Lateral Violence: What is it and how do we stop it?

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Disclosure

No disclosures to report.
Objectives

• Define lateral violence and other related terms.
• Recognize overt and covert behaviors expressed.
• Distinguish methods to curb or stop the behaviors.
• Integrate all team members into a cohesive work group using various techniques.
Do we really eat our young?
Definitions

Lateral Violence- Also known as horizontal violence; Acts of overt or covert verbal or nonverbal aggression between nursing colleagues (Center for American Nurses)

International Council of Nurses- Horizontal violence is “behavior that humiliates, degrades, or otherwise indicates a lack of respect for the dignity and worth of an individual.”
Workplace Bullying- Same behaviors as lateral/horizontal violence but consistently focused towards someone; feelings of being threatened; perceived or real difference in “power” (see references)

Relational Aggression- Form of social bullying; “mean girl” behavior; has not been proven with men (Dellasega, 2011)
Alarming Trends

- Various studies: 40-70% incidence of nurse-to-nurse bullying
- Nursing Economics study—published in 2012; n=227, 20-77% reports of victim/aggressor/bystanders of lateral violence behaviors—”caught up in the moment”
- ISMP (2004): 48% healthcare workers report verbal abuse experiences

Walrafen, N. et. al. (2012)
2009- Vessey, et al.
- 303 nurses; convenience sample
- 70% reported bullying
- Most frequent sites-M/S, critical care, ED, OR/PACU, OB
- Top aggressors-senior nurses (24%), charge nurses(17%), nurse managers(14%), physicians(8%)
Nursing 2012 Survey
Dumont, et al
3 months of survey time from March-May 2011
955 respondents-most were staff nurses
Likert scale answers to questions regarding horizontal violence
1=never to 6=daily
14 letters in response to the survey, some with 5 pages
First 5 questions:
Aggressors:

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
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<tbody>
<tr>
<td>UAP</td>
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</tr>
<tr>
<td>Nurse peer</td>
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<td>Supervisors</td>
<td>4.2</td>
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<td>Physicians</td>
<td>4.5</td>
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<tr>
<td>Other Professionals</td>
<td>2.7</td>
</tr>
<tr>
<td>Hospital Workers</td>
<td>2.83</td>
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Older study...

- 2005 publication in Nursing Management (Rosenstein, et. al.)
- Survey in 2003; VA system
- Questions regarding disruptive behavior in the workplace
Results

• Nurses/physicians/administrators
• 72% of nurses (n=481) see other RNs exhibit disruptive behavior
• 47% of physicians (n=116) observed other physicians exhibit disruptive behavior
• 83-94% disruptive behavior has significant effect on psychological and behavioral variables
• 53-75% observe strong link between disruptive behavior and negative clinical outcomes
Settings where this occurs:

- Person-to-person
- Written
- Telephone
- Cyber
  - Social network sites
  - Email
Who can be involved and who does it affect?

ALL workplace peers, supervisors, leaders, support personnel-includes students!!

Can affect outside relationships
Have you ever been:

- **the victim**
  - Actions (verbal/non-verbal) toward you that make you feel inferior, shameful, hurt, angry, frustrated

- **the bystander**
  - Is aware of the actions done toward the victim; don’t have to agree/side with the aggressor

- **the aggressor/bully**
  - Instigates actions toward a peer (victim)
### Behaviors (victim)

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<thead>
<tr>
<th>Overt</th>
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<tbody>
<tr>
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<td>Smirking</td>
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<td>Eye-rolling</td>
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<td>Physical</td>
<td>Exclusion**</td>
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<td>Exaggerated sigh</td>
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<td>Sarcasm</td>
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## Behaviors (bystander)

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Types of Aggressors

- Super Nurse—feels they can do more; they are more experienced, educated, specialized
- Resentful Nurse—doesn’t forget mistakes; holds grudges
- “PRG” Nurse—put-downs, rumors, gossip; shares negativity
- Backstabbing Nurse—makes people feel comfortable and safe then betrays them
• Green-with-envy Nurse: jealous behaviors; lack of teamwork, bitter
• Cliquish Nurse- excludes others, has favorites; judges others of not being the “in” group

• Dellasega, 2007 & Thobaben, 2011
Lateral Violence & Advancing Knowledge

• July 2012, Journal of Perioperative Practice
• February 2006-January 2007, Britain
• 23 RNs interviewed
• Managerial and bedside behaviors described
Contributing Factors

- Deficiencies in work design
- Inadequate leader behavior
- Social exposure of victim
- Low morale
- Silencing ourselves

Leymann, 1990; Roberts, et al. 2009; Cleary, et al., 2010
Why is this behavior exhibited?

Few theories:
- “Queen”
- Feelings of powerlessness
- Evolution/Biochemical
- Socialization/Oppression

Behavior Effects for the Victim

Headaches       Loss of concentration
Stress          Depression
Irritability    PTSD
Anxiety         PTED
Sleep Disturbance
Fatigue
Excessive worry

Cleary, et. al, 2010
Workforce Effects

Absenteeism
Staff attrition
Lowered morale
Decreased job satisfaction
Decreased productivity - especially if a novice nurse

Workplace Effects

Financial cost=$30,000-$100,000/year
Increased cost for staff recruitment
Continual “revolving door”
Communication breakdown
Lack of teamwork
Patient care errors

Becher & Visovsky (2012)
#1 Issue

Patient Care!!
What do we do about it?

If you are a victim

• Do not engage
• Tactfully, calmly tell the person about how you feel- make “I” statements and make eye contact
• Walk away
• Do not hinge your self-esteem on what the person says/does
• Talk to a trusted person
What do we do about it?

*If you are a victim*

- Get help &
- Report the person to a supervisor when:
  - the behavior continues even after you have tried to dissuade them
  - you feel threatened
  - physical engagement
What do we do about it?

*If you are a bystander*

- Stand next to the victim
- Walk away and if possible, take the victim with you!!
- Tell the victim you don’t agree with the aggressor
- Tactfully and calmly tell the aggressor to stop
- Don’t become a “groupie”
- Get help
- Report the aggressor
What do we do about it?

*If you are an aggressor*

- Think about what you are doing and STOP!
- Analyze your motivations
- Apologize
- Talk to a trusted person
- Get help
How do you know if this is happening where you work?

• Assess workplace environment-use questionnaire
• Open-door policy
• Anonymous forum- only 5-15% of nurses feel comfortable confronting a colleague
• Discuss examples discovered in the workplace

So now you know about it, what next?

- Educate yourself and your staff—don’t stop at just one offering/class!!

- Develop a vision of nursing that supports open communication and advocacy for self and patients—then follow through with constructive feedback

- Be a part of positive change

- No tolerance for bad behavior; positive role models

• Get your staff involved- bedside leaders?

• Administrative support**

• Allow for reflection and celebration of the work done to change the environment
Workplace Assistance:

- JC and ANA Code of Ethics have included statement language that promotes a workplace environment free from violence
- Formal statement with a “zero tolerance” policy
- Safe reporting mechanisms
- Anti-retaliation
- Annual education
Also Remember....
Healthcare students can be one of the biggest victims and aggressors of this behavior.

Something to think about:
how do they learn to behave this way?
how do they learn to deal with it?

Luparell, 2011
Scenarios
Scenario #1

You are a new staff member. Your preceptor has given you a task to complete. You are unsure of the steps. When you attempt to ask for further instruction, the preceptor is no longer in the area. When you ask someone else to help, they say, “I think you should wait for your preceptor to get back from lunch. I’m not your preceptor.” You didn’t know your preceptor had gone to lunch.
Scenario #2

You need assistance with your schedule. You see the manager in the hall one day and ask about attempting to change things around. The manager states, ”It’s too late for requests to be honored. You should know that.” She tosses her hair and quickly walks away.
Scenario #3

You have had a really rough shift and have finally found time to take a short break to eat. As soon as you walk in the breakroom people stop talking, don’t acknowledge you, and avoid eye contact. Very soon everyone leaves the breakroom without anyone saying a word to you.
Scenario #4

You are attempting to balance the budget for your unit and are having a hard time getting the numbers to work. You ask your boss for assistance. Your boss responds, “Look, we set a goal for the budget to be at a certain amount. You knew this up front. I can’t help you now. You will have to figure it out yourself and it better be what we planned for.”
Myths

Reporting this behavior won’t change anything

I should be able to handle this

This is just how it is or how this person acts

Roche, et. al, 2010
Objectives

• Define lateral violence and other related terms.
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• Integrate all team members into a cohesive work group using various techniques.
STOP BULLYING NOW
STAND UP • SPEAK OUT
When Nurses Hurt
Nurses: Recognizing and Overcoming the Cycle of Bullying

Cheryl Dellasega
2011
Sigma Theta Tau
Websites

- AllNurses.com; search word-”bully”
- Medscape- “From Enemies To Friends”
- RealityRN- “Why Nurses Eat Their Young”
References


Questions??