Healthy Practice Environment Advocacy Guide

Workplace Bullying and Lateral Violence Among Nurses

Definition and Overview

Lateral violence is a term describing the physical, verbal, or emotional abuse of a colleague or between colleagues. Common forms of lateral violence include nonverbal innuendo, verbal affront, undermining activities, withholding information, sabotage, infighting, scapegoating, and backstabbing. Bullying is committed by a person of higher power or authority: usually bullying is persistent and ongoing, including behavior that is abusive, intimidating, and malevolent, making the recipient feel threatened (Task Force on the Prevention of Workplace Bullying, 2001). Bullying and lateral violence have serious negative consequences for nurses their patients, and healthcare employers. Disruptive behaviors are toxic not only to the nursing profession but also to the institution in which they occur. High staff turnover, sickness absence, impaired performance, lower productivity, poor team spirit, and increasing litigation are among the outcomes of workplace bullying (Field, 2002). Furthermore, intimidating and disruptive behaviors can compromise safety (The Joint Commission, 2008).

The Center for American Nurses has issued a position statement entitled 'Lateral Violence and Bullying in the Workplace' (Center for American Nurses, 2008). The organization maintains that there is no place in a professional practice environment for lateral violence and bullying among nurses or between healthcare professionals. All healthcare organizations should implement a zero-tolerance policy related to disruptive behavior, including a professional code of conduct and educational and behavioral interventions to assist nurses in addressing disruptive behavior. The Center's guide has been developed for nurses in all practice settings where bullying may be witnessed or experienced. It offers evidence-based and best practice solutions to eliminate the disruptive behaviors of lateral violence and bullying and move from a culture of hostility to a culture of mutual respect (Stowkowski, 2008).

Conditions that Lead to Bullying

- No system in place when nurses need help because of the seemingly covert acceptance of bullying
- Hospital style of management - fear vs. respect (e.g., senior management appeared rarely on the units and were seen as inspectors to fear rather than supporters, advocates, and leaders)
- High workload, increasing displaced stress and aggression

Prevalence

Health-care employees account for around 12% of over 10,000 cases of bullying reported to the UK National Workplace Bullying Advice Line between 1996 and 2002 (2009). 85% of health-care employees claim to have witnessed or been the target of bullies (Hoban, 2004).

In the U.S., 27.3% of nurses had experienced workplace bullying in the last 6 months, mostly by managers/directors and charge nurses. Workplace bullying was significantly associated with the intent to leave a current job and nursing (Johnson & Rea, 2009).

Bullying in the workplace can cost over $4 billion yearly (Murray, 2008). It also has become a major contributor to the increasing rate of work dissatisfaction, absences from work, lost productivity, and work-related injuries in health care institutions (Felblinger, 2008; Longo & Sherman, 2007; Murray, 2008).

Examples of Nurse-to-Nurse Bullying (Rocker, 2008)

Power disparities
- Using shift/weekend charge positions to direct/control staff assignments/breaks
- Controlling co-workers' behavior by reporting them to their supervisors for perceived lack of productivity and assistances
- Placing others under pressure to produce work and meet impossible deadlines
- Withholding knowledge of policies and procedures to get co-workers in trouble

Actions
- Yelling at co-workers
- Demanding co-workers perform duties
- Refusing to mentor and guide new staff in their practice
- Refusing to help those who struggle with the unknown and uncertainty
- Refusing to help others in need of assistance
- Giving public reminders of incomplete/missed documentation or work
- Withholding information
- Posting documentation errors on bulletin boards for all disciplines to view and others to critique
- Intimidating with threats of disciplinary procedures
- Writing critical and abusive letters or notes
- Verbalizing harsh innuendos and criticism
- Using hand gestures to ward off conversation
- Rolling eyes in disgust
- Undermining personal values and beliefs

Manifestations of Lateral Hostility

Lateral hostility, bullying, horizontal violence, and the like may be conveyed in a nearly endless variety of forms that denigrate a nurse's professional dignity. Some of those expressions identified in the literature include the following: (Alspach, 2007 and Martin, 2010)
- Belittling gestures like rolling of eyes
- Folded arms
- Staring straight ahead or "through" when communication is attempted
- Intimidating behavior

- Backstabbing
- Scapegoating, fault-finding
- Inflammatory angry outbursts
- Impatience
- Insults, ridicule, patronizing, or condescending language
- Unwarranted or constant criticism, sometimes unnecessarily destructive
- Sarcasm
- Rudeness
- Gossiping or spreading unfounded rumors
- Silent treatment
- Mockery
- Elitist attitudes regarding work area, education, experience
- Humiliation
- Exclusion or isolation
- Persecution
- Inequitable assignments
- Unfair or offending evaluation of work
- Sabotage
- Overruling decisions without a rationale
- Purposely withholding relevant information or support
- Setting unrealistic targets with limited notice or consultation

Consequences of Bullying to the Nurse and the Organization

To the organization

- Cost (overtime, hiring, training, productivity, recruiting, decreased patient satisfaction scores, payment of legal fees due to harassment charges)
- No raises
- Short staffed units
- Toxic work environment, (poor teamwork, cliques, dueling units or shifts, low staff morale, absenteeism, turnover, preceptor burnout)
- Decreased quality of care
- Likelihood of victims of bullying to bully others including patients

To the individual

Bullying can have a major impact on the victim's physical and mental health as well as how they function in their role. Symptoms may include:
- Depression, anger, increased stress, insomnia, GI distress, prolonged disability, headaches/migraines, feeling sick, hypertension, cardiac arrhythmias, insomnia, appetite changes, anxiety, panic attacks, dread of work, tearfulness, irritable behavior, lack of concentration, loneliness, low self-esteem, self-harm, social dysfunction, unhappiness, increased use of alcohol, nicotine or other drugs, or suicide

Tools and Interventions to Handle Bullying

At the organizational level

- Examine the workload. Lateral violence may be displaced stress and aggression on one another because workload might be too high.
- Have or create an anti-harassment policy that says lateral violence is no longer going to be tolerated. Lateral violence cannot thrive when employers become ethically and legally responsible.
- Recognize lateral violence.
- Insist leaders and managers lead by example, champion respect, and set the tone and expectations for behaviors essential for fostering a harmonious and collaborative environment. The role of the leader/manager is crucial in developing a positive workplace culture that supports a high level of professionalism and a culture of zero tolerance bullying.
- Provide an anonymous bullying hotline, advice line, and/or website.
- Protect the person from retribution if reported (Rowell, 2010)
- Develop more open communication and increase access to nursing senior management.
- Ensure that nursing supervisors receive adequate nonclinical training for their role.
- Ensure that competency standards specifically include managing bullying and that these standards are maintained through an effective performance management system.
- Ensure there is a mechanism for conflict resolution.
- Encourage nurses to inform their supervisors and managers when they are being bullied.
- Have a structured system of reassurance in place to encourage staff to report bullying episodes.
- Produce a comprehensive management protocol to deal with alleged bullying and/or harassment episodes.
- Give ongoing educational programs to help nurses recognize the signs and symptoms of violence in the work setting as well as actions that will prevent and stop any abuse (Center for American Nurses, 2007).
- Provide educational programs to develop professional comportment among nurses. According to Clickner and Shirey (2013), professional comportment is a nurse's professional behavior that results in nurse-nurse collaboration including "mutual respect, harmony, commitment and collaboration".

At the individual level

- Nurses first must recognize when bullying exists. Frequently, an individual is told that he or she is not being bullied. However, the victim is aware of being targeted and knows the bully is planning systematically to continue the harassment and interfere with the victim's work.
- Nurses should take advantage of a complaint system that offers confidentiality, if available. (Rowe, 1993)
- Nurses should seek behavioral health services when needed. Workplace bullying is a tremendously overwhelming experience.
- Nurses must be aware of the effect of the bullying on personal health and remain

       alert to signs and symptoms, such as anxiety, loss of sleep, and eating disorders.

- Nurses should know their rights. State and federal professional organizations might be able to assist a victim of workplace bullying (e.g., American Nurses Association, state nursing associations, the Department of Justice).
- Nurses must be knowledgeable of workplace policies and procedures related to bullying and harassment.
- Victims should document all incidents of bullying, including date, time, site of occurrence, and witnesses.
- Nurses should be prepared for the possibility that instead of addressing the problem, senior leaders within the organization will not stop the bullying as they protect personal interests.
- Legal assistance may be needed when all other avenues to address the problem have failed (Murray, 2009).

At the coworker level

- When bullying is occurring, a nurse should call for help immediately. For example, operating room nurses have a method of calling a "Code Pink" to signal co-workers that workplace abuse is occurring. Colleagues who can be released from patient care areas go to the location of the code and stare silently at the individual bullying the nurse. This technique gets the bully to retreat from the challenge or recognize the abusive behavior has been revealed.
- A nurse should provide support to a co-worker immediately following an attack, determining what should be done for the victim.

References (annotations or abstract included when available):

Abe, K., & Henley, S. (2010). Bullying (Ijime) among Japanese hospital nurses: Modeling responses to negative acts questionnaire. *Nursing Research*, *59*(2), 110-118.

Alspach, G. (2007). Critical care nurses as coworkers: Are our interactions nice or nasty? [Editorial]. *Critical Care Nurse*, *27*(3), 10-14.

Alspach, G. (2008). Lateral hostility between critical care nurses: A survey report. *Critical Care Nurse*, *28*(2) 13-19.

American Association of Critical Care Nurses, Vital Smarts. (2005). Silence Kills: The Seven Crucial Conversations for Healthcare. Retrieved from http://www.silenttreatmentstudy.com/silencekills/

Barrett, A., Piatek, C., Korber, S., & Padula, C. (2009). Lessons learned from a lateral violence and team building intervention. *Nursing Administration Quarterly*, *33*(4), 342-351. (The most important factor in developing group cohesion is an effective manager who respects the staff nurse as professionals. More useful at the organizational level. Group sessions were held focusing on building trust, clarifying roles, and holding each other accountable. Research instruments included NNDQI, demographic data form, "How Well are We Working Together?" and "Group Cohesion Scale.")

Bylone, M. (2010). Lateral violence: Rite of passage? Wrong! *Nursing 2010 Critical Care*, *5*(2), 46-47. (Recommendation to build confidence by intervening in situations outside the hospital. This will help you be more comfortable in speaking up in more familiar settings like work. Specific examples given.)

Center for American Nurses. (2007). *Bullying in the workplace: Reversing a culture*. Silver Spring, MD: Author. (Brochure available through Center for American Nurses: This guide has been developed for nurses in all practice settings where bullying may be witnessed or experienced. Learn what tools and strategies can be utilized to move from a culture of hostility to a culture of mutual respect. This publication provides nurses with the tools to recognize and address bullying in the workplace. [16 pages, measures 9" x 6"] Includes laminated Tip Card. Online version (pdf) available for $8.00 and sent via email within 72 hours of ordering. For orders of 200 or more, member price is $9.00 per booklet and non-member price is $10.00 per booklet. Shipping is extra. Please call 1-800-685-4076 to place bulk orders.)

Center for American Nurses. (2008). *Lateral violence and bullying in the workplace*. Silver Spring, MD: Author.

Clickner, D.A. & Shirey, M.R. (2013). Professional Comportment: The Missing Element in Nursing Practice. Nursing Forum, 48(2), p. 106-113. Doi:10.1111/nuf.12014

Dellasega, C. (2009). Bullying among nurses. *AJN*, *109*(1), 52-58.

Dewitty, V., Osborne, J., Friesen, M., & Rosenkarantz, A. (2009). Workforce conflict: What's the problem? *Nursing Management*, *40*(5), 31-33, 37. (surveys types of conflict encountered)

Dunbar, C. (2005). Managers can prevent incidents of horizontal violence. *AORN*, *1*(5), 1-4.

Dunn, H. (2003). Horizontal violence among nurses in the operating room. *AORN Journal*, *76*(6), 977-88. (describes bullying in the OR)

Edwards, S. L., & O'Connell, C. F. (2007). Exploring bullying: Implications for nurse. *Nurse Education in Practice, 7*(1), 26–35. (This article examines briefly workplace violence and bullying in the hospital environment, but more importantly how the styles of bullying and intra-staff bullying are emerging in nurse education. The content describes the etiology of violence and bullying and explores bullying as the principle form of intimidation in nurse education, the different types and subtle forms of bullying, why individuals become bullies, and dealing with and the consequences of bullying. The legislation, guidelines, and policies are part of recommendations for practice. Specific interventions were listed that included verbal and nonverbal techniques as well as written documentation.)

Felblinger, D. (2008). Incivility and bullying in the workplace and nurses' shame responses. *Journal of Obstetric, Gynecologic and Neonatal Nursing*, *37*(2), 234-242.

Field, T. (2002). Bullying in medicine. *BMJ*, *324*, 786.

Gallant-Roman, M.A. (2008). Strategies and tools to reduce workplace violence. *AAOHN Journal*, *56*(11), 449-54. (The U.S. health care system is in the beginning of a crisis. Not only are nurses leaving the field, but fewer candidates are entering. The reasons are unclear, but research has shown that nursing is a dangerous occupation--four times more dangerous than most other occupations. Protection from an unsafe workplace is guaranteed under Occupational Safety and Health Administration regulations, and many national and international groups call for zero tolerance of workplace violence. Health care worksites must develop specific plans to minimize and prevent workplace violence. Additional research is necessary to determine which methods are most effective. This article examines the necessary components of a workplace violence prevention program.)

Goldberg, N. (2006). Fight social bullying. *Men in Nursing*, *June 2006*, 45-49.

Griffin, M. (2004). Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. *Journal of Continuing Education in Nursing*, *35*(6) 257-263.

Griffin, M. (2005). Awareness of 'nurse-on-nurse' abuse helps resolve problem. *AORN*, *1*(5), 3.

Hughes, R., & Clancy, C. (2009). Complexity, bullying, and stress: Analyzing and mitigating a challenging work environment for nurses. *Journal of Nursing Care Quality*, *24*(3),180-183. (Focuses on sources of stress for nurses and a need to "end the culture of blame and create systems to foster a positive and supportive working environment.")

Hutchinson, M. (2009). Restorative approaches to workplace bullying: Educating nurses towards shared responsibility. *Contemporary Nurse*, *32*(1-2), 147-155.

Hutchinson, M., Jackson, D., Wilkes, L., & Vickers, M. (2008). A new model of bullying in the nursing workplace: Organizational characteristics as critical antecedents. *Advances in Nursing Science*, *31*(2), E60-E71.

Hutchinson, M., Vickers, M., Jackson, D., & Wilkes, L. (2005). "I'm gonna do what I wanna do." Organizational change as a legitimized vehicle for bullies. *Health Care Management Review*, *30*(4), 331-336.

Hutchinson, M., Wilkes, L., Jackson, D., & Vickers, M. (2010). Integrating individual, work group and organizational factors: Testing a multidimensional model of bullying in the nursing workplace. *Journal of Nursing Management*, *18*(2), 173-181.

Johnson, S., & Rea, R. (2009). Workplace bullying: Concerns for nurse leaders. *Journal of Nursing Administration*, *39*(2), 84-90.

Johnston, M., Phanhtharath, P., & Jackson, B. (2010). The bullying aspect of workplace violence in nursing. *JONA'S Healthcare Law, Ethics, and Regulation*, *12*(2), 36-42. (Reviews The Joint Commission's code of conduct.)

Knopper, M. (2009). Putting a stop to medical road rage. *Clinician Reviews*, *19*(1), 8. (Discusses the escalation of inappropriate "rage" behaviors)

Leiper, J. (2005). Nurse against nurse: How to stop horizontal violence. *Nursing 2005, 35*(3). (Outlines interventions that individuals can take to stop the cycle of bullying and cope

with anger. Organizations must have policies and support system in place so employees are empowered to speak up without fear of reprisal.)

Lewis, M. (2006). Nurse bullying: Organizational considerations in the maintenance and perpetration of health care bullying cultures. *Journal of Nursing Management*, *14*, 52-58.

Longo, J, & Sherman, R. (2007). Leveling horizontal violence. *Nursing Management*, *38*(3), 34-51.

Martin, C. (2010). Bully for you: Harassment and bullying in the workplace. *British Journal of Midwifery*, *18*(1), 25-31

McKenna, B.G, Smith, N.A, Poole, S.J. & Cloverdale, J.H. (2003). Horizontal violence: Experiences of registered nurses in their first year of practice. *Journal of Advanced Nursing*, *42*(1), 90-96. (A study of the experiences of 1st year nurses)

Murray, J.S. (2009). Workplace bullying in nursing: A problem that cannot be ignored. *MEDSURG Nursing.* 18(5): 273-6. (Nurses may bully others for a number of reasons. The basis most often is the need for the bully to be in control of all aspects of the work environment. Bullying behaviors also exist because of a white wall of silence that often protects the bully.)

Neal-Boylan L.J, & Guillett S.E. (2003). Nurses with disabilities: Can changing our educational system keep them in nursing? *Nurse Educator*, *33*(4), 164-167.

Porter-O'Grady, T. (2008). Transforming work environments: Interview by Diane E. Scott and Amanda Rosenkranz. *The American Nurse*, *40*(2), 7. (discussion of the center which promotes healthy work environments)

Pugh A. (2005). Bullying in nursing: Building a culture of respect combats lateral violence. *CrossCurrents: The Journal of Addiction and Mental Health*, *Winter 2005-06, 109*(1), 52-58.

Randle, J., Stevenson, K., & Grayling, L. (2007). Reducing workplace bullying in healthcare organizations. *Nursing Standard*, *21*(22), 49-56.

Rocker C.F. (2008). Addressing nurse-to-nurse bullying to promote nurse retention. *Online Journal of Issues in Nursing*, *13*(3). Retrieved from http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/vol132008/No3Sept08/ArticlePreviousTopic/NursetoNurseBullying.aspx (This article raises awareness of the challenges associated with *workplace bullying* among nurses by defining and describing the incidence and origin of *workplace bullying*; reporting the nature of and consequences of *workplace bullying* for both victims and witnesses; presenting the Canadian legal response, strategies to support victims, and approaches preventing *workplace bullying*; and considering the nurse manager's role in addressing *workplace bullying*.)

Rowell, P. (2010). Lateral violence: Nurse against nurse. *ANA Continuing Education.* Retrieved from **www.greenermediations.net/files/3521750/uploaded/N%20Rowell.pdf**

Schaffner, M., Stanley, K. & Hough, C. (2005). No matter which way you look at it, it's violence. *Gastroenterology Nursing*, *28*(6): 75-76.

Schmalenberg, C. & Kramer, M. (2007). Types of intensive care units with the healthiest, most productive work environments. *American Journal of Critical Care*, *16*(5), 458-468. (Part 2 of an AACN series of what determines a healthy work environment)

Shirey, M.R. (2006). Authentic leaders creating healthy work environments for nursing practice. *American Journal of Critical Care*, *15*(3), 257-267. (Discusses current literature related to healthy work environments, leadership and further research – part 1 of AACN series)

Simmons, S. (2008). Workplace bullying experienced by Massachusetts registered nurses and the relationship to intention to leave the organization. *Advances in Nursing Science 31*(2), E48-E59.

Stevens, S. (2002). Nursing workforce retention: Challenging a bullying culture. *Health Affairs*, *21*(5), 189-193.

Stowkowski, L. (2008). A call to end bullying in the workplace. *Advances in Neonatal Care*, *8*(5), 252-253.

Task Force on the Prevention of Workplace Bullying. (2001). *Report of the task force on the prevention of workplace bullying: Dignity at work-the challenge of workplace bullying*. Dublin: Health and Safety Authority.

The Joint Commission (2008). Behaviors that undermine a culture of safety. Retrieved from http://www.jointcommission.org/assets/1/18/SEA_40.PDF (A study of nurses to survey of the impact of disruptive behaviors that undermine a culture of safety and impact of communication defects on patient safety and to determine what factors were essential to a healthy work environment. Describes factors that undermine a culture of safety and makes12 recommendations to address disruptive behaviors.)

Thomas, S. (2003). 'Horizontal hostility': Nurses against themselves: How to resolve this threat to retention. *AJN*, *103*(10), 87-88, 90-91. (Discusses sabotage)

Yildrim, D. (2009). Bullying among nurses and its effects. *International Nursing Review*, *56*(4), 504–511. (There were no differences between position and educational level in workplace bullying. Workplace bullying leads to depression, lowered work motivation, decreased ability to concentrate, poor productivity, lack of commitment to work, and poor relationships with patients, managers and colleagues.)