



# Lateral Violence: Nurse Against Nurse

by Patricia A. Rowell, PhD, RN

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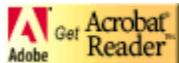
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## Abstract & Objectives

Violence between and among workers is not unusual today. In health care, violence is a growing problem

among nurses, as well as other disciplines. This independent study module focuses on lateral violence between and among nurses. The purpose of this independent study module is to increase nurses' awareness and understanding of the problem of violence between nurse co-workers in the health care setting.

Although there are several theories regarding why lateral violence is a problem among nurses, the core issue continues to be that violent behavior towards another oftentimes injures the other's self-esteem. Such an adversarial dyad serves no one but establishes an atmosphere for increasing anger and possibly violent behavior.

To stop lateral violence, the chief executive nursing officer must set a "zero tolerance" policy towards violent or abusive behavior among staff. This policy must be strictly and justly administered so that all employees accept that the policy is "for real" and applies to staff nurse and/or nurse administrators. No one ever deserves to be abused by anyone or by any type of behavior.

**Key Words:** interpersonal abuse, lateral violence, horizontal violence, workplace violence, interpersonal conflict, bullying, anger management

### Objectives

- 1) Describe the concept of lateral violence
- 2) Recognize the presence of lateral violence in the workplace
- 3) Apply current concepts believed to underlie lateral violence as a workplace problem
- 4) Describe methods of dealing with lateral violence in the nursing workplace.

### Introduction

Confucius said, "Before we can change things, we must call them by their real name." Violence is a pervasive part of our lives –on television, in songs, books, on the streets, in our workplaces, etc. Our workplaces? Some 60% of workplace assaults are concentrated in health services, social assistance, and personal care occupations (NCCI, 2006). Disruptive behavior/lateral violence is "defined as any inappropriate behavior, confrontation, or conflict – ranging from verbal abuse to physical and sexual harassment. The International Council of Nurses (ICN) defines abuse as "behavior that humiliates, degrades, or otherwise indicates a lack of respect for the dignity and worth of an individual" (ICN, 2004). Often the underlying cause of lateral violence revolves around communication mishaps" (Ratner, 10) or intentional abusive behaviors.

Violence is and continues to be of greater concern in the international community than in the United States. Internationally, one out of three nurses is affected by workplace violence. (McMillan, 1995). As can be seen, there is a significant level of violence in health care workplaces – even among nurses.

High stress jobs such as nursing tend to generate pressures that are often vented when additional stressors are added. The venting of the intolerable stress can result in lateral violence. Regardless of the initiating stress, no one deserves to be abused. When lateral violence erupts, everyone is affected.

A common example of lateral violence might occur when an experienced nurse new to the hospital and unit comes on the unit. If the new RN is very competent and knowledgeable and brings new skills to the job, the other staff RNs may feel uncomfortable. In their discomfort, the other RNs may start to make comments about the new RN such as, "She is a know-it-all", "She is not as good as she might think she is considering how much she talks", "I know she doesn't do for the patient all she says she does", etc. Some of the RNs might tell the manager unsubstantiated stories that the new RN is not doing all she says she does for patients. This casting of aspersions undermines the new RN, making her a victim of lateral violence.

There are several theories about lateral violence.

### **Lateral Violence as a Role Issue**

As nurses we are familiar with role issues with physicians. Nurses are educated from the first year of the educational process to work in teams; however, physicians have traditionally been educated to believe they are the “captain of the ship”. These conflicting professional cultural beliefs are a basis for stress between physicians and nurses. Nurses expect to work as colleagues with physicians; however, physicians often do not see that as desirable. Such differing cultural expectations breed conditions that are ripe for lateral violence.

Lateral violence between and among nurses can occur for various reasons. Since there are a number of roles within nursing, role issues can arise between staff nurses; between staff nurses and managers; managers and advanced practice registered nurses (APRN), and staff nurses and APRNs. For nurses who embrace the nursing culture of “eating its young”, it might be demonstrated through abusive and demeaning behaviors towards students and new graduates. The same types of behaviors can occur toward other nurses if they vary from the “group norm”. Regardless of the nurse’s status, undercutting behaviors and words which demean hurt all nurses and establish a toxic workplace.

### **Entitlement as a Potential Issue**

Another potential source of conflict among nurses, as well as, other people can be an individual’s personal sense of entitlement. Some people believe they are entitled to certain privileges. This sense of entitlement, such as having an assistive person solely for them; not working overtime, etc, are examples of the behaviors which might be seen with such a person. An individual expecting special attention and privileges, when others are working very hard with no such privileges, can become a target of lateral violence. A person expecting certain treatment and privileges is not necessarily the ‘head nurse’s pet’. The reality is that the person with entitlement issues is often a demanding, self focused individual. (Fogarty, James. Overindulged Children and the Adults They Become, Cross County Seminar, Fairfax, VA, July 14, 2010).

### **Lateral Violence as an Oppressed Group Issue**

Dr. Martha Griffin, RN, an activist and nurse educator, believes lateral violence is the result of oppressed group behavior. Oppressed group behavior occurs when one group believes it has been excluded from the power structure. ([Ratner, 10](#)). Griffin believes that nurses have little control over their work environment and yet are held accountable resulting in personal stress. The member of the oppressed group is abusive to peers and those individuals with lesser status because she/he fears addressing the source of the stress affecting her/him. Therefore, the nurse strikes out at peers, students, unlicensed assistive personnel, patients, etc.

### **Lateral Violence as a Gender Issue**

This gender theory is applicable because as of the 2000 National Sample Survey of RNs, only 5.4% of RN are men ([DHHS/HRSA/BHP/DON, 2000 p.8](#)). This theory states that lateral violence occurs because women have not been socialized to appreciate themselves or the roles they play. Women are often socialized to believe they are not as strong or smart as men and their role in life is to serve men. In addition, nurses often are not empowered during the educational and enculturation processes to value themselves as people and as health care providers. To be able to engage a physician in a discussion over differences in approaches to patient care, the nurse must feel equal in power, professional stature, and professional knowledge. If nurses do not have such feelings and are frustrated, angry, or fearful, they often will vent their feelings laterally or downward.

## Lateral Violence as a Self-Esteem Issue

Self esteem is a major consideration in all of the above approaches to the problem of lateral violence. Self-esteem theory is very complex.

The major threads of self-esteem “are that it is a major predictor of behavior; that it is not a polarizing entity but rather occurs along a continuum; and that it consists of different ‘selves’, in that an individual can feel differently about themselves as a nurse, than they do as a parent. Self-esteem is built up or damaged in social interaction, as people receive feedback about how others view them and judge their behavior.” (Randle, 395) “Self esteem-refers to self- evaluative attitudes that are integral to the individual or, in a simpler form, it refers to the individual’s perception of themselves.” (Randle, 395-6)

Self-esteem is both subjective and constructed. This means that your self-esteem is partially what you think of yourself based on how others react to you and partially based on your own life experiences.

Healthy self-esteem is characterized by use of the authentic self, empathy, the development of relationships, and the ability to face adversity (Randle, 396). In nursing practice, healthy self-esteem allows for empathetic behavior; the delivery of personalized, holistic care, and the development of interpersonal relationships with patients, their significant others, and their health care providers.

Professional self-esteem is largely developed by the nursing student’s interactions with instructors, supervising nurses during clinical times, and student peers. As nursing students observe those in power, they develop a beginning concept of how a professional acts toward patients, students, and colleagues.

Research has demonstrated that the interactions that occur during the student’s education will shape her/his professional image. One study demonstrated empirically that nursing student clinical experiences were negative because the students were bullied. Much negative damage was done to the students’ psychology, not only in their image of themselves as nurses, but also as people. (Randle, 397) The lateral violence/bullying behavior undermined their self-esteem, making them feel powerless; angry, anxious, and stressed. Such an atmosphere can endanger patients. (Mc Kenna, et al., 2003)

Nurses “professionalized” in such abusive environments carry their bullying behaviors into their patient care. They may choose to control patients by delaying their response to the patient’s needs – pain medications, toileting, etc. These disgruntled RNs can also strike out at a patient’s family by refusing to keep them informed of the patient’s condition or not providing support in other ways to them or the patient. This type of behavior causes fear of retribution in both the family and patient. (Dunn, 2003).

## Anger – The “Unacceptable” Emotion”

Anger is often thought of as “bad” but the reality is that anger is neither good nor bad. It is an emotion. The good and bad relate more to what you do with the emotion. Anger is an often misunderstood and mismanaged emotion. Both men and women have difficulty in managing anger in a productive manner. Unmanaged anger is known to contribute to hypertension, coronary heart disease, depression and a number of other physical and psychological health problems (Meyers, 2006). It is therefore easy to recognize that anger can be destructive to angry persons and those around them.

As lateral violence in nursing is considered, it is important to remember that nursing remains a largely female profession but has a growing cohort of men. However, much of what will follow addresses women due to their predominance in the nursing workforce...

For women, anger is a very confusing emotion that elicits feelings of hurt and disillusion.

“Violations of a woman’s core values, beliefs, or principles provoke her angry feelings. But her anger, even

when produced by a substantive violation, is often inhibited for fear of damaging relationships.” ([Thomas, 2003, 104](#))

When there is lack of reciprocity of feeling, a woman’s anger is usually triggered. As most women are taught during their gender role socialization, anger is unfeminine and unattractive; therefore, they withhold the anger until it seeps out as either passive and/or aggressive behavior that can be expressed as lateral violence.

A man’s anger comes from a perceived affront to his sense of control and/or his views of right and wrong. When a man cannot gain back control, he tends to withdraw ([Thomas, 104](#)).

## Nursing Implications

In general, tension between staff nurses and their supervisors (**higher authorities**) is present. Many nurses feel that nurse supervisors have deserted the nurses in the trenches ([Thomas, 104](#)). According to the concept of oppressed group behavior, lateral anger or violence is not an unexpected result due to the supervisor’s real or perceived power over staff nurses. Lateral violence is draining to individual nurses, the nursing unit, and the organization. Nursing units characterized by the stress of lateral violence, have an increased nurse turnover rate, health problems, stress-related problems, and interpersonal violence. These occurrences cost the organization money due to increased turnover and illness/accidents, and increased danger of impaired patient care ([Shogren, 2004, 112](#)).

## Dealing with Lateral Violence

Dealing with lateral violence is usually a matter of dealing with poorly expressed anger. Poorly expressed anger can be due to failure to recognize anger and take constructive action when possible or failure to find healthy ways to blow off some of the anger-related stress or failure to discuss the precipitating cause of the anger. Expressing internalized anger is associated with less stress and depression, more optimism, and a stronger sense of self-efficacy. ([Thomas, 2003, 108](#)).

The organization and the nursing unit must have a policy of zero tolerance toward violence, bullying, etc. There must also be a policy that protects nurse from retribution if they report violent or aggressive behavior. ([Leiper, 2005, 45](#)) For assistance, check to see if your employer offers an employee assistance program (EAP). Important goals should be to involve the organization’s most senior management in solving the problems and educating yourself about the Occupational Safety and Health Administration (OSHA) workplace violence guidelines. ([ANA, 2006](#))

One of the first steps that must occur is to interrupt the violence. Although difficult, it is imperative to address workplace violence early and to learn how to confront the person exhibiting the behavior that affects you. It helps to objectively describe the behavior to the one exhibiting it. One method of preparing oneself for facing lateral violence is a technique called “cognitive rehearsal”. ([Griffin, 2004, 259](#))

Cognitive rehearsal is based on cognitive behaviors. Cognition is a mental characteristic which requires the obtaining, organizing and using of intellectual knowledge. Cognitive rehearsal is a technique using cognition that asks the individual to hold in their mind information that they have just received. During this time, the individual has the opportunity to process the information, and “ponder it” rather than responding immediately. For instance, if a colleague lashes out at you regarding your opinion on a unit issue, you should hear the person out, think about what and why it was said, then respond to your colleague in a non-judgemental and non-argumentative tone. If your colleague’s anger stays the same, leave the site. This use of time, cognition, and knowledge allows the individual the opportunity to break a cycle of violence. ([Griffin, 2004, 259](#)) The goal is for the individual, having been educated about anger, self-insight, lateral violence, etc., to help break the cycle of violence by recognizing the abuse aimed at them and choosing to react

differently, especially non-aggressively.

## Summary

Violence in the nursing workplace has a demoralizing presence. The fact that nurses are visiting violence on their nursing colleagues should raise a red flag to the nursing profession and nurse employers that something is wrong – very wrong. Regardless of the theoretical approach embraced, the story is the same – nurses are being demeaned, traumatized, and turned off to the profession. They are being abused and/or abusing others.

As with all types of organizational violence, senior administration must step forward and establish “zero tolerance” policies for bullying, lateral violence, etc. The organization must also protect the person reporting a bad situation from those who might cause additional harm to the “complainer”. In addition, the administration must assist nurses adversely affected by violence to return to health and to work. ([ANA, 2006](#))

Only if we name the problem of lateral violence and seriously act to eliminate it will nurses be able to fulfill their professional commitments to patients, families, communities, and themselves. That being done, the profession will be well on its way toward being the strong profession we seek.

## Resources

[American Nurses Association Resolution Workplace Abuse and Harassment of Nurses](#)

[ANA's Workplace Violence Web page](#)

OSHA's Workplace Violence Web page:  
[www.osha.gov/SLTC/workplaceviolence/](http://www.osha.gov/SLTC/workplaceviolence/)

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## Glossary

Abuse - Abuse is behavior that humiliates, degrades, or otherwise indicates a lack of respect for the dignity and worth of an individual (ICN, 2004).

Bullying – Bullying is “persistent harassment, both physical and primarily - psychological in its nature, which demeans, devalues, and humiliates individuals” (Victims, 2004, p. 14).

Lateral violence - Lateral violence is defined as any inappropriate behavior, confrontation, or conflict – ranging from verbal abuse to physical and sexual harassment between coworkers.

Nurses – Any member of the nursing staff including nursing students and faculty.

Supervisor – Anyone with authority over staff nurses.

Violence – Violence is defined as “violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty that has been recognized as a major problem”. (Gerberich, et al., p. 495).

