



LATERAL VIOLENCE AND BULLYING IN THE WORKPLACE

I. STATEMENT OF POSITION

Lateral violence and bullying has been extensively reported and documented among healthcare professionals, with serious negative outcomes for registered nurses, their patients and health care employers. These disruptive behaviors are toxic to the nursing profession and have a negative impact on retention of quality staff. Horizontal violence and bullying should never be considered normally related to socialization in nursing nor accepted in professional relationships. It is the position of the CENTER for American Nurses (The CENTER) that there is no place in a professional practice environment for lateral violence and bullying among nurses or between healthcare professionals. All healthcare organizations should implement a zero tolerance policy related to disruptive behavior, including a professional code of conduct and educational and behavioral interventions to assist nurses in addressing disruptive behavior.

II. PURPOSE

The purpose of this position statement is to support the registered nurse to work in an effective and collaborative manner with other nurses, healthcare professionals, and administrators and to develop appropriate policies, codes of conduct and educational programs to eliminate disruptive behavior from the workplace. The CENTER also provides the Registered Nurse with guidance in managing disruptive behavior to include lateral violence and bullying in the workplace.

III. DEFINITIONS

Bullying and lateral violence represent two types of disruptive behavior in the workplace.

Bullying is an “offensive abusive, intimidating, malicious or insulting behaviour, or abuse of power conducted by an individual or group against others, which makes the recipient feel upset, threatened, humiliated or vulnerable, which undermines their self-confidence and which may cause them to suffer stress. Bullying is behaviour which is generally persistent, systematic and ongoing” (Task Force on the Prevention of Workplace Bullying, 2001, p. 10). Bullying is associated with a perpetrator at a

higher level or authority gradient, for example, nursing supervisor to staff nurse (CENTER for American Nurses, 2007).

Lateral violence (Griffin, 2004; Rowell, 2007; Stanley, Martin, Michel, Welton, & Nemeth, 2007), horizontal violence (Dunn, 2003; Farrell, 1997; Hastie, 2002; Longo & Sherman, 2007) and horizontal hostility (Bartholomew, 2006; Thomas, 2003) are terms used to describe the physical, verbal or emotional abuse of an employee. Within nursing, lateral violence has been defined as nurse to nurse aggression. This violence can be manifested in verbal or nonverbal behaviors. The ten most common forms of lateral violence in nursing are: “non-verbal innuendo,” “verbal affront,” “undermining activities,” “withholding information,” “sabotage,” “infighting,” “scapegoating,” “backstabbing,” “failure to respect privacy,” and “broken confidences” (Griffin, 2004).

Disruptive Behavior is behavior that interferes with effective communication among healthcare providers and negatively impacts performance and outcomes. This type of behavior is not supportive of a culture of safety.

Culture of Safety is characterized by open and respectful communication among all members of the healthcare team in order to provide safe patient care. It is a culture that supports “organizational commitment to continually seeking to improve safety”(Institute of Medicine, 2007, p. 15).

Workplace bullying “Workplace bullying is repeated inappropriate behaviour, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment, which could reasonably be regarded as undermining the individual’s right to dignity at work.” (Task Force on the Prevention of Workplace Bullying, 2001, p. 5).

Verbal abuse – a disruptive form of behavior involving verbal communication that is associated with horizontal violence and bullying. Cox described verbal abuse as “any communication a nurse perceives to be a harsh, condemnatory attack upon herself or himself professionally or personally” (1991a, p. 32). Such abuse can include: silence, backbiting, gossip, and passive aggressive behavior (Rowe and Sherlock 2005 p. 243).

IV. HISTORY

The culture of the healthcare setting has been historically populated by images of the nurse as a “handmaiden” in a patriarchal environment (Kelly, 2006, p.23). The balance of power has not been in the nurse’s favor. Organizations fashioned to be hierarchical have not fostered a culture of professional collegiality, nor have they advanced the role of nursing. Too often, nurses have acquiesced to a victim mentality that only facilitates a sense of powerlessness. Nurses have reported concern about the

lack of action taken by supervisors in addressing horizontal violence in the workplace (Farrell, 1997; Stanley et al., 2007).

While not directly addressing bullying or horizontal violence, Kramer (1974) described the “reality shock” occurring for new graduates when they encountered differences in their perception of what nursing could be and the actual reality of the workplace. Kramer suggested that “reality shock” can manifest as hopelessness and dissatisfaction, which is a prelude to conflict in the workplace (p. 9). Today, bullying is an international phenomenon not limited to the healthcare arena, and abuse can also occur between professions. The phrase “nurses eat their young,” has been used to describe the negative behaviors directed toward new nurses (Rowe & Sherlock, 2005). Griffin (2004) described the vulnerability of newly licensed nurses as they are socialized into the nursing workforce; lateral violence affected their perception of whether to remain in their current position.

Sofield and Salmond (2003) found that primarily physicians, then patients, and patients’ families were responsible for most of the verbal abuse towards nurses. One-third of respondents expressed they would consider resignation in response to verbal abuse; it was concluded that nurses lacked the skills to deal with the verbal abuse and perceived themselves as powerless to change organizational response (Sofield & Salmond, 2003). Cox found the most frequent source of verbal abuse was physicians, and in descending order patients, families and peers, supervisors and subordinates (1991). The turnover attributed to verbal abuse was 24 percent for staff nurses and 25 percent for nurse managers (Cox, 1991b) Cook, Green and Topp (2001) found that perioperative nurses encountered verbal abuse by physicians. However, Rowe and Sherlock (2005) reported that nurses in particular were the most frequent source of verbal abuse towards other nurses. Patients’ families were the second most frequent source, followed by physicians and then patients (Rowe & Sherlock, 2005).

In 2004, The Institute for Safe Medication Practices published a survey on workplace intimidation. Almost half of the 2,095 respondents, which included nurses, pharmacists and other providers, recalled being verbally abused when contacting physicians to question or clarify medication prescriptions; intimidation had played a role in either not questioning a concerning order or seeking ways not to directly confront the prescribers. While physicians and prescribers used intimidating behaviors, however they were not the only intimidating healthcare providers (Institute for Safe Medication Practices, 2004a).

In a hostile environment, communication is hindered and this can affect quality of care and patient safety (Joint Commission on Accreditation of Healthcare Organizations, 2002). Healthcare providers report intimidation does alter communication and negatively impacts patient care and safety (Institute for Safe Medication Practices, 2004). Healthcare professionals facing intimidation may sometimes choose to abdicate their advocacy role to avoid intimidating behaviors, impacting patient safety. The Institute for Safe Medication Practices survey (2004) revealed that more experienced nurses were more likely to encounter intimidating

behaviors; differences in intimidating encounters were not appreciably different in terms of gender but females were more likely to ask another colleague to talk with the intimidator for them. The organization's effectiveness in handling intimidation was viewed less favorably by those nurses and pharmacists with more years of practice in that facility (Institute for Safe Medication Practices, 2004a)

V. Implications of Not Managing Lateral Violence and Bullying

Conflict in the workplace results in serious negative outcomes for registered nurses and other healthcare professionals, organizations, and patients. The Joint Commission (2007) acknowledges that unresolved conflict and disruptive behavior can adversely affect safety and quality of care. Additionally, healthcare organizations are grappling with a continuing nursing shortage today and it is projected to grow worse as nurses retire (American Association of Colleges of Nurses, 2007). Bullying and lateral violence have a negative impact on the ability of the nursing profession to retain both new and long-term colleagues.

VI. Organizations' Response to Disruptive Behavior

A number of nursing organizations have issued statements regarding the detrimental effect of disruptive behavior on both patients and nurses and have called for solutions to address the problem (American Association of Critical-Care Nurses, 2004; AORN, 2003, 2007; International Council of Nurses, 2006; National Student Nurses Association, 2006). The American Nurses Association *Code of Ethics for Nurses* speaks to "improving health care environments and conditions of employment conducive to the provision of quality health care" (American Nurses Association, 2001, p. 20). Additionally, the Joint Commission (2007) has proposed a revision in its standards for disruptive behavior, identifying manifestations of abuse and violence in the workplace and providing avenues for ending this phenomenon which will take effect in 2009. It is imperative, then, that definitive action be taken to address the problem of workplace violence and its impact on health professionals and patients.

The development of zero tolerance for abuse in the work place is a recommended strategy to address disruptive behaviors (American Association of Critical-Care Nurses, 2004; Institute for Safe Medication Practices, 2004b; Ramos, 2006; Tabone, 2001).

VII. SUPPORTIVE MATERIAL: EVIDENCE-BASED & BEST PRACTICES SOLUTIONS

Nursing recognizes the need for cultural change to eliminate the effects of disruptive behavior including lateral violence and bullying at the personal, organizational, national and international levels. Suggested improvements include interdisciplinary collaboration, communication and opportunities for education and training to address

disruptive behavior by physicians (Rosenstein, 2002). In a cognitive rehearsal strategy proposed by Griffin (2004), nurses were taught to delay automatic thoughts, and respond differently through empowerment strategies to address lateral violence.

Gerardi (2004) described the use of mediation techniques to identify conflict early and develop a plan to resolve it by listening, reframing the concerns raised, identifying commonalities and clearly defining decisions. Developing a critical mass of diverse professionals trained in conflict management can not only reduce lateral violence and bullying, but it can also assist with other potential conflict situations, such as, error disclosure issues and process reviews.

The Institute of Safe Medication Practices (2004b) suggested organizational strategies: development of a multidisciplinary group that will survey staff about behaviors, develop educational opportunities, establish a standard method for collaborative communication and zero tolerance for intimidation, in addition to being models for and rewarding positive behaviors.

VIII. SUMMARY

The CENTER for American Nurses recognizes that lateral violence and bullying in the workplace is a serious problem. It is imperative that the profession of nursing address this problem to improve the recruitment and retention of nurses. The efforts to improve patient care are inextricably linked to the work environment of nurses (Institute of Medicine, 2004). Disruptive behaviors of healthcare providers are not conducive to a culture of safety. The evidence is clear that disruptive behaviors such as lateral violence and bullying are serious problems that negatively impact the work environment of nurses. This problem is broad reaching and has clear implications in the current and future projected shortage of nurses, as well as the safety and quality of patient care. It has an impact on the ability of the profession to recruit new members and the ability of healthcare organizations and other employers to retain nurses.

IX. RECOMMENDATIONS

The CENTER for American Nurses recommends the following strategies to eliminate disruptive behavior (lateral violence and bullying):

Nurses

- Nurses and nurse leaders, managers and supervisors adopt and model professional ethical behavior
- Recognize and appropriately address bullying and disruptive behavior in the workplace through enhanced conflict management and conflict resolution
- Reflect on your own behavior and communicate respectfully with each other
- Participate in collaborative interdisciplinary initiatives to prevent abuse.

- Work to ensure the mission, vision and values of their workplaces that are reflective of the Code of Ethics for Nurses (American Nurses Association, 2001) and standards set by the profession, in order to eliminate disruptive behavior (lateral violence and bullying).

Employers/Healthcare Organizations

- Implement zero tolerance policies that address disruptive behaviors (lateral violence and bullying) and indicate such behaviors will not be tolerated. The organizations should adopt zero tolerance policies that include appropriate investigation and due process necessary to provide adequate safeguards to nurses and others who are accused of lateral violence or bullying. (See appendix for sample policy).
- Promote a Culture of Safety that encourages open and respectful communication among all healthcare providers and staff (The Joint Commission, 2007).
- Provide support to any individual impacted by lateral violence and/or bullying.
- Provide education and counseling to victims and the perpetrators of horizontal violence and bullying.

Nursing Continuing Education and Academic Programs

- Disseminate information to nurses and students that address conflict and provide information about how to change disruptive behavior in the workplace.
- Implement continuing education programs related to bullying and lateral violence and interventions to address such behaviors.
- Develop educational programs regarding bullying and strategies on how to recognize and address such disruptive behavior.
- Develop and implement curricula that educate nursing students on the incidence of disruptive behaviors including lateral violence and bullying, along with steps to take to eradicate this behavior.

Nursing Research

- Continue to research the contributing factors and the process of lateral violence and bullying behaviors.
- Build on previous and current studies while seeking to explore innovative interventions on how to eliminate manifestations of disruptive behaviors
- Evaluate the efficacy of promising strategies in eliminating disruptive behaviors (lateral violence and bullying) from the workplace.

The CENTER as a Nursing Policy Maker

- Support policy, development of legislation, regulations and standards that promote a culture of safety for patient care and discourage all forms of disruptive behavior, including lateral violence and bullying.

- Continue its work to assure that nurses influence legislative initiatives, accreditation standards and policies through active participation in the policy process (International Council of Nurses, 2000).

XI. CONCLUSION

The CENTER for American Nurses maintains there is no place for lateral violence or bullying in professional practice environments. Bullying, lateral violence and all forms of disruptive behaviors have a negative impact on the retention of nursing staff and the quality and safety of patient care. Nurses, individually and collectively, must enhance their knowledge and skills in managing conflict and promote work place policies to eliminate bullying and lateral violence. It is imperative that health care organizations and health care professionals approach the elimination of lateral violence and or bullying from a context of ethically-based respect, in the interest of optimal patient care. The CENTER will continue to work to educate the nursing workforce, the healthcare industry and consumers about the importance of eliminating lateral violence and disruptive behavior in all practice settings.

Appendix

Policy and Procedure

Subject: ZERO TOLERANCE FOR ABUSE

Effective date: _____

Policy: It is the policy of _____ (Hospital or Health Care System) to promote a work environment that is pleasant healthful, comfortable, free from intimidation, hostility, and free of abuse, verbal or physical, that could interfere with work performance and the delivery of safe quality patient care within the _____ (Hospital or Health Care System). The _____ (Hospital or Health Care System) has Zero Tolerance for behavior that is verbally or physically abusive and which could interfere with work performance and the delivery of safe quality patient care.

Employees, contracted individuals, or providers with hospital privileges who report in good faith that they have experienced verbal or physical abuse will not be subject to discrimination, retaliation, or termination for reporting concerns to their supervisor or to the administration of the _____ (Hospital or Health Care System).

Upon any report of alleged abusive behavior _____ (Hospital or Health Care System) will work to resolve the report through its procedure for dealing with abuse allegations.

Procedure: System procedures may vary based upon the individual hospital procedures for resolving unacceptable behavior. However, the procedure at a minimum should:

- Outline what a person should do to report abuse.
- State what specific protections can be expected for the reporting individual from discrimination, retaliation, or termination.
- Identify how the organization will make decisions and the steps it will take to remedy the issue once abuse is reported.
- Provide information about expected organization action when employees, contracted individuals, or persons with practice privileges in the facility are found to have engaged in abusive behavior.
- Indicate how the reporting person will receive information about the outcome of the abuse report.

Adapted with permission from the Texas Nurses Association (2007)

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Additional Resources

The Workplace Bullying Institute

www.bullyinginstitute.org

Bully Busters

www.bullyinginstitute.org

Occupational Safety and Health Administration (OSHA)

www.osha.gov

National Institute for Occupational Safety (NIOSH)

www.cdc.gov/niosh