Coursey, J. H., Rodriguez, R. E., Dieckmann, L. S., & Austin, P. N. (2013). Successful implementation of policies addressing lateral violence. *AORN Journal*, 97(1), 101-109. doi:10.1016/j.aorn.2012.09.010

Coursey, Rodriguez, Dieckmann, and Austin (2013) define lateral violence as behavior that “involves nurses either openly or secretly directing their dissatisfaction with the work setting at nurses of equal or lower levels within an organization”. The authors state that decreasing lateral violence is beneficial to all Operating Room staff and their employers. These benefits are described as improvement in communication, less dissatisfaction in workplace culture, less staff turnover, and ultimately better patient care.

The authors state that lateral violence is widespread in nursing. It is cited that in the Southeasern US, 93% of surveyed nurses report witnessing lateral violence, and 85% report being victims of lateral violence themselves. The authors report that experienced nurses are often the perpetrators, novice nurses are often the victims, and administrators are often bystanders.

The article defines the PICO components used. Population is OR personnel, both perpetrators and victims. Intervention is implementation of a lateral violence policy. Comparison intervention is not used because the authors focused the search on the most effective methods. The Outcome is stated as a decrease in the incidence of lateral violence among OR personnel.

The authors performed a thorough appraisal of the literature. Twelve sources were found fitting their criteria. During their review of the literature, various interventions were found to be potentially positive to preventing lateral violence. These interventions are: changing behaviors in ways that encourage lateral violence, involving nursing administration with nursing personnel, intentionally changing both the environment and policies, and implementing multiple interventions simultaneously which may not be effective if use alone.

The authors start with changing behavior as an intervention. Providing feedback can be a way to change behavior. Changing behavior with education is key. Coping skills acquired through education can arm staff against lateral violence. Cognitive rehearsal is also given by the authors as an effective way to change behavior. Rehearsing responses to ten common forms of lateral violence is a potentially effective effort. Involving administration helps maintain an environment of safety that encourages communication and discourages lateral violence. The authors state that changing policies and environment is a valuable effort.

The authors point out that current policies in many health care organizations are in place to comply with accreditation standards. This does not guarantee that the policies are effectively enforced. This reinforces the importance of changing behavior and adjusting policies.

My paper is about lateral violence and promoting patient safety. The article gives good data relevant specifically to this topic.

Dimarino, T. J. (2011). Eliminating lateral violence in the ambulatory setting: One center's strategies. *AORN Journal*, 93(5), 583-588. doi:10.1016/j.aorn.2010.10.019

Dimarino defines lateral violence as “when oppressed groups/individuals internalize feelings such as anger and rage, and manifest their feelings through behaviors such as gossip, jealousy, putdowns, and blaming” (2011). She states that nurses who suffer lateral violence often leave their position. This turnover can cost the organization between $22,000 and $64,000 per nurse. The staff who remain must pick up slack, which puts additional strain on every staff member. In 2008 the Joint Commission issued an alert saying disruptive, intimidating, and unprofessional behaviors are unacceptable in a culture of safety.

Dimarino examines many ways in which lateral violence can affect a staff member. They can lack enthusiasm for performing their job duties and experience stress that affects them both physically and emotionally. The lateral violence victims can suffer physically through weight fluctuation, illnesses, sleeplessness, etc. Emotionally, they may develop low self-esteem, become depressed, develop anxiety, or low morale. Dimarino states that over time, the staff member may grow to accept these behaviors as normal and routine.

Dimarino names two key efforts to minimize lateral violence: education and strong leadership. Dimarino calls education the “first line of defense” (2011) for developing a healthy working space. Managers and directors educated about lateral violence can assist staff members in conflict resolution and dissuade negative behaviors. Providing education to staff members about the behaviors of lateral violence can lead to the staff recognizing negative behavior and curtailing it on their own. This “zero-tolerance” environment reinforces to staff that such behavior is unacceptable.

Dimarino cites leadership as the second important effort to fighting lateral violence. Effective leadership should implement a “zero-tolerance” policy toward lateral violence. An important element of this effort is that it is universally upheld; all staff members are held accountable to the standard no matter their position. Demarino states the importance of leadership providing clear expectations for the staff. Similarly, consequences for unacceptable behavior should also be clearly defined. Demarino suggests having written policies and consequences as well as keeping open avenues of communication. Being approachable about lateral violence will make staff more likely to approach leadership if it occurs. Finally, Demarino states that it is important that leadership establish a positive environment of respect, professionalism, and safety.

Demarino then describes her own organization’s commitment to zero-tolerance. Her organization employs all of the previously mentioned strategies. She states that due to the efforts, staff members are reporting an all-time high level of morale. They have no lateral violence related turnovers. Also, their Code of Conduct incorporate the zero-tolerance policy, which each staff member must sign.

My paper is about lateral violence and creating an environment of safety to prevent its occurrence. Demarino’s entire article included quality information and data about this subject.

Harter, N., & Moody, C. (2010). The cost of lateral violence: all pain and no gain. *South Carolina Nurse*, 17(1), 4.

Harter and Moody (2010) state that lateral violence has not only a costly economic impact but an impact on patient safety as well. The authors cite that 60% of new nursing graduates leave their first nursing positions due to some form of lateral violence. According to the authors, it costs approximately $92,000 to recruit, hire, and train a medical surgical nurse and $145,000 to do the same for a specialty nurse. Harter and Moody give a figure of 8.4% for voluntary nurse turnover. This rate increases to 27.1% for first-year nurses.

This loss of money is described by the authors as having a significant effect on the budget of an organization. Not only does it affect the budget, but it leaves a lasting impression on the remaining staff. The authors state that this can result in increased sick leave usage, straining scheduling and the remaining staff further. Communication can be affected by lateral violence. The authors write that this breakdown in communication affects patient safety. The articles ends with the authors imploring leaders to implement strategies to lessen lateral violence and promote a healthy work environment. If not, the authors predict that it will be “all pain and no gain”.

While this article does not go into specifics of what strategies to implement for change, it provides good information about the effect lateral violence has on an organization as a whole.

Lachman, V. D. (2014). Ethical issues in the disruptive behaviors of incivility, bullying, and horizontal/lateral violence. *MEDSURG Nursing*, 23(1), 56-60

Lachman starts the article by quote the Joint Commission statement that disruptive and intimidating behaviors can lead to medical errors, poor patient satisfaction, preventable adverse outcomes, increased cost for care, and qualified staff members to search for employment in more professional environments. The author defines disruptive behavior as banging down the telephone receiver, intentionally damaging equipment, throwing objects, and exposing staff and patients to contaminated fluids or equipment. The author states that bullying goes beyond incivility because it is intentional.

Lachman cites a survey stating that 40% of clinicians remained passive during patient care events rather than question a known intimidator. The author cites that 39% of graduates witnessed bullying in their first year and an additional 31% experience it themselves. The author also cites a South Carolina nurse survey where 85% of surveyed nurses report being victims of lateral violence.

Lachman makes a declaration that disruptive behaviors are a violation of the Code of Ethics for Nurses. The Code of Ethics for Nurses is from the American Nurses Association and is the standard of ethics for the profession. The author relates the provisions of the Code of Ethics for Nurses and observes how disruptive behavior is in violation.

The first provision is described by the author as “Relationships with Colleagues and Others.” This provision states how all individuals who interact with the nurse should be addressed in a respectful manner. Bullying is in violation of this provision. The second provision is “Collaboration”. The provision states that multidisciplinary collaboration is necessary in providing patient care. Disruptive behavior has a measurable effect on communication relationships, which is a violation of this provision. Lachman states the third provision as “Acting on Questionable Practice.” The author states that according to this provision, nurses are expected to report instances of “incompetent, unethical, illegal, or impaired practice by any member of the health care team” (Lachman, 2014). Naturally, the creation of environments by bullying and disruptive behaviors result in the sort of instances. Because of this, the author asserts that bullying would be in violation of the provision. The final provision is “Addressing Impaired Practice.” This provision defines impaired practice as any staff member adversely affected by physical or mental illness, or other personal circumstances. The author states that this provision defines the ethical responsibility of organizations to have in place policies supporting nurses against lateral bullying.

It is obvious that bullying and disruptive behavior are negative. Lachman gives a very specific reasoning for how these behaviors violate the ethical code of conduct for nurses. The implications of this are far reaching. According to the author’s suppositions, engaging in disruptive behavior is actively violating the code of ethics. This implication can be analyzed further in my paper about lateral violence.

Murray, A. (2018). Helping the healers: Identifying and halting lateral violence in nursing. *Kentucky Nurse*, *66*(2), 11-13.

Murray defines lateral violence as “ the abuse of an employee via means that are physical, verbal, or emotional, and has also been identified as being ‘nurse to nurse’ aggression” (2018). He states that, similar to other workplaces, lateral violence is commonplace in healthcare. A survey is referenced saying 23.7% of respondents attesting they have been bullied in the last six months and 90% report having received any form of lateral violence. The article states that the negative effects of lateral violence in the healthcare setting can affect not only the staff but patient care as well.

The first step in combating lateral violence is promoting education and awareness along with having a zero tolerance policy. Eight behaviors are given as inciting lateral violence: excessive criticism, intimidation, blaming, fighting, withholding assistance, backstabbing, public humiliation, and isolation. Murray states that these eight behaviors can be overt or covert in practice. He writes there are three participants in lateral violence: the perpetrator, the victim, and the bystander. The perpetrator could have a number of instigating factors for bullying. Conti-O’Hare’s Theory of the Nurse as a Wounded Healer and Oppression Theory are two possible explanations explored by Murray. He states the teaching of cognitive rehearsal and developing effective communication skills is important for the victim to resist lateral violence behavior. Murray points out that some forms of lateral violence behavior, like gossipping, require an audience in order to be practiced. By not participating in the lateral violence or supporting the victim, a bystander can make a contribution to reducing lateral violence.

My purpose of my paper is to examine lateral violence in health care, how to prevent its occurrence, and to promote a safe environment. Murray gives several quality examples of combating lateral violence.

Rainford, W. C., Wood, S., McMullen, P. C., & Philipsen, N. D. (2015). The disruptive force of lateral violence in the health care setting. *Journal For Nurse Practitioners*, 11(2), 157-164. doi:10.1016/j.nurpra.2014.10.010

Rainford, Wood, McMullen, and Philipsen (2015) point out that due to the nature of caring in the healthcare profession, one would assume that lateral bullying would be contrary to its very nature. They state that, on the contrary, it is not uncommon and in fact is one of the leading challenges in the profession. Rainford, Wood, McMullen, and Philipsen define lateral violence as 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” (2015). They state that the purpose is to marginalize the victim and ultimately hold power over them. The lateral violence specific to nursing that are listed are belittling, targeted personal jokes, insults, gossiping, ostracism, unwarranted criticism, verbal aggression, misinformation, loss of records, scheduling excessive workloads, violation of privacy, and breach of confidentiality.

The authors state that nearly all nurses experience lateral violence during the length of their careers. The highest reported form was verbal abuse. The authors estimate that the monetary cost of lateral violence in the health care industry is more that $4 billion annually. This is the result of turnover of trained staff, lost time, and productivity. The authors also assume that due to lack of reporting, the actual cost is higher. The authors examine the effects lateral violence has on victims. These effects are loss of self-worth, depression, despair, etc. The authors state that nurses are likely to leave their positions within six months of the first occurrence of lateral violence. This turnover naturally puts a strain on the rest of the staff. Rainford, Wood, McMullen, and Philipsen cite the cost of replacing a staff member as $22,000 to $64,000. The authors also point out that when nurses are significantly affected by lateral violence, this translates to reduced patient care and patient safety.

Rainford, Wood, McMullen, and Philipsen examine potential causes for lateral violence among nurses. They cite the long held opinion of nurses as lower level workers as a possible explanation. Also suggested is the stressful and complex nature of nursing as a cause. Nurses often have nearly unmanageable patient loads and are under time constraints. They must multitask to be competent, and once an occurrence of lateral violence happens, they may not have time or energy to address it. Overbearing and dictatorial management is also given as a potential cause. The staff under these leaders may feel bullied by them. Because of this vertical violence, they are inclined to incite lateral violence.

Rainford, Wood, McMullen, and Philipsen state that, in order to combat lateral violence, the organization must analyze their work environment, policies, practices, and “normal” behaviors and make systemic changes when appropriate. Education is also suggested in the form of special sessions that focus on identifying, understanding, and responding to lateral violence. Role-playing is utilized in these sessions to give staff real world experience. The authors also suggest nursing schools provide lateral violence education. This is due to the fact that new employees are often the victims of lateral violence.

The authors provide a good source of information on lateral violence that would be useful in my paper. They outline effective ways to manage lateral violence, which is the topic of my paper.

Slagle, T. (2016). Practicing emotional intelligence may help reduce lateral violence. *American Nurse Today*, 11(6), 6.

Slagle defines lateral violence as “acts between colleagues that include covert or overt aggression” (2016). Slagle examines “emotional intelligence” (EI) as a tool for engaging lateral violence. She explains emotional intelligence as being aware of and understanding your own emotions while adjusting to the emotions of others. Slagle states that having a higher emotional intelligence level would make one less likely to engage in lateral violence. Emotional intelligence is something that can be taught, so education is an important first step. Adaptation of EI is done through three actions: purposeful reflection, improvisation, and empathy.

Slagle describes purposeful reflection as examining a situation from multiple angles. This is done with the intent to learn from the situation and make better decisions. In the process, one reflects on the situation, breaking down the elements. Then one examines the emotions involved, and then identify negative patterns which can be considered “triggers.” Recognizing triggers can prevent one from being in future situations where lateral violence can happen. The second element is implementing improvisational skills. By employing certain steps such as being present in the situation, listening to the other person, eliminating bias, being encouraging even if one doesn’t agree, and providing feedback, one may recognize the difference between reactive words and thoughtful words. The third element Slagle gives is empathy. By considering others, a person employing empathic skills is more likely to avoid lateral violence.

Slagle asserts that by employing these skills and improving emotional intelligence, one can be an agent of change and inspire others to not engage in lateral violence.

Slagle gives a unique perspective in combating lateral violence. These are specific actions that I can address in my paper on the topic.

Zager, L., & Harter, N. (2010). Collaboration at its best: coming together to break the cycle of lateral violence. *South Carolina Nurse*, 17(2), 1-4.

Zager and Harter (2010) discuss the 2010 Mary Ann Parsons Lectureship which was a conference of over 200 nurses, faculty, nursing students, and other healthcare professionals. Their theme that year was “Create a Cohesive Culture: Stop the Bullying.” The purpose of the conference was to present current research and intervention strategies for nursing staff to implement in their own facilities. The authors state that the keynote speaker, Dr. Judith Vessey, a professor from Boston College, spoke on various ways bullying in nursing has an effect on the workforce. She pointed out that oftentimes new nurses are the victims of lateral violence.

The authors list various suggestions from convention goers for future consideration by the South Carolina Task Force for Lateral Violence. These suggestions include:

* More interventions, strategies, and games to develop skills to prevent lateral violence
* More publicity and awareness of the issue
* Policy development on bullying in the workplace
* Conflict resolution skills and strategies for managers
* Workshops for new graduates–how to handle lateral violence and bullying
* Work with legislature for possible new laws
* How to implement prevention of lateral violence into work culture
* Require training to be included in the continuing education for nurses
* Strategies on what to do when lateral violence that affects 50+ staff is reported to the HR, VP, other directors and absolutely nothing happens
* Train nurse managers for coaching/mentoring both victims & perpetrators
* Provide speakers for student groups and faculty
* Develop a PowerPoint for educators to use or offer an online course that could be used with students
* Solicit grant dollars for further program development
* Share curriculum for lateral violence for nursing schools & unit based programs
* Provide consultation and training/education
* Develop a hotline nurses can call for assistance

The authors discuss the happenings of the conference in great detail. The specifics of the conference are of little use, but the list of suggestions from the conference goers is a valuable view of the actual concerns of real staff members concerning lateral violence.