**Lateral Violence/Workplace Incivility**

**Introduction**

There have been extensive reports regarding lateral violence among healthcare professionals, and it presents severe adverse outcomes among the patients, the registered nurses and the healthcare employers.  Lateral violence has different names in the nursing literature which include horizontal violence, bullying, disruptive relationships, nurse on nurse aggression, intrapersonal workplace aggression, peer mobbing, infighting, and sabotage.    Lateral violence is defined as non-physical or non-verbal behaviors which make the recipient feel professionally or personally isolated, attacked, or threatened. Coursey et al., (2015) presents lateral violence as being an undesirable, troublesome and inappropriate behavior. The term lateral means that a nurses or nurses are responsible for initiating the act towards another colleague whether a student or a practitioner.

 Lateral violence behavior encompasses actions of shouting, belittling, making disparaging remarks to other nurses, accusing facial gestures such as raised eyebrows and eye rolling, snide comments, withholding information, public criticism, silent treatments, underpinning, unnecessary difficulty patient assignment bickering and scapegoating.  The behavior is a negative phenomenon in the healthcare workplace as it contributes to challenges in the recruitment and retaining of the nurses in the healthcare facilities.   The practice also makes the target nurse to develop feelings of isolation, to feel under attack and even devalued. Hospitals have put attempts to control the behaviors, but they continue to exist.  The papers will discuss the impact of lateral violence on the nursing profession, how it affects patient care, its impact on me personally as a nurse and the solutions to curb the problem.

**Key Issues Defining the Topic**

Lateral violence has been existing for many years in the nursing profession, and it has many negative consequences. Spence and Nosko (2015), presents that lateral violence does not only affect the United States but it is a global issue which has adverse health outcomes. The bullying behaviors that are as a result of lateral violence are on the increase thus affecting the quality of staff retention and also contaminating the nursing profession.

Lateral violence cuts across the entire healthcare organization nurse, but it is becoming evident that the nurses who are getting to the nursing profession initially are the most susceptible group. According to Coursey et al. (2013) in most cases, the perpetrators are the knowledgeable nurses, and the new nurse ends up being their victims.  The newly hired, new registered and those getting to the healthcare organization for the first time are mostly the target of violent behavior. A nurse who is new to the nursing occupation desires to use the guidance of the knowledgeable nurse to acquire more experience and also be more confident so that they can thrive in the profession. However, there are possibilities that the perpetrators were once victims, and thus they continue the cycle which damages the field of nursing.

Numerous reasons make lateral violence to be a continuous behaviour. Laws (2016) indicate that the act is on the rise because nurses accept lateral violence for fear of retribution which makes it be a norm in the working place.  A study by Spence and Nosko (2015) found out that majority of the U.S nurses could not report the incidents of violence since they had felt that their attempts of handling the disruptive behaviour with the supervisors are useless and pointless. Lack of action from those in the managerial positions makes nurses resultant in confronting the perpetrators.

Tolerating lateral violence in the workplace makes it be an accepted norm thus managing the issue to be irresolvable.  Laws (2016) present that managers lack adequate skills in handling the matter.  Lachman (2015) indicates that from her experience majority of the nurse leaders and clinical nurses lack the necessary negotiation skills and assertiveness to deal with the disruptive behavior adequately.  Coursey et al. (2013) also point out that the healthcare organization that had adopted the zero-tolerance policy were not successful in enforcing it and thus it was rendered ineffective.

Granstra (2015) also indicates that the other cause of lateral violence is hierarchy, seniority, feelings of insecurity and patients’ protection.  From the historical context, the healthcare system has been known to be highly hierarchical where the physicians feel to be more superior to the nurses, and the more experienced nurses look down upon those with less experience and the nurse aids. The misuse of power and authority leads to mistreatment among the healthcare providers.

Seniority applies where the senior nurses perceive themselves as having authority over those with minimal experience. The nurses may retaliate when the management does not support this authority. The perpetrators usually have their insecurities which makes them target a new nurse. Insecurities can come out through lateral violence especially when the new nurse appears to be sharp.  The nurses have protective feelings over their patients, and this can make some nurse feel that they are the only ones with the potential of protecting the patient. The behavior can have damaging results among the nurses thus impacting patient care (Granstra, 2015).

**Impact on the Nursing Profession**

Lateral violence affects nurses, and this is mostly stress related.  The stress-related effects include developing the dread of getting back to work, insomnia, and anxiety. Laws (2016) indicates that the other impacts on the individual nurse involve contemplating suicide, elevated stress, anger, headaches, upset stomach, irregular heartbeat, high blood, pressure, feeling sick, irritability, weepiness, panic attacks. The other effects are solitude, social phobia, self-abuse, concentration problems, substance abuse like alcohol or drugs.   The issues will negatively impact the nursing profession since there will be lowered productivity among the personnel experiencing lateral violence.

Laws (2016) argue that continued lateral violence can result in struggles with staff retention and recruitment and can turn to high staff turnover which can compromise the safety of the patients.   The nursing profession has become a high-stress occupation thus the issue of inadequate staffing can make the nurses seek employment where they can have a better cohesive working atmosphere. Lateral violence makes healthcare organization carry the burden of the high costs that result from high staff turnover rates. This increases nurses shortage reduces staff performance which leads to diminished preventable adverse patient outcomes and patient satisfaction (Coursey et al., 2016).

Rainford et al. (2015) present that lateral violence that is happening in the healthcare setting is destructive costly, and it paints a negative picture of the nursing profession. Lateral violence by healthcare workplace nurses ends up costing approximately more than $4 billion each year through the lost time turnover and productivity of the trained staff. Depending on the nature of the lateral violence and a higher chance that it is underestimated and unrecognized due to lack of reporting, about 30-32 losses are minimized.

The nurse victims of domestic violence experience increased a sense of ineptitude, loss of their self-worth, despise and depression.  The psychological destructiveness of the violent behavior triggers the nurse to leave their work area within six months of their initial harassment. If a nurse leaves his/her employment because of lateral violence, it creates a gap in the care team which in return increases workloads and lowers their morale (Lowenstein, 2013). It is approximated that the loss of one nurse ends up costing the healthcare organization almost two times the salary of the nurse. Rainford et al. (2015) study indicates that the replacement costs of a new nurse are about $ 22,000 while it is $ 64000 for a nurse with prior experience.

Another study by Hamblin et al. (2015) found out that lateral violence destroys self-image and self-confidence of the targeted individuals and it makes them to resign from their positions forcefully or to cope up with the abuse. Bullying moans the nurse to the erosion of the professional proficiency and also employee attrition and increased sickness absence. The other adverse effects of lateral violence among the nurses include burnout, health risks, and job dissatisfaction. There are also possibilities of the development of mental health consequences among the victims because of severe depression.

**Impact on Patient Care**

Rainford et al. (2015) argue that there is a decline inadequate health care because of lateral violence.  The safety of the patient is at risk due to the medical errors in the case where the nurse that works in a common area develop negatively charged relations. Different forms of abuse like the threat of or any happening of physical harm and emotional or psychological create a work environment that is not friendly since the victims adopt avoidant behaviors so that they can manage fear, anxiety and high stress. The avoidant responses can be in the form of escape which entails (absence from the assigned duties, delay, and sick leave) and partial, avoidance (self-anaesthetization through alcohol and drug use, disassociation mechanism through mental withdrawal).  There can also be complete avoidance which is through resignation from employment.  The patients will not receive adequate medical care in any of the forms of avoidance. The nurse who is a victim cannot entirely direct his /her attention in providing the patient appropriate health care when they are physical, emotionally or psychologically unstable.

Also, the perpetrator usually uses misinformation, redirects communication and withholds information in a manner which is targeting their victims but indirectly has adverse impacts on the patients. The act emasculates the critical professional relationship essential for effective communication to ensure the presence of adequate healthcare. The presence of lateral violence stops all meaningful, essential communication.   On top of the negative communication patterns which can cause misinformation in the process of delivering care lateral violence can result in medical errors on the victim. In the situation where the abused nurse is experiencing stress, high anxiety, and fear, he/she is likely to harm the patient. Lateral violence also affects quality healthcare in cases of staffing disruption due to staff turnover and absenteeism.

**How It Impacts Me as a Nurse**

I believe that lateral violence can adversely impact my productivity and quality patient care delivery. The issue can me feel that the perpetrator who is my colleague does not perceive me as a qualified person. The behavior can affect my self-worth and confidence making me feels that I do not fit well in that working environment.  The act will make me develop fear and anxiety on what to expect in my line of duty, and this will hinder my daily performance. I will not attend well to the clients if I am encountering a stressful situation.

The lateral behaviors like spreading rumors, name calling and making threats can cause mayhem, and they can drastically reduce my commitment to my work which in return will affect the patients’ safety. When a nurse experiences bullying from his/her workmates, the safety of the patient becomes at risk. Lateral violence can make me contemplate of quitting my employment so that I can look for another in an institution with favorable working conditions.

Effective communication is essential in enabling the nurses to offer reliable and care. Withholding information or lack of communication by the perpetrators will make me not to attend to my clients, and when I am a novel, I will not have an opportunity gathering adequate experience. The management needs to take action in stopping the lateral violence because if I happen to experience the action in my area of work, I will develop avoidance mechanisms to avoid contact with the perpetrators if the management does not take action and this will be against my professional obligations of prioritizing the patients.

**Solutions to Improve the Problem**

Reframing and education on how to address lateral violence are paramount in breaking the abusive cycle. Johnson (2015) recommends two steps which can help in ending the lateral violence cycle. The initial step is the recognition of the occurrence of lateral violence and the second one is giving a response.  Continuous support from the management team, education and efforts of all the staff together with the enforcement of the prevention policies will significantly help in stopping the act. There should be development and maintenance of guidelines and standards and the relevant personnel to take actions seriously and not passively.

According to Lachman (2015), healthcare facilities have an ethical responsibility of formulating policies to support the nurses in confronting the aggressor efficiently. The organization should develop standards code of conduct so that they can help in eradicating disruptive practices.  Lachman (2015) also indicates that the American Association of Critical Nurses recommends six standards which are skilled communication, effective decision making, authentic leadership, true collaboration, meaningful recognition and appropriate staffing which matches the competencies and needs of patients.

Every organization needs to make the zero-tolerance policy a standard practice. The management needs to address the perpetrators’ impairment like mental health issues, substance abuse and effective stress management. There should be an encouragement for whistleblowing rather than discouraging it, and the violence victims need to be given an opportunity of presenting their grievances to the management. Healthcare facilities can achieve this by implementing the use of complaint or suggestion boxes.

The safety of the patients is at the core of this problem.  Incivility and bullying are harmful to the nursing occupation, and they have an adverse impact on the health of all the stakeholders. The cycle will present with each generation if there is no action to address the problem. There should be a new culture where all the nurses feel secure reporting rude behaviors, and all strive to create a healthy working atmosphere with grounds of mutual respect (Johnson, 2015). Each nurse is needed to be accountable for their actions. The polices need to state that each nurse to respect each other’s privacy, be willing to offer help to their colleagues when necessary, set aside their variations and work in collaboration to meet their ultimate goal of serving the patients. Every nurse should put an effort in ensuring that their workplace has a pleasant working atmosphere with good morale, no negativity and there is cooperation.

**Conclusion**

Several studies indicate that majority of the nurses have at one point experienced lateral violence of any kind thus making the topic an important issue which needs solutions. The percentage of the victims can be higher because there is a significant number which does not report the problem. There are many factors which contribute to challenges in solving the issue. One of the difficulties arises when an organization is not able to define bullying behaviors. It becomes impossible listing and describing all actions constituting lateral violence. The act results in adverse consequences like emotional trauma and physical abuse among the victims. Lateral violence also financially impacts organizations because of lowered retention rates, decreased performance and absenteeism.

The nursing profession becomes in jeopardy since the new nurses develop fear and anxiety on what to expect from their experienced colleagues. Lateral violence impacts patient care because thus putting the safety of the patients at risk and this directly destroys the facility’s reputation.  Different researchers propose varying solutions to end the problem, but a majority of them believe that healthcare management needs to formulate policies that end lateral violence and every employee needs to take part in stopping the practice. Nurses either as individuals or collectively should enhance their skills and knowledge in promoting the workplace policies and managing conflicts to eliminate lateral violence. It is vital for the healthcare professionals and the organizations to approach the eradication of lateral violence from an ethically-based respect context with interest in quality patient care.

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