Lateral Violence in Healthcare

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Learning Objectives

After participating in this learning activity, the learner will be able to:

1. Identify the impact of lateral violence on healthcare.
2. List examples of disrespectful behaviors associated with lateral violence in healthcare settings.
3. Discuss organizational approaches to manage workplace violence in healthcare settings.
Introduction

- Nurse-on-nurse lateral violence is prevalent in practice settings with an estimated 46 percent to 100 percent of nurses affected.
- Lateral violence includes, but is not limited to, bullying, incivility, intimidation, and other forms of disrespectful behavior.
- “Disrespectful behavior” encompasses anything from hostile and/or violent outbursts to subtle patterns of disruptive behavior.
- Behaviors may be so embedded into culture that they seem normal.
- Theories as to why include power imbalance between nurses and physicians.

https://magazine.nursing.jhu.edu/2017/09/lateral-violence-workplace/
Significance

• Lateral violence leads to fear, vulnerability, anger, anxiety, humiliation, confusion, loss of job satisfaction, professional burnout, uncertainty, isolation, self-doubt, depression, etc. in recipients

• Physical ailments such as insomnia, fatigue, nausea, and hypertension may be present in those affected

• Erosion of professional communication and collaboration essential to patient safety and quality results, thus creating an unhealthy or unfriendly work environment
Background

• “Nurses covertly or overtly directing their dissatisfaction inward toward each other, toward themselves, and toward those less powerful than themselves…” Cynda Rushton, PhD, RN, FAAN

• Hierarchies of power still exist within healthcare where a gender line exists between doctors (primarily male) and nurses (primarily female)

• Powerlessness and fear result in inward and outward manifestations of the power struggles and manifested psychological and behavioral responses


https://magazine.nursing.jhu.edu/2017/09/lateral-violence-workplace/
Assessment of the Problem

• An ISMP (Institute for Safe Medication Practices) 2013 survey of healthcare providers including nurses, pharmacists, physicians, etc. found disorderly and ill-mannered behaviors commonly exist in workplace settings.

• More alarming, several caregivers were guilty of such disruptive behaviors, not just a few

• Those involved in disrespectful behavior were:
  • lateral (peer-to-peer)
  • intradisciplinary team members of multiple disciplines
  • both genders equally

https://www.ismp.org/resources/disrespectful-behavior-healthcarehave-we-made-any-progress-last-decade
Any behavior preventing staff or patients from saying something or interacting with another because of fears the encounter will be unpleasant or uncomfortable, fits the definition of lateral violence and disrespectful behavior.

ISMP 2013 Survey Results

During the 12 months prior to the survey:

• 88% reported facing patronizing words or voice intonation
• 87% reported encountering impatience with their questions
• 79% met unwillingness to answer questions or phone calls

(Institute for Safe Medication Practices (ISMP), 2013)

https://www.osha.gov/SLTC/workplaceviolence/
ISMP 2013 Survey Results

During the 12 months prior to the survey almost half of the respondents reported more obvious forms of intimidation:

- 48% reported strong verbal abuse
- 43% reported threatening body language
- 4% reported physical abuse

(Institute for Safe Medication Practices (ISMP), 2013)

https://www.osha.gov/SLTC/workplaceviolence/
Impact on Healthcare Organizations

Lateral violence

• closes communication
• ends collaboration
• undermines caregiver morale
• increases staff turnover and absenteeism
• creates an unhealthy or hostile work setting
• leads to professional shortages when targets leave healthcare altogether
• sabotages efforts to improve delivered care
• leads to patient harm

(McNamara, 2012)
Lateral Violence Impact on Caregivers

- Leads recipients to experience fear, anger, shame, confusion, uncertainty, isolation, self-doubt, depression, etc.
- Leads to physical ailments such as insomnia, fatigue, nausea, and hypertension
- Diminishes one’s ability to think clearly, make sound judgments, and speak up regarding questions or concerns

(Roberts, 2015; Sauer, 2017)

Life and Death Connection to Lateral Violence

• A clear link between adverse patient outcomes and insolent behaviors exists in healthcare

• Almost half surveyed caregivers admitted past disrespectful encounters altered their willingness to clarify or inquire about medication order concerns

• At least once during the prior year:
  • Approximately 40 percent of respondents who had concerns about a medication order asked another professional to talk to the intimidating prescriber
  • Almost half surveyed caregivers accepted orders, dispensed products, or administered medications despite apprehensions
  • 7 percent reported involvement in a medication error where intimidation influenced the outcome

Impact on Patient Safety

• The link between lateral violence and adverse events, medical errors, and professional compromises in care is well established in patient safety literature

• The ultimate impact on patient outcome and families is patient mortality due to undercutting caregiver’s skills, communication, teamwork, and knowledge application

• Patient confidence has also been undermined by disrespectful behaviors, making patients less likely to ask questions or provide vital information

Impact on Patient Safety

A 2008 survey of more than 4,500 nurses, physicians, and healthcare professionals from 102 hospitals to evaluate impact of disrespectful behavior on patient safety found:

• 70% of respondents self-identified seeing impacts of disrespectful behaviors on medical errors and quality of delivered care
• Over 65% linked disruptive behaviors to adverse events
• Over 50% reported compromised patient safety
• Over 25% linked disorderly behavior to patient mortality

Lateral Violence between Physicians & Nurses

In 2009, the American College of Physician Executives probed over 2,100 physicians and nurses about respect between groups and witnessed disrespectful behaviors to find:

• Demeaning comments and insults (~85%)
• Screaming (73%)
• Swearing (49%)
• Inappropriate joking (46%)

Identified disrespectful behaviors had led to patient harm!

Lateral Violence Requires Management

• Behaviors may be learned, tolerated, and/or reinforced by healthcare organizations and cultural norms in society
• Any tolerance or indifference to bad behavior only enhances and propagates the problem
• Stressful workplace environments and embedded hierarchies represent influential factors needing to be “managed” and not “survived”
• The Joint Commission (TJC) started requiring hospitals to manage disruptive behaviors in 2009

Occupational Safety & Health Administration (OSHA) Efforts to Manage Workplace Violence

• Acts of violence are the third-leading cause of fatal occupational injuries in the United States

• The Bureau of Labor Statistics Census of Fatal Occupational Injuries (CFOI) reported 5,147 fatal workplace injuries in the United States in 2017; 458 were cases of intentional injury by another person

• Workplace violence is a major concern for employers and employees nationwide


https://www.osha.gov/SLTC/workplaceviolence/
Occupational Safety & Health Administration (OSHA) Efforts to Manage Workplace Violence

• On December 7, 2016, OSHA Request for Information was publicly posted for national feedback
• Preventing Workplace Violence in Healthcare and Social Assistance was published in the Federal Register


https://www.osha.gov/SLTC/workplaceviolence/
ISMP Self-Assessment for Hospitals

2004 Assessment
• 34% of participating hospitals felt that hospital leaders dealt effectively with disrespectful behaviors
• 22% suggested no action had been taken to lessen this behavior

2011 Assessment
• 48% of hospitals fully addressing disrespectful behaviors
• More than half of the hospitals self-reported dealing with the behaviors inconsistently (43%) or not at all (9%)

https://www.ismp.org/resources/disrespectful-behavior-healthcarehave-we-made-any-progress-last-decade
Behaviors Associated with Lateral Violence

- Disruptive behavior
- Demeaning treatment
- Intimidating behavior
- Passive-aggressive behavior
- Passive disrespect
- Dismissive treatment
- Nonverbal insidious behavior
- Systemic disrespect

https://www.cdc.gov/violenceprevention

https://www.ismp.org/resources/disrespectful-behavior-healthcarehave-we-made-any-progress-last-decade
Lateral Violence Crosses All Disciplines

• Poorly behaved caregivers are spread out widely across organizations, departments, and disciplines
• Lateral violence is found at all levels of any organization, and if left unchecked, will cause devastating harm
• Suicide and patient death represent only two extreme possible outcomes of lateral violence, but there are many more less severe

Disruptive Behavior

Egregious conduct clearly evident in the behavior and/or speech

- Angry or rude outbursts
- Verbal threats
- Swearing
- Pushing or throwing objects
- Bullying
- Threat/inflection of physical force or conduct

(Institute for Safe Medication Practices (ISMP), 2013)
Demeaning Behavior

Patterns of debasing behavior that exploit the weakness of another

- Shaming, humiliation
- Demeaning comments
- Spiteful behavior, backstabbing behavior
- Constant distorted or misrepresented nitpicking/faultfinding
- Censuring staff in front of others
- Medical “education by humiliation”
- Insults or insensitive jokes or remarks
- Misogynistic comments
- Sexual harassment, sexual innuendo

(Institute for Safe Medication Practices (ISMP), 2013)
Intimidating Behavior

Implicit or explicit behaviors or threats used by one individual to control another; abuse of power through threats, coercion, and force of personality

- Overbearing behaviors
- Arrogant behavior
- Patronizing behaviors
- Sarcasm or taunting
- Hostile notes, emails
- Invading another person’s personal space intentionally
- Unjust verbal statements by someone in authority resulting in distressful consequences in the recipient and others

(Institute for Safe Medication Practices (ISMP), 2013)
Passive-Aggressive Behavior

Negativistic attitudes and passive resistance to demands for adequate performance; make cooperative, compliant, or pleasant comments but behave otherwise

- Unreasonably critical of authority
- Negative comments about colleagues
- Refusal to do tasks; stubborn about doing things their own way
- Deliberate delay in responding to calls
- Go out of the way to make others look bad while acting innocent
- Undermine another’s position, status, value; setting someone up for failure
- Failure to support a coworker
- Intentionally communicating incomplete information
- Willful workarounds without reporting system issues

(Institute for Safe Medication Practices (ISMP), 2013)
Passive Disrespect

Uncooperative behaviors that are not malevolent

- Chronic lateness to meetings or rounds
- Sluggish response to requests
- Resist safe practices such as time-outs, bedside reports, hourly rounding, etc.
- Non-participative in improvement efforts
- Procrastinate causing delays
- Ill-prepared or not prepared at all

(Institute for Safe Medication Practices (ISMP), 2013)
Dismissive Treatment

Behavior that makes patients or staff feel unimportant and uninformed

- Condescending comments
- Patronizing comments and attitudes
- Gossip
- Aloof, disinterested, ignoring behavior
- Slight due to gender or race
- Impatience
- Resistance to work collaboratively
- Constant refusal to value, recognize, acknowledge, praise contributions of others
- Exclusionary and overruling behavior

(Institute for Safe Medication Practices (ISMP), 2013)
Nonverbal Insidious Behavior

Subtle unspoken behavior that may seem innocent enough but is nonetheless disrespectful

• Staring or glaring
• Sighing
• Making gestures, pointing
• Making faces, raising eyebrows, rolling eyes
• Positioning body to exclude others

(Institute for Safe Medication Practices (ISMP), 2013)
Systemic Disrespect

Disruptive behaviors so entrenched in the culture that the element of disrespect may be overlooked

- Making patients/staff wait for services
- Requiring long work hours
- Excessive workloads


(Institute for Safe Medication Practices (ISMP), 2013)
Behaviors Associated with Lateral Violence

• Bullying, incivility, intimidation and other forms of disrespectful behaviors listed on the previous slides have rooted themselves in healthcare facilities

• Caregivers remain silent, rationalize, and minimize damage resulting from lateral violence, if not subconsciously, dismissing behaviors seemingly normally found in healthcare environments

• Overt and insidious disrespectful behaviors embedment in healthcare need to be uprooted and seen as abnormal

• Gossip, amongst other behaviors, should not be accepted or seen as benign in impact

(Institute for Safe Medication Practices (ISMP), 2013)
Lateral Violence Etiology

- Lateral violence emergence in healthcare settings may be due to both stressful settings and human behavior
- People function in “survival” mode when forced to deal with difficult situations, personal frustrations, and system failures
- People are made resilient in any situation and lateral violence may be a survival mode reaction to one’s environment
- Personal frustrations and system failures do not excuse bad behavior, but may push caregivers over the edge into negative behaviors

Lateral Violence Etiology

- Insecurity, anxiety, depression, aggressiveness, and narcissism may serve to protect one’s ego against feelings of inadequacy.
- Other influences on disruptive workplace behaviors involve cultural, generational, and gender biases.
- Life events influence mood, attitude, and actions; thus they may contribute to workplace violence.
- Impairment from substance abuse, mental illness, or personality disorders may also be the origin of highly disruptive behavior.

Lateral Violence Etiology

Different communication styles and power dynamics play a role in workplace dysfunction

- Caregivers may get frustrated when information is presented differently than they believe is necessary and may react disrespectfully
- Healthcare hierarchical systems and caregivers who consider themselves privileged lead to insolent treatment of those seen “beneath” those at the “top”
- Autonomy may lead to passive disrespect with manifestations such as resistance to change, policies, procedures, or people
- Victims may become perpetrators themselves or become tolerant of bad behaviors

(Institute for Safe Medication Practices (ISMP), 2013)
Understanding Continued Problems

- Healthcare organizations have accepted hierarchical systems and associated lateral violence as normal for centuries
- Healthcare industry stakeholders have legitimized a certain degree of disrespect and aggression while normalizing harmful communication
- Whether poor working conditions create an environment where bad behaviors are tolerated or if bad behaviors create the unfavorable environment is unknown

Exposure to lateral violence starts in professional training programs

Understanding Continued Problems

Organizations historically failed to address lateral violence

• Generally, lateral violence goes unreported due to fear of retaliation and the stigma associated with “tattling”
• Managers may remain unaware of lateral violence without processes to identify lateral violence and prevention of sweeping problems “under the rug”
• Leaders may be unwilling to confront individuals if they are powerful or high-revenue producers
• Caregivers may not know how to handle problems associated with lateral violence

Understanding Continued Problems

• Lateral violence is not taught in professional curriculum or during organizational onboarding

• Leaders may not have the skillset to recognize or fortitude to address the disrespectful behaviors

• No excuse or reason for lateral violence justifies a failure to act

(Chappell, 2015)

https://nij.ojp.gov/topics/articles/preventing-childrens-exposure-violence-defending-childhood-initiative
Organizational Approaches to Lateral Violence

Steps organizations can take to address the problem of lateral violence include:

• Put the right team together
• Establish policies addressing disrespectful behavior
• Improve conversations
• Set expectations
• Implement interventions
• Address system failures
• Train staff
• Encourage reporting and identify surveillance methods
Put the right team together
Steering Committee Establishment

• Establish a steering committee of trustees, senior leaders, middle managers, physicians, pharmacists, nurses, and other staff
• Educate committee members about lateral violence
  • define the behavior
  • list examples of the many forms it can take
• Launch an action plan including identification of problems, appropriate responses to it, and metrics to gauge success
• Goals include awareness strategies, changing culture, establishing respect as a core value, articulating commitment to creating a healthy work environment, etc.
• Create a sense of urgency to eliminate lateral violence
Start the Conversation

• Open the dialogue about lateral violence by surveying staff about the issue using surveys from ISMP, the Agency for Healthcare Research and Quality, or other resources

• Incorporate questions about lateral violence in safety rounds

• Host frank discussions with objective facilitators to keep conversations productive

• Dialogue and role-modeling are crucial to development of more effective and respectful ways of interacting with colleagues

• Establish a “no retribution” policy for those who report others
Establish policies addressing disrespectful behavior
Cultivate a Code of Conduct

• Create a code of conduct for professionalism to equalize interdisciplinary relationships and remove hierarchical beliefs
• Clearly articulate behavior desired as well as unacceptable behaviors—don’t assume staff know
• Staff must embrace and adopt the code of conduct
• Even when grave errors occur, lateral violence is unacceptable
• Establish equality without exemptions
• A code of conduct will have little impact as long as someone in power is excused from responsibility for disrespectful behaviors
Improve conversations
Standardize Communication

• Establish a standard communication process to convey important information to colleagues

• Implementing solutions can improve communication

• Communication skills to help staff accomplish standardized communication include:
  • SBAR
  • D-E-S-C script
  • TeamSTEPPS
Standardize Communication

SBAR:

Person communicating crucial information covers the:

Situation
Background
Assessment
Recommendations
Standardize Communication

D-E-S-C script:

- **Describe** in objective terms what you observed, heard, or perceived
- **Express** concerns using “I” statements and non-judgmental terminology
- **Specify** or inquire about an alternate course of action
- **Discuss** both positive and negative **Consequences**
Standardize Communication

TeamSTEPPS:

**Team Strategies and Tools to Enhance Performance and Patient Safety**

an evidence-based teamwork system to improve communication and teamwork skills among healthcare professionals
Support Tools for Caregivers Speaking Up

• A 2010 study identified skills used by nurses who spoke up against lateral violence in their workplaces:
  • explain positive intent and desire to help both caregiver and patient
  • use facts and data to support concern
  • avoid frustration and anger

• Study found it took courage to speak up because nurses believed they were violating norms, accepted practice, and established rules

• American Nurses Association (ANA), “Tip Cards: Bullying in the Workplace” identifies behaviors on one side and effective responses on the other side (ANA, 2014)

Set expectations
Expectation is Escalation

• Conflict escalation when standard communication process fails to resolve an issue should be incorporated into policy
• Provides for resolution options outside caregivers’ chain of command in case the problem lies between supervisors and subordinates and includes:
  • zero tolerance for disrespectful behaviors regardless of the offender
  • fairness to all parties
  • consistency in enforcement
  • a tiered response to infractions
  • a restorative process to help people change their behavior
  • surveillance mechanisms
Implement interventions
Policy-Driven Interventions

• Interventions may begin by coaching before progressive discipline is applied
• Policy should clearly articulate behaviors or repeated behaviors to be referred for disciplinary action and the disciplinary process
• Intervention should build trust, while holding staff accountable for making better behavioral choices
• Prompt, predictable, and appropriate response to alleged violations remains key
Address system failures
Address System Failures

• Policy should require addressing system issues amplifying and perpetuating lateral violence
• Common system problems include:
  • issues affecting workloads
  • staffing, budgeting
  • education
  • communication, handoffs
  • physical hazards
  • environmental stressors
• Behaviors by caregivers can be altered through system-level improvements
Train staff
Hospital-Wide Education

• Mandatory hospital-wide education for all staff about behavioral expectations as defined by the code of conduct
• Training should include communication methods, relationship building, business etiquette, behavioral techniques, conflict resolution, assertiveness, teamwork, and how to report lateral violence
• Use role-playing, vignettes, or aggression scenarios to strengthen skills associated with assertive communication, conflict resolution, and interpersonal interactions
Encourage reporting and identify surveillance methods
Develop a Confidential Reporting/Surveillance Program

• Develop a confidential reporting/surveillance program for detecting lateral violence episodes and measuring compliance
• Formal reporting processes and informal processes for unwritten reports should both be offered to caregivers
• Reporting lateral violence should be encouraged
• The “no retribution” policy for reporting should be well-known and upheld
• Periodic updates should be provided about addressing lateral violence reports while keeping details confidential
Rely on More than Caregiver Reporting

• Absence of reports of lateral violence and disruptive behavior does not mean it is not occurring

• Surveillance detection methods, in addition to self-reporting, should be employed:
  • feedback from patients and families
  • staff and patient surveys
  • focus groups
  • informal dialogue
  • peer and team evaluations
  • making direct inquiries at routine intervals (e.g., during rounds)
Conclusion

• Methods to manage lateral violence include respectful management of reported events and should leave caregivers feeling safe and supported in reporting events without fear of reprisal

• Commitment to a respectful culture requires leading by example and applying policies aligned with professional code of conduct

• Attitudes of mutual respect for all staff, openness to questions and new ideas, respectful communication, and positive interpersonal skills mitigate lateral violence

• Ongoing dialogue about respectful behaviors assure staff of leadership commitment to end lateral violence
References


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• Institute for Safe Medication Practices (ISMP). (2013). Disrespectful behavior in healthcare...have we made any progress in the last decade? https://www.ismp.org/resources/disrespectful-behavior-healthcarehave-we-made-any-progress-last-decade


References


References

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