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# Lateral Violence among New Graduate Nurses

Megan Russell  
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Lateral Violence among New Graduate Nurses

by

Megan Russell

A thesis submitted to the faculty of  
Gardner-Webb University Hunt School of Nursing  
in partial fulfillment of the requirements for the  
Master of Science in Nursing Degree

Boiling Springs, North Carolina

2016

Submitted by:

Approved by:

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Megan Russell

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Date

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Date

## Abstract

Lateral violence is an act of aggression that is committed against one nurse by another. There are many names for lateral violence, some of these include: horizontal violence, bullying, aggression, horizontal hostility, verbal abuse, or nurses eating their young. Lateral violence occurs when nurses covertly or overtly direct the dissatisfaction they are feeling inward toward each other. The effects of lateral violence on new graduate nurses and the organizations in which they work can be detrimental. An extensive literature review was undertaken to understand the significance and prevalence of lateral violence against new graduate nurses. The purpose of this study is to determine if new graduate nurses continue to experience the negative acts of lateral violence. Registered nurses who have been in the profession for one year or less were invited to participate in the survey. The Negative Acts Questionnaire-Revised (NAQ-R) was used as the measurement tool. This study used descriptive analysis to summarize and show the relationship between the quantitative data. One hundred and sixty survey invitations were sent out electronically through the email of the research facility. Thirty five surveys were completed for a response rate of 22%. This research study showed that lateral violence has decreased for new graduate nurses in the facility in which it was conducted. There is however, lateral violence that continues to occur.

## Acknowledgments

First and foremost I would like to thank God for helping me get this far in life. He has blessed me far beyond what I deserve. I have had to completely rely on Him and He knew exactly who to place in my path along this journey. Next, I would like to thank my parents, Steve and Mary for loving and supporting me through this journey. Thank you for helping me stay motivated and encouraging me through this process. I would also like to thank my brother, Travis for inspiring me to be my best, you have been a good role model through life.

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## **CHAPTER I**

### **Introduction**

#### **Significance**

There are many challenges faced by new graduate nurses coming out of school and into the nursing profession. Some of these challenges include: integrating the knowledge they learned while in nursing school into their practice, learning new skills, and becoming familiar with co-workers and physicians. New graduate nurses are faced with increasing workloads due to nursing shortages and increasing acuity of patients. If the work environment is hostile these challenges become more difficult and overwhelming to the new graduate. If new graduates experience lateral violence in their workplace it can have detrimental effects on the new graduate and their work.

Lateral violence is an act of aggression that is committed against one nurse by another. There are many names for lateral violence, some of these include: horizontal violence, bullying, aggression, horizontal hostility, verbal abuse, or nurses eating their young (Sheridan-Leos, 2008). Lateral violence occurs when nurses covertly or overtly direct the dissatisfaction they are feeling inward toward each other. Lateral violence is usually directed toward those who are less powerful than themselves (Sheridan-Leos, 2008). Overt behaviors include fighting among nurses, withholding important information, sabotage, scapegoating, criticism, failure to respect confidences and privacy, rude, abusive, or humiliating comments and being given too much responsibility without appropriate support (Griffin, 2004). Covert tactics include eyebrow raising, snide remarks, turning away, and withholding information (Griffin, 2004). Nursing is considered the primary occupation at risk for lateral violence with an estimated 44-85%

of nurses being a victim of lateral violence (Chrisite & Jones, 2014). The experienced nurse is often the perpetrator and the new graduate nurse is often the victim (Christie & Jones, 2014).

There are many things that contribute to lateral violence. Nursing is a fast-paced environment, with increased workloads and stress.

According to Embree and White (2010) precursors to lateral violence include lack of empowerment, authoritarian leadership, oppression, learned helplessness, negative nursing unit culture, toxic work environment, suppressed anger, low self-esteem, shrinking resources, conflict avoiding culture, personal behaviors, managers broader span of control, professionally uncooperative, imbalance of power, poor coping skills, strict hierarchy, and previous abuse. (pg. 170)

The complex work environment and increased acuity of patients increases this stress and can cause lateral violence to occur. This stress can be heightened by the fact there is no downtime and little time for learning skills. Staffing grids do not allow for support nurses. Tolerance to some forms of lateral violence has allowed these behaviors to continue. Experienced nurses and some new graduate nurses see some forms of lateral violence as a rite of passage. For experienced nurses the thought “this is how people were to me when I was learning” is a norm. Job conflict and stress are reported to be the number one problem for new graduates in their first year of professional employment (McKenna, Smith, Poole, & Coverdale, 2003).

According to the Bureau of Labor (2014), job openings will increase by 19% by 2022. Retiring nurses are a contributing factor to the nursing shortage. The baby boomer population comprises 40% of current healthcare employees (Juraschek, Zhang,

Ranganathan, & Lin, 2012). This means as the baby boomer generation retires, the nursing shortage will continue to grow. The nursing shortage causes the current workforce to work under harder conditions and to work overtime. The stress of the nursing shortage can cause hostile behaviors and is a contributing factor to lateral violence.

Another cause of lateral violence is the increasing amount of chronic conditions and increased access to healthcare. More nurses are needed because of the increasing amount of chronic conditions. The baby boomer population is living longer and more people have access to healthcare services as a result of healthcare reform (Bureau of Labor Statistics, 2014). This increases the pressure on hospitals to provide care to their patients while working within a tight budget. These financial constraints can cause an organization to measure quality in terms of statistics and costs which can lead nurses to feel their voices are not being heard (Croft & Cash, 2012). Management can also be a cause or the source of lateral violence. If there is pressure on managers, they may take on an aggressive management style, they may intimidate or show hostility toward their staff (Croft & Cash, 2012). When management is aggressive, this is encouragement for other nurses to be aggressive. If a manager does nothing to prevent lateral violence, nurses will continue with the behavior since they are not being reprimanded.

### **Problem Statement**

The effects of lateral violence on new graduate nurses and the organizations in which they work can be detrimental. The annual turnover rate in the United States for newly registered nurses is between 55% and 61% (Griffin, 2004). Approximately 60% of new graduate nurses leave their first job within six months because of lateral violence

(Griffin, 2004). New graduates may experience physical or emotional consequences from lateral violence. Physical effects may include: sleep disturbances, underperformance, professional disengagement, and potentially diminished quality of care (Vessey, Demarco, Gaffney, & Budin, 2009). Emotional effects may include: anxiety, irritability, panic attacks, tearfulness, depression, loss of confidence, diminished self-esteem, and mood swings (Vessey et al., 2009). If the new graduate nurse has ineffective coping strategies, lateral violence could possibly lead to suicidal behaviors and has been linked to higher rates of physical illness (Christie & Jones, 2014). If nothing is done to stop the lateral violence, new graduates could lose trust in their organization. This distrust could lead them to leave the organization. The cost associated with turnover is a major expense to an organizations budget. The estimated cost to replace a nurse is \$65,000 to \$92,000 depending on the area in which the nurse works (Christie & Jones, 2014). It is important to understand how many new graduates are experiencing lateral violence, as this could have a profound impact on the nursing shortage in the future.

### **Purpose**

Lateral violence has been in the literature for decades. Researchers have come up with ways to reduce lateral violence, and research has been carried out to find out if these techniques work. Unfortunately, 34% of new graduates stated they had experienced rude, abusive, or humiliating comments and over one third felt they had learning opportunities blocked, felt neglected, or thought they were given too much responsibility without the appropriate support (McKenna et al., 2003). Almost 49% of nurses qualified as burned out by the time they were in their third year in the nursing profession (Laschinger, Grau,

Finegan, & Wilk, 2010). Lateral violence and very little support from upper management has been shown to have an impact on work satisfaction and teamwork (Roberts, Demarco, & Griffin, 2009). The Joint Commission (2008), stated lateral violence and bullying contributes to errors and adverse events, which in time, increases cost for healthcare organizations. The purpose of this study was to determine if new graduate nurses continued to experience the negative acts of lateral violence. The intention of this study was to bring awareness to the lateral violence that occurs in organizations and to assist in future plans and techniques to prevent lateral violence towards new graduate nurses.

### **Theoretical Framework**

Paulo Freire was an educator and philosopher who developed the oppressed group theory while watching as Brazilians were overtaken by Europeans. The Europeans forced their values onto the Brazilians who internalized them. This caused the Brazilians to diminish their own values which caused frustration. They turned their frustration towards each other instead of onto the dominate group. According to Freire's theory, oppression means living dominated by the values of others who think their way of life is right (Purpora, Blegen, & Stotts, 2012). Freire saw education as a way for the oppressed group to become free from domination. Oppression occurs when a dominate, more powerful group takes advantage of a less powerful group (Sheridan-Leos, 2008). Susan Roberts (1970) (as cited in Pupora et al., 2012) was the first person to apply Freire's oppressed group theory to the occupation of nursing. When nursing began in the late 1800's, women would care for patients in exchange for education. They received very little or sometimes no reimbursement for their services, while the male physicians and

those who ran the hospitals were compensated. The work of the nurse was not valued like the work of the physicians. This oppression set the stage for the nursing profession. Today, nursing is still considered an oppressed profession (Purpora et al., 2012). Although more males are entering the field of nursing, it is still dominated by females who take orders from physicians and administrators. Nurses can develop submissive-aggressive behaviors because they feel they lack autonomy and control over their work (Sheridan-Leos, 2008). When a nurse becomes a leader, they are known as marginal. This means they no longer fully belong to the oppressed group because they exhibit the oppressor's values but they are unable to fully belong to the oppressors group because they still hold some of the values of the oppressed (Matheson & Bobay, 2007) (Figure 1 & 2).

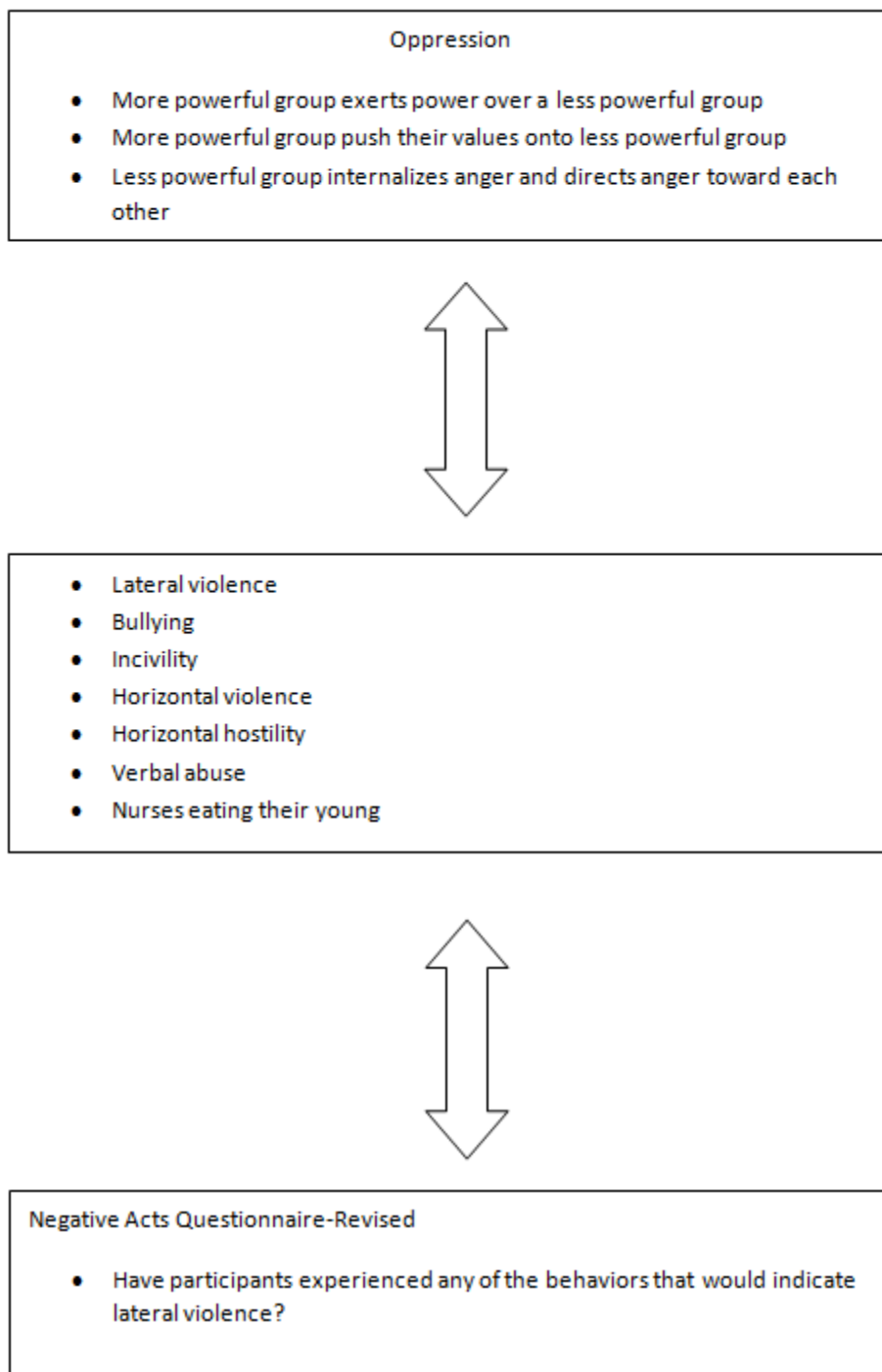


Figure 1. C-T-E Diagram



*Note:* Adapted from Samaco, C. Prezi 2013

*Figure 2.* Oppressed Group Model



### **Research Question**

To what extent do new graduate nurses experience negative acts of lateral violence?

### **Definition of Terms**

There are many different terms used to describe lateral violence. Lateral violence can also be called horizontal violence, bullying, aggression, horizontal hostility, lateral hostility, disruptive behavior, intimidating behavior, peer mobbing, verbal abuse, infighting, intra staff aggression, nurse to nurse aggression, or nurses eating their young. Lateral violence can be physical or verbal. The Center for American Nurses (2008) described bullying as “an offensive, abusive, intimidating, malicious or insulting behavior, or abuse of power conducted by an individual or group against others” (pg.1). Embree and White (2010) described abusive behavior as “that which humiliates, degrades, or indicates a lack of respect for the dignity and worth of an individual” (pg. 167). Horizontal violence is behavior that is meant to control or devalue a person or group (Embree & White, 2010). Covert and overt are characteristics of lateral violence in which covert behaviors are more harmful. According to Embree and White (2010) covert behaviors include “unfair assignments, sarcasm, eye-rolling, ignoring, making faces behind someone’s back, refusing to help, sighing, whining, refusing to work with someone, sabotaging others, isolation, exclusion, or fabrication” (pg. 168).

Oppression is described by Becher and Visovsky (2012) as “powerlessness and lack of control over the working environment” (pg. 210). The Merriam-Webster definition of oppression is “prolonged cruel or unjust treatment or control” (pg.1).

Sheridan-Leos (2008) stated oppression is what happens when a “powerful and dominant group controls and exploits a less powerful group” (pg. 399).

### **Summary**

Lateral violence has been well documented in the literature. Methods to control and eliminate lateral violence have also been documented and tested. Lateral violence has a huge impact on the safety and wellbeing of nurses and organizations. National attention has been brought to the subject and more organizations are attempting to alleviate the issue. Do new graduate nurses continue to experience lateral violence in the workplace? More research is needed to find out if the methods are working and if the nursing profession is on the mend from this horrible phenomenon.

## **CHAPTER II**

### **Research Based Evidence**

#### **Literature Review**

Lateral violence has been documented in the literature for decades. Nursing is considered the primary occupation at risk for lateral violence (Christie and Jones, 2014). It is important for organizations to take measures to ensure nurse retention since it is so costly to replace a nurse who quits due to lateral violence. Lateral violence has numerous effects on the new graduate nurse; these effects can be physical and psychological. Victims of lateral violence lose trust in their organization and this may lead them to leave the organization permanently (Christie & Jones, 2014).

The following databases were used for this literature review: Cumulative Index to Nursing and Allied Health (CINAHL), EBSCO, MEDLINE, and PubMed. The following key words were used: “lateral violence”, “horizontal violence”, “bullying”, “nursing”, “new graduate nurses”, “nurses eating their young”, “incivility”, “Paulo Freire”, “oppressed people”, and “oppression theory”.

#### **Literature Related to Statement of Purpose**

McKenna et al. (2003) conducted a descriptive survey to assess the prevalence of lateral violence, describe the most distressing incidences that new graduate nurses experienced, measure the psychological impact of these events, determine the consequences of experiencing these events, and determine how adequate the training was to manage lateral violence. Surveys were sent to registered nurses in their first year of practice. Five hundred fifty one surveys were returned out of the 1,169 that were sent. The study instrument was modified from a questionnaire on interpersonal conflict by

patients directed toward trainee physicians in New Zealand. The researchers modified the questions to reflect on the interpersonal conflict by nurses towards registered nurses in their first year of practice. This modification was guided by descriptions in the literature as to what constitutes horizontal violence, and by the expert opinion of the researchers. The nurses were specifically asked if they had been denied access to learning opportunities, undervalued, made to feel there would be repercussions if they spoke out about the interpersonal conflict, if they felt emotionally neglected, felt distressed by exposure to conflicts between others, if they felt like others failed to support them in their defense, if they felt they were given too much responsibility without appropriate supervision, or if they had rumors and lies spread about them. The results showed that over half of the respondents felt they were undervalued by other nurses. Thirty-four percent of new graduates have experienced rude, abusive, or humiliating comments, while 5% have experienced sexual harassment and 4% have experienced racial comments or gestures. Over one third felt they had learning opportunities blocked, felt neglected, been distressed by conflict between others or thought they were given too much responsibility without the appropriate support. Physical intimidation, property damage, attempted physical assault, sexual harassment involving physical contact, physical assault and stalking were each experienced by 1-2% of the respondents. Sixty-six percent of respondents said the distress caused by the rude, abusive, or humiliating comments and being given too much responsibility without appropriate support was moderate to severe. Some of the consequences from these events included reduced confidence and self-esteem, experiencing fear, anxiety, sadness, depression, frustration, and mistrust. Some physical issues that were caused include weight loss, fatigue,

headaches, hypertension, and angina. The new graduate nurses indicated that some events were not reported to management but they were not asked why. The results indicated that some type of program or curriculum was needed to help new graduate nurses cope with the lateral violence and to help alleviate these behaviors from the organization. More research is needed to develop this type of program.

Laschinger et al. (2010) surveyed 1,400 new graduate nurses in Ontario, Canada. Out of the 1,400 surveys sent, 415 were returned. The nurses had three years or less experience in the field of nursing. The tools used were the Conditions of Work Effectiveness Questionnaire, Negative Acts Questionnaire, and the Maslach Burnout Inventory. The purpose of the survey was to test a model linking new graduate nurses' perceptions of structural empowerment to their experience of workplace bullying and burnout. Once the surveys were returned they were analyzed using SPSS. Data was broken down into gender, age, and highest degree earned. Participants were asked how many days they had missed in the past year; 91% said they had missed at least one day in the past year. Reasons why included 71.8% physical illness, 10.6% mental health day, 4.8% family situation, and 3.9% injury. Overall empowerment levels were moderate, with access to opportunities to learn and grow rated the highest, which they state is expected since they are new graduates. Participants rated emotional exhaustion high, 48.9% qualified as burned out. This number is lower than a previous study which shows that 66% of new graduate nurses qualify as severe burnout. This burn out is primarily related to disempowering work conditions. There were high correlations between bullying and burnout in the study. The study suggested that organizations need to

implement empowering strategies to decrease the rate of burnout for new graduate nurses.

According to Christie and Jones (2014) nursing is considered the primary occupation at risk for lateral violence with an estimated 44-85% of nurses being a victim of lateral violence. The experienced nurse is often the perpetrator and the novice nurse is often the victim. Lateral violence has numerous harmful effects. Victims have reported a decreased sense of well-being, depressive symptoms, and negative views of themselves. They may have ineffective coping strategies to deal with the lateral violence which could lead to sleep disturbances, anxiety, and possibly suicidal behaviors. Higher rates of physical illnesses are associated with lateral violence. Victims of lateral violence lose trust in their organization, this may lead them to leave the organization permanently. This turnover costs the organization a lot of money.

According to Thomas and Burk (2009) most nurses still work in hierarchical systems. This contributes to nurses being an oppressed group according to Freire's model. Research continues to show that nurses often feel powerless within the hierarchy and unsupported by management. Each year from 2004 –2007, junior nursing students in a university Bachelor of Science program were asked to write narratives about anger they had experienced in connection with nursing classes or clinicals. Content analysis was used to code thematic elements of 221 junior student nurse stories. Stories were interrogated to determine: what caused the student to become angry, what was the target of the anger, and was it overtly expressed or suppressed, and what was the outcome of the incident? Student nurse anger was provoked far more often in clinical than in classes. The classroom related anger pertained to typical student grievances (unexpected material

on exam, perception of unfair grading, “busy work,” etc.). The main cause of student nurse anger in clinical was perceived injustice, unfair or unjust treatment. Two themes of injustice were common among the student nurses: pejorative, unfair treatment of the students themselves, and violation of patient rights. Incidents of unjust treatment involved doctors, instructors, patients, and ancillary healthcare personnel but the most frequently reported perpetrators were hospital staff nurses. Unjust nurse behavior included condescending, overbearing, rude, sarcastic, disrespectful, patronizing, and degrading. Often, nurses failed to display the simple courtesies humans extend to one another upon initial introductions. Failure to make eye contact was another dismissive, rejecting interpersonal behavior identified.

The purpose of the study by Vessey et al. (2009) was to validate the perceptions of frequency and patterns of bullying behavior experienced by registered nurses across the United States. This study was completed to develop relevant interventions for the future. A descriptive 30-item anonymous electronic survey was used to identify the frequency, type, perpetrators, and personal and professional consequences of bullying. The survey was composed by the authors, Vessey and Demarco. The sample consisted of 303 RNs. The sample of staff nurses working in acute care settings was 212 and comprised 70% of the total sample. Nurse respondents indicated that 70% of the bullying was reported by a predominant group of staff nurses. Of this group, bullying occurred most frequently in medical-surgical (23%), critical care (18%), emergency (12%), operating room/Post Anesthesia Care Unit (9%), and obstetrical (7%) areas of care and within five years or less of employment on a unit (57%). Perpetrators included senior nurses (24%), charge nurses (17%), nurse managers (14%), and physicians (8%) who

publicly humiliated, isolated, excluded, or excessively criticized the staff nurses. Psychological distress symptoms include anxiety, irritability, panic attacks, tearfulness, depression, loss of confidence, diminished self-esteem, mood swings, and irritability. These results support that bullying is a problem in the U.S. nursing workforce and is associated with individual psychological and physical stress, underperformance, professional disengagement, increased job turnover, and the potential for subsequent diminished quality of care. Nurses that are most likely to report being bullied are those who work in staff positions in high stress areas and are new to their position. Nurse Managers were most often implicated as engaging in or condoning bullying activities. Although many nurses left hostile environments within months of being targeted for bullying, many bullied nurses chose to stay in their position for as long as they did. The reasons so many reported “intention to leave” but did not follow through need further explication in future studies, but limited professional opportunities due to geography, family obligations, salary and benefit packages, or fear of poor recommendations are possible explanations.

Budin, Brewer, Chao, and Kovner (2013) stated verbal abuse is the most common form of disruptive behavior experienced by professional nurses. Bullying, harassment, and horizontal violence is defined as repeated, offensive, abusive, intimidating or insulting behavior, abuse of power, or unfair sanctions that make recipients upset and feel humiliated, vulnerable, or threatened, creating stress and undermining their self-confidence. Surveys were sent to 2,007 registered nurses, 1,544 responded to the survey. Manderino and Banton developed the Verbal Abuse Scale (VAS), which defines 11 different forms of verbal abuse. This study used a shortened version of the Manderino



and Banton scale, because it addressed verbal abuse from nurse colleagues, and excluded supervisors. This scale indicated five levels of frequency of verbal abuse in the last three months (never, 1 to 5 times, 6 to 10 times, 11 to 20 times, and more than 20 times).

Scales used in this study have been well documented, have good validity and reliability, and have been used in multiple studies. Nearly half of our respondents experienced some verbal abuse from nurse colleagues, but very few experienced high levels of abuse.

About 49% experienced verbal abuse from nurse colleagues at least once during the past three months, whereas only 5% experienced high levels of verbal abuse during that time period. The most frequently reported types of verbal abuse were being spoken to in a condescending manner and being ignored. Nurses experiencing verbal abuse were mostly female, white, married, in good overall health, and not enrolled in a formal educational program. Most of them spoke English as their first language, did not have children younger than six years, and worked in a hospital, but not a magnet hospital, in a direct care position on 12-hr day shifts. The majority also reported that they did not plan to leave their position within the next three years. They reported that fewer nurses were working than were scheduled on some, most, or every one of their shifts. Lastly, most of the nurses strongly agreed that they planned to continue to have a job that requires a nursing license, thus, they were not planning to leave the profession. Nurses who perceived moderate and high levels of verbal abuse from nurse colleagues had significantly lower levels of autonomy.

Simons and Mawn (2010) described verbal abuse as any form of communication that nurses perceive to be harsh, condemnatory attacks on them, professionally or personally. They distinguish between bullying, harassment, and lateral violence.

Bullying is different from harassment in that it is not distinguished by sexual or racial motives. Bullying differs from lateral violence in several ways. Lateral violence can occur as a single, isolated incident. Bullying on the other hand is repeated over at least six months. Lateral violence and bullying have some behaviors in common like, sabotage, infighting, scapegoating, and excessive criticism. The study done was a qualitative survey. The study used the Negative Acts Questionnaire-Revised and The Michigan Organizational Assessment Questionnaire. The population of interest was newly licensed nurses in the United States. One hundred eighty-four of 511 registered nurses who responded to the mail survey wrote narratives at the end of the survey. One hundred thirty-nine wrote of being bullied at work and 14 others wrote of witnessing other nurses being bullied. Four themes describing different aspects of bullying were identified from the analysis of the transcripts: structural bullying, nurses eating their young, feeling out of the clique, and leaving the job. The term structural bullying was developed by the researchers to represent perceived unfair and punitive actions taken by supervisors. These actions included scheduling, patient assignments and workload, or use of sick and vacation time. Seventeen nurses wrote of consistently being given an unmanageable workload. Nineteen nurses wrote comments that included the phrase “nurses eat their young.” Some of the respondents related bullying experiences to their feelings of alienation and not feeling part of the group. Nurses wrote of leaving their jobs as a result of being targets of bullying behaviors. Some talked of leaving their jobs and others wrote of leaving the profession.

According to Griffin (2004), the goal of the educational process of teaching about lateral violence is to liberate the oppressed individuals by helping them to see that

stopping the dominant group or individual from oppressing them is within their capabilities. Cognitive process is the mechanism all individuals use to take in information and structure perceptions of the world. Cognition is the human process of obtaining, organizing, and using intellectual knowledge. Cognitive strategies are mental plans that individuals can, and do, use to understand themselves and their environment. The purpose of this study was to provide a theoretical basis for understanding the origins and manifestations of the professional practice of lateral violence in nursing, identify and acknowledge the vulnerability of newly registered nurses, and provide instruction on the use of cognitively rehearsed prototypical suggested responses to the 10 most frequent forms of lateral violence in nursing. The study used an exploratory design with an applied intervention. During the first week of general nursing orientation to the hospital, two hours were set aside for the consenting subjects to participate in the educational part of the study. The first hour of the educational portion was dedicated to providing a didactic lecture on the theoretical constructs of lateral violence and its impact on nursing practice, professionalism, and the vulnerable populations of nurses. The second hour was interactive instruction on cognitive rehearsal and the appropriate responses to any of the 10 most frequent forms of lateral violence. At the conclusion of the classroom instruction, the newly registered nurses were given two laminated cueing cards. There were 26 newly registered nurses enrolled in the study. The outcome of the study was that the laterally violent behavior against the newly licensed nurse stopped. There were several ways in which the laterally violent nurses responded to being confronted by the newly registered nurses. Nine of the nurses (75%) whom the newly licensed nurses confronted about a particular situation responded by stating that they were shocked that

the newly registered nurse felt that way. Seven (58%) apologized, and two (17%) did not. Three (25%) of those who were confronted had no retort and for a period of approximately two weeks shunned the newly registered nurse. In the responses, the end result was that the laterally violent behavior ceased. All of the newly registered nurses who took part in the study believed that they did not use the cards “on the spot,” but rather that they understood what was on them and just used the information they had learned.

Roberts (2015) conducted a literature review on lateral violence to differentiate the concepts, explore the research that links these concepts to the nursing workplace, job satisfaction, and retention of nurses, understand the reasons for these behaviors in nursing, and analyze recommendations from the review for practice and research. Estimates of lateral violence in the workplace range from 46-100%. Lateral violence has contributed to absenteeism and has caused some nurses to exit from the healthcare profession altogether. Lateral violence has been found to have a major impact on patient satisfaction, safety, nurse satisfaction, and nursing performance. New graduate nurses are more disposed to become targets of lateral violence. Freire’s oppressed group model is used the most to explain why lateral violence occurs in nursing. Oppression creates low self-esteem, suppressed anger, anxiety, and passive aggressive behaviors. Nursing administration needs to acknowledge what is happening in the workplace and implement ways to support and educate which in turn will provide a trusting workplace. It is important for nursing administration to not avoid the cycle of lateral violence, as this will only allow it to continue and worsen. Some feel lateral violence is the result of the character of the organization and not the individual that is displaying the behavior. It has

been argued that lateral violence can be eliminated by keeping staff regulated with less autonomy. Roberts found one theory that feels lateral violence does not happen due to oppression. The theory says that blame is placed solely on the nurse and not the role of power relations within the organization. Research has shown that the organizations who have the least amount of lateral violence are those that empower nurses and allow them to have control over their work. Roberts suggested that in order to eliminate lateral violence, the culture of the workplace will need to change.

The purpose of the study conducted by Barrett, Piatek, Korber, and Padula (2009) was threefold. First, they wanted to identify and improve nurse satisfaction scores and group cohesion. Next, they wanted to determine the effects of a team building intervention. Lastly, they wanted to determine the effects of lateral violence training and communication style differences on improving team cohesion. Prior to the study they looked at a previous study conducted in an outpatient oncology unit. The unit had low morale and employee engagement scores were among the worst in the hospital. Some issues the unit had were lack of leadership visibility and communication issues. Oppressed group characteristics were visible on the unit. Group sessions with process improvement and interpersonal behavior skill building were implemented. After three months employee engagement scores and patient satisfaction scores went up. The current study was conducted at a teaching hospital with 247 beds in Rhode Island. The units that were chosen to participate were an inpatient surgical unit, critical care unit, emergency department, and the operating room. These were the units with the lowest nursing satisfaction scores. The nurse managers of the units chose 20% of their staff to participate. They chose informal leaders, those they felt were bullies and those they felt

were victims of bullying. Volunteers were also solicited to participate. Information about the study was given to all of the registered nurses prior to the start of the study. Every registered nurse on the unit was asked to complete the “how well do we work together” scale, which is a five point Likert style questionnaire and the “group cohesion scale,” a six item, 7 point Likert style questionnaire. One hundred forty five registered nurses were asked to take the survey, 41% returned the pre intervention survey and 31% returned the post intervention survey. The nurses who participated in the group sessions took the Myers-Briggs Type Indicator and discussed how differences play out in work situations. They also had a skill building session, where they discussed how to give and receive feedback. They learned how to manage conflict using an adapted version of the Thomas-Kilmann Conflict Mode Instrument. The sessions lasted six months and in that time they were expected to teach these methods to the other nurses on the unit. The study had both quantitative and qualitative portions. The pre and post mean scores on the “how well are we working together” were not statistically significant. The pre-score for the “group cohesion scale” (GCS) was significantly lower than the post-score. Overall, work satisfaction improved post intervention. The units agreed that their work environment lacked cohesiveness. Each unit had different problems; some had no dedicated manager while others had staffing and scheduling issues. At the conclusion of the study the nurse to nurse interaction and GCS scores had improved but there were varying degrees of leadership engagement. The unit with the most engaged manager had the most improvement at the end of the study.

## **Literature Related to Theoretical Framework**

Purpora et al. (2012) conducted research based on the hypothesis that there is a positive relationship between registered nurses feelings of oppression and lateral violence. Paulo Freire's oppression theory was used to guide the research. The researchers used mailed and online surveys to collect data from a random sample of hospital staff nurses with active licenses in California. There were 3,000 nurses selected to participate in the study. This would assure that a large enough pool of staff nurses working in hospitals would be included. A postcard was mailed to all 3,000 registered nurses inquiring about their interest in participating in the study. Nurses were invited if they were working as staff nurses in hospitals and willing to share their views in an anonymous survey. The 12-item Nurses Workplace Scale (NWS) measured attitudes consistent with those of an oppressed self and oppressed group. Based on the criterion of two or more negative acts experienced weekly or daily in the last six months, the incidence of lateral violence was 21.1%. The negative acts reported most often were being ordered to do work below level of competence, being given tasks with unreasonable deadlines, having opinions and views ignored, and being ignored or excluded. Nurses who did not hold a bachelor of science in nursing as their basic nursing education reported more lateral violence than those educated with a bachelor's degree or higher. Years of experience was included based on previous work that nurses with less years of experience will report more lateral violence. A significant positive correlation was found between minimization of self and lateral violence and between internalized sexism and lateral violence. The first step toward addressing change is to provide evidence that the social structure of hospitals has a negative impact on people working

there and on those receiving care in them. Further research is needed including intervention research to identify strategies that help individual nurses effectively cope with lateral violence and to describe barriers within the social structure of hospitals that prevent nurses from advocating for themselves and their practice, a possible source of frustration that may put nurses at risk for lateral violence.

Sheridan-Leos (2008) stated that lateral violence can be called many different names. Some of these include: workplace bullying, aggression, nurses eating their young, and verbal abuse. Nurses overtly or covertly direct their dissatisfaction toward those less powerful or themselves. Lateral violence can be characterized as non-verbal innuendo, verbal affront, undermining activities, withholding information, sabotage, infighting, scapegoating, backstabbing, failure to respect privacy, and broken confidences. Paulo Freire's oppression model was used and oppression is one reason lateral violence could happen. Oppression happens when a powerful and dominant group controls and exploits a less powerful group. The nursing profession is mostly women who report to mostly male administrators and physicians. Nurses lack autonomy, control over their work, and self-esteem which causes submissive-aggressive syndrome. Submissive-aggressive syndrome is characterized by nurses feeling they have lost their power and react by overpowering others through aggressiveness. New graduate nurses are at increased risk for lateral violence. Approximately 60% of new registered nurses leave their first job within six months because of some form of LV. As many as 27.1% leave the profession all together after the first year.

Croft and Cash (2012) identified four themes as contributors for lateral violence. These four themes are economy and workload, lack of interpersonal skills, lack of



management skills, and other factors (generational differences and the hierarchical nature of nurses' work).

1. Economy and workload-the economics of the organization leads to nurses' voices being unheard which impairs their ability to practice ethically and logically. The organization and nurses both want to deliver quality care but the organization may measure quality in terms of statistics and costs. Nurses are being left with the responsibility of high acuity patients, working short, and working overtime, all in an environment that is considered hostile.
2. Lack of interpersonal skills-blame goes to the individual nurse. Lack of interpersonal skills can come from the fact that nurses know their profession is an oppressed group. Lack of interpersonal skills is not a root cause of bullying and lateral violence but a result of cultural oppression. It has been found that bullies within the nursing workplace are often protected by those in power, therefore abuse becomes tolerated and normalized. This can affect retention and recruitment. Zero tolerance models have not addressed the causes of violence. The feeling of being powerless has taught many nurses not to assert themselves; this has resulted in self-silencing.
3. Lack of management skills-Nurse leaders need to be observant and alert in working to eliminate lateral violence. How observant and alert they are is dependent on their ability to recognize lateral violence, their communication style, and how they respond to lateral violence. Participants felt that effective leaders had the ability to diffuse lateral violence while ineffective leaders exacerbated it. Another issue is that sometimes it is management who is doing the bullying.

Bullying by management may happen because of downsizing and aggressive management styles. Management may ignore, minimize, and blame those that are bullied. Management may intimidate or show hostility, they may also impede career progression. Managers who bully can cost the organization, this can happen through increased sick calls and increased staff turnover. Managers may feel pressured from above and below, this may cause them to take on an aggressive management style. This type of management style discourages trust and can create an environment conducive to bullying.

4. Generational differences were identified as possible contributors to bullying and lateral violence. Student nurses are socialized to understand that there is a hierarchy in authority and privilege. Many student nurses experience nurses eating nurses because of this hierarchy. Organizations need to examine their structure, policies, and practices to minimize the environment conducive to lateral violence. Acknowledging that those types of behaviors stem from both individual and systemic factors, they warn that organizations who don't pay attention to factors such as the demands to increase productivity while containing costs, could lead to hostile work environments leaving the organization at risk of litigation from both employees and patients.

There is a moral and legal responsibility for organizations to ensure their employees are psychologically and physically safe. Organizations must take this seriously because bullying behavior distracts from patient care. If the perpetrator is focusing on bullying instead of accomplishing work task then patient care will suffer.

According to Matheson and Bobay (2007), the oppressed group model may have implications for the nursing shortage. Freire's oppressed group model was first applied to nursing in 1970. Freire's model of oppression is based on the observations of Brazilians who had been taken over and dominated by Europeans. Over time, the values of the dominant group were internalized as part of the Brazilian culture. He believed education was the answer. Education would help the group become aware of their oppression, thus paving the way toward liberation. The major characteristics of an oppressed group arise from a dominant group's ability to control a lower, submissive group. Leaders in the oppressed group who are successful at assimilation become marginal in that they do not really belong to either group. They are on the fringes of their own group because they exhibit behaviors of the oppressed group, yet they are unable to obtain full membership in the oppressor group because they still hold some of the norms and values of the oppressed group. Nurse leaders often adopt the values and norms of the more powerful groups as a method of improving their status and power and thus may be deemed marginal. This rarely results in subsequent empowerment of lower ranked nursing staff and, in fact, leads to collective lack of self-esteem. An extensive literature search was completed seeking examination and justification of the oppressed group behavior model. The primary intent of the literature search was to find studies that validated the oppressed group behavior model as a phenomenon in nursing. In one study, the authors concluded that participants would not have left nursing if they had been encouraged, supported, coached, mentored, and valued. These nurse participants sought opportunities to influence decisions about the workplace environment and needed recognition of accomplishments and work well done. In another study, nurse managers

reported higher levels of self-esteem, assertiveness, accountability, control over practice, and autonomy, whereas staff nurses reported higher levels of submissiveness and the need for structure. The literature review found that nursing misuses, abuses, or fails to use the power that it yields. Effective empowering structures include access to information, support, access to resources necessary to do the job, and opportunity for growth and advancement. Employees who have positive experiences with these structures are empowered and able to accomplish organizational goals.

Roberts et al. (2009) suggested that an understanding of oppressed group behavior could not only explain and predict behaviors of nurses in the workplace from a systems perspective, but could also help individual nurses to be empowered if they could focus on strategies to break the cycle of oppressed group behavior that keeps them powerless in the health care system. The reason for these behaviors is that dominated people do not feel valued when a more powerful group is pushing their own values and attributes. The oppressed group feels inferior which leads them to lose pride and self esteem. Fear causes the oppressed to remain silent when confronted by those in power. This fear also causes aggression and anger which is turned inward and causes lateral violence. When lateral violence occurs, this keeps the group from gaining a sense of unity. Power is given to those who change to become more like the dominate group. These people become marginal, they are neither members of the oppressed group or the dominate group. Oppression could be broken if the group understood the cycle of oppression. Oppressed nurses show passive aggressiveness and silencing. If nurses would recognize the value of their voice, they could learn to effectively listen to other nurses and value each other. Nurses remain silent to avoid conflict; this allows the dominate group to

remain in control. Nurses and administrators need to explore the power relationship between them and develop a culture where nurses speak up for themselves and their patients. The first step to eliminate the silence is to understand the barriers that have helped it continue through the years. Nurses and nursing administration choose not to talk about oppression because of its negative nature. They fear the subject would overpower the positive work and accomplishments that have occurred in spite of it. Nursing administration should make every attempt to identify the causes of oppression because it affects the quality of patient care. The continuation of lateral violence has been attributed to nurse managers who do not deal with bad behaviors and who do not establish a supportive environment. Nurse Managers who are not educated on how to deal with lateral violence avoid intervention. Strategies to eliminate lateral violence include: assessing their units for lateral violence, teaching nurses about the dynamics of oppression, allowing time for reflection and celebration about the work, and not tolerating bad behavior of individuals who are unwilling to change.

### **Literature Related to Questionnaire**

Einarsen, Hoel, & Notelaers (2009) defined workplace bullying as situations where an employee is persistently exposed to negative and aggressive behaviors at work, primarily of a psychological nature with the effect of humiliating, intimidating, frightening, or punishing the target. Bullying is associated with repetition and duration of the act. Exposure to bullying for long durations can drain the coping resources of the individual. The author's purpose of this study is to investigate the validity of the Negative Acts Questionnaire-Revised (NAQ-R). The NAQ-R is based off of a previous questionnaire, the Negative Acts Questionnaire (NAQ). The NAQ was a 23-item

questionnaire which described personal and work-related acts of bullying. Cronbach's alpha was used to show high internal consistency, and the questionnaire's validity was proved. When the survey was translated to English however, it showed some serious shortcomings, including cultural bias. The authors revised the questionnaire, developing the NAQ-R, aiming to establishing a reliable, valid, comprehensive, yet relatively short scale, tailor-made for use in a variety of occupational settings. The validity of the NAQ-R was proved by using and re-analyzing data from an existing survey of UK employees. That survey focused on the prevalence, previous circumstances and consequences of workplace bullying. The survey was presented to 12,350 employees in 70 organizations. A total of 5,288 were returned, which gave a response rate of 42.8%. The NAQ-R survey is a 22-item questionnaire measuring exposure to bullying within the last six months. The response options are, "Never", "Now and then", "Monthly", "Weekly" and "Daily". The results were analyzed using Cronbach's alpha which was 0.90, indicating excellent internal consistency. The authors also used RMSEA, CFI, and GFI to test the underlying dimensions. All of the analysis showed greater than 0.70 with no error correlations. Pearson's, and Spearman's showed positive correlations. These analyses combined proved the reliability and validity of the NAQ-R to measure the exposure of workplace bullying.

### **Strengths and Limitations of Literature**

Research has shown that lateral violence exist within organizations. It has also well documented the negative effects lateral violence has on new graduate nurses, patients, and organizations. However, there are some gaps that exist in research related to lateral violence. There has been some research on methods to eliminate lateral

violence; cognitive rehearsal has been the most discussed. However, there needs to be more research on cognitive rehearsal in a larger sample of new graduate nurses. Other methods to discourage and eliminate lateral violence should also be explored and researched. There needs to be more research done regarding Freire's oppression theory and nurses. Much of the literature suggested that nurses are an oppressed people but very little research has been done to actually test this theory. There are very few surveys that measure perceived level of oppression. Another gap in research is whether or not working conditions cause lateral violence to occur. It is well documented that nurses are working with inadequate staff and higher acuity patients but there is not enough research on whether these working conditions make for an environment conducive to lateral violence.

## **CHAPTER III**

### **Methodology**

Researchers have been trying to find solutions to workplace bullying for decades. Healthcare organizations have been implementing strategies to reduce lateral violence so that nurses will be retained and patient care will be improved. The purpose of this study was to determine if new graduate nurses continue to experience the negative acts of lateral violence. This study will bring awareness to the lateral violence that occurs in organizations and will aid in future plans and techniques to prevent lateral violence towards new graduate nurses.

### **Study Design**

This study used descriptive analysis to summarize and show the relationship between the quantitative data.

### **Setting and Sample**

The study was conducted at a 1,004 bed, non-profit, acute medical center in North Carolina. The facility is an academic medical center offering services such as level one trauma center, pediatric trauma center, comprehensive cancer center, heart and vascular center, neurology and neurosurgery, rehabilitation and psychiatric care. The facility is also home to some of the world's foremost biotechnology, materials science, and information technology research. The study's sample included nurses who had been in the profession for one year or less and worked at the acute care medical center. Exclusion criteria included any nurse who had been in the profession for more than one year.



## **Design**

Registered nurses who have been in the profession for one year or less were invited to participate in the survey via their facility email address. A link was provided which took them to Survey Monkey where they could complete the survey. The informed consent letter was presented to them upon entering the link. It included the purpose of the study, and that participation was strictly voluntary. It informed the participants that they could stop the survey at any time with no penalty. The informed consent also told the participants that the survey was confidential and only information needed to assess study outcomes would be collected. The Negative Acts Questionnaire-Revised (NAQ-R), a 23-item Likert style questionnaire was used as the study tool. The survey took 15-30 minutes to complete. Willingness to answer the survey was considered consent. The results were stored on a password protected computer which only the research team had access to, and included a principle investigator and one research assistant. The survey was anonymous with no identifying information. The survey was open for 14 days to allow as much participation as possible. Electronic communication was sent out weekly to remind participants of the survey. Flyers were sent to the nursing education department to be distributed in Journey's, the hospital's new graduate nurse program. These flyers included the purpose of the survey, that the survey was voluntary, and confidential.

## **Measurement Methods**

The tool used was the Negative Acts Questionnaire-Revised (NAQ-R) (Einarsen et al., 2009). An email was sent to Staale Einarsen, the author of the NAQ-R asking permission to use the survey. Permission was granted to use the survey tool from Oystein

Hoprekstad, research assistant to Staale Einarsen, on February 24, 2015. The NAQ-R consists of 25 questions. The first 22 questions are five point Likert style with the options of never, now and then, monthly, weekly, or daily. These questions ask the participants if they have experienced any of the behaviors that would indicate lateral violence. These behaviors include but are not limited to: withholding information, being humiliated, having gossip or rumors spread, being ignored, having threats of violence made, or being shouted at. Question 23 asks whether the participant has been bullied over the last six months. Question 24 is a select all that apply question, asking who the participant has been bullied by. Question 25 asks how many of the participant's bullies are male or female. The validity and reliability of the survey were tested and measured. The original study was analyzed using Cronbach's alpha which was 0.90, indicating excellent internal consistency. The authors of the survey also used RMSEA, CFI, and GFI to test the underlying dimensions. All of the analysis showed greater than 0.70 with no error correlations. Pearson's, and Spearman's showed positive correlations. These analyses combined proved the reliability and validity of the NAQ-R to measure the exposure of workplace bullying.

### **Data Collection Procedure**

The survey was put into Survey Monkey, an electronic survey program. The nurses who met the inclusion criteria of being in the profession for one year or less were sent an email explaining the study and a copy of the informed consent was provided through the link. The informed consent stated the purpose of the study, that participation was voluntary, and explained the confidentiality of the survey. They were asked to take the survey online through a link provided in their email. The survey was open for 14

days to allow for as much participation as possible. Once the survey closed, Survey Monkey provided a basic analysis of the data.

### **Protection of Human Subjects**

Approval for the study was obtained from the medical center Internal Review Board (IRB) as well as the university IRB. Once participants were identified, they were sent an invitation through their medical center email. The email provided a secure link to the Survey Monkey website. Once there, they were presented with an informed consent. The informed consent letter included the purpose of the study, that participation was strictly voluntary, and that the participant could stop the survey at any time with no penalty. The informed consent also told the participants that the survey was confidential and only information needed to assess study outcomes would be collected. The results of the survey are stored on a password protected computer which only the research team, which includes the principal investigator and one research assistant has access to. The survey was anonymous with no identifying information.

### **Data Analysis**

The study data was analyzed using Survey Monkey which provided a basic analysis once the survey was complete. The research assistant entered the data into Survey Monkey. The study used descriptive analysis to summarize and show the relationship between the quantitative data.

## **CHAPTER IV**

### **Results**

This research study was done to examine if new graduate nurses experience negative acts of lateral violence. The invitation to the survey was sent via email to the qualified participants. Included in the invitation was a link to Survey Monkey where participants could complete the survey. The data received was then used to answer the research question.

### **Sample Characteristics**

One hundred and sixty survey invitations were sent out electronically through the email of the research facility to nurses who have been in the profession for one year or less. Demographics were not included in the survey to maintain confidentiality.

### **Major Findings**

Thirty five surveys were completed for a response rate of 22%. There were seven questions of the first 22 questions which were answered fully. The other 15 questions had 34 answers. Question 23 was fully answered by all 35 respondents. Question 24 had six answers therefore 29 skipped this question. Question 25 had nine answers therefore 26 skipped.

Participant's responses were evaluated to determine whether new graduate nurses who have been in the profession for one year or less have experienced negative acts of lateral violence. The first 22 questions ask about specific acts of lateral violence. These were rated on a five point Likert scale with the options of never, now and then, monthly, weekly, or daily, see Figure 3 below.

	Never	Now and then	Monthly	Weekly	Daily	Total
Someone withholding information which affects your performance	82.35% 28	14.71% 5	2.94% 1	0.00% 0	0.00% 0	34
Being humiliated or ridiculed in connection with your work	73.53% 25	17.65% 6	5.88% 2	2.94% 1	0.00% 0	34
Being ordered to do work below your level of competence	67.65% 23	23.53% 8	5.88% 2	0.00% 0	2.94% 1	34
Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks	85.71% 30	11.43% 4	2.86% 1	0.00% 0	0.00% 0	35
Spreading of gossip and rumours about you	80.00% 28	14.29% 5	5.71% 2	0.00% 0	0.00% 0	35
Being ignored or excluded (being 'sent to Coventry')	65.71% 23	28.57% 10	0.00% 0	2.86% 1	2.86% 1	35
Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life	71.43% 25	17.14% 6	5.71% 2	2.86% 1	2.86% 1	35
Being shouted at or being the target of spontaneous anger (or rage)	85.29% 29	14.71% 5	0.00% 0	0.00% 0	0.00% 0	34
Intimidating behaviour such as finger-pointing, invasion of personal space, shoving, blocking/barring the way	94.29% 33	2.86% 1	0.00% 0	2.86% 1	0.00% 0	35
Hints or signals from others that you should quit your job	94.12% 32	5.88% 2	0.00% 0	0.00% 0	0.00% 0	34
Repeated reminders of your errors or mistakes	82.86% 29	8.57% 3	8.57% 3	0.00% 0	0.00% 0	35
Being ignored or facing a hostile reaction when you approach	76.47% 26	11.76% 4	5.88% 2	2.94% 1	2.94% 1	34
Persistent criticism of your work and effort	79.41% 27	14.71% 5	2.94% 1	2.94% 1	0.00% 0	34
Having your opinions and views ignored	70.59% 24	26.47% 9	0.00% 0	2.94% 1	0.00% 0	34
Practical jokes carried out by people you don't get on with	97.06% 33	0.00% 0	2.94% 1	0.00% 0	0.00% 0	34
Being given tasks with unreasonable or impossible targets or deadlines	91.18% 31	5.88% 2	0.00% 0	0.00% 0	2.94% 1	34
Having allegations made against you	80.00% 28	17.14% 6	2.86% 1	0.00% 0	0.00% 0	35
Excessive monitoring of your work	85.29% 29	8.82% 3	2.94% 1	0.00% 0	2.94% 1	34
Pressure not to claim something which by right you are entitled to (e.g. sick leave, holiday entitlement, travel expenses)	97.06% 33	2.94% 1	0.00% 0	0.00% 0	0.00% 0	34
Being the subject of excessive teasing and sarcasm	97.06% 33	2.94% 1	0.00% 0	0.00% 0	0.00% 0	34
Being exposed to an unmanageable workload	55.88% 19	23.53% 8	8.82% 3	5.88% 2	5.88% 2	34
Threats of violence or physical abuse or actual abuse	100.00% 34	0.00% 0	0.00% 0	0.00% 0	0.00% 0	34

Figure 3. Survey Results

Question 23 asked if participants had been bullied at work over the last six months. Thirty (85.71%) said no, one (2.86%) said yes, but only rarely, three (8.57%) said yes, now and then, one (2.86%) said yes, several times per week, and one said yes, almost daily. This question was fully answered. Question 24 asked participants who bullied them. Zero said my immediate supervisor, or other supervisors, four (66.67%) said colleagues, one (16.67%) said subordinates, zero said customers/patients/students, and one (16.67%) said physicians. This question was skipped by 29 participants. Participants of the survey stated of their bullies, 17 were female and two were male.

### **Summary**

The participant's responses were evaluated to determine whether new graduate nurses who have been in the profession for one year or less have experienced negative acts of lateral violence. The majority of new graduate nurses stated they have never experienced the negative acts of lateral violence. The top four acts that were experienced by new graduate nurses were being ordered to do work below you level of competence (32.35%), being ignored or excluded (34.29%), having your opinions and views ignored (29.41%), and being exposed to an unmanageable workload (44.11%).

## **CHAPTER V**

### **Discussion**

The purpose of this research study was to determine if new graduate nurses who have been in the profession for one year or less experience negative acts of lateral violence.

#### **Implication of Findings**

A sample of 35 new graduate nurses was taken from an acute medical facility in North Carolina. The Negative Acts Questionnaire-Revised (NAQ-R) was used as the assessment tool. The new graduate nurses who participated in the research study indicated that lateral violence is not as prevalent as it was only four to six years ago. According to Simons and Mawn (2010), 139 out of 184 nurses said they had been bullied at work. Christie and Jones (2014) stated that 44-85% of new graduate nurses were estimated to be victims of lateral violence. According to the participants 85.71% said they had not been bullied within the past six months.

The definition of bullying given was a situation where one or several individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons, in a situation where the target of bullying has difficulty in defending him or herself against these actions (Einarsen et al., 2009, pg. 2).

The act of bullying that had the highest percentage (44.11%) was being exposed to an unmanageable workload followed by being ignored or excluded (34.29%). The acts that had the lowest percentages were threats of violence or physical abuse or actual abuse (0%). Being the subject of excessive teasing and sarcasm, pressure not to claim

something which by right you are entitled, and practical jokes carried out by people you don't get along with all had 2.94%.

### **Application to Theoretical/Conceptual Framework**

According to Roberts et al. (2009), dominated people do not feel valued when a more powerful group is pushing their own values and attributes. The oppressed group feels inferior which leads them to lose pride and self-esteem. Fear causes the oppressed to remain silent when confronted by those in power. This fear also causes aggression and anger which is turned inward and causes lateral violence. They state that managers have been known to be oppressing since the manager is trying to align themselves with the organization but they still hold some of the values of the nurse. This research shows that none of the nurses felt they had been bullied by their manager or supervisor but 66.67% indicated that their bullies were colleagues. One participant (16.67%) stated that a physician was the perpetrator of bullying behavior. This could have some connection with the oppression theory.

### **Limitations**

The limitations of this research study included a low qualified participant size and a low response rate. The survey was sent to 160 qualified participants which is a small number when one is trying to generalize about a whole population. The response rate was only 22%. This response rate is also very restrictive when trying to generalize about a whole population. Another limitation is that there are no demographics for the participants. Demographics were not included in the survey to maintain confidentiality, but this limits what is known about the sample. The age, sex or unit the participants work on is unknown. This limits the study in that comparisons to other studies cannot be done.



In the study by Budin et al. (2013), they stated that most of the victims of verbal abuse are white females. The study by Vessey et al. (2009) stated that bullying happened most often in medical-surgical units (23%), critical care (18%), and the emergency department (12%). None of these findings can be compared since there were no demographics taken. The time frame of the study is also a limitation. The study was open for 14 days. If the study would have been left open longer more nurses could have participated. Lastly, if the survey would have been done at multiple locations it could have been more generalizable. The facility in which the survey took place has a well-established new graduate nurse program. They have taken many steps to prevent lateral violence. If this research study had been conducted at a facility whose new graduate nurse program was not as well established or whose policy on lateral violence was not as strict the results could have been much different.

### **Implications for Nursing**

The implications of this research study are that lateral violence seems to be on a decrease in this particular facility. This could partially be the case because of the new graduate nurse program. Although the majority of participants rated the acts as never happening to them, there are still acts of lateral violence happening within organizations. Organizations need to continue to monitor lateral violence so that the next study will not show an increase. The majority of perpetrators were colleagues but also reported was a subordinate and a physician. Ancillary staff need to be educated also. Bullying is not confined to just registered nurses; it can happen to anyone by anyone. Physicians need to be educated and made aware that bullying and lateral violence will not be tolerated. There needs to be firm penalties for anyone who is reported.

Some of the acts of bullying could be seen as “fun and games”, like practical jokes. There needs to be a firm line drawn by managers on what is and is not appropriate. If someone could be offended or feel threatened by a statement or joke it needs to not be said.

### **Recommendations**

There are many challenges faced by new graduate nurses coming out of school and into the nursing profession. The complex work environment and increased acuity of patients increases this stress and can cause lateral violence to occur. The stress of the nursing shortage can cause hostile behaviors and is a contributing factor to lateral violence. Experienced nurses and some new graduate nurses see some forms of lateral violence as a rite of passage. Overall, the effects of lateral violence on new graduate nurses and the organizations in which they work can be detrimental. New graduate programs could be helping to decrease lateral violence. These programs teach new graduate nurses that it is not a rite of passage and that bullying is not accepted in their organization. These programs give the new graduate tools they can use to overcome and deter bullies. Organizations need to continue to research and develop their new graduate programs. Educating and empowering nurses is one key element to putting an end to lateral violence. Nurse Managers and superiors are another key element to ending lateral violence. It is up to nurse managers to be stern on the subject. They cannot shy away when lateral violence is happening on their unit. They have to deal with it right away in order to take control and not let it go any further. Organizations need to ensure that management knows lateral violence will not be tolerated. Administration needs to continuously monitor upper management to be sure they are handling any lateral violence

issues. These things will help produce happy, healthy nurses. This will reduce sick time and turnover, which will save an organization a lot of money. The nurses will become more engaged which should decrease mistakes and increase patient satisfaction scores.

### **Conclusion**

Lateral violence has been well documented in the literature over the years. There have been suggestions on methods to decrease lateral violence. This research study showed that lateral violence has decreased for new graduate nurses in the facility in which it was conducted. There is however, lateral violence that continues to occur. This research study could lead organizations to look at their policies and practices to evaluate what can be done to further deter bullying and lateral violence so that one day healthcare workers can go to work happy and worry free.

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