

Lateral Bullying in Health Care

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Within the healthcare community, it is crucial for there to be a cohesive, collaborative, and professional work environment for effective teamwork and healthcare delivery to the public. This paper will choose to focus on the issue of lateral bullying in the health care setting from a nursing community perspective. Lateral bullying has been recognized as part of a larger workplace violence trend affecting modern American society. This paper will highlight the characteristics of lateral bullying, the risk factors that drive it, its negative outcomes, and the role of government bodies and examine potential solutions.

Characterizing Lateral Bullying

There has been a perception amongst the mainstream socio-cultural discourse, most likely propagated through media and entertainment, that the health care profession employs a harmonious workforce given the nobility of caring and healing others. So far from this, however, research over the years has shown that, in fact, workplace violence in health care settings can be several times greater than in other private or public sector industries (Bambi et al., 2018).

Lateral bullying, or horizontal bullying as it is sometimes referred to, can be defined as any form of hostile or aggressive behavior, non-physical in nature, between colleagues in the workplace. Survey analyses have shown that individual incidences of this form of bullying may seem inconsequential, but the net effect of such unchecked behaviors can create a workplace environment that can become toxic, impacting morale and stifling the normal operations of a health care provider. Examples of lateral bullying include gossip, sabotage, being hypercritical, handing out unfair assignments, intimidation, and criticizing without offering solutions.

Risk Factors

It can be difficult to clearly identify the individuals who may be prone to engage in behaviors of bullying in any workforce; however, some signals can provide insight to employers who may be concerned. Often, any individual who presents themselves in a manner that reflects narcissism or a sense of superiority over members of their colleagues may be prone to bullying behavior. Also, there can be reports of lateral bullying more often perpetrated by those in more powerful positions, for example, more seasoned nurses or nurse managers. The acts of bullying in such cases are often directed at newly hired employees or with lower levels of self-efficacy.

Within the healthcare setting, and more specifically amongst the nursing community, there may not be a single predictor of incidence of workplace bullying. Still, researchers have suggested already entrenched power hierarchies in the healthcare community as a major risk factor (Bambi et al., 2018). Furthermore, this traditional healthcare hierarchy has placed physicians at an elevated social position, despite numerous efforts to highlight the equally scientific and professional contribution the nursing profession makes to empirical research. Such power dynamics can have complex outcomes but can create feelings of powerlessness, underappreciation, and frustration, which can drive bullying behavior.

Other factors that have been highlighted as potential risks for lateral bullying include the levels of stress inherent in the health care community, the ethical relativism in health care, and socio-economic factors. With regards to stress, the combination of high levels of stress and a work environment that demands a high standard of care, nurses may be prone to expressing lateral violence and interpersonal conflict. Furthermore, since lateral bullying has been reported for several decades now, a culture has developed that from the inside seems normal and, therefore, can be difficult to address if the participants tasked with assessing and enforcing certain workplace standards are willing in the creation of that environment. Finally, factors such

as poor self-care and work-life balance, homelessness, or poor social and life skills can be risks for health care leaders to appropriately identify to prevent any bullying behavior as a result (Armstrong, 2018).

Outcomes of Lateral Bullying

There can be several negative implications for the workforce and health care providers from unchecked lateral violence that include psychological, structural, and physical aspects. In terms of the physical effects, sustained levels of lateral bullying can create contexts where members of a health care team become disillusioned with their responsibilities and begin to increasingly report being absent from work or long sick leaves. This has obvious consequences on health care providers that can already be short-staffed, but for the victim, from reduced pay and financial stability.

Nurses are tasked with an important function in health care settings, to wholly care for the needs of patients, including their physical and mental well-being. Therefore, nurses who are themselves subject to mental exhaustion or distress from bullying behavior cannot fully function in their capacity. Furthermore, research has shown that nursing schools are increasingly unable to adequately provide the training needed to carry out the job (Bambi et al., 2018). As a result, mentorship and guidance are key aspects of health care teamwork, and forms of lateral bullying can severely compromise these relationships. Reports of post-traumatic stress disorder (PTSD) symptoms can also become common, including the development of substance abuse patterns, anxiety, and insomnia.

As already highlighted, nursing practitioners are tasked with a standard of care that can be demanding, and any disruptions in staffing can have consequences for the health care providers' and patients' quality of care. Nurses subjected to bullying behavior may become

detached from their responsibilities and not be able to perform at their fullest, impacting the quality of care that patients receive. Furthermore, bullying behaviors can erode trust between health care team members, curtailing their ability to deliver a standard practice and an increased risk of medical error and malpractice. This can detrimentally affect the ability of a health care provider to maintain a cost-effective service since a high turnover rate due to a toxic work environment can cost anywhere between \$38,000 to \$60,000 to rehire and train a new nurse and significantly more for more seasoned nurses. Overall, lateral violence has been estimated to cost upwards of \$4 billion every year from time lost, high turnover, and low productivity (van Rooyen et al., 2018).

Reporting Procedures

Research has examined the cultural environments of toxic workplaces to extrapolate strategies that can provide a clearer picture of the prevalence of lateral bullying in the health care system (Bambi et al., 2017). Although larger, more progressive institutions may have organizational structures in place for reporting bullying behavior, it is widely recognized that more effective strategies are often easier to theoretically map out but practically difficult to implement without concerted effort.

Effective reporting of lateral bullying entails the health care provider establishing a zero-tolerance policy for any hostility or aggressiveness. Furthermore, the work environment must be one of safety, respect, and professionalism, emanating from the highest levels of management downwards, to encourage levels of trust between lower-ranked employees to their superiors. In such a workplace setting, it can be easier for a nurse practitioner to immediately report the abusive behavior of a colleague so that the appropriate intervention can be taken. Staff must be fully briefed on their rights as employees, signs of bullying behavior, and steps to take to report

such behavior through the appropriate channels. In return, a workplace culture must be free of retaliation to such reports, ideally provided under an anonymous model.

Strategies for Prevention

Over the years, as recognition of the increasingly detrimental impact that workplace violence has on physicians, nurses, health care organizations, patients, and the community at large, solutions to address the issue have been explored in various contexts. A contemporary model approaches the issue from a systems perspective, recognizing the multidisciplinary changes needed from the federal government to state and local governments, to health care providers, and finally to individuals as part of health care teams. Only with such a bird's eye perspective will it be possible to fully eliminate the pervasive culture of lateral bullying in the health care setting (LoBiondo-Wood & Haber, 2021).

The federal government's role in preventing workplace bullying involves addressing this issue across the country through a whole-of-government effort. Therefore, the various agencies of the federal government's labor and human health services departments must be tasked with collecting comprehensive data to commission studies that can examine evidence-based legislative solutions. In addition, such actions can result in regulatory and legislative direction for state and local governments to issue best practice guidelines for organizations and employers in their respective contexts.

At the organizational level, healthcare providers can utilize several methods to promote healthier work environments. Beginning with a zero-tolerance policy, it is incumbent upon the leaders in any health care setting to set the right example. This example can provide tangible assurances to health care workers and nurses that a professional, ethical work environment is to be expected and that bullying behaviors are unacceptable.

Health care providers must also be updated on the latest best-practice methods of carrying out the appropriate workplace assessments to ascertain individuals, micro-environments, and workplace cultures that drive lateral bullying behavior. Such assessments can be conducted using the tools developed from social science research into the factors that govern professional workplace hierarchies. Some of these tools involve empirically-based instruments that can combine static factors such as age with more dynamic factors such as unemployment history or substance abuse patterns to provide a probability score of whether workplace violence is likely to occur. Such evidence-based practices can be key for health care providers to ensure healthy work environments by predicting negative behavior and assessing the root causes of lateral bullying (Armstrong, 2018).

A key aspect of preventing lateral bullying in the health care setting is education on conflict management. It can often be the case that nurse practitioners and other health care team members are simply unaware or insufficiently equipped with the necessary skills to deal with situations that have the potential for conflict. Workshops and seminars are key platforms for delivering the necessary education on the tools available for handling conflict-prone colleagues. In addition, such workshops can be designed to educate the workforce on deploying and interpreting the results of assessment tools such as The Dynamic Appraisal of Situational Aggression (DASA) that have been developed by researchers (Armstrong, 2018).

By utilizing evidence-based tools for behavioral and situational assessment, combined with a comprehensive education program, health care providers can create a system of trust and professionalism amongst the organization's staff. Furthermore, research has shown that health care workers and nurse practitioners appreciate the efforts placed in adequately training and education on handling workplace bullying, especially when it involves the use of quick, easy-to-

use, evidence-based tools such as DASA (Armstrong, 2018). Such an approach engenders feelings of empowerment amongst the nursing staff to be able to confront any lateral bullying that may develop because of the various pressures of the job or from other external risk factors, such as family or personal relationship distress.

Research and institutional organizations in health care have pointed to a multi-faceted, more holistic approach to dealing with lateral bullying and the corrosive culture it has fostered in health care (Bambi et al., 2017). Including the use of evidence-based tools provides tangible assessments of the workplace and creates an environment of accountability that can be significant as well. Furthermore, health care providers can offer periods of reflection where staff is encouraged to share their own assessments and transparently discuss their peers' concerns regarding their behaviors. It can be beneficial for the health care system in the United States if more employers take the proactive approach of recognizing potentially risky behaviors of individuals, ensuring a properly trained staff has the reporting and accountability available to address lateral bullying before it can become unsustainable.

Future Research Avenues

From an albeit limited literature review, it is still possible to identify areas of focus for researchers looking to examine lateral bullying, its causes, outcomes, and prevention methods. One such area to explore is the validity and reliability of the tools used for assessing workplace behavior and situations such as DASA so that their generalizability can be improved. Also, it is crucial for future research efforts to continue to identify the characteristics of individuals that are the strongest predictors of lateral bullying behaviors. These efforts will contribute significantly to the ongoing efforts to address the issue.

For health care providers, future research must examine the longitudinal sustainability of interventions that are designed to eliminate lateral bullying. Furthermore, longitudinal studies on the impacts of education programs and training in various settings and life periods, for example, comparisons of bullying education in undergraduate curricula versus later in adulthood. These studies are necessary for a clearer picture of whether such education is effective in creating the personal characteristics able to participate more cohesively in the workplace.

Conclusion

A healthy work environment entails civility amongst the various stakeholders, and in health care is important to ensure the best practice of medicine is at the public's disposal; left unchecked, lateral bullying can create work environments that result in detrimental outcomes for the entire health care system, both financial and social. Appropriate evidence-based tools and education on navigating workplace environments are key to helping prevent bullying behavior. Health care providers must also lead by example, provide safe work environments for reporting abuses, and ensure action is taken when warranted. Combined with greater research efforts to better understand the workplace culture, it can be possible to halt the increasingly worrying trend of lateral bullying in the health care community.

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