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Managing people

Lateral violence: Tools managers can use to help shift the culture

An orientee comes to you in tears saying a couple of tenured nurses have snapped at her or huffed impatiently when she asked a question. Several other staff have met with you individually about conflict and hurtful comments they say are happening on one of the specialty teams.

You already have a lot on your plate. It's tempting just to hope the strife will blow over.

There are good reasons why you shouldn't, says Jodi Koch, BSN, RN, CPAN. These nurse-to-nurse attacks are examples of "lateral violence," also known as horizontal violence or bullying.

There are strategies managers can use to help reduce the tension and shift the culture, suggests Koch, who is director of perianesthesia services for Lehigh Valley Health Network, Allentown, Pennsylvania.

Reasons to stop it

There are plenty of reasons why lateral violence needs to stop. The first effect is on the team and the ability to work cohesively. There is also a direct effect on patient safety, she says. Anxiety and distress caused by bullying can be a distraction, a risk factor for errors.

An apt analogy is distracted driving, she says. A person who's angry, frustrated, and gets behind the wheel isn't likely to be paying full attention to the road.

Likewise, a nurse who has a confrontation with a coworker is unlikely to be completely focused on patient care.

Other effects linked to lateral violence are absenteeism, burnout, and resulting difficulties with recruitment and retention.

Nursing units that gain a reputation for "eating nurses alive" have difficulty hiring new staff. And the staff on those units are more likely to suffer burnout and leave, creating a vicious cycle that raises costs and undermines patient care.

Protecting new nurses

Orienting and precepting new nurses are a lot of work not only for the manager but also for the staff, Koch acknowledges, particularly when everyone is being asked to do more.

She suggests reframing the effort to orient new nurses as an investment in the future. "It's an opportunity to help prepare someone to be an active member of the team and to contribute to the future of nursing."

She says it's also important to educate new graduate nurses about lateral violence and give them the tools to manage it.

Strategies for managers

Part of a manager's role is engaging the staff, Koch notes. That includes setting the tone for healthy interactions and teaching the staff tools for heading off lateral violence.

The best formula for bringing about change, she advises: Be consistent in address-

ing lateral violence. Let the staff know what to expect. And expect zero tolerance.

Create a culture of respect

Nursing leaders create a healthy climate for interactions through their own actions. "The culture has to be driven by nursing leaders," she says. "We have to be the role models."

Don't be afraid to talk about it

Many staff refer to lateral violence as the elephant in the room—"it's there, but we're not supposed to talk about it," Koch notes.

Managers can bring the issue out into the open where it can be discussed and addressed.

"As managers, it's OK to acknowledge there may be a problem in our area," she says.

If you sense something is wrong but can't put your finger on it, she suggests a frank open conversation with the staff. The manager might say: "I'm getting the sense there is some kind of tension. I can't help you manage it if I don't know about it."

Once one person opens up, she finds, others usually follow.

To take the pulse of the unit, Koch regularly asks at staff meetings, "How are things going? How is the teamwork? How's the communication?"

She watches for signals, particularly from more reticent staff, indicating there may be issues to follow up on.

Define the culture

Let the team itself decide what it expects of its members and coworkers, Koch suggests. The staff is in the best position to set expectations for interactions because they are on the front lines with each other every day.

A place to start is with the organization's code of behavior.

Lehigh Valley's code is based on the acronym PRIDE:

- Privacy
- Respect
- Involvement
- Dignity
- Empathy.

Employees are held accountable for the code as part of their performance appraisals.

Educate on lateral violence

Education needs to be ongoing, Koch advises.

First, make sure you've educated yourself and other managers.

Koch says she's been surprised that some nurse managers aren't familiar with the term "lateral violence." But as soon as they hear the behaviors described, they get it.

She suggests offering a presentation on lateral violence and repeating it at least annually as a refresher.

"The more we educate, the more we increase awareness. We have to understand lateral violence to be able to change it."

Coach the staff

Two skills Koch finds are especially helpful to teach the staff are:

- interrupting the violence

Top 10 forms of lateral violence in nursing

1. Nonverbal innuendo
2. Verbal affront
3. Undermining activities
4. Withholding information
5. Sabotage
6. Infighting
7. Scapegoating
8. Backstabbing
9. Failure to respect privacy
10. Broken confidences.

Source: Griffin M. J Contin Educ Nurs. 2004;35(6):259-260. Reprinted with permission from Slack Inc.

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Q&A: Managing lateral violence

Responses to common questions from Jodi Koch, BSN, RN, CPAN, director of perianesthesia services, Lehigh Valley Health Network, Allentown, Pennsylvania.

Q. What can you do about lateral violence that is under the radar? You hear it's a problem, but you don't witness it.

JK: Typically, these behaviors take place nurse-to-nurse when no one is around (like a manager) to hold them accountable.

That's why it's so important to educate the staff on the front lines to call out the behavior and to promote the type of behavior they expect.

That's by far the number 1 way to address the problem.

Q. How do you handle an employee who denies doing anything wrong, even when the staff continues to come to you about the behavior?

JK: First, I document every conversation I have with a staff member, including if I can, quotes describing the behavior.

Then I have this conversation with the initiator of the behavior: "If I have one employee who comes to me to report a behavior, it is hard to differentiate one employee's word from another's (unless it's obvious). "However, when 4 or 5 employees come to me about the same coworker, and the behaviors they describe independently of one another are similar, there is credibility."

I then describe the behavior that has been reported, saying, "I'm not sure what's going on, but this is how your coworkers describe you. These are from several of your coworkers, so there is a problem."

I add that I will be making my own observations and will meet with them regularly to discuss their progress.

If the employee who reports is confident enough, I will have that person sit with me and the initiator to describe the behavior. That can be powerful. But it doesn't necessarily work well for the employee who is undermining and engages in retribution.

• cognitive rehearsal.

Interrupt the violence. The most effective way of dealing with inappropriate behavior, she says, is "to call it out as close as possible to when it happens and interrupt it.

This real-time interruption is so much more effective than the nurse going to the manager."

For example, when listening to gossip, a nurse could say: "Time-out. I don't feel comfortable talking about someone when they're not here."

If an incident happens during patient care, a nurse can say, "Time-out. We need to focus on the patient. We need to talk about this later."

Cognitive rehearsal. In this technique, a person who receives inappropriate behavior, stops, stays calm, and avoids processing the event as a personal affront. The person then responds calmly in a way that helps neutralize the situation.

Martha Griffin, PhD, RN, tested cognitive rehearsal as a strategy for new nurses in her well-known 2004 study of lateral violence. In the study, she gave the nurses cue cards they could use to practice responses to common types of lateral violence and tested their experiences in using them.

For example, when a nurse hears someone betray a confidence, the nurse could say: "Wasn't that said in confidence?" Or "He/she asked me to keep that confidential."

Illustrating the approach

Koch illustrates the approach with an anecdote from her own days as a staff nurse. One day, working in a charge role, she had to give an assignment to a tenured nurse who had a pattern of undermining and backstabbing. The manager hadn't addressed the problem—even though the staff kept a calendar and circled the days

this nurse had acted inappropriately.

After Koch gave the assignment, as she walked away, she heard the nurse mutter about her under her breath.

This time, Koch didn't let the incident pass. Having anticipated such a response, she had thought about it and rehearsed in advance what she would say.

"I made sure I was calm—that's key. Then I walked up to her and said, 'I'm sorry. I didn't hear what you said.'"

The nurse responded, "I didn't say anything to you."

Koch then said: "No, you actually did say something, and it was directed toward me. But I didn't hear what you said."

The nurse stood her ground and said, "I wasn't saying anything about you. I was just talking to myself."

Koch responded. "OK. I just want you to know that if you ever have anything to talk to me about, we can talk face-to-face." She then walked away.

A colleague who'd observed the exchange told Koch: "I can't believe you said that to her." Koch confessed she couldn't believe she had actually done it either.

"But I knew that at that moment, something changed for me. Why? Because I had practiced."

And she knew that the reason the nurse acted as she did was because others had let her.

Support the staff

Often, the number 1 reason the staff doesn't report lateral violence is fear of retribution by the initiator, Koch observes.

She stresses privacy and confidentiality both in talking to staff members who come to her and in addressing the situation with a person who may be initiating lateral violence.

In counseling an initiator, "I tell them our conversation is private and confidential. They may not discuss it on the unit or anywhere else with other staff or employees."

That prevents the initiator from going around the unit and fishing for who might have reported the behavior.

Be consistent

Being consistent in addressing lateral violence takes energy and diligence, Koch advises. She encourages managers not to let bad behavior slip by even though they have a lot of competing priorities.

"The staff need to know that we take it seriously and are going to investigate promptly and follow up."

Look at it as investment, she advises. "Ultimately, the culture will begin to shift. It will become clear what the expectations are, and that will feed change. The team will grow as you lead them. It will get to the point where it becomes like maintenance." ❖

Jodi Koch presented an OR Manager webinar, Zero Tolerance for Lateral Violence. The recording is available for purchase at www.ormanager.com.

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