I was recently in a setting with some of my nurse colleagues when one of them began to display bullying behavior to another. It immediately brought back memories of my first job in the emergency department when I also was the recipient of nurse-to-nurse lateral violence. Carol, one of the experienced nurses in the department, continuously ridiculed me, made me feel like I was not adequate as a nurse and even went so far as to have me reported to the Board of Nursing. Many of you reading these words will have suffered some degree of lateral violence. The exact prevalence of this behavior is unknown, partly because it is often unreported or may not even be recognized by some recipients. In Bloom’s literature search however, she found between 65% and 80% of nurses reported experiencing lateral violence when surveyed.¹

Would you recognize lateral violence if you saw it? It can be as subtle as eye rolling or making faces when a peer asks a question. It can take on a more demonstrable role when one nurse refuses to provide assistance to another, assigns an unrealistic workload, or withholds information in order to set up another for failure. Or as in my case, it can be overt name-calling and ridicule.

I find it very ironic that the profession of nursing, with its foundations being built on caring, has a higher degree of lateral violence than other professions. How is it that nurses can show exceptional compassion to patients and families, yet cannot demonstrate that same compassion to their own peers?

The incidence of lateral violence in nursing compared to our physician colleagues became more abundantly clear to me when I worked as a trauma coordinator. One of my roles was to facilitate chart review sessions with the trauma surgeons. The surgeons would gather together in a closed-door meeting and review trauma cases that had less than desirable outcomes. There was often heated debate amongst the physicians in that room and they would take each other to task about deficiencies in care. But whenever we were outside of the room, I would rarely ever hear one physician speak negatively about a peer. In public, they showed support to one another.

Contrast that to nurses, who will frequently speak ill in public about each other. Whether it is painting the nurse manager or director in a bad light, bashing nurses that work on other units or shifts, or berating nursing peers that work alongside one another.

I started this article by mentioning a situation I was recently in where a nurse publicly bullied another nurse. Fortunately, several of us present recognized the behavior and not only brought the conversation to a close but went on to discuss, as a group behind closed doors, how uncomfortable the behavior made us feel. We stood up to the bully and let this person know this was unacceptable.

Sadly, this does not happen frequently enough. How many times in our careers have we witnessed acts of lateral violence between nurses? It may make us feel uncomfortable, we may feel compelled to support the victim of abuse privately at a later time, but we silently allow the behavior to continue.

I remember hearing a story once about an unruly physician who would bully nurses in the operating room, throwing instruments and calling nurses names. Although the nurses reported the behavior to administration, it

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continued. So, the nurses developed a code word and whenever the surgeon would demonstrate acts of lateral violence, the code word would spread through the unit. All available nurses would simply report to the room and stand silently staring at the offending surgeon. His behavior slowly changed over time.

Lateral violence is cyclical. Nurses who experience it are more likely to exhibit it later in their career. It is up to us as professionals to break this cycle. We must be willing to step forward and intervene when we witness one nurse speaking poorly about another nurse. We need to be willing to have those crucial private conversations confronting bullies and letting them know that their lack of compassion is unacceptable. We are a profession of caring, both to those we serve and to one another.

REFERENCE
1. Bloom E. Horizontal Violence Among Nurses: Experiences, Responses and Job Performance, Rhode Island: University of Rhode Island; 2014.