Eliminating Lateral Violence in the Ambulatory Setting: One Center’s Strategies

TINA J. DIMARINO, BSN, RN, CNOR

ABSTRACT

Lateral violence (eg, disruptive, disparaging, or uncivil behavior inflicted by one peer on another) creates an unpleasant work environment that can have harmful effects on individual nurses, team members, patients, and the bottom line of the health care organization. Educating nurses about the most common forms of lateral violence and strategies for handling inappropriate behavior can be the first step toward eliminating this behavior. Effective nursing leaders develop and maintain a “zero-tolerance” culture that includes clear and concise behavioral expectations and consequences for employees who exhibit unprofessional behavior. Use of a code of conduct, open communication, and quick resolution of issues that arise are strategies that one ambulatory surgery center has used to successfully combat lateral violence in the workplace. AORN J 93 (May 2011) 583-588. © AORN, Inc, 2011. doi: 10.1016/j.aorn.2010.10.019

Key words: lateral violence, horizontal violence, nurse-to-nurse violence, disruptive behaviors, code of conduct, zero-tolerance culture, healthy work environment.

Lateral violence, also called horizontal violence, nurse-to-nurse violence, incivility, and disruptive behavior, creates an unpleasant work environment and has harmful effects on individual nurses, patient safety, and health care organizations. Much has been written about the effects of lateral violence in the workplace. When lateral violence is allowed to exist, it affects everyone at a facility, including patients. Lateral violence is defined legally as occurring “when oppressed groups/individuals internalize feelings such as anger and rage, and manifest their feelings through behaviors such as gossip, jealousy, putdowns, and blaming.”

Lateral violence encompasses behaviors ranging from nonverbal acts such as eye-rolling or eyebrow raising to extremes of physical abuse. Researchers have found that the most common forms of lateral violence in nursing include nonverbal innuendo, verbal insults, gossiping, undermining, withholding information, sabotage, infighting, scapegoating, backstabbing, failure to respect privacy, and broken confidences.

Vega and Comer emphasize the consequences of lateral violence by paraphrasing an old children’s rhyme, “sticks and stones may break your bones, but words can break your spirit.” Nurses who are subjected to lateral violence in
the workplace often leave employment.\textsuperscript{4,7-9} This turnover can cost an institution, on average, between $22,000 and $64,000 per nurse.\textsuperscript{8} In addition to the financial burdens on the organization, remaining staff members are burdened with having to shoulder additional responsibilities and train replacements.\textsuperscript{10} Remaining staff members may have little trust in each other and teamwork may suffer, which in turn may adversely affect patient safety and outcomes.\textsuperscript{10,11}

In 2008, the Joint Commission released a \textit{Sentinel Event Alert} emphasizing that intimidating, disruptive, and unprofessional behaviors are unsuitable in a culture of safety and may contribute to preventable negative patient outcomes.\textsuperscript{11} Organizations that allow or ignore this type of behavior risk experiencing these negative outcomes.\textsuperscript{11} Lateral violence has been called a “serious barrier in the delivery of safe care.”\textsuperscript{10(p400)}

Nurses affected by lateral violence often lack the enthusiasm to do their jobs properly.\textsuperscript{10} In addition, nurses subjected to lateral violence experience stress that can manifest itself both physically and emotionally.\textsuperscript{12} Physically, the stress from lateral violence can cause weight gain or loss, sleeplessness, and illnesses, to name a few effects.\textsuperscript{12} Emotionally, the nurse may become depressed, feel anxious, have low self-esteem, or experience low morale.\textsuperscript{9,12,13} Over time, staff members may come to consider these unacceptable behaviors as routine.\textsuperscript{10,13}

Education and strong leadership are needed to help curtail inappropriate behavior. The ambulatory surgery center in which I work has instituted several strategies to combat lateral violence and improve the work environment.

\textbf{EDUCATION}

Education serves as a first line of defense for fostering a healthy work environment.\textsuperscript{4} Rather than allowing negative behaviors to continue, managers and directors educated about lateral violence and conflict resolution can help staff members achieve positive outcomes. Educating nurses about the most common forms of lateral violence helps them to recognize the behaviors as negative rather than accepting them as normal.\textsuperscript{14} This recognition is often the first step in eliminating the behavior.\textsuperscript{15}

Knowledge about what constitutes lateral violence calls attention to the behaviors and singles them out as unacceptable. It also eliminates differing opinions about what lateral violence is. For example, one nurse may attribute another nurse’s incivility to being stressed out, while a second nurse may define that same behavior as lateral violence.\textsuperscript{14} Helping staff members identify lateral violence (ie, chronic disruptive or disrespectful behavior versus a one-time reaction) reduces confusion. Educational intervention is associated with increasing nurses’ commitment to improve work relationships and eradicate negative behavior.\textsuperscript{4}

Furthermore, education provides the nurse with the tools to cope or confront someone when necessary.\textsuperscript{4}

\textbf{LEADERSHIP}

Leaders have a responsibility to their organization, staff members, and patients to promote a professional, positive work environment.\textsuperscript{16} Effective nursing leaders develop and maintain a “zero-tolerance” culture by holding all members of the health care team accountable for unprofessional behavior.\textsuperscript{11} Clear and concise behavioral expectations are paramount in the encouragement of professional behavior.\textsuperscript{11} Just as importantly, there is a need for clear and concise consequences for employees who exhibit unprofessional behavior.\textsuperscript{11}

In addition to having written policies and consequences, communication is paramount.\textsuperscript{9} Staff members who feel comfortable reporting problems to managers without fear of reprisal will not remain silent witnesses to inappropriate behavior.\textsuperscript{4,10} Work relationships centered around mutual respect and caring are vital.\textsuperscript{17} Respectful and caring relationships promote a positive culture.\textsuperscript{14,15} A positive culture cultivates professional behavior.\textsuperscript{17}
The nurse manager is instrumental in creating a positive culture in an organization. The American Organization of Nurse Executives states that “collaboration and communication are needed in a healthy workplace.” Leaders who foster teamwork, autonomy, and freedom from oppressive behaviors also aid in creating such an environment. Effective nurse managers provide clear expectations for behavior, model the behavior consistently, hold all staff members equally accountable for their behavior, and foster open communication for staff members who want to address problems. All nurses deserve to be treated with respect and to practice in an environment conducive to the safe care of patients.

OUR CENTER’S STRATEGY

I experienced lateral violence during my tenure as a perioperative nurse. Backstabbing, verbal and nonverbal innuendo, and infighting behaviors were rampant at the ambulatory surgery center (ASC) where I worked. I was on the receiving end of this behavior and, at other times, I was an observer or witness to its infliction on others. I remember thinking, “How is this person able to get away with such behaviors?” Victims, including me, reported the behaviors to managers with little or no resolution. Many times, managers dismissed the behavior by commenting, “Oh, that’s just the way he is.” I no longer work at that ASC.

I now serve as administrator for another ASC. My experience with incivility and our organization’s commitment to zero tolerance for lateral violence has helped to create a positive work environment at our center. Administrators and managers at this facility want to provide a healthy work atmosphere for staff members. Our efforts have resulted in staff members reporting that their morale is at an all-time high. They say they enjoy coming to work and that the ASC’s work environment is pleasant and enjoyable. In addition, we have not experienced any turnover related to lateral violence incidents. Our code of conduct focuses on the values of caring, communication, respect, and teamwork (Figure 1). Our code clearly and succinctly describes our expectations of acceptable behavior, and our policy further identifies the consequences of unacceptable behavior (Figure 2). The resources identified by Longo, such as the steps to combat disruptive behaviors and tips for drafting a code of conduct, were helpful in providing us with a starting point to create this code and the corresponding policy.

Managers encourage communication and promote an open-door policy where staff members can express concerns, vent frustrations, or talk about whatever is on their minds. These discussions are confidential. Managers reassure staff members that the discussions will not have work-related repercussions, even when a staff member is voicing concerns about a coworker. Over time, staff members have come to trust the managers and learned to be more open about voicing their concerns.

We provide education on lateral violence to all staff members through annual inservice programs. These sessions serve as reminders to everyone about negative behavior and its effects on the employees, patient safety, and the organization. We review our code of conduct on an annual basis so that there is no confusion about what is acceptable or unacceptable behavior in our ASC. As a result of this yearly review, we often find and incorporate additional educational materials into our policies.

Expectations

Professional behavior is required and clearly identified. We do not overlook or accept deviations from professional behavior. Employees need to become team members of our organization by adhering to our code of conduct. When employees are hired, we review with them our expectations and ask them to sign our code of conduct and pledge adherence to these standards. We actively discourage gossiping and disruptive or rude
behaviors by reinforcing and adhering to our code of conduct. Teamwork is of the utmost importance.

**Actions**

Managers, nurse leaders, and staff members are held accountable for their behaviors. We address problems as quickly as possible, as long as doing so does not negatively affect patient care. In our experience, matters that go unresolved or are left to escalate create a negative environment that affects team performance. Employees are encouraged to report code of conduct violations as soon as possible. Managers counsel employees who are not acting in a respectful, caring, professional manner by providing guidance in the use of appropriate communication skills. If the matter is a conflict between employees, the manager assists the employees in discovering the root cause of the problem. In our experience, most conflicts are a result of miscommunication or differing perceptions. Without resorting to placing blame or finding fault, managers use a proactive approach to help ensure that employees are following the code of conduct. Managers help employees clarify miscommunications and misperceptions and discuss these with both parties to reach common ground.

We encourage employees to identify and accomplish appropriate resolutions. Each party is held accountable for his or her behavior. If the manager makes at least three attempts to discuss the problem or gives the employee verbal or written warnings and is unsuccessful in resolving the conflict, we dissolve the work relationship with the employee. This is often difficult and may leave us short-staffed. It has been our experience, however, that team members pull together and work harder while steps are taken to fill the vacant position. It is imperative that managers maintain proper documentation of all interactions involving the counseling of employees and all verbal and written warnings. Written policies that

---

**Ambulatory Surgical Center Code of Conduct**

Our center is dedicated to providing our patients and staff members with a safe and healthy environment. All personnel will adhere to this Code of Conduct at all times.

- Treat colleagues with the utmost respect, courtesy, and civility.
- Always act in a professional manner toward fellow employees, patients, and family members.
- Work as a member of the team to achieve the common goals of the surgery center.
- Negative behaviors will not be tolerated in the workplace and will be subject to disciplinary action.
- Employees are expected to recognize and report misconduct to administrators and may do so without fear of reprisal.

I have reviewed or had the policy regarding the code of conduct explained to me, and I will adhere to this code of conduct as a staff member of the surgical center.

Employee Signature: ____________________________ Date: ____________________________

---

**Figure 1. Code of conduct.** Reprinted with permission from Mid-Atlantic Surgery Pavilion, Aberdeen, MD.
managers consistently follow serve as the first line of defense if an employee considers litigation after being discharged.

In addition to employees, we hold the physician owners (ie, the ASC’s governing body) and managers to the same standards of behavior. Physicians who act out also are counseled and, similarly to employees, if their behavior warrants it or resolution is not achieved, the physician’s privileges are revoked by the members of the governing body.

Results
In 2010, we experienced no staff turnover, and there were no reported instances of lateral violence in the organization. In fact, as we continue to grow, staff members refer their friends for hiring consideration when positions open. Staff members report feeling satisfied with our commitment to a healthy work environment. Patients report in satisfaction surveys that the ASC’s atmosphere is pleasant. Patients say they feel safe in our care and that the staff members appear happy.
Research has helped us discover additional educational resources and strengthen our program.

CONCLUSION
As nursing professionals strive to eradicate unprofessional behaviors from the work environment, ignoring lateral violence is no longer acceptable. Responsibility for eliminating lateral violence starts with the owners, leaders, and managers of the health care organization and ends with its staff members, who must consistently recognize and deal with these behaviors when they occur. With commitment, clearly identified expectations, and consistent actions, we have shaped a culture of caring and respect at our ASC. This respect has improved our organization, fostered the safe delivery of care to our patients, and created an environment that allows our nurses to flourish and to practice excellent nursing.

References

Tina J. DiMarino, BSN, RN, CNOR, is a nurse consultant for Custom Surgical Consultants, LLC, Street, MD, and administrator of the Mid-Atlantic Surgery Pavilion, Aberdeen, MD. Ms DiMarino has no declared affiliation that could be perceived as posing a potential conflict of interest in the publication of this article.