Lateral Violence in the Nursing Profession

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Introduction

Recently, I heard the word lateral violence from a co-worker. The word sounded foreign to me but when she started describing it, I realized that it is not foreign after all. Lateral violence is just a fancy word for bullying in the workplace. I became interested on the subject because I see lateral violence happens quite often in my workplace. I’ve been a victim of lateral violence myself and have witnessed few of my co-workers bullied as well. I began to wonder, why is this an ongoing problem in the nursing profession? What is being done about it or what needs to be done to stop this problem?

Lateral violence (LV) is also known as horizontal violence (HV) and bullying. LV appears in numerous nursing literatures and articles and has been debated for over two decades (Spence Laschinger & Nosko, 2015). LV not only affects the U.S. but it also appears to be a worldwide issue with negative health outcomes (Spence Laschinger & Nosko, 2015). Lateral violence is attributed to numerous health problems in nurses which include psychological issues, burnout, job dissatisfaction, and preventable patient consequences (Laws, 2016; Spence Laschinger & Nosko, 2015). Bullying behavior results in medication mistakes, contributes to poor patient outcomes, increases expense to the healthcare organization, and causes qualified staff, including managers, to find positions elsewhere where there is better working morale (Laws, 2016).

Coursey, Rodriguez, Dieckman, and Austin (2013) described lateral violence as inappropriate, undesirable, and troublesome behavior. Morse (n. d.) stated that lateral violence involves nurses and can be subtle or blatant. According to Embree and White (2010), subtle or covert behaviors are the most harmful and include “unfair assignments, sarcasm, eye-rolling,
ignoring, making faces behind someone’s back, refusing to help, sighing, whining, refusing to work with someone, sabotaging others, isolation, exclusion, or fabrication” (p.168). Blatant or overt behaviors, according to Brunt (2011) include “name-calling, bickering, fault-finding, backstabbing, criticism, intimidation, gossip, shouting, blaming, using put-downs, and raising eyebrows” (p. 6). Usually, the perpetrators aim their dissatisfaction to other nurses regardless of their position within the workplace (Coursey et al., 2013). Aggressors may be frustrated with events in their life and may project that frustration unto one or more co-workers. The Task Force on the Prevention of Workplace Bullying (as cited in Brunt, 2011, p. 6) described bullying as an “offensive, abusive, intimidating, malicious or insulting behavior, or abuse of power conducted by an individual or group against others, which makes the recipient feel upset, threatened, humiliated, and vulnerable which undermines their self-confidence and which may cause them to suffer stress”. This stress may be projected into the bullied individual’s work which makes the bullied individual feel upset and unable to concentrate during medication administration and results in medication error. Bullying behaviors are usually methodical, constant, and progressing (Brunt, 2011).

Lateral violence is an ongoing problem that has plagued the nursing profession and has been proven to negatively impact healthcare. Lateral violence causes a decrease in nurse job satisfaction, increases health problems amongst nurses, increases turnover rates, cost to the healthcare organization, and potentially compromises patient safety.

**Research Strategy**

The research process used in this paper is via the internet using the google scholar, the Zotero program utilizing the “CINAHL” database provided. The keywords used are lateral
violence, horizontal violence, bullying, peer-reviewed articles, literature reviewed articles, and Code of Conduct for Nurses. Surprisingly, there are many articles about horizontal and lateral violence. I found many articles on bullying as well. The bullying articles I chose are specifically focused on the nursing profession. I chose a legitimate source database, one that is recommended in class which is the “CINAHL” database. I made sure that the articles that I selected were recent and published between year 2010 to 2016 and peer reviewed, as a requirement in writing this paper, as well as literature review and editorial about lateral violence. Another significant factor in choosing my articles selection is that it not only discusses about the negative effects of lateral violence but also reveals strategies to solve the problem of lateral violence in the nursing profession.

**Lateral Violence in the Workplace**

Lateral violence has been going on way too long in the nursing profession with negative consequences. Embree and White (2010) stated that bullying behaviors associated with LV is continuing to increase contaminating the nursing profession, and affecting quality staff retention. For instance, my co-worker who is a competent registered nurse (RN) left my current workplace due to LV. Spence Laschinger and Nosko (2015) concurred that disruptive behavior is on the rise which seems to be a disturbing reality. As RN’s, it is imperative that we hold ourselves to the utmost professionalism to advance in nursing as a profession. Lachman (2015) wrote, “disruptive behaviors are a violation of the Code of Ethics for Nurses” (p. 39). Laws (2016) described bullying as behaviors that are disturbing and affecting the working environment and team morale.
Individual Negative Effects of Lateral Violence

Brunt (2011) reported that the damaging effects of horizontal violence to nurses are usually stress related which includes anxiety, insomnia, and dread of going back to work. Other effects on the individual nurse as described by Laws (2016) include anger, elevated stress, upset stomach, headaches/migraines, feeling ill, high blood pressure, irregular heart beat, panic attacks, weepiness, irritability, concentration issues, solitude, self-abuse, social phobia, misery, substance abuse including nicotine, alcohol, or drugs, or suicide.

LV affects all nurses in the health care organization, but it appears that nurses entering for the first time in the nursing profession or the new hire (Embree & White, 2010) seems to be the most vulnerable group affected. For example, my co-worker who is an experience RN experienced LV when she began a new job in a new city. Coursey et al. (2013) found in their survey that often the perpetrators are the experienced nurses and the likely victims are the ones who are new to the profession.

New registered nurses, newly hired, novice, and new to the healthcare organization often are the target of this aggression (Brunt, 2011; Coursey et al., 2013; Embree & White, 2010). These nurses who are new to the nursing profession could really use the experienced nurse guidance in order for them to gain experience and confidence, and thrive in nursing as a profession. The experienced nurses need to be empathetic and reflect back when they first started in the nursing profession; I know when I first started, I felt so inadequate and really needed my co-workers support and guidance. However, it is possible that these perpetrators were once bullied themselves when they first began their career in nursing and they are continuing to contribute to the practice of nurses “eating their young” which is damaging to the nursing
Organizational Negative Effects of Lateral Violence

Continued lateral violence can lead to a struggle with recruitment and staff retention, resulting in increased staff turnover, which could compromise patient safety (Laws, 2016). With Medicare’s new reimbursement criteria, it is imperative that healthcare organizations address the issue of cost, patient safety, and satisfaction (Lachman, 2015). It is crucial to have adequate staffing due to the fact that understaffing can result in increased nurse workload or longer working hours which result in increased stress and fatigue; making the nurse vulnerable to making mistakes, such as medication errors, thereby compromising patient safety. The nursing profession is already a high stress occupation and if inadequate staffing continues, nurses may find work elsewhere, where there is better cohesive working environment. The healthcare organization carries the burden with increased cost associated with high staff turnover rates (Brunt, 2011), increasing nursing shortage (Morse, n.d.), sick calls, and reduced staff performance which results in diminished patient satisfaction and preventable negative patient outcomes (Coursey et al., 2013; Laws, 2016).

Contributing Factors of Lateral Violence

There are various reasons why lateral violence continues. According to Laws (2016), lateral violence continues because nurses accept the bullying behavior for fear of retaliation, which then makes the bullying behavior becomes the norm in their working environment. On the contrary, my co-worker who spoke out was retaliated with unfair assignment and continued to be bullied. The bullying became overwhelming for my co-worker that she became anxious and
fearful that the aggressor was going to sabotage her. She ended up making a medication error and luckily there was no adverse effect to the patient. She resigned and found work elsewhere.

In Spence Laschinger and Nosko's (2015) study, they found a large number of nurses in the U.S. not reporting the bullying incidents because they felt that their attempts to deal with disruptive behavior with management is pointless and useless. It’s not surprising why nurses are reluctant to confront the perpetrator due to lack of action from management. This is a perfect example with one of my co-workers and with that incident in mind, it’s no wonder why nurses are reluctant to confront the bully. Management did not stop LV to the extent necessary, and the resulting lack of action to stop the bullying behavior then becomes the norm and the vicious cycle of lateral violence continues. A few of my co-workers say about the aggressor, “Oh, that is just the way she is, or that is just her personality”. But excusing a co-worker’s aggressive behavior as “personality” is a practice I find disturbing, especially when I witness aggressed colleagues show signs of helplessness, anxiety, and frustration when working with the aggressor.

According to Embree and White (2010), tolerance to this kind of behavior then, becomes an accepted norm and the problem never resolves. Managers are also not equipped to handle the situation or they simply don’t know how to address the issue (Laws, 2016). Lachman (2015) reported that in her experience, “many clinical nurses and nurse leaders lack the needed assertiveness and negotiation skills necessary to deal with disruptive behavior in the workplace” (p. 41). On the other hand, according to Coursey et al. (2013), health care organizations who implemented the zero tolerance policy, failed due to lack of enforcement, rendering this policy to be ineffective and useless.
Strategies to Stop the Cycle of Lateral Violence

Education and reframing how LV is addressed is imperative to breaking the cycle of LV. Morse (n.d.) recommended two steps to stop the cycle of lateral violence. The first step is recognizing when LV occurs, and the second step is responding to it. Breaking the cycle of LV needs to have a multidisciplinary approach. Education, continued commitment from administration, and all staff with enforcement of LV prevention policies will have a strong effect to stop LV (Morse, n.d.). Standards and guidelines need to be developed and maintained and appropriate actions need to be taken seriously not passively.

Morse (n.d.) emphasized the use of cognitive rehearsal as a valuable tool, as well as education and implementation of zero tolerance policy. The (American Nurses Association [ANA], 2015) assert that, violence of any kind in the nursing profession will not be tolerated, however the association did not mention any ramification if indeed the nurse’s bullying behavior continues. The (ANA, 2015) did make recommendations for RN’s to promote healthy interpersonal relationship and self-awareness of their actions. The organization suggested that employers need to provide support to the employees, give information of available resources and strategies, including education sessions on prevention strategies on incivility and bullying.

On the other hand, Lachman (2015) stated that the healthcare organization has an ethical responsibility to have policies in place to support nurses confront the aggressor effectively. Lachman (2015) asserted that it is the healthcare organization’s obligation to develop standards code of conduct to eradicate disruptive practices. According to Lachman (2015), the American Association of Critical Nurses (AACN) recommended six standards which include, “authentic leadership, skilled communication, true collaboration, effective decision making, appropriate
Morse (n. d.) also corroborated with Lachmann (2015) findings of AACN’s standards. The zero tolerance policy should be made as standard practice (Lachman, 2015).

Subsequently, Coursey et al. (2013) verified from their study, evidence to support operations for successful implementation of lateral violence policy including; positive behavior supporting LV policies, administration involvement with staff, policy revision when necessary, and multiple intervention implementation especially if other interventions are ineffective used alone. Coursey et al. (2013) acknowledged that nursing education should include instructions in dealing with lateral violence.

In addition, Coursey et al. (2013) found evidence in their study, the use of cognitive rehearsal to be effective. The participants were given a laminated card with responses to lateral violence events. The result is surprisingly promising as the participants reported 100% reduction of lateral violence when they confronted the perpetrators. Brunt (2011) also discovered in her research studies, the use of cognitive rehearsal using cue cards with constructive responses to be 100% effective, resulting in four nurses being transferred to other units so they can keep their job.

Also, in Coursey et al.'s (2013) survey of more than 600 nurses, the investigators noted that ineffective leadership did not help with stopping lateral violence but made it worse instead. They suggested that managers need to create a workplace where everybody shows mutual respect and courtesy. Individuals and groups need to be proactive in implementing policy and developing skills for better communication. Coursey et al. (2013) suggested the use of multiple interventions such as: audit and feedback, local consensus processes, marketing, and reminders.
recognizing that if used alone, they may not be as effective. Coursey et al. (2013) also recognized the limitation of their study and concluded that more research needs to be organized which will address the effectiveness of lateral violence policy implementation. They are optimistic that the lateral violence policy implementation will result in safe patient care through a better working environment and morale.

In the same way, Lachman (2015) suggested four practical intervention strategies. These include: following the standards and code of conduct in the Code of Ethics for Nurses, skill development training in conflict resolution, structural empowerment, and addressing practitioner impairment such as: substance abuse, mental health issues, and effective stress management.

Similarly, Brunt (2011) recognized that the top approach to deal with bullying behavior is to boost the recognition of the issue which include staff education, and dissemination of information regarding policies and procedures. Each individual nurse has to take accountability for their own actions. Individual strategies will include that each nurse needs to be respectful of each other’s privacy, accept fair share of their workload and be willing to help their colleague when needed, setting aside their differences and full cooperation needs to be observed (Brunt, 2011). Each nurse should make an effort to make their workplace a better place where there is good morale, cooperation and get rid of negativity. At the organization level, managers need to address negativity and help create a healthy working environment. The organization will need to adopt a zero tolerance policy, outstanding leadership, develop policy on handling lateral violence, and encourage staff to speak up without fear of retaliation (Brunt, 2011).

Furthermore, Embree and White (2010) believed that the healthcare organization need to provide nurses with expertise and strategy to eliminate LV which will result in improved
nursing morale, good patient outcomes, and retention of quality staff. Also, Embree and White (2010) recommended the practice of cognitive rehearsal realizing that this could be the key and an effective method in helping nurses deal with LV issue. Laws (2016) stated that nobody should have to accept bullying as part of their job.

On the other hand, Spence Laschinger and Nosko's (2015) study was based on the effects of disruptive behaviors to nurses well being. In their study, they found that psychological capital (PsyCap) played a big part to nurses deal with bullying. Psychological capital is a concept of positive psychological state of development characterized by: hope, optimism, resilience, and confidence or self-efficacy (Spence Laschinger & Nosko, 2015). Spence Laschinger and Nosko (2015) also realized the limitation of their study since only very few studies were performed, examining the cause and effect of (PsyCap) and bullying. However, they did find that (PsyCap) did play as a protective role against bullying, but they also discovered that exposure to bullying has a stronger negative effect to nurses well being. Both new and experience nurses are equally affected by bullying.

Synthesis

The ANA, Brunt, Coursey et al., Embree and White., as well as Lachmann, Laws, Morse, and Spence Laschinger and Nosko, recognized the negative effects of LV, HV, or bullying to the nurses, the healthcare organizations, and to patient outcomes. The ANA asserted and maintained their clear and strong position of the “Zero Tolerance Policy” stating that violence of any kind will not be tolerated to ensure the safety of patients, nurses and other healthcare workers which Brunt and Morse also corroborated. However, Coursey et al. contradicted and rejected the concept of relying solely on zero tolerance policy due to lack of enforcement.
Instead, Coursey et al. demanded to approach LV issue by focusing on prevention which included development of best practices in areas of anticipating violent incidents, de-escalation techniques, and improved training on how to manage incidents when they occur.

The ANA, Brunt, Coursey et. al., Embree and White, and Morse supported the idea to stop LV by the involvement and commitment of administration, management, and all staff for a successful change to stop LV. All staff need to be educated, provided training skills, tools, and other resources in order to maintain a healthy working environment. Brunt, Coursey et. al., Embree and White, and Morse reaffirmed the use of cognitive rehearsal as a tool for nurses in confronting the perpetrators. Both Brunt and Morse agreed that the first step to stop lateral violence is recognizing that the problem exists.

On the other hand, Spence Laschinger and Nosko found in their study that PsyCap did play as protective role against workplace bullying. They also did not deny the fact that continued exposure to bullying threatened both new graduates and experienced nurse’s workplace health and well-being, possibly contributing to these nurses leaving the profession.

**Summary**

Lateral violence is toxic to the nursing profession. Its negative effects are damaging and catastrophic, not only to the nurses well-being but also to the healthcare organization due to the increased cost associated with high staff turnover. Furthermore, patient safety is compromised thereby affecting patient satisfaction. Despite implementation of different strategies and policies to stop lateral violence in the workplace, the problem continues to exist and is on the rise. The zero tolerance policy is ineffective and useless due to lack of enforcement. The healthcare organization, administration, managers, and nurses do not appear to address lateral violence
seriously. Due to lack of action at multidisciplinary levels, lateral violence continues. Several studies proved that cognitive rehearsal is 100% effective. Then, why not include cognitive rehearsal as part of nursing education?

If we educate nursing students on how to approach LV positively, then I believe incidence of lateral violence will drop significantly. As more senior nurses retire and leave the nursing profession and with the new nurses entering the workforce; equipped with knowledge and skills on confronting lateral violence, this could be the step to break the vicious cycle of lateral violence in the workplace.

On the organization level, continuing education and training to all staff is crucial. Management needs to be well equipped on handling lateral violence situations as it occurs by providing them the training, skills and guidelines according to hospital policy. Nurses should not have to accept lateral violence as part of their job.
References


