



Lateral Violence: Is Nursing at Risk?

Author: Tommie Norris, DNS, RN

Summer 2010 issue *Tennessee Nurse* – Volume 73, No. 2

Lateral Violence: Is Nursing at Risk?

by Tommie L. Norris, DNS, RN

Lateral violence is the act of threatening, humiliating, or actually inflicting physical, mental or emotional harm on a peer or group. Bullying, profanity, and sexual harassment may come to mind when mentioning lateral violence. But these are not the only ways that lateral violence may manifest itself in personal interactions. Condescending language, impatience with questions from novice nurses or unlicensed personnel, belittling, rudeness, withholding information, and even temper tantrums are considered forms of lateral violence. Violence may be perpetuated by peers, providers or even by patients and their families. It is important to note that student nurses, novice nurses (those entering the profession), and even experienced nurses may be at risk for lateral violence.

Nursing is not immune to the devastating trend of increasing workplace violence. Individuals may be attracted to the field of nursing because of its reputation for being the most trusted profession; however, the reputation of nursing is at jeopardy since nurses are more at risk for workplace violence than other professions (Carter, 2000). In fact, nursing is four times more dangerous than most other professions (Gallant-Roman, 2008). Nurses provide care for disgruntled patients and families, those who are mentally or emotionally unstable, and those who are violent criminals. Nurses must also interact with peers and other health care providers within the workplace who evoke fear and anxiety. Lateral or horizontal violence in health care has become so prevalent and troublesome that The Joint Commission (2008) has established a standard that all hospitals and organizations must determine what constitutes inappropriate behavior and develop a process to deal with this behavior. Sadly, Sincox and Fitzpatrick (2008) report research by Griffin (2006) that found 60 percent of new nurses leave their first position within six months of employment due to some form of lateral violence targeted against them in the workplace. How many times have we heard gossiping in the lounge such as, “Sally, the new nurse we just hired, asked me how to calculate the correct dosage based on the patient’s weight. I can’t believe she is so unprepared.” The “hazing of novice nurses” is unacceptable.

Experienced nurses who transfer to new units with a different skill set or patient population may be welcomed by comments such as, “I guess they don’t know how to perform wound care where you use to work.” Unfortunately, many nurses have also witnessed or been the victim of “the mean nurse” that intimidates and bullies others. When others become the target of this nurse we assure them that, “She is unkind to everyone, just ignore her.” Who are we fooling?

Undoubtedly, not the novice nurses who chose to leave their position or the experienced nurses who feel threatened. Rather than welcoming nursing students into the profession and sharing our expertise, nurses may consider them to be a nuisance, taking time from an already busy schedule. It makes one wonder why student nurses chose to enter a profession where they have often been victims of lateral violence. Nursing students describe being the object of ridicule, receiving

undeserved criticism, and feeling unvalued. It seems that nurses have adopted a tolerance for incivility and violence which may have coined the phrase, “Nurses eat our own.” Uncivil student behavior seems to be epidemic with faculty reporting unprofessional student to student and student to faculty behavior. Instantaneous postings in social networking sites have provided the vehicle for immediate gratification or revenge when one senses powerlessness, anger, or dissatisfaction circumventing the “time out” phase of anger management. Students describe the pressures of completing a program of study and have witnessed or experienced uncivil faculty behavior (Kolanko et al. 2006). The Center for American Nurses (2008) has recognized the damage resulting from lateral violence and has developed the position that “horizontal violence and bullying should never be considered normally related to socialization in nursing nor accepted in professional relationships...there is no place in a professional practice environment for lateral violence and bullying among nurses or between healthcare professionals” (p. 1). A policy and procedure for “Zero Tolerance for Abuse” is available for adoption. Nurses must be accountable for their own actions and for the behaviors of the profession.

The cost of lateral violence on the profession results in job dissatisfaction, anxiety, and burnout of nurses and those preceptors orienting new nurses. What’s more, the patient does not go unscathed. When nurses are intimidated or belittled when they ask how to perform an unfamiliar task or when attempting to clarify the plan of care, patient safety may be jeopardized. Lateral violence mirrors the cycle of an abusive parent in which the child who is abused then abuses his/her own child. This lack of respect of peers and members of the healthcare team is unprofessional, but regrettably often goes unreported. Only when a code of conduct is in place and the victim feels safe to report lateral violence will the cycle end.

Although the current economic climate has relieved the nursing shortage somewhat, it is predicted that the “lull” will be short lived and the United States will face a nursing shortage that far exceeds those in the past. The aging of nurses and the overtaxing of the health care system with the entry of the “baby boomers” places the healthcare system at risk for serious errors and a decrease in quality care. Nurses must become “change agents” and act to retain experienced nurses; end the revolving door of new graduates entering, then quickly exiting the profession; and ensure that the profession is attractive to those who may be swayed to enter other professions. The adoption of “zero tolerance” for lateral violence must be enforced. Registered nurses must role model behavior that reinforces professionalism and negates intimidating and disruptive behavior. Just remember how you felt when you experienced lateral violence and pledge not to continue the cycle. When faced with lateral violence, nurses must speak with the individual and feel that they can report the act without fear of retaliation. Educating nurses and staff to recognize and appropriately handle violent conditions must become part of new employee orientation in addition to continuing education for experienced employees. Holding open discussion forums or focus groups to learn nurses’ perceptions of lateral violence, surveying to learn the degree of intimidation in the workplace, and instituting conflict resolution training are starting points to bring lateral violence into the open. Nursing education must also take an active role to enlighten students on the importance of personal and professional behavior while demonstrating respect for self and others. Annual evaluations of nurses and end of program competencies for graduates should include professional behavior. We must all work together to end lateral violence.

References

Carter, R. (2000). High risk of violence against nurses. *Nursing Management*, 6(8), 5.
Center for American Nurses (2008). Lateral violence and bullying in the workplace. Retrieved April 1, 210 from <http://www.centerforamericannurses.org/associations/9102/files/Position%20StatementLateral%20Violence%20and%20Bullying.pdf>.

Gallant-Roman, M. (2008). Strategies and tools to reduce workplace violence. *AAOHN Journal*, 56 (11), 449-454.

Griffin, M. (2004). Teaching Cognitive Rehearsal as a Shield for Lateral Violence: An Intervention for Newly Licensed Nurses. *The Journal of Continuing Education in Nursing*, 35 (6), 257-263.

Occupational Safety and Health Administration. (2004). Guidelines for preventing workplace violence for health care and social workers. Retrieved April 1, 2010 from <http://www.osha.gov/Publications/OSHA3148/osh3148.html>.

Sincox, A. K., & Fitzpatrick, M. (2008). Lateral violence: Calling out the elephant in the room. *Michigan Nurse* (81(8), 8-9.

The Joint Commission (2008, July 9). Behaviors that undermine a culture of safety. http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_40.htm

About the Author

Tommie L. Norris, DNS, RN, is an Associate Professor of Nursing and the Director Entry into Practice Program at the University of Tennessee Health Science Center in Memphis. Norris is the TNA Vice President.