Lateral Violence in Nursing – Let’s Get Rid of It!

Upstate AHEC
Lateral Violence in Nursing Project
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Presented by Dianne Jacobs, MSN, RN

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Objectives

1. Discuss the causes of lateral violence in nursing and its impact on the individual and the healthcare system.
2. Identify two or more strategies to break the cycle of lateral violence in the workplace, including experiential learning opportunities.
3. Describe how lateral violence training can address the new JCAHO standard for disruptive behavior in hospitals.
What’s in a Name?

- Lateral violence
- Horizontal violence
- Horizontal hostility
- Workplace incivility
- Bullying
- Mobbing

Definition

Lateral violence in nursing is defined as nurses covertly or overtly directing their dissatisfaction inward toward each other, toward themselves, and toward those less powerful than themselves. Griffin, 2004

Definition (continued)

- Nurse-on-nurse aggression
- Inter-group conflict
- Use the term “violence” because there is a victim
Who are most vulnerable?
- Newly licensed nurses
- Newly hired nurses (including transfers or experienced nurses from other places)
- Hospital pool, float & traveling nurses
- Student nurses

Forms of Lateral Violence
- Nonverbal innuendo
- Verbal affront
- Undermining activities
- Withholding information
- Sabotage
- Infighting
- Scapegoating
- Backstabbing
- Broken confidences
- Failure to respect privacy

Griffin, 2004

Ramifications of Lateral Violence
- Low morale
- Diminished teamwork
- Increased stress
- Decreased quality of patient care
- High turnover rates
- Increased labor costs
- Difficulty in recruiting new staff
Theoretical Basis for Lateral Violence

- Nurses exhibit characteristics of an "oppressed population" (oppressed group theory)
  - Dominated by the medical profession and a hierarchical structure
  - Excluded from the power structure
  - Taught to "silence our voices"

Theoretical Basis for Lateral Violence (cont.)

- Stress-induced displaced aggression

  Nurses take their frustrations out on each other when there is:
  - No outlet for frustrations
  - High unpredictability factor
  - Perception of low control

Cycle of Oppressed Group Behavior

- Low self-esteem
- Feelings of powerlessness & frustration
- Conflict & reliance on self
- Inability to assert self & support each other

Tuesday 1:45-4:00 pm
Contributing Factors

- Gender socialization
- Conspiracy of silence
- Acquiescence to the “norm”
- Workload stress
- System status quo—benefits those in power
- Cultural differences
- Nurses’ perception of their value
- Generational differences

Generations

- Veterans (1925-1942) 65-82 yrs old
- Baby Boomers (1943-1960) 47-64 yrs old
- Generation X (1961-1980) 27-46 yrs old
- Gen Y/Nexters/Millenials (1981-?) ≤ 26

What shapes a generation?

- Major events
- Economy
- Toys
- Heroes
Reasons for Tension & Conflict Between Generations

- Different strengths
- Core values
- View of work

Working with Boomers

**Assets on the job**
- Service-oriented
- Driven
- Go “extra mile”
- Good at relationships
- Want to please / be successful

**Liabilities on the job**
- May be overly sensitive to feedback
- May put process ahead of results
- Judgmental; tends to take sides in issues
- May be somewhat self-centered

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Working with Gen Xers

**Assets on the job**
- Self-reliance
- Global thinking
- Tech-savvy
- Pragmatic
- Eager to grow and learn
- Comfortable with diversity
- Informality

**Liabilities on the job**
- Less organized; free-flowing approach to problem-solving
- Focus on “WIIFM”
- Want “balance;” reluctant to work overtime
- Challenge authority
Working with Gen Y / Millenials

**Assets on the job**
- Very capable users of technology
- Optimistic
- Naturally collaborative
- Have high goals
- Eager to add new skills to their personal portfolio

**Liabilities on the job**
- Highly mobile; willing to move on to move up
- Low tolerance for “low-tech” situations
- Need support, mentoring, encouragement initially

Interventions

- Raise awareness of the problem
- Adopt professional behavior standards
- Learn to address the behaviors as they occur

Professional Behavior Standards

- ANA Standards of Nursing Practice
- ANA Code of Ethics for Nurses
- State Nurse Practice Act
- JCAHO Disruptive Behavior Standard
- Specialty practice standards
Communication Basics

- Listen carefully
- Be aware of your feelings
- Use “I messages”
- Maintain respectful approach
- Avoid blaming or retaliation
- Consider the position/needs of the other person

Cognitive Rehearsal Techniques

- Recognize the behavior when it occurs
- Plan ahead for ways to respond
- Practice new responses before you need them

Format for Effective Feedback

- Describe the situation (“When ...happened,”)
- Explore or express your thoughts, feelings or concerns giving the benefit of the doubt (“Was it your intent to...?”)
- Specify what you want them to do differently next time (“In the future, would you...?”)
- Consequence-state the positive consequence when they do as you ask
My Personal Plan

- Identify specific situations as targets for interventions
- Plan responses
- Rehearse your new behaviors
- Develop a support system
- Discuss with your manager

Other Intervention Strategies for Healthcare Providers

- Develop effective preceptor and mentoring programs
- Management intervention: Zero Tolerance Policy
- Increase nursing’s participation in decision-making
- Emphasize the value of nursing

What we have learned

- Percentage of victims of LV
- Percentage who have witnessed LV
- Most common form of LV
- Most often the perpetrator
- Most often the victim
- How LV most often handled
Intervention Strategies for AHEC

- Explore what is already being done in your state
- Offer classes through Continuing Education
- Collaborate with other agencies to raise awareness and eliminate LV
- Explore grant funding opportunities to support programs

Summary

Questions?

www.upstateahec.org
djacobs@upstateahec.org