hostility towards others
Inapproachable, cold demeanor	Name calling or demeaning remarks
Refusing to talk to others	Use of offensive language directed at others
Gossip	Taunting others
Withholding information (e.g. not giving all information during handoff)	Making physical threats
Non-verbal behaviors (e.g. rolling eyes, hands on hips, crossed arms)	Voice raising, yelling, or screaming
Tone of voice (e.g. condescending)	Throwing objects
Sarcasm or offensive language (not directed at others)	Writing retaliatory complaints against another
Ignoring or dismissing the input of others	Actual physical contact

(Lachman, 2014; American Nurses Association, 2012; Walrafen et al., 2012).

## Test Yourself

Nurse Cathy frequently uses sarcasm around other nurses, and speaks in a condescending manner. She makes faces behind other's backs, and does not consider the input of others. Her behaviors can be described as:

- A. Overt
- B. Covert – Correct

## Did You Know?

One study showed that one-third of the nurses in the sample acknowledged that they participated in negative behaviors associated with lateral violence (n=227). Although disappointed in their behavior, many of the nurses felt that it was related to the "culture" of their workplace (Walrafen et al., 2012).

## Effects of Lateral Violence

### Personal:

Lateral violence can create individual or personal consequences, such as loss of sleep, fatigue, frustration, low self-esteem, fear, burnout, and depression (ANA, 2012; Embree & White, 2010).

### Organizational:

The personal effects of lateral violence can cause impairment in the ability of nurses to appropriately care for patients. Studies report that disruptive behaviors from lateral violence can cause medication errors, adverse events, and near misses. For organizations, this can increase the potential for negative patient outcomes. In addition, lateral violence can create a toxic work environment, which decreases staff satisfaction for all involved. Nurses who are exposed to lateral violence are also more likely to have increased sick time, and may leave the organization (ANA, 2012; Embree & White, 2010).

### Professional:

Lateral violence extends effects beyond the person, culture, and organization. Behaviors associated with lateral violence breach the Code of Ethics for Nurses, and reflect poorly on the profession of nursing (Lachman, 2014). In addition, nurses who are victims of, or exposed to, lateral violence are also more likely to leave the profession (ANA, 2011).

## Did You Know?

Several studies revealed...

- 40% of clinicians allowed a medication error to occur and/or failed to report the error due to an intimidating colleague.
- 53% of student nurses had been put down by a staff nurse.
- 56.9% of nurses reported having been threatened or experienced verbal abuse at work.

(ANA, 2011)

## Test Yourself

Decreased staff satisfaction can be an effect of lateral violence. This can be classified as what kind of effect?

- A. Personal
- B. Organizational - Correct
- C. Professional

## **Strategies to Decrease Lateral Violence**

There are strategies that have been identified to decrease the incidence of lateral violence. These require commitment from the staff and leadership within an organization. Workplaces need to have interventions in place to address the problem and consequences of lateral violence.

Walrafen et al. discussed strategies identified by nurses to combat lateral violence (2012). These approaches include strengthening collegial relationships, encouraging responsibility and accountability, and supporting one another as a strategy for change. Hutchinson et al. discussed how informal alliances can mediate and influence participation in acts of bullying (2010). Organizational factors and relationships were found to be important components in reducing the effects of bullying in the workplace.

### *Building the Skills*

Although it is not easy, individuals and teams must build their own skills to combat lateral violence. To interrupt violence when it is happening involves a crucial confrontation, which is not comfortable for most individuals. Necessary skills in the workplace include:

- Assertiveness training
- Conflict resolution
- Negotiation skills
- Improved communication (ANA, 2011; Walrafen et al., 2012).

Individuals must also be able to identify when they are demonstrating negative behaviors associated with lateral violence.

### *Creating Support*

Peer support is another strategy that is important for positive work environments. Building relationships and supporting one another can be done in a formal or informal fashion. Nursing units should be assessed by both nursing leaders and staff to raise awareness of lateral violence. In addition, promoting the use of employee assistance programs for individuals who demonstrate negative behaviors, or those as victims of lateral violence, can be an essential approach (ANA, 2012; Lachman, 2014).

### *Building the Team*

Organizational and leadership support is important to address lateral violence. Opportunities for team building should be provided for staff, particularly for departments assessed as a high risk for lateral violence. Continuing education should be encouraged and made available to staff, including communication and assertiveness training. Encouraging dialogue amongst staff, brainstorming of solutions, and use of shared governance councils are other vital components (Walrafen et al., 2012). Empowerment of nurses can decrease the incidence of lateral violence. Organizations that provide resources, information, opportunities, and support demonstrate nurse empowerment (Lachman, 2014).

## *Implementing Policies*

Creation of policies that deal with organizational culture and lateral violence are crucial to the issue. Nurse leaders must take accountability to create these policies in support of nursing staff. Components needed for successful unit-specific and organizational policies include:

- Zero tolerance toward violent or abusive behavior
- Allow anonymous reports
- Protection of staff from retribution if concerns are reported

Policies that are developed based upon the Code of Ethics for Nurses can uphold professionalism and accountability (Lachman, 2014). Important components of this code that apply to lateral violence in the workplace consist of:

- Respect for human dignity: nurses value each individual in every professional relationship
- Relationships with colleagues and others: nurses uphold respectful, caring, and professional relationships
- Collaboration: nurses require collaborative planning for provision of safe and quality patient care
- Protection of patient health and safety by acting on questionable practice: nurses must take appropriate action for actions that make jeopardize patient safety
- Accountability for nursing judgments, decisions, and actions: nurses are accountable for moral principles, including fidelity, loyalty, and respect for dignity

(ANA, 2015)

## **Test Yourself**

Strategies to address lateral violence include:

- A. Communication training
- B. Developing policies
- C. Team building
- D. All of the above – Correct

## **Case Study One: Bullying at the Bedside**

In discussing actual incidents of lateral violence, several case studies have been shared. Names have been changed to protect identities.

### *Scenario*

Four staff nurses met with their manager to discuss concerns about a fellow co-worker, Annie. They told the manager that Annie often spoke in a rude manner, rolled her eyes at others, and gossiped behind nurses' backs. One nurse stated "It is even worse when she is in charge. If she is ticked off at you, she gives you a really bad assignment, and won't help when you ask. Sometimes the assignments border on unsafe, but she will change it on the assignment sheet so it doesn't look so bad." Another nurses stated "She acts all nice and

professional when leaders or doctors are around, but when they're not, look out!" The staff nurses related that they tried to schedule themselves so that they were not working on Annie's shifts, especially when she was in charge.

### *Intervention*

The manager took the concerns very seriously. She met with Annie, and told her the perceptions of the staff. The manager told Annie that this type of behavior would not be tolerated. When Annie asked who had reported her, the manager would not share the names of the staff, telling Annie that it didn't matter who had the concerns, but rather that these concerns existed. Annie told her manager that she wasn't aware of how she came across to others, apologized, and said she would improve her behavior.

### *Follow-Up*

The following week, one of the staff nurses approached the manager again, and told her that Annie was trying to find out who had "ratted her out". The nurse related that Annie's behavior did not improve. The manager met again with Annie, and took further disciplinary action against her.

### *Summary*

This case study shows how co-workers were brave enough to speak with the manager about lateral violence. It also demonstrates effective management in listening and taking these concerns seriously.

## **Case Study Two: Covert Report**

### *Scenario*

Diane had been a nurse for seven years, and just recently changed units. She had gone through an intensive six-week orientation program for the new unit, and was now on her own. During her first week of being off orientation, she was receiving report from Val, a nurse who had worked on the unit for fifteen years. When Diane asked a question during report, Val looked at her, rolled her eyes, and told her to look up the answer. The next time Diane was getting report from Val, Val's demeanor was very impatient, with her frequently looking at the clock, and sighing heavily.

### *Intervention*

Diane thought about this behavior on her way home, and she decided that she was going to speak with Val. Although extremely uncomfortable, Diane confronted Val the next time she received report from her. "Val, help me understand what it is that I've done to make you mistrust me. The last few times you have given me report, your non-verbal behavior and tone of voice make me feel like I am stupid. I have been a nurse for seven years, and I am trying to learn in this new unit, so I can provide the best care for my patients. When I feel like someone doesn't trust me, then it is difficult for me to be the best nurse I can be."

### *Outcome*

Although her face had reddened during this statement, Diane was surprised that this worked. Val's facial expression relaxed and she paused before she spoke. Val told Diane that she was sorry, and didn't realize she was making Diane feel that way. After a few weeks, Diane and Val were able to communicate more effectively together.



## *Summary*

This case study shows an effective use of a crucial conversation initiated by a victim of lateral violence. It was not easy for Diane to confront Val, but worked well to decrease the lateral violence that was occurring.

### **Case Study Three: The Experienced Newbie**

In discussing actual incidents of lateral violence, several case studies have been shared. Names have been changed to protect identities.

#### *Scenario*

Tim had been a nurse for over twenty years, and he was very excited to start a new job in a non-clinical department. When he started his new position, he discovered that the department had many acronyms that were used in discussion, which he was not familiar with. When he would ask what an acronym meant, another nurse, Marion, would pinch up her face, and state, very slowly, what the acronym was. Tim overheard Marion talking with another staff member, looking at him frequently; he overheard her saying "It's not rocket science".

#### *Outcome*

At a staff meeting, the discussion was about being non-productive. Specifically, the conversation was about how time could be spent "spinning wheels" when focus is lost from the task at hand. Marion spoke up to the group, and said "A good example is when Tim went off into the weeds, researching this process that was already well-established."

Tim felt embarrassed and humiliated. Within four weeks of his new position, Tim began looking for another position.

#### *Summary*

This case demonstrates that even nurses with many years of experience can be victims of lateral violence. This is an unfortunate case, as Tim did not feel empowered to bring forth his concerns, and ended up leaving the work environment.

### **Case Study Four: Ineffective Leaders**

#### *Scenario*

Rose is a nurse leader who has been at the manager level for almost ten years. She relates how she participated in a committee with other nurse leaders to develop strategies to improve patient safety at her organization. This group was facilitated by two senior leaders. Part of Rose's responsibility was to present case studies, looking at details of patient cases in a manner of non-blame. While Rose presented a case at one meeting, another nurse leader, Sunny, became very defensive. She interrupted Rose frequently, made excuses for what happened during the case, and raised her voice several times. Rose maintained her composure and didn't react to Sunny's outburst. Rose was surprised, however, that none of the other leaders addressed Sunny's behavior.

## *Outcome*

During two more meetings, Sunny demonstrated similar behavior. As Rose was presenting one case to the committee, Sunny actually yelled, waved her arms in the air, and banged her hand on the table several times. Rose felt her face redden, and looked down at the table. When Rose was driving home later that day, she felt that she did not have support from the leaders at the committee, because they allowed Sunny's behavior to continue.

Rose got on her computer when she arrived home, and looked for another position at a different organization. She also contemplated why she was in the nursing profession- her goal was to improve patient care, but Rose felt that her fellow nurse leaders were more concerned with their own agendas.

## *Summary*

This case study shows that all levels of nursing are affected by lateral violence, including nurse leaders. Rose did end up leaving the organization, but did stay in nursing. There are too many occasions where nurses actually leave the profession as a result of lateral violence.

## **Conclusion**

Lateral violence consists of disruptive behaviors in the workplace that produce personal and organizational consequences. Lateral violence reflects poorly on the profession of nursing, and can negatively affect patient care. Strategies and actions can be taken by individuals, teams, and organizations to combat this phenomenon. Support from all levels is needed to address lateral violence and put a stop to it.

## **Recommended Resources**

Some recommended resources to help build individual communication skills include:

Covey, S.R. (2013). *The 7 habits of highly effective people: Powerful lessons in personal change* (25th anniversary ed.). Electronic edition: RosettaBooks.

Covey, S.M.R., & Link, G. (2013). *Smart trust: Creating prosperity, energy, and joy in a low-trust world*. New York, N.Y.: Free Press.

Patterson, K., Grenny, J., McMillan, R., & Switzler, A. (2012). *Crucial conversations: Tools for talking when stakes are high* (2nd ed.). New York, NY: McGraw-Hill.

Patterson, K., Grenny, J., Maxfield, D., McMillan, R., & Switzler, A. (2013). *Crucial accountability: Tools for resolving violated expectations, broken commitments, and bad behavior* (2nd ed.). New York, NY: McGraw-Hill.

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Christie, W., & Jones, S. (2013). Lateral violence in nursing and the theory of the nurse as wounded healer. *OJIN: The Online Journal of Issues in Nursing*, 19(1).

Embree, J., & White, A. (2010). Concept analysis: Nurse-to-nurse lateral violence. *Nursing Forum*, 45(3), 166-173.

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Lachman, V. (2014). Ethical issues in the disruptive behaviors of incivility, bullying, and horizontal/lateral violence. *MEDSURG Nursing*, 23(1), 56-60.

Longo, J. (2010). Combating disruptive behaviors: Strategies to promote a healthy work environment. *OJIN: The Online Journal of Issues in Nursing*, 15(1), Manuscript 5.

Walrafen, N., Brewer, M.K., & Mulvenon, C. (2012). Sadly caught up in the moment: An exploration of horizontal violence. *Nursing Economics*, 30(1), 6-12, 49.

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