



The Disruptive Force of Lateral Violence in the Health Care Setting

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ABSTRACT

The health care workplace is intensely stressful, regulated by levels of bureaucracy, enforced by strict norms of behavior, and characterized by challenging and sizable workloads. This can create a breeding ground for lateral violence, commonly referred to as *workplace bullying*. This article is designed to help nurse practitioners understand lateral violence consequences and prevention strategies. Response to lateral violence is an ethical obligation for nurse practitioners. In order to reduce disruption to patient care and prevent monetary losses to health care organizations, nurse practitioners should advocate for changes in nursing education, accreditation standards, and policies targeted at the elimination of lateral violence.

Keywords: lateral violence, lateral violence theory, nurse practitioners, nurses, workplace bullying, prevention of lateral violence

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Employment in the health care workplace is commonly characterized as intensely stressful work that is highly regimented and regulated by levels of bureaucracy, enforced by strict norms of behavior, and characterized by extremely challenging and often sizable workloads.¹ The work

being performed, particularly in hospitals, is chaotic, crisis oriented, and stress inducing, which may cause a breakdown in teamwork and incite directed anger and hostility.² Such an environment is a breeding ground for lateral violence, commonly referred to as *workplace bullying*. Given its caring nature,

This CE learning activity is designed to augment the knowledge, skills, and attitudes of nurse practitioners and assist in their understanding of lateral violence in the workplace.

At the conclusion of this activity, the participant will be able to:

- Describe behaviors associated with lateral violence in the workplace
- Explain factors contributing to lateral violence experienced by nurses/NPs
- Delineate legal measures nurses have taken in response to lateral violence

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one might assume that lateral violence is a rare condition in the nursing profession. Unfortunately, and detrimentally, lateral violence is far from uncommon among nurses.³⁻⁶ Indeed, it is arguably 1 of the biggest challenges the profession of nursing faces today.⁷

The purpose of this article is to help nurse practitioners (NPs) and health care administrators understand lateral violence in the health care workplace, its consequences, and means to prevent it. A systematic review of the literature on the topic revealed that lateral violence is prevalent in nursing, but there is little research in this domain specific to NPs.⁸ Thus, this article draws information from existing literature focused on lateral violence among nurses in general. Furthermore, although case law specifically concerning NPs and lateral violence has not been reported, lateral violence within nursing and other health professions has been the subject of criminal and civil lawsuits. Such cases are considered later in the article.

Widely, NPs are leaders and administrators in health care organizations. The prevention of and response to lateral violence is an ethical obligation for NPs to both reduce disruption to the care of patients and prevent monetary losses to the health care organization. Specifically, the American Nurses Association Code of Ethics, Section 2.3 Collaboration states “By its very nature, collaboration requires mutual trust, recognition and respect among the health care team, shared decision-making about patient care and open dialogue among all parties who have an interest in and a concern for health outcomes.”⁹

LATERAL VIOLENCE DEFINED

The term *lateral violence* refers to a pattern of workplace conflict in which confrontational behavior is targeted at 1 person by another employed at the same level of responsibility across time in repeated instances of emotional, psychological, physical, or sexual abuse.¹⁰ Such behavior is intended to overtly, purposefully demean, humiliate, or diminish the victim’s stature, resulting in social exclusion and marginalization in the workplace, which consequently leads to a power relationship in which the victim is

emotionally controlled by the abuser.^{11,12} Lateral violence among nurses typically takes the form of psychological abuse and includes a constellation of behaviors of abuse including gossiping, targeted personal jokes, ostracism, insults, unwarranted criticism, belittling, and verbal aggression.^{13,14} It also includes covert sabotaging behaviors such as scheduling excessive workloads, misinformation, loss of records, violation of privacy, and breach of confidentiality.¹⁵ As in other types of abusive relationships, the abuser is likely to increase the frequency and intensity of the lateral violence if it remains unchecked.¹⁶ Abusers characteristically demonstrate impatience, condescension, anger, threatening posturing, and even physical aggression.¹⁷

Lateral violence among NPs was illustrated by an online response to a professional organization, the Workplace Bullying Institute, in which an NP described the intense, prolonged, and emotionally damaging behavior of a nursing colleague that was so abusive the NP was left physically ill.¹⁸ The NP now dreads her daily interactions with her colleague and desires to terminate her employment because of the abuse.

SCOPE OF LATERAL VIOLENCE

The abuse Rose experienced is an all too common form of lateral violence.^{6,19} Nearly all nurses experience lateral violence in their careers.^{20,21} As discussed in McNamara,²² 1 study of lateral violence found 97% of nurses surveyed (n = 1,428) reported lateral violence in their health care workplace as a common occurrence. The highest frequency of complaints focused on patterns of verbal abuse.²³ Elsewhere, Roche et al²⁴ found one third of nurses interviewed had experienced lateral violence in the form of verbal abuse by a fellow nurse within the last 5 shifts worked. Similarly, Johnson and Rea²⁵ reported nearly one third of emergency room nurses surveyed experienced lateral violence by a peer in the last 6 months.

In a Web-based survey conducted from March to May 2011, researchers asked nurses to rate the frequency with which they had experienced lateral violence using a 6-point Likert scale, which ranged from never (1) to daily (6). Respondents (N = 955) had a mean score of 4.5, indicating lateral violence

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