Lateral Violence in Nursing

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Violence in nursing has been going on for many years with no end in sight. There are policies in place to protect individuals from verbal and physical violence. However, some of the very institutes that protect clients and/or consumers from violence neglect to protect employees from violence between themselves, creating uncomfortable work environments for all and a high turnover in staff. Violence is a learned behavior and nursing is not excluded from this violence. Lateral violence in nursing is a learned behavior and therefore can be unlearned. It is up to the individual being abused, the abuser, management, and coworkers to stop the violence and learn to play nice in the working environment. Lateral violence in nursing needs to be stopped to promote a healthy work environment, encourage further education, retain employees, better care of patients, and better patient outcomes. The need to identify the violent behavior and where it was learned is a step to learning a new healthy behavior that eliminates the violent behavior. Identifying the abuser and the abused will help bring attention and support to the violence so that it can be corrected. This paper will look at how bullying makes up a great deal of workplace violence and how to confront the bully; that bullying can ultimately lead to suicide; and last, but not least who is responsible for stopping the lateral violence experienced in nursing.

Let’s begin by identifying the learned behavior. Learned behaviors as defined by The American Heritage Medical Dictionary are “the actions or reactions of persons or things in response to external or internal stimuli. The manner in which one behaves” ("Behavior", 2007, p. 1). The exposure to external and internal stimuli begins at birth and follows us through the rest of our lives. Think about all the times in your life you have been exposed to external and internal stimuli. As a baby learns crying means being fed, a clean diaper, or being snuggled the crying is reinforced as a means to having needs met. A 2 year old
toddler might have learned when throwing a tantrum can get him a cookie, or a painful, reprimand or nothing. On the school playground a child learns that if he’s bigger he can take the swing away from someone who is weaker. In the same way a child or an adult may learn that if they’re bigger, faster, or smarter they can get what they want when they want without any consequences to themselves. If a person wants to be promoted she might think she has to look good. In order for her to look good she may have to make others look bad. Each person learns within their household, extended family, school and culture that certain behaviors get certain rewards. As one grows to an adult these learned behaviors follow them throughout life. Behaviors that are positively reinforced are often repeated, whether the behavior is appropriate or not.

“What we live with, we learn. What we learn, we practice. What we practice, we become. And what we become has consequences” (Larson, 2006). It is interesting that “98% of what we do is habit, not choice” (Ibid). It is not until a person meets resistance that they begin to look at their behaviors as being inappropriate.

Bullies are everywhere! They come in all sizes, shapes, and professions. The Andrea Adams Trust defines bullying as:

- Unwarranted, humiliating, offensive behavior towards an individual or groups of employees.
- Persistently negative malicious attacks on personal or professional performance which are typically unpredictable, unfair, irrational and often unseen.
- An abuse of power or position that can cause such anxiety that people gradually lose all belief in themselves, suffering physical ill health and mental distress as a direct result.
• The use of position or power to coerce others by fear or persecution, or to oppress them by force or threat. (Eaton, p. 2)

In working as a welder for many years there were times that the more experienced welders would set up the new welder to look bad. They intimidated, bullied, and undermined the new welder so that they would look good in front of their peers and managers. In much the same way experienced nurses would intimidate, bully, and undermine the newly licensed nurse and sometimes the older working nurse. Bruzzee, 2002, states “bullying is a silent epidemic that affects one in six workers” (p. 1). In some instances even the nursing instructors became the bullies. The instructors could be observed bullying students whom they felt intimidated by or felt did not belong in the program because of their sex, age, religion, sexual orientation, race, and culture. As a former student nurse, instructors were observed picking on a young male student because he had too many body piercing. The male student would only wear a pair of earrings to class and clinical but he was observed outside of school with a nose, tongue and nipple piercings. Never mind that he was a good student, getting A’s and B’s throughout his nursing instructions. He finally attended evening clinical due to the instructor on the evening shifts attitude being more positive and focused on teaching than on his physical appearance outside of nursing. Hence the term by Bartholomwew, 2006, “Nurses eat their young” (p. 1). Nursing students learn from their instructors, new nurses learn from their peers, preceptors, mentors, and supervisors. The “…newly employed nurses may observe and embrace the bullying behaviors of other nurses just to fit in, thus contributing to the continuation of bullying behavior” (Ibid).

Martha Griffen, RN, PhD has identified the ten most common forms of lateral violence in nursing. These include:

1) Nonverbal innuendo
2) Verbal affront

3) Undermining actions; unavailability

4) Withholding information

5) Sabotage; “setting up to fail”

6) Infighting

7) Scapegoating

8) Backstabbing

9) Failure to respect privacy

10) Broken confidences (Sincox, RN, MS, CPNP & Fitzpatrick, RN, MS, CPNP, 2008, p. 8)

Let’s then consider the benefits to lateral violence. It is hard to imagine benefits of bullying. However, the bully gets a sense of empowerment, increased self esteem, and protection from their fears. It is used as a defense mechanism for insecurity at work and can cover up lack of professional skills. Eaton describes bullies as being “under such stress they use bulling as a management tool” (Eaton, p. 1).

Bullies have an overwhelming fear of looking bad next to others and the way they choose to look good is to make the other person look bad. Nursing students learn by “…observing those in power, they develop a beginning concept of how a professional acts toward patients, students, and colleagues” (Rowell, 2008, p. 3). The behavior observed, whether good or bad, may not be of any consequence if the behavior achieves the ultimate goal.

There are many negative impacts of lateral violence in nursing. They include physical illness, mental illness, loss of a job, changes in personal and professional relationships, substance abuse, decrease in quality patient care, lost productivity, and even death. According to Nick
Harvey, Liberal Democrats health spokesman in 1998 17 doctors and 56 nurses committed suicide. The study did not identify the reasons for the suicide. A 38 year old woman who had almost completed her Bachelor of Nursing degree committed suicide because of the harassment and bullying received by male colleagues. In the 6 years she worked for the ambulance service she had filed several complaints in regards to the violence. Yet nothing was done and this young mother of a 3 year old girl hung herself on her child’s swing. It’s a shame that the nursing profession has tolerated nursing violence to the point that nurses feel the only way out of the situation is to take their own life.

So, why do we tolerate such violent behavior? In a profession where nurses are expected to be caring and supportive individuals, why is there so much violence? What went wrong? Violence in nursing is experienced as the norm by nursing students who are first introduced to the violence from their instructors and then by their coworkers. Rowell, 2008, stated that “research has demonstrated that the interactions that occur during the student’s education will shape her/his professional image” (p. 3). One study demonstrated empirically that nursing student clinical experiences were negative because the students were bullied (Ibid).

Nurses are taught to turn the other cheek and let bygones be bygones. It is hard to address the violence when the bully is a fellow nurse who is as overworked and as stressed out as oneself. It is too easy to brush it aside as the bully having a bad day or it will be better tomorrow. In this way the violence goes unreported and the behavior doesn’t have to change.

There are many ways to address the lateral violence in nursing. In a study conducted by a large acute care tertiary hospital in Boston, Massachusetts, twenty-six new nurses were taught about lateral violence and ways to address the lateral violence using “cognitive rehearsal techniques” (March 1, 2006, p. 1). They were each given laminated cue cards with various
forms of lateral violence and appropriate responses to the violence. The nurses used these techniques for one year. At the end of that year the nurses reported that they were able to use the techniques taught, to depersonalize the violence, to ask questions and to continue to learn. The institute reported a higher retention of new nurses thanks to the cognitive rehearsal techniques.

Some techniques to help the bullied are to report the violence, address the bullies behaviors, don’t participate in negative gossip, stand up for the nurse being bullied, deal with matters promptly, keep a record of the incidence, help to create policies, and refuse to participate in lateral violence (Charmaine, n.d., chap. 12).

Beginning January 1st of 2009 The Joint Commission, JCAHO, is requiring that all “Healthcare facilities must have a code of conduct in place that determines which behaviors are tolerated and which behaviors are not and create a formal procedure for managing any unacceptable behavior”(2008, p. 13).

In summary, there is an overwhelming need for nursing educators, healthcare institutions, and nurses worldwide to learn to be respectful and professional to ensure lateral violence in nursing is stopped. By creating laws, enforcing compliance, and teaching the new student as well as the older professional that lateral violence will not be tolerated, will help to retain nursing professionals, promote a healthy work environment, encourage further education, give better care to patients, and attract more individuals to the nursing field.
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