From Oppression to Opportunity: Eliminating Lateral Violence And Bullying in the Workplace

“Bullies are always cowards at heart and may be credited with a pretty safe instinct in scenting their prey.”
— Anna Julia Cooper

It was the newly licensed RN’s first week on the medical-surgical unit. There was no formalized preceptor program, so the young nurse went to the charge nurse and reported she would like more experience performing venipunctures. The charge nurse, many years senior to the new graduate, smiled and said, “Miss Tacoma, you can be in charge of all IVs on the unit today, including all IV starts and changing all bottles.” With a smirk, the charge nurse rolled her eyes and marched away. The next few hours felt frenzied and desperate to the young nurse. She was learning to find supplies, document in a new system, and provide care for a full patient assignment in a foreign environment. In addition, she now had to go room-to-room every hour to monitor all IVs on the unit as well as complete any required venipunctures.

That new nurse was me. This experience took place in the “pre-IV pump” era, so all bottles had to be taped and numbered with the hours over which the fluid was to infuse, and IV rates had to be calculated by observing the drip rate for a full minute each hour. I felt very alone and was bewildered by how my simple request had backfired on me; I withdrew from approaching others for new experiences. Simply put, I had encountered and fell victim to the biggest bully on the block that day. I have never forgotten it.

— Colleen K. Smith

The nursing literature provides a variety of labels to describe the type of behavior illustrated by this senior nurse, including lateral or horizontal violence (Farrell, 1997), bullying (Vessey, Demarco, Gaffney, & Budin, 2009), aggression (Farrell, 1997), and hazing (Brown & Middaugh, 2009), to name a few. Vessey and colleagues (2009) differentiated between horizontal or lateral violence and bullying; while the two are closely related, the authors identified bullying as “repeated, offensive, abusive, intimidating, or insulting behaviors; abuse of power; or unfair sanctions that make recipients feel humiliated, vulnerable, or threatened, thus creating stress and undermining their self-confidence” (p. 300). In their examination of the concept of nurse-to-nurse lateral violence, Embree and White (2010) defined lateral violence as “nurse-to-nurse aggression with overtly or covertly directing dissatisfaction toward another” (p. 166). According to its legal explanation, lateral violence occurs when two people are victims of a “situation of dominance.” As a result of the perceived oppression, the two individuals turn on each other instead of attempting to confront or deal with the situation causing the oppression (USLegal, Inc., 2011).

Causes of Lateral Violence in Nursing

Oppression is often mentioned as the underlying theory to explain the presence of lateral violence or bullying (Farrell, 1997; Leiper, 2005). It is posited that, historically, nurses have worked in an environment in which they were dominated by a “patriarchal system” (Farrell, 1997, p. 502) in which physicians and male administrators were in dominant positions. Farrell (1997) revealed that oppression has resulted in nurses resorting to aggressive and destructive behaviors within their own ranks.

Leiper (2005) provided additional theories which may serve as explanations for lateral violence. These include 1) work practices which may prompt the bullying of others, such as when a nurse fails to complete his or her work during the assigned shift and leave tasks for the oncoming nurse; 2) low self-esteem which leads to poor anger management, with the result of acting out against others; 3) new nurses serving as “easy targets” (p. 44) for more aggressive seasoned nurses; over time, the new nurse may normalize the negative behavior and, in turn, begin bullying others; and 4) the perceived entitlement of nurse managers or other nurse leaders which allows them to translate their power into the abuse of others.

Presentation and Result of Bullying

Lateral violence or bullying can present itself in an array of behaviors. Sincox and Fitzpatrick (2010) reported lateral violence can “range from random instances to a pattern of repeated behaviors” (p. 8). Griffin (2004) listed the ten most frequent forms of lateral violence in nursing practice (p. 259) as:
1. Non-verbal innuendo (raising of eyebrows, face-making)
2. Verbal affront (covert or overt, snide remarks, lack of openness, abrupt responses)
3. Undermining activities (turning away, not being available)
4. Withholding information (about practice or patient)
5. Sabotage (deliberately setting up a negative situation)
6. Infighting (bickering with peers)
7. Scapegoating (attributing all that goes wrong to one individual)
8. Backstabbing (complaining to others about an individual and not speaking directly to that individual)
9. Failure to respect privacy
10. Broken confidences

What is the result of bullying or lateral violence in the workplace? In a review of nursing literature of workplace bullying among nurses, Johnson (2009) reported bullying is very stressful and can cause a variety of untoward physical and psycho-
logical effects. Psychological distress may include anxiety, depression, and even suicidal ideation (Johnson, 2009). The effect of lateral violence on the victim’s health may include sleep disorders, chronic fatigue, weight gain or loss, low self-esteem, low morale, depression, work absences, headaches, and backaches (Hastie, 2001). Social effects can include the victim feeling “socially isolated and ostracized at work” (p. 36), personality changes, a disruption of personal relationships outside of work, and ultimately, diminished personal support (Johnson, 2009). In 2002, Farrell examined workplace bullying within a two-year period for a group of 9,000 federal employees. Farrell discovered the cost in lost time and productivity was estimated at $180 million. The day-to-day loss in morale, collaboration, and professional growth as a result of lateral violence or bullying in nursing cannot be measured.

**Solutions for Nurses**

There are no easy answers to this complex problem. Griffin (2004) recommended education to raise the consciousness of nurses and assist them in realizing they have the capability to stop the oppression of lateral violence. Griffin (2004) advised cognitive rehearsal be utilized as a “shield for lateral violence” (p. 257). Cognitive rehearsal is a technique by which individuals are asked to hold in their mind, or process, information they have just received. As applied to lateral violence, Griffin advises the nurse who is a witness to, or recipient of, bullying behaviors to pause, not react, and “not automatically process the event as a personal affront” (p. 259). This allows the individual an opportunity to learn to respond differently to the bullying behaviors which can wreak havoc personally and professionally. Griffin (2004) presented a list of professional behaviors that seem, at first glance, to be behaviors which should be natural for members of the most trusted profession. These vary from accepting a fair share of the workload to not criticizing others publicly. Rowell (2008) advocated for interrupting the cycle of violence by addressing the problem early and teaching confrontation skills so behaviors can be addressed immediately. Rowell stressed the importance of organizations protecting those who report bullying. The American Association of Critical-Care Nurses (AACN) recommends a zero tolerance policy for any type of verbal abuse or disrespectful behavior. Critical-Care Nurses (AACN) recommends a zero tolerance approach to bullying and lateral violence. Taking no action is taking action and results in the passive approval of destructive behaviors. Commit to making a change to improve your work environment. Engage in the activities on your unit and in your organization that strengthen nursing practice, enhance shared governance, and advance professional development. Embrace those new to the profession. It is through a conscious commitment to support all nursing peers, adopting a zero tolerance approach to bullying and lateral violence, and participating in decision-making which will impact practice and the workplace that we will, finally, move nursing’s perception and behavior from one of oppression to opportunity for all.

**References**


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