



Lateral Violence in Nursing

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Violence in workplace has been one of the main professional issues in nursing. There are a plethora of anecdotal evidence for violent physical assaults against nurses by patients, family members, even security officers worldwide. Little attention is given to the violence projected by nurses towards nurses. This doesn't mean, nurses do not experience violence from or within their team members. Incidents of lateral violence that go unreported and unsolved does not only affect the nurses who are assaulted but also their coworkers, patients, the whole organization and nursing profession itself. However, most of the instances of such violence can be easily prevented and resolved. In this paper, I'll explain about lateral violence, its causes, consequences and suggest ways to reduce and prevent them.

Today, lateral violence has become a very common part of nursing. It has been documented for many years using different terms such as "horizontal violence", "nurse eat their young" "bullying" and "workplace incivility" (American Nurses Association, 2012). No matter what term is used, behaviors of such kind are disruptive, detrimental and should not occur at all. Rainford, Wood, McMullen, & Philipsen (2015) define lateral violence as a pattern of workplace conflict in which confrontational and hostile behavior is targeted at 1 person by another employed at the same level of responsibility across time in repetition. Lateral violence can be expressed as a physical, verbal and psychological abuse. Majority of verbal abuse include rude comments, making fun of or insult your ideas, behaviors, verbal attacks and condescending language. Physical violence includes physical harm and injury caused knowingly, sexual misconduct etc. Of all these, sexual misconduct is the only form of physical violence which can be easily scrutinized and is punishable by law. All too often, lateral violence in nursing takes the form of psychological abuse, expressed as gossiping targeted personal jokes, insults, unwanted criticism, belittling, verbal aggression,

excessive workload, misinformation, loss of records, violation of privacy and breach of duty. These behaviors are repeatedly expressed to demean, humiliate or diminish victims' stature resulting in a gain of control of power over victims (Blair, 2013). Studies show that almost all nurses experience lateral violence at least once in their career and more than 90% nurses admit that they have witnessed some form of lateral violence in their work setting (Choi & Lee, 2017; Jacobs & Kyzer, 2010; McNamara, 2010; Park, Cho, & Hong, 2015; Smith, Andrusyszyn, & Spence, 2010). A cross-sectional study carried out on 521 Taiwanese nurses, study shows by 19.6% experienced physical violence, 51.4% experienced verbal abuse, 29.8%) experienced bullying/mobbing and 12.9% experienced sexual harassment (Pai, & Lee, 2011) while another study done in Japan shows the highest prevalence of verbal abuse (63.8%), threats of harm (41.6%), physical injury (22.3%), and sexual misconduct (19.7%), and bullying was the lowest with 9.7% prevalence (Park et al., 2015).

Evidence of bullying of nurse coworkers due to personal reasons are rare in literature. Organizational structures, policies, dictatorial management have been found as common contributing factors in lateral violence. Perceived unequal distribution of power between nurses and doctors, even among nurses, vertical abusive power, restructuring and downsizing, pushing higher workloads, decreasing fiscal resources, and reducing job promotions etc. as a cost containment policy, decreased job autonomy make nurses feel unsafe which put them under a lot of stress (Katrinali, Atabay, Gunay, & Cangarli, 2010; Pai, & Lee, 2011; Rainford et al., 2015). On top of it, the ever-changing health care delivery system, with increased complexity of patient care, evolving technology and increased focus on patient safety has created expectations from nurses that are not being met for one reason or another. In this instance, nurses get stressed, feel burnouts and powerless. Oppression only establishes when a powerful or a dominant group controls and

exploits a less powerful group. When interventions cannot be carried out to protect these nurses from abuse, they project their frustration, dissatisfaction to others who are same or lower position in the form of aggression or bullying to feel more powerful resulting in a vicious cycle of oppression within nursing. While nurses in a higher position can be a target of such lateral violence, mostly student nurses and new graduate nurses suffer such violence and hostility as they are less prepared to counteract such behaviors (Jacobs & Kyzer, 2010; Pai & Lee, 2011). When such acts of violence prevail for long, they are internalized as a norm. Even if some feel an urge to stand against a bully, they do not report because of the fear of being abandoned at a workplace. However, when nurses reach the threshold of tolerance, to protect their physical, mental and emotional well-being as well as their license, they rather leave their job (Blair, 2013; Rainford et al., 2015).

Any form of lateral violence affects victims' dignity, emotional and physical well-being, disrupt work environment and proves costly to the healthcare institution. Lateral violence mostly imposes psychological disturbances to victims. They experience fear, sleep disturbances, anxiety and loss of self-esteem. A decline in confidence within themselves often compels them to develop negative views about themselves and adopt ineffective coping mechanisms. Victims of lateral violence have been found ignoring confrontation and communication with their perpetrator. This gap of communication, as well as psychological disturbance, often leads to medication errors, omissions of patient care and sentinel events (Rainford et al., 2015; Kaplan, Mestel, & Feldman, 2010; Blair 2013). After the consistent violence, those nurses suffer cardio-vascular disorders, become suicidal and some lives rest of their lives with post-traumatic stress disorder. This gives rise to sick calls and absences at work (Dehue et al., Katrinli et al., 2010). A study by Bowles and Candela (2005) reveals 30 % percent of respondents left in 1 year and 57% left by 2 years after getting hired in RN position due to lateral violence. Another British survey finds that 44% of

nurses and 35% of other staff reported being bullied within a year (Quine, 2001). Healthcare organizations are at financial risks and patients at risk of diminished or incompetent care. They loss million dollars in replacing staffs when already trained nurses leave work and then training new ones while expenditure in lawsuits due to sentinel events cannot be underestimated (Blair, 2013; Rainford et al., 2015). Blair (2013) further reports replacing and training a medical-surgical nurse costs almost \$92,000 and \$145,00 for the replacement training of specialty nurses.

Lateral violence inflicts ethics of nursing profession too. Nurses who suffer violence at workplace cannot carry safe care, nor show competence and fail to protect themselves from harm like nurse do for their patients. It violates provision 5 of ANA code of ethics which states “The nurse has a duty to self to maintain competence and to continue professional growth.”. Fear, chaos, and anxiety due to bullying by coworker violates provision 6 which requires that nurses establish and maintain an ethical work environment conducive to safe patient care. Additionally, lateral violence interferes in compliance with Provision 7 and 8 which focuses on the responsibility of nurses to maintaining professional standards and responsibility to be aware of threats to individual health and to the health of the community as a whole (Fowler, & American Nurses Association, 2015).

Lateral violence has a detrimental effect on healthcare workers, patients, healthcare organizations and the nursing profession. Hence, it becomes suggest address of lateral violence as an ethical and moral responsibility of healthcare workers and their leaders. A just culture should be established to help in effective communication and balances the need between open and honest reporting environment and necessary improvement for patients’ safety. Joint Commission has also mandated healthcare organizations to resolve and prevent lateral violence and follow a code of mutual respect and just culture (Kaplan et al., 2010). American Nurses Association (2012) claims

an increase in professional awareness and knowledge helps to develop skills needed to create safe workplaces environment. Training and education of new graduate nurses and student nurses has significantly helped to strengthens coping skills for nurses who deal with disruptive behavior. Student life and early years of practice are the most vulnerable periods and also the periods to build confidence to perform nursing care within standards of nursing practice. Nurses should be empowered at the stage of vulnerability by providing information, support and resources to predict, understand and resolve lateral violence. A study shows such empowerment increases nurses' empathy towards patients, self-determination and professional commitment (Coursey, Rodriguez, Dieckmann, & Austin, 2013) which is consistent with results of studies by Blair (2013) and (Smith et al., 2010).

Lateral violence in nursing is a complex issue. It is hard to understand and prevent as it is expressed in varied forms. Even if understood, nurses, usually new graduate nurses and student nurses feel unprepared and unable to counteract or seek help for. As such, many instances of lateral violence remain unnoticed and unsolved though most of them are preventable. Nonetheless, a continuation of such issues over time become hazardous to victims' well-being, their coworkers, patients' safety, organizations economy and reputation and nursing profession as a whole. Hence, actual causes of lateral violence should be discovered and resolved. Healthcare organizations should maintain just culture and environment conducive to professional communication. Nursing education can play a crucial role to prepare graduates and student nurses to save themselves from such violence and promote professional development from the beginning of their career. As such, nurses would be free of much stressors to practice within standards of nursing practice and excel professionally.

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