



Lateral Violence in Nursing: Breaking the Spell

By: Kathleen Bartholomew

A nurse rolls her eyes at a co-worker as she picks up the assignment sheet that was created by a younger charge nurse. An ICU nurse pretends not to see her co-worker is drowning and ignores her request for help saying she is 'too busy'. A newly hired RN who was previously a scrub tech finds she is now shunned by both groups. Is this just life as a nurse - or a nurse's right of passage? Or is it something more insidious?


These behaviors go by several names: lateral or horizontal violence, incivility, nurse-to-nurse bullying, sabotage - "nurses eating their young." In general, bullying in the United States is a term used to describe uncivil behavior from someone who has power over you - vertical aggression. Rude behaviors from peers are referred to as horizontal or lateral hostility and are defined as: "A consistent pattern of behavior designed to control, diminish or devalue a peer (or group) which creates a risk to health or safety" (Farrell, 2005). Some specific examples are:

Overt: name calling, bickering, fault finding, criticism, intimidation, gossip, shouting, blaming, put-downs, raised eye brows

Covert: unfair assignments, refusing to help someone, ignoring, making faces behind someone's back, refusing to only work with certain people - or not work with others, whining, sabotage, exclusion, fabrication

Estimates of lateral violence in the nursing workplace ranges from 46-100% (Stanley et al. 2007). Nursing literature abounds with examples of prevalence. In one study, one-third of nurses perceived emotional abuse during their last five shifts worked (Roche). In another survey, 30% of respondents (n= 2,100) said disruptive behavior happened weekly, and 25% said monthly (Advisory.com). And a study of emergency room nurses found that 27.3% had experienced workplace bullying in the last six months with many staff bullied by their managers, charge nurses or directors as well as physicians and peers (Johnson, Rea). Bullying behaviors are like gangrene - when tolerated from a few physicians or nurses with strong personalities, the behaviors spread and infect the entire team - and eventually, the patient.

Lateral violence needs to stop. Bullying behaviors create a toxic work environment which not only harms nurses, but also our patients. Experts agree communication breakdowns and lack of teamwork are a root cause of errors. If nurses are afraid to speak up because they are intimidated by fellow nurses and physicians, patients can be harmed. Research also shows that simply witnessing rude behavior 'significantly impacts our ability to perform cognitive tasks' (Porath). From a very ethical perspective, tolerating bullying behaviors is wrong and violates our basic oath to keep patients safe.



But maybe we need another oath? Maybe it's time we promise to keep each other safe; to nurture, support and protect each other because we understand and recognize how vulnerable we all are and the critical role we play in healthcare. In April, after accidentally drawing up the wrong medication which resulted in a child's death, an experienced nurse took her own life. Her suicide is a result of our failure as a system, and as a profession, to provide a safe harbor for the delivery of care. Who knows what else was going on in her mind, or the details of the situation? All I know is that it could just as easily have been me who made the error.

Where do we start? A Chinese magician once said, "If you want to take power away from anything, call it by its name". The overt and covert behaviors listed above are not 'normal'. They are examples of lateral violence that cause serious and long lasting damage to our patients and to each other. They are wrong. Work your magic - say so!

Bibliography

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Have you seen or experienced nurse bullying in the workplace? What was done about it?

About the Author: Kathleen has been a national speaker for the nursing profession for the past nine years. Her strong background in Sociology laid the foundation for correctly identifying the norms particular to the healthcare culture. For her Master's Thesis she authored "*Speak Your Truth: Proven Strategies for Effective Nurse-Physician Communication*" which is the only book to date on physician-nurse communication.

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In December of 2005, Kathleen resigned her position as manager of a 57 bed surgical unit in order to research horizontal violence in nursing. The expression, "why nurses eat their young" has existed for many years in the nursing profession (and has troubled many). In her book, "*Ending Nurse to Nurse Hostility*" (2006), Kathleen offers the first comprehensive and compassionate look at the etiology, impact and solutions to horizontal violence. Visit www.kathleenbartholomew.com.

Juice has partnered with [Kathleen Bartholomew](#) to create a two-part CD/DVD series that addresses the problem of [nurse-to-nurse hostility](#) and aims to provide the tools to end it. www.juicehealthcare.com.