

“Acting Out!” at Work

Lateral Horizontal Violence

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Disclosure Statement

- Financial Arrangements
 - I am currently on the speakers bureau and receive financial reimbursement from
 - Abbott Nutrition
 - Prolacta Bioscience
- Images & Photographs come from publicly accessed sources
- I will make no “off-label” recommendation of a drug during this presentation
- I am a really fun person

Acting Out At Work

- What is your *emotional wake* –
 - Our emotional wake determines the story that is told about each of us in our organization
 - *What is felt and remembered?*
 - *What do I want them to remember when I am gone?*

Lateral or Horizontal Violence

- Members of an oppressed group direct their dissatisfaction toward each other and those who are less powerful
- Results in inter-group conflict and nurse-on-nurse aggression (“bullying”)
- Recognized as a professional practice problem in health care for the last 20 years

Origin of Lateral Violence

- Outgrowth of oppressed-group behavior
- A powerful or prestigious group controls & exploits a less powerful group
 - “Pink-collar ghetto” of nursing
- Can stem from inter-generational issues
- Heightened by gender & role differences
- Perpetuated by lack of mentorship

Lateral Violence

- Top Expressions of Lateral Violence
 - Complaints shared with others without first discussion with you
 - Gossip, false information shared with others
 - Sarcastic comments

Critical Care Nurse, 28(2): April 2008

Lateral Violence

- Top Expressions of Lateral Violence
 - Conversations stop when you enter/arrive a room
 - Disinterest, discouragement and withholding support
 - Elitist attitudes regarding work quality, education and experience
 - Ignoring or discounting your input, ideas

Critical Care Nurse, 28(2): April 2008

Lateral or Horizontal Violence

- It does not include physical violence- but there are abusers and victims
 - Non-verbal innuendos
 - Verbal affronts
 - Undermining activities
 - Sabotage
 - Back-stabbing
 - Scape-goating
 - Gossip
- The effects can be devastating

Non-Verbal Innuendos

- Lack of openness in discussions
 - A colleague raises her eyebrows or makes a face at another nurse's actions or statements
 - ***“I can't interpret your facial expression, what do you want to say...”***
 - ***“I'd prefer you speak directly to me...”***
 - ***“There seems to be something you want to add to the conversation...”***

Verbal Affronts

- Covert or overt, snide remarks
 - Abrupt responses
 - Yelling and cursing
 - Name calling
 - ***“Stop it”***
 - ***“Take it out of the unit...”***
 - ***“We don’t act that way here...”***
 - ***“That is completely inappropriate and you need to stop.”***
 - ***Code pink responses***

Undermining Activities

- Undermining Activities
 - Turning away, not being available during a discussion, or encounter
 - Withholding information
 - Failure to acknowledge
 - Negativity
 - ***“That is completely inappropriate and you need to stop.”***
 - ***“It must be difficult to feel so out of control...”***
 - ***“Have you told so-and-so directly how you feel...”***
 - ***“I cannot assist you unless you communicate with me directly...”***

Sabotage

- Deliberately setting up a negative situation on the unit
 - Undermining the implementation of a policy or procedure or unit philosophy
 - ***“I find your behavior is creating an unsafe work environment and it must stop...”***
 - ***“I could not continue to work here if I felt as strongly as you seem to about...”***
 - ***“Your behavior (or comment) is adding stress to an already stressful situation...”***

Back-Stabbing

- Complaining to others about a co-worker
 - Not speaking directly to someone about an issue or situation
 - Undermining trust or confidence in another nurse or shift
 - Tri-angling behaviors
 - ***“I don’t need to know...”***
 - ***“That’s not my experience...”***
 - ***“I reject that statement...”***
 - ***“Isn’t it wonderful that it is none of your business...”***

Scape-Goating

- Attributing ALL that goes wrong to one individual
 - “Playing” one group or person against another
 - ***“I have never had that experience with her...”***
 - ***“It must be difficult to feel so out of control...”***
 - ***“How can I help you to speak directly to her about your concerns...”***
 - ***“That is a rather naive view of a complex situation...”***
 - ***“I reject your comment...”***

Gossip

- Broken confidences
- Tri-angling behaviors
- Undermining trust or confidence in another nurse or shift
 - ***“I don’t want or need to know...”***
 - ***“That is not my experience...”***
 - ***“I don’t believe that...”***
 - ***“It sounds like you need to have a conversation with...”***
 - ***“Isn’t it wonderful that it is none of your business...”***

What's the Cost?

- Experienced Nurses
 - One in three nurses leave a position because of lateral violence
- New-to-Practice Nurses
 - 60% leave their first professional position within six months
 - 20% leave the profession forever
 - *Because of lateral or horizontal violence!*

McMillan & Griffin

What's the Cost?

- ~\$92,000 to recruit, hire, and orient one medical/surgical nurse
- ~\$145,000 to replace a specialty nurse
- Perpetuation of nursing shortage
- Revolving door orientation
- Morale issues
- Image issues
- Safety issues

Pendry, PS (2007). Nurse Econ
25(4):217-221

What's the Cost?

“The potential for catastrophic outcome is a hallmark of complex systems.”

Richard Cook

Can We Talk?

- Organizations that perform successfully under very challenging conditions, with very low levels of failure, are termed high-reliability organizations (HROs).

Gaba, 2001

Can We Talk?

- Such organizations are presumed to depend largely on shared values and norms of behavior articulated by senior management and translated with high uniformity into effective work practices at the front line.

JCAHO Sentinel Alert

- Unexpected occurrence that involves death or serious injury to patients
- Published in JCAHO newsletter, website, materials
- Requires immediate investigation, response from health care systems
- Becomes a topic of investigation during site visits in your institution

JCAHO Sentinel Alert

- Why Do “Bad Things” Happen?
 - A different kind of question
 - More than blaming, taking names
 - A longer perspective on an incident
 - Requires deeper, systemic thinking

Sentinel Event Alert # 30

- Published July 21, 2004
 - 71 cases of perinatal death or permanent disability in a newborn
 - Injury defined as
 - “ Any perinatal death or major permanent loss of function unrelated to a congenital condition in an infant having a birth weight greater than 2,500 grams”

Sentinel Event Alert # 30

- Maternal Characteristics
 - Mothers ranged in age from 13-41 years
 - Over ½ of the mothers were primiparas
 - Average gestational age was 39 weeks

Sentinel Event Alert # 30

- Maternal Risk Factors
 - Lack of PNC (4%)
 - Maternal age (13%)
 - Previous C/S (11%)
 - Diabetes (4%)
 - Substance abuse (4%)
 - Placental abruption (8%)
 - Ruptured uterus (8%)
 - Breech presentation (6%)

Sentinel Event Alert # 30

- Delivery Risk Factors
 - Emergency C/S (49%)
 - Delayed C/S decisions (4%)
 - SVD (46%)
 - Vacuum extraction (21%)
 - Mid forceps delivery (13%)
 - Failure to do indicated C/S (11%)
 - VBAC (8%)

Sentinel Event Alert # 30

- Root Causes Identified
 - Staff competency (47%)
 - Orientation and training process (40%)
 - Inadequate fetal monitoring (34%)
 - Unavailable monitoring equipment and/or drugs (30%)
 - Credentialing/privileging/supervision issues (30%)
 - Staffing issues (25%)
 - Physician unavailable or delayed (19%)
 - Unavailability of perinatal information (11%)

Sentinel Event Alert # 30

- Root Causes Identified
 - Communication issues (72%)
 - Organizational culture (55%)
 - Hierarchy
 - Intimidation
 - Failure to function as a team
 - Failure to follow the chain-of-command

Sentinel Event Alert # 30

- Was the “problem” in the
 - System
 - People
 - Disease-related or specific
 - An event
 - Process
 - Communication

How to Stop It?

- Increase awareness of the problem
 - Enforce a zero tolerance position
 - Hold perpetrators accountable for their behavior
 - Event processing
 - Provide a standard, assertive communication process
 - Establish a conflict resolution process

McKenna, BG, et al (2003)

Journal of Advanced Nursing

How to Stop It?

- Model professional-practice behavior
 - Promote mentorship
 - Extend orientation
 - Long-term preceptorship role model
 - Scenario planning
 - Simulation drills

What's the Cost?

“We are what we repeatedly do. Excellence, then, is not an act, but a *habit*.”

Aristotle

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Objectives

- Define the term “lateral violence”.
- List two examples of lateral violence.
- Describe the effect of lateral violence on entry level nurses.
- Discuss the importance of communication, hierarchy and teamwork in assuring patient safety.