Educating senior nursing students to stop lateral violence in nursing

Lateral violence (LV) in nursing has been well documented for many years, sometimes referred to as workplace bullying or horizontal violence.

LV in nursing is an unacceptable, disruptive and inappropriate behaviour involving nurses either overtly or covertly aiming their dissatisfaction with work to others who are in an equal or lesser position (Coursey et al., 2013). ‘Nurses eating their young’ is the expression used by many to describe the feeling new nurses have when faced by behaviours that signify LV as they enter the nursing workforce.

Lateral violence can create a very hostile environment. It has been shown to psychologically, emotionally and physically affect those who experience it. The experience of lateral violence has also been shown to have negative impact on work performance, negative impact on the patient care and outcome, and sometimes lead to nurses’ attrition. Healthy work environment has been recognised as an important factor contributing to the recruitment and retention of nurses. The retention of new nurses is essential for the future supply of nurses to be able to sustain high quality patient care across all healthcare setting.

For new nurses who are already facing the challenges of transitioning from students to nurses in a stressful profession and in challenging work environments, “the first months of practice can be chaotic, painful, and traumatic, fostering feelings of isolation, vulnerability, and uncertainty” (Lavoie-Tremblay et al, 2008). Adding the burden of LV can have devastating effect on their wellbeing, career, and their work performance, hence jeopardising patients’ welfare.

There is a plethora of nursing literature with examples of prevalence of LV. It has been shown that LV education strengthens coping skills for nurses who deal with disruptive behaviour.

There are many examples where student nurses witness LV or bullying and may be bullied by staff nurses during clinical rotations themselves. New nurses have described being afraid to ask questions of more experienced nurses because of the generalised climate of workplace bullying and hostility. Lateral violence stops newly licensed nurses from asking questions, seeking validation of known knowledge, and leave them feeling like outsiders. It also stops them from learning and gaining the knowledge necessary to develop the competence in clinical practice (Griffin, 2004). This type of situation could lead to these inexperienced nurses making mistakes. Coursey et al, (2013) suggested that nursing education include instruction on how to deal with lateral violence.

Providing an educational forum on lateral violence for student nurses at the beginning of the senior year is essential for raising consciousness on this issue. This program utilized cognitive rehearsal as described by Griffin (2004) as an effective educational method to address LV. To address the problem of LV and to mitigate its effect, senior nursing students in an associate degree program at a private community college receive a four-hour seminar with scenarios, case studies and role playing on lateral violence. They are asked to read two articles about lateral violence in preparation for the seminar.

One of the ways to prevent and stop LV in the nursing profession is to create awareness and break the silence. The goal of this seminar is to illuminate the mechanisms of LV and create awareness to this ongoing problem. It is hoped that with better students’ understanding of the practices and expressions of LV in the workplace, the cycle of LV can be decreased or eliminated as they enter professional nursing practice. This will also allow the students to consider their own practice and reactions to LV activity as they enter the profession. The choice was made to educate student nurses to recognize, speak up and prevent perpetuation of LV in nursing.

Senior nursing students were instructed on aspects of lateral violence. They were given laminated cards with some of the most common forms of LV and the responses to lateral violence scenarios suggested by Griffin (2004). During role play and simulations, students observe and respond to behaviours indicative of LV. The also practice how to deal with bullying and bullies. They responded to fifteen multiple-choice pre and post-tests on LV and wrote a reflective journal detailing their feelings and thoughts during the activities. Most of the students described the experience as empowering. Most of them were especially happy with the opportunity to role play and respond to scenarios. The goal is to continue with this project and invite the students back to participate in focus groups six to 18 months after graduation to explore and ask questions about LV and the effect their educational exercise have on them.

Nurses have professional and ethical obligation to stop LV and to put an end to the phrase ‘nurses eat their young.’ We need to support our young, create a positive image for this noble profession. Let us stop participating in these oppressive behaviours that manifest into LV in the nursing practice. Don’t keep quiet or look the other way when you witness these activities that allow LV to flourish.

Senior nursing students who are getting ready to join the nursing workforce is an ideal place to start addressing this viral issue. Senior nursing students represent the potential for the future of nursing.


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