Despite decades of research, the implementation of education and training programs, and national campaigns led by professional nursing organizations — all centered on the prevention of lateral violence in the perioperative setting — it remains a prevalent problem. Lateral violence, which involves individuals openly or secretly directing their dissatisfaction with their work settings at co-workers of equal or lower levels within an organization,1 comes in many forms (e.g., bullying, gossip, criticism). Fifty percent of nurses surveyed in an ongoing American Nurses Association survey of nurses’ health and safety said they had experienced verbal or non-verbal aggression from a peer.2

Lateral violence may not always be apparent, especially if victims feel they will not be heard or supported if they report an incident. In this case, workers may become withdrawn or isolated and may not report violence until they leave an organization.3 It is estimated that one in three nurses leave the profession because of peer violence.4 Lateral violence also opens the door for patient safety risks, negative effects on the quality of care, and can indirectly lead to increased patient mortality.5 “The physical, emotional, and financial costs of lateral violence are too high and this problem has been allowed in the nursing profession for too long,” said Donna Label, MSN, CNOR, NEA-BC, a consultant who works in interim perioperative nurse director positions throughout the country.

Nurse leaders must take an active role to address lateral violence in the perioperative setting and prevent the toxic effects of lateral violence from permeating the OR culture. One of the most important steps leaders can take to begin tackling the pervasive problem of lateral violence among perioperative nurses is to help nurses recognize lateral violence and understand how this behavior can create a cycle of continued violence that is difficult to break.

Recognizing lateral violence
Although lateral violence is often recognized in more direct displays, such as criticism, aggression, intimidation, and gossip, more subtle forms of lateral violence exist. For example, lateral violence can occur in the perioperative setting through unfair assignments, a series of undermining incidents over time, excluding colleagues from work-related discussion, and acts of sabotage, such as overburdening or withholding information from a nurse with the intent to watch her fail. “Too often, nurses don’t even realize they are being violent, and worse, they may feel their behavior is necessary to assert themselves in their practice,” said Becky Holland, MSN, RN, CNOR, director of surgical services at Doctors Hospital, Augusta, Georgia.

Registered nurses early in their careers are often the victims of lateral violence, and may work in unfavorable work environments with inadequate staffing levels.6 The cycle of nurse violence can begin with a situation in which a nurse is a victim of violence from a nurse colleague. The victim may experience low self-esteem, frustration, or a feeling of being powerless. If this lateral violence is not mediated or is allowed to continue, the nurse could become dissatisfied and become less trusting of coworkers. These experiences can lead to tension and dissatisfaction, and eventually result in the nurse resigning.7 “When a nurse colleague who should be supporting you as a peer and a new nurse instead undermines your decisions and verbally abuses you, it makes you question your ability to care for your patients, and it makes you question yourself as a person, even with decisions you make outside of work,” Holland said.

Another result of lateral violence is that victims can become perpetrators. This can continue the cycle of lateral violence and damage the perioperative environment by creating a cultural norm where violence is mistaken for strength and power. Label and Holland said they have both witnessed this type
of behavior quickly permeate the perioperative environment and grow out of control, particularly when it is tolerated by nursing leaders who may have been promoted from clinical to managerial positions without leadership training to address conflict in a healthy way when it arises. “Lateral violence has almost become a product of how to survive in a professional health care environment where a healthy culture is not supported or required by hospital leadership,” Holland said.

**Strategies for preventing lateral violence**

Lateral violence cultivates a climate of insecurity and hierarchy that can intimidate and prevent team members from speaking up. To help prevent lateral violence in nursing, a culture of safety is needed to create and sustain an environment where team members are encouraged to speak up to leaders and peers. A culture of safety promotes effective communication and individual accountability, and creates a learning environment where an organization’s leaders are willing and able to evaluate safety data and initiate the appropriate strategies needed for reform. In addition, a culture of safety is characterized by civility and respect for others, and requires time, presence, engagement, and an intention to seek common ground. If such a culture is not maintained, and if acts of lateral violence go unchecked by nursing leaders, it can erode team communication and collaboration.

In addition to helping employees identify lateral violence, nurse leaders should also be aware of their own behavior. “As leaders, we must be able to walk the talk in thinking through how we treat every colleague,” Label said. “We must present our behavior as the model for what is expected by every team member. It does not devalue you as a leader to be honest and share with team members the incidents you reflect on when you could have handled a situation better.”

This self-reflection must extend to educating surgical teams about what lateral violence looks like and the damage it can do. For example, a nurse manager mediating a violent situation can help the victim and the perpetrator understand how damaging violence can be for the department and themselves. It can also be valuable to employ constructive communication tools for helping each side explain their positions. “By a victim saying, ‘I felt worthless and I questioned my abilities as a nurse when you criticized me in front of others,’ a nurse is sharing her personal experience from the incident,” Holland said. “It’s these types of ‘I statements’ that can really bring it home for everyone involved.”

To prevent lateral violence, Holland and Label suggested several important actions:

- Develop a code of conduct that defines acceptable and unacceptable behaviors and identifies actions to be taken when there is a breach of the code, then enforce this uniformly throughout the organization.
- Provide organization-wide interactive educational programs on disruptive behaviors.
- Mentor staff members to improve behaviors and provide mediation services in instances of unresolved disputes between parties.
- Take disciplinary action if well-documented efforts for changing behaviors do not result in change.
- Set expectations that individual unit managers will develop ways to educate and support their staff.

Creating a cultural commitment to positive, healthy behaviors before lateral violence incidents occur is key. Successfully implementing a lateral violence policy may require implementing multiple interventions simultaneously that may not be effective when used alone, such as audit and feedback and local consensus processes.

**Conclusion**

True change can only begin after nurses collectively acknowledge the realities of lateral violence in their environment and nurse leaders implement policies addressing such violence. Because lateral violence continues to be pervasive in nursing, all nurses are likely to have an experience to share about witnessing violence or being a victim or perpetrator of violence. By working with personnel to help identify lateral violence and by focusing on creating, maintaining, and continually
growing a culture of safety, nursing leaders can help employees better identify and respond to future incidents.

References