Lateral Violence in Nursing: Implications and Strategies for Nurse Educators

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Lateral violence among nurses persists as a prevalent problem, contributing to psychological distress, staff turnover, and attrition. Newly graduated nurses are at particular risk for being targets of lateral violence and experiencing its negative sequelae. Preparing student nurses to respond to lateral violence prior to entering the nursing may alter this scenario. A review of the literature was conducted to determine the potential for nursing faculty to change the cycle of lateral violence. Based on this review, we recommend 3 main strategies, specifically for nursing faculty, aimed at reducing incidences of lateral violence and preparing students to manage this phenomenon. First, curricular content can address integrating lateral violence content into simulation experiences and facilitating this knowledge into clinical experiences. Second, codes of conduct should guide behaviors for both students and faculty. Finally, as role models, faculty should be aware of their own behaviors, role model respectful communication, facilitate a courteous academic environment, and develop nurses capable of identifying and appropriately responding to lateral violence. (Index words: Lateral violence; Student nurses; Nursing education; Prelicensure; Faculty; Strategy) J Prof Nurs 0:1–6, 2016.

LATERAL VIOLENCE AMONG nurses is well documented as a persistent and ubiquitous problem. Also known as *horizontal violence*, *bullying*, and *incivilities*, lateral violence describes behaviors intended to demean, undermine, and/or belittle a targeted individual working at the same professional level. Common examples of lateral violence include verbal assaults (yelling, persistent criticism, swearing, or belittling); nonverbal innuendo (eye rolling, sighing, ignoring); undermining and sabotage (withholding information, refusing to help); failure to respect privacy; and broken confidences, gossiping and spreading rumors, and scapegoating (Embree & White, 2010; Vagharseyyedin, 2015). Lateral violence contributes to a range of negative consequences including depression, anxiety and sleep disturbances (Vessey, Demarco, & DiFazio, 2010), a decreased sense of well-being (Dehue, Bolman, Völlink, & Pouwelse, 2012), and physical illnesses (Kivimäki et al., 2003).

Employees who are dissatisfied with their work environment may eventually leave if voicing their concerns or ignoring offending parties does not solve the problem (Sanner-Stiehr & Ward-Smith, 2014). Hospital staff turnover rates rose to a 5-year high at 17.2% in 2014, with nursing turnover accounting for over 95% of that alarmingly high number (NSI Nursing Solutions, Inc., 2015). High turnover create financial burdens for institutions that spend an estimated 20%–50% of an annual nurse salary to replace those who leave (Boushey & Glynn, 2012; NSI Nursing Solutions, Inc., 2015). In addition to the financial costs associated with turnover rates, lateral violence has been linked to attrition from the profession altogether (Johnson & Rea, 2009; Lewis, 2006), exacerbating the already concerning nursing shortage (American Association of the Colleges of Nursing, 2014). Most alarmingly, dysfunctional workplace communication and staff turnover also compromise patient care and safety (The Joint Commission, 2008), and Laschinger (2014) found that nurses perceived a decrease in quality of patient care when uncivil behaviors were present in their workplace.

In response to the mounting evidence of negative consequences, the Joint Commission for Healthcare Accreditation (2008) appealed to all health care organizations to take measures to decrease behaviors that undermine safety culture. Health care organizations subsequently implemented zero-tolerance policies, blueprints for reporting

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and managing instances of lateral violence and other disruptive behaviors. Unfortunately, these measures only address instances once they have occurred, and reporting is deterred by fear of retribution (Jackson et al., 2010; Peters et al., 2011) and perceived lack of managerial/administrative support for targets (Lindy & Schaeffer, 2010).

Approximately 17.2% of nurses either change jobs or leave the profession annually, an increase from 13.5% in 2011 (NSI Nursing Solutions, Inc., 2015). Among newly licensed nurses, these rates are even higher, between an estimated 25% and 33% (Booth, 2011; MacKusick & Minick, 2010). Throughout the past decade, hostile work environment and incivilities have been cited as significant reasons for these alarmingly high rates (Booth, 2011; Chachula, Myrick, & Yonge, 2015; Gaynor, Gallasch, Yorkston, Stewart, & Turner, 2006; MacKusick & Minick, 2010; Read & Laschinger, 2013). With an imminent and potentially serious nursing shortage (American Association of the Colleges of Nursing, 2014; NSI Nursing Solutions, Inc., 2015), retention of newly licensed nurses will be critical to maintaining an adequate and sustainable nursing workforce (Laschinger, Grau, Finegan, & Wilk, 2010).

Most recently, the American Nurses Association (2015) issued a position statement on the unacceptability of lateral violence. Communication between members of the health care team, including nurses, is imperative to the delivery of safe patient care. Intraprofessional education is increasingly common in prelicensure education in accordance with Standard IV of the American Association of Colleges of Nursing Essentials for baccalaureate nursing education (American Association of the Colleges of Nursing, 2008). Despite nurses constituting the largest profession in health care, intraprofessional communication remains conspicuously absent from prelicensure nursing curriculum standards.

In the past, lateral violence may have been tolerated as an unappealing but unavoidable facet of nursing, but that conversation is changing. Student nurses are aware of the lateral violence they are likely to encounter and have begun appealing to nurse educators in print, asking nursing educators to include training specific to lateral violence in curricula (Brox, 2015; Lissade, 2015; National Student Nurses' Association, 2015). Nurse educators must respond by providing this student-centered education (Figure 1).

Methods

A literature review was conducted utilizing the following databases: Academic Search Complete, MedLine, PubMed, CINAHL, and PsycInfo. Search terms included *lateral violence*, *horizontal violence*, *workplace bullying*, *nurs**, *nursing*, *faculty*, *educator**, *student nurses*, *nursing students*, *attrition*, *turnover*, *new grad**, *education*, *financial*, *cost*, *communication*, *manager**, *reporting*, *prelicensure*, and *nursing school*. Years searched included in the search ranged from 2005 to 2015 to describe the historical context and evolution of attempts at solutions over the last decade. Criteria for inclusion in this review included those with a focus on background, student experiences with lateral violence, the scope of incivility in the nursing academic setting, and interventions for students and faculty incivilities. This article focuses on implications for nurse educators rather than hospital administrators; thus, articles focused on interventions aimed at registered nurses at the hospital level were excluded. In addition, professional documents such as the American Association of Colleges of Nursing's, 2008 Essentials for Baccalaureate Education (2008) and The Joint Commission's, (2008) report on Safety Alerts were included as background context of lateral violence in nursing. In all, a total of 40 relevant references including articles, reports, and documents were identified through this review.

Identification of Strategies

Lateral violence as a self-perpetuating cycle in nursing emerged as the overarching theme from this literature review, revealing three ways in which nurse educators can intervene to interrupt the cycle. First, exposure to lateral violence often occurs during clinical rotations and interactions with fellow students and faculty (Bowllan, 2015; Cooper, Walker, Askew, Robinson, & McNair, 2011; Hinchberger, 2009). Student nurses are particularly vulnerable to being targets of lateral violence (King-Jones, 2011); unfortunately, effective response strategies may not be addressed in nursing education. Lacking the ability to identify and appropriately respond can lead to formation of maladaptive coping mechanisms, negative personal consequences, and attrition and staff turnover (Sanner-Stiehr &

Recommendations for Nurse Educators

- Address instances of lateral violence in clinical rotations
- Include education about lateral violence and the opportunity to rehearse appropriate communication strategies within the curriculum
- State expectations for professionalism explicitly in Codes of Conduct and enforce consistently
- Role model professional and respectful communication

Figure 1. Recommendations for nurse educators.