

Healthy Workplaces for Nurses: A Review of Lateral Violence and Evidence-Based Interventions

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Most nurses in the United States have experienced workplace bullying, also referred to as lateral violence. Workplace bullying is serious within professional nursing practice. These behaviors are often associated with detrimental consequences for nurses, their patients, and the greater health care organization. We performed a literature review to summarize recent studies on this pervasive yet persistent problem as well as evidence-based solutions. In environments where managers, supervisors, and administrators are unable or unwilling to address lateral violence, a common pattern is that offenders continue to target new employees and cause turmoil for workers and patients in healthcare settings. This work environment also causes harm and endangers patients. Although workplace bullying cannot be fixed with just one solution, there are different initiatives healthcare settings and educational institutions can implement to help prevent and eliminate workplace bullying, such as improving leadership training and interprofessional communication. Once these initiatives are put into practice, healthcare practices can start saving money, increasing employee satisfaction, retaining workers, and providing better healthcare services for their patients.

Keywords: workplace bullying, lateral violence, nursing, healthy workplaces

INTRODUCTION

Almost half of nurses in the United States have experienced lateral violence (LV) (RN Network, 2017) also known as workplace bullying, “a process in which the victim is subjected to a series of systematic stigmatizing attacks from a fellow worker or workers which encroach on his or her civil rights” (Quine, 2001). Nurses experiencing lateral violence often report diverse psychological responses including irritability, anxiety, depression, loss of confidence, diminished self-esteem, and increased substance abuse (Vessey & Williams, 2020). Nurses may also experience psychosomatic and physical symptoms that include fatigue, sleep disturbances, headaches, gastrointestinal upsets, hypertension, higher body mass index, and increased rates of chronic illness (Vessey & Williams, 2020). This additional stress is enough to impose severe psychological and emotional trauma on nurses, patients, and doctors involved. These consequences are harmful as lateral violence not only impairs the ability of nurses to preserve their well-being, but also to perform professional responsibilities, which should be concerns of significant interest to healthcare organizations that wish to cultivate diverse and thriving workforces. In this article, strategies to identify and address workplace bullying are described.

OVERVIEW OF LATERAL VIOLENCE

Lateral violence is “disruptive, disparaging, or uncivil behavior inflicted by one peer on another,” and it can be both physical and emotional in nature (Dimarino, 2011). This behavior can include eye rolling, aggressive comments, and other rude gestures. Workplace incivility can happen for several reasons, but it is many times delivered because of anger or rage towards oppressed groups, leading to jealousy and gossip. Other ways lateral violence can surface is through sabotaging one’s work or withholding important information from a select individual or group of people (Cochran, 2017). Workplace bullying is not uncommon, either. Specifically, in healthcare, Dr. Cheryl Dellasega (PhD, NP) and Dr. Rebecca L. Volpe (PhD) reported that over 90% of nurses have experienced peer verbal abuse, and less than a third of these cases were reported to a manager (Dellasega & Volpe, 2013). Workplace bullying is an important topic to tackle, especially since as reported by the Occupational Safety and Health Administration (OSHA), healthcare workers experience the highest rates among all other professions (OSHA, 2015).

Sometimes, bullies target individuals who threaten them, which helps them feel more secure. Other reasons a bully may target others is the Darwinian principle of survival of the fittest, which is “the natural process by which organisms best adjusted to their environment are most successful in surviving and reproducing” (Merriam-Webster, 2021). In nursing, this could be seen as a bully being more aggressive to increase their opportunity relative to the victim (Koh & Wong, 2017). It is also common for bullies to have connections higher up in the company, which allows them to slip under the radar and escape accountability for their actions. These connections can also turn a blind eye if the bully provides certain benefits to the company, including providing external funding and securing patients (Needham, 2003).

According to Needham, many targets are also known for valuing respect, which can cause even more damage to a victim. In this situation, a target might try to find “good” in their bully’s behavior, in the end causing themselves more harm (Dellasega & Volpe, 2013). Secondly, many victims who have been bullied across their lifetime begin to expect this treatment, which starts to normalize the situation and side effects associated with toxic work environments (Cilliers, 2012). Lastly, some bullies might attack others for their difference in age, culture, or gender identity. Aside from physical appearances, a bully might find a target’s differences in body language, communication, and expectations better than their own, causing them to act negatively towards the target (Dellasega & Volpe, 2013).

DIFFERENT TYPES OF LATERAL VIOLENCE

Among the multiple types of workplace incivility, horizontal bullying is the most common according to the American Nursing Association (ANA). In healthcare, this means lateral violence between nurses who are in similar positions of power (ANA, 2015). This imbalance of power can appear in many ways, and it

does not always mean that an older nurse is bullying a younger nurse. For example, younger nurses may bully older nurses because of their lack of advancement in technology and doing things in an “old school” way. Additionally, older nurses may bully younger nurses because of their lack of experience with medicine and patient care.

A problem that virtually all careers face is the difference in the mindsets of multiple generations (Stevanin et al., 2018). Some general trends observed include that Baby Boomers (1945-1964) are known for sticking intensively with one job, picking up as many hours as possible, and not retiring until later in life, while Generation X (1965-1980) is known to bounce between jobs. Both Baby Boomers and Generation X individuals are known to value family life, and they can bring this with them when collaborating in teams. Generation Y (1981-2000) is known for their involvement with job stress, morale, and satisfaction. They like to pay attention to the psychosocial aspects of the workplace (Stevanin, 2018). Generation Z (1995-2012) is starting to enter the workforce, and this generation is much different from its predecessors. Most importantly, Generation Z has been around technology and the internet for their whole life. Because of this, many Generation Z students are individualistic and may have underdeveloped social skills, leading to higher rates of anxiety and depression among other generations. Their use of social media and technology can cause them to seek out feedback in the workplace, and their use of technology is why many other generations view them as being lazy. Generation Z is also known to leave their jobs quicker if they are not completely satisfied, leading to a high turnover rate in the nursing field. This can cost healthcare organizations more money to hire new nurses (Chicca & Shellenbarger, 2019). Although the diverse perspectives of several generations can be very useful for collaboratively helping patients, they can also create large differences of opinion and approach between employees, potentially leading to lateral incivility.

It is important to note that age is not the only factor that may affect whether lateral violence is more likely to occur. Vertical bullying is another form of lateral violence in which someone of a higher rank bullies someone in a lower position, or vice versa. Although it is not as common as horizontal bullying, it can still have detrimental effects on one’s health and career. Vertical incivility is especially difficult because it can often be hard to reach out to a supervisor when the individual is the bully.

In healthcare settings, power differentials often exist within organizational hierarchies and can descend down, for instance, from a chief nursing officer down to nurse managers and further to unlicensed assistive personnel. One example of the manifestation of these power differences in lateral violence is when a higher nurse, doctor, or manager refuses to answer a nurse’s or patient’s questions regarding their condition and medications. They might also manipulate their staff and patients into having exams and procedures without adequate justification. Some bullies who are managers might also be dismissive towards nurses, have inadequate open communication, and poor working relationships with their coworkers (Griffin, 2004). Having the manager in charge be the bully can also exacerbate the problems in multiple units of healthcare, exponentially increasing the stress experienced by both nurses and patients in hostile workplace environments.

LATERAL VIOLENCE AND NEW NURSES

Nurses obtaining their undergraduate and graduate degrees are required to participate in clinical education programs, where they experience the healthcare environment and assist working nurses. It is here where they learn clinical knowledge, as well as experience what their career will look like in the future. Unfortunately, lots of lateral violence is directed at nurses completing their clinical rotations (Freeling & Parker, 2015). This violence might be due to their experience level, hazing-like behaviors, and comfort level with new healthcare technologies.

According to Freeling and Parker, some of the main reasons that aspiring nurses are bullied in the clinical setting are because they may not be as experienced in nursing skills, decision making, time management, patient assessment, and overall communication with both staff and patients. Freeling and Parker also point out that some nurses are very knowledgeable coming out of college, but they might not be confident in their clinical decisions. This can lead them to becoming potential targets for lateral violence in healthcare (Freeling & Parker, 2015).

Lateral violence against clinical nursing students can be looked at from Freire's Pedagogy of the Oppressed model, where the oppressed group starts to believe that they are inferior to the group who is oppressing them. Some nurses may believe that they are lower on the hierarchy scale in healthcare environments, having power below charge nurses and physicians. Because of this, oppressing groups under them, like undergraduate students in the clinical setting, may give RN's a way to feel superior. To articulate this, Judith Meissner (MSN), a nursing educator, coined the phrase "nurses eat their young" (Meissner, 1986). This hazing-like behavior can be seen in continuously giving new nurses some of the less favorable tasks, including taking care of urine and stool, cleaning meal trays, or managing many difficult patients at once.

This violence does not end once a nurse obtains their degree. Similar to nurses, student nurses' exposure to lateral violence leads to harmful consequences, such as fear, anxiety, anger and insecurity. These negative experiences may shape their perceptions and attitudes about the profession of nursing, and it may make students feel unsafe working in certain clinical settings. Students reported negative consequences that may affect the standard of care provided to their patients and could hinder their ability to continue their nursing education (Tee et al., 2016). These experiences tie into the high turnover rate for new nurses in their first position, which soars as high as 61% (NSI Nursing Solutions, 2019). Furthermore, it costs a hospital over \$80,000 to train and hire each nurse, creating a financial burden for hospitals hiring new nurses (Shaffer & Curtin, 2020).

According to Dellasega and Volpe, one of the biggest reasons for incivility between nurses is the perceived difference in experience. For example, a young nurse right out of school might not be listened to as equally as a middle-aged nurse. This is usually due to the Freire's oppressed model, but it could also be because a new nurse just out of college will likely know the newest technology, which will have to be learned by the more experienced nurses. Older nurses who are not as comfortable with technology might be afraid for their job security, causing them to act in a hostile way towards newer nurses (Dellasega & Volpe, 2013).

Although national and international organizations condemn lateral violence and support implementing training programs to mitigate this phenomenon (ANA, 2015; OSHA, 2015), lateral violence is still seen in the healthcare field. Nursing curricula have added competencies for nursing students and implementation of training programs to de-escalate agitated patients and manage lateral violence (ANA, 2015). Despite the recommendations to increase training to prevent and manage lateral violence, many nursing curricula have still failed to include these training (Edward et al., 2016). Implementing these training recommendations in all nursing programs could help decrease workplace bullying through both immediate effects in the workforce, as well as feed-forward impacts once these new nurses become managers.

HOW WORKERS ARE AFFECTED

According to Nielson et al., bullying behavior in any setting is associated with the development of psychological disorders. This is because the target may lose positive assumptions of themselves, which can create anxiety and cause mental health problems (Nielsen et al., 2012). It is here where an individual can lose sight of the meaning, purpose, and structure of their daily life, leading to psychological vulnerability (Edmondson et al., 2011). These psychological problems might include stress, alcoholism, depression, anxiety, anger, job dissatisfaction, and family problems (Colduvell, 2017).

According to Janoff-Bulman's Theory of Cognitive Trauma, this psychological vulnerability from damaging someone's views about the world around them can also lead to physiological vulnerability (Edmondson et al., 2011). These physical symptoms could include cardiovascular disease, cancer, and even accidents for employees who are affected (Colduvell, 2017). In addition to these issues, innocent employees can be left with a large stack of medical bills and a lack of paycheck if they can no longer continue with their jobs. Furthermore, it has been noticed that people who leave their jobs end up with a job with less financial compensation (Namie & Namie, 2009), creating a further financial burden from workplace bullying that they experienced in a prior position.

Another common side-effect of bullying is sleeping problems. In a study done by the Norwegian National Institute of Occupational Health, participants used a four-item Jenkins sleep questionnaire to record if they had trouble falling asleep, woke up throughout the night, woke up too early, or woke up feeling drained. Researchers concluded that participants who responded “yes” to these questions at least 15 days per month were having sleeping problems. It is important to recognize sleeping problems because of lateral violence, since it can also lead to further psychological and physical problems (Lallukka et al., 2010).

HOW PATIENTS ARE AFFECTED

Workplace incivility not only creates a toxic environment for the employees affected, but it also isolates workers, induces fear, and stops communication in healthcare. According to a survey by Dr. Alan H. Rosenstein (MD) in *The Joint Commission Journal on Quality and Patient Safety*, at least 77% of unhealthy workplace behaviors at hospitals lead to medical errors, with 30% of these errors leading to patient death. Researchers also found that patients in an unhealthy workplace environment have 14% more complications post-surgery (Rosenstein et al., 2008), increasing a patient’s time spent in hospitals. According to the National Academies of Science and Medicine, these medical errors kill between 44,000 and 98,000 patients every year (NAS, 1999). The mistakes also have great financial burdens, with medication errors alone costing more than \$7,000 annually (NAS, 1999).

How nurses react to vertical bullying and incivility can also affect patients. A study by the Institute for Safe Medicine Practices found that 40% of nurses do not voice their concerns about a patient’s medications because of a doctor who acts as a bully (Rigby, 2002). This prevents the nurse from doing their job well while also causing harm to patients.

An unhealthy workplace can induce an environment with limited leadership and teamwork. This can create an especially toxic environment for patient safety. Senior leadership is an integral part of patient safety because of the organization of systematic improvements and group organization formed by leaders. The teamwork aspect of a healthcare organization also promotes patient safety because people from multiple disciplines are working together to reach a common outcome. Lastly, communication is important for teams to share their own experiences and opinions and promote patient safety (Sammer et al., 2010). The presence of lateral violence in the nursing environment can lead to a lack of leadership, teamwork, and communication, in turn decreasing patient safety in a healthcare environment.

INTERDISCIPLINARY TEAMS IN NURSING AND HEALTHCARE ENVIRONMENTS

Nursing and other professions that participate in interdisciplinary health teams have the essential responsibility to foster and maintain work and living environments that will keep organizations and communities healthy and safe. Professional education plays a significant role in socializing students into values of their own profession as well as the expectation of interprofessional care (Lane et al., 2020). The American Association of Colleges of Nursing (AACN) released a report in 2008 regarding bachelor-degree nursing programs, which hopes to prioritize interprofessional communication and collaborative skills in patient care, prepare students to negotiate, help future nurses produce positive conflict resolution, and emphasize teambuilding and collaborative strategies within inter- and intraprofessional teams (AACN, 2008).

The role of academic, professional, accreditation and practice associations and agencies are paramount in the development, dissemination and enforcement of rules, policies, and standards to guide ethical and effective professional behaviors. For example, the American Nurses Association (ANA) Code of Ethics for Nurses established the key principles to create and sustain an environment and culture of civility and wellbeing that enables effective health practices (ANA, 2015). The ANA has also issued an announcement to promote the reporting of incidents of workplace violence and support the enforcement of the aforementioned position statement that explains the scope, barriers and process to reporting, and series of examples and recommendations to enforce anti bullying practices (ANA, 2019). Similar initiatives have been taken by The American Academy of Nursing (AAN) that have issued a policy priority statement for

2021-2022 that highlight the commitment to advance policy solutions that will allow the optimizing work environments so healthcare systems can take care of their workforce and the communities they serve (AAN, 2021).

An important part of the nursing profession is devoted to taking care of children in schools, where bullying has also become a salient issue. School nurses are equally exposed to bullying, but they are experienced in a more fragile environment. Their professional behavior as role models for other professionals, staff, and students in their daily workplace makes following ethical practices and developing a healthy workplace of prime importance (NASN, 2016). To address bullying experienced by school nurses, the National Association of School Nurses (NASN) has developed a Scope and Standards Practice and Ethical Guidelines grounded in the core values of NASN (2016) and the ANA Code of Ethics and under the Framework for 21st Century School Nursing Practice (National Association of School Nurses, 2020).

WHAT EDUCATORS CAN DO TO PROTECT THEIR STUDENTS FROM WORKPLACE INCIVILITY

One way that academic, healthcare organizations, and accreditation and professional associations play a key role in developing interdisciplinary health teams is by providing healthcare workers with tools to succeed in the workplace. This could include social-emotional learning (SEL), the boosting of emotional intelligence, and even participating in bullying simulations.

A growing strategy in many nursing schools has been cognitive rehearsal, also known as SEL. This teaches students to control impulse responses in situations where they might be bullied in the workplace. Overall, this helps the student to not internalize the bullying and harsh language that they may receive while making an appropriate response to the bully. In an educational setting, this is taught by role-playing situations that may arise in the nursing environment, including the withholding of information, sabotaging of work, and undermining of activities. In both the clinical and educational settings, students found these scenarios helpful when having to approach lateral violence (Griffin, 2004).

SEL can also increase one's emotional intelligence, which is the ability for an individual to be aware of and be able to control their emotions while managing interpersonal relationships. Since emotions can either help or inhibit learning and attention, they are important in the educational and attentional environment of a healthcare environment. Additionally, a recent study by Năstasă and Fărcaș showed a potential link between emotional intelligence and burnout, which is a problem in healthcare, specifically nursing (Năstasă & Fărcaș, 2015). High emotional intelligence has also been shown to help nurses interact with patients on a more personal level, which makes emotional intelligence an extremely sought-after quality in the medical field (Dellasega & Volpe, 2013). This value in emotional intelligence can lead to lateral violence because a bully might feel inferior to someone with a high emotional intelligence, and it could cause them to act hostile towards others with good social networking qualities.

Dr. Michelle Aebersold (PhD, RN) and Dr. Rhonda Schoville (PhD, MSBA, RN) from the University of Michigan School of Nursing conducted a study where senior nursing students participated in a bullying simulation. Prior to the portrayal, students were asked to complete a quiz assessing their knowledge of workplace bullying. Each of the 20 students were given a note card describing their role. Afterwards, there was an hour-long debriefing session discussing the scenario and the pre-assessment. The study showed four themes of how lateral violence presents itself in the workplace, including a chaotic environment, conflict, and distractions. They also found that productive learning themes from the study were team strength, reporting bullying, and knowing when to ask for help. Lastly, the team found that after the simulation, students were better able to identify bullying behaviors in the nursing environment. This could make the students more likely to notice bullying behavior in the future, overall benefitting their future career as a nurse. Overall, the students in the study found that it was helpful to experience a situation with lateral violence before they entered the workforce. Students noted that because of the bullying simulation, they could better identify bullying behaviors, as well as see what could happen if these behaviors were not reported (Aebersold & Schoville, 2020).

Faculty in nursing schools also need to make sure that they do not promote bullying of any kind in the classroom. This can include creating rules of conduct and enforcing the zero-tolerance policy of the institution. Educators should also address unwanted behaviors in students, including tardiness, making uncivil comments, and being disrespectful. Also, faculty should act professionally, similar to the clinical setting of healthcare. Their power of authority should not undermine student success, but rather set a good example for their students. Lastly, faculty need to incorporate teamwork into their projects since the field of health care is all about teamwork and leadership. It is important to introduce these skills and behaviors before the clinical setting to reduce workplace incivility and increase productivity (Sanner-Stiehr & Ward-Smith, 2017).

Additionally, healthcare educators can enforce the four core competencies listed by the Interprofessional Education Collaborative (IPEC), which include working with individuals of multiple professions to promote shared values, using knowledge to address health care needs and advance human health, communicating across disciplines, and valuing patient-centered care. These competencies help promote an effective health team, decrease workplace incivility, and increase quality of care for patients. Additionally, learning alongside the IPEC competencies can help healthcare workers once they experience the interdisciplinary environment of a hospital. Learning to work with other disciplines increases one's professionalism and integrity, allowing for more opportunity in increasing patient care and nurse wellbeing (IPEC, 2016).

Another skill that nursing educators can promote is mindfulness, which is the act of living in the moment and paying attention to one's surroundings. A recent study by Sampson et al. investigated the usefulness of mindfulness and meditation through the MINDBODYSTRONG program, which uses eight weekly cognitive behavioral therapy (CBT) sessions to increase healthy lifestyle behaviors and help workers manage stress and anxiety. The researchers found that the positive effects from CBT lasted for six months and included decreased anxiety and increased job satisfaction (Sampson et al., 2020). Nursing educators can incorporate mindfulness tools like the MINDBODYSTRONG program and CBT into their classes to help students manage stressful situations, in turn helping future nurses deal with the stressful healthcare environment. Additionally, mindfulness can help individuals respond to bullying situations consciously rather than automatically, helping individuals to not internalize bullying behaviors towards them (Botha, 2015).

While mindfulness has been shown to benefit those in the workplace, there has been less positive feedback regarding meditation. Dr. Carlo Caponecchia (PhD) and his team in Australia studied which intervention techniques were most helpful to employees experiencing violence at work using a two-round Delphi process. They found that individuals most valued eleven courses of intervention when addressing lateral violence, including investigation, bullying awareness training, skills training and development, and organizational design. The biggest takeaway from this study was that mediation is not a helpful tactic to be used in addressing workplace violence. Participants in the survey noted that workplace bullying is often too big of an issue to be resolved with mediation. It is important to note that this finding goes against many organizational norms, and it is something that needs to be researched further prior to removing mediation from workplace incivility programs (Caponecchia et al., 2020).

WHAT MANAGERS AND ORGANIZATIONS CAN DO TO PROTECT THEIR WORKERS FROM WORKPLACE INCIVILITY

Policies

Nurse leaders are responsible for enforcing policies created to address disruptive behavior. Workplaces can address this by training their nurses on recognizing and dealing with toxic work behaviors (Rutherford et al., 2019). Previous research indicates that a healthy and collaborative work environment fosters nurse engagement and patient safety (Anthony & Brett, 2020). Nurses need a nurse leader that advocates for their team, role models positive communications and provides a safe environment.

Aside from their own performance and interactions with employees, managers and human resource departments need to adhere to a zero-tolerance policy for workplace bullying (Dellasega & Volpe, 2013).

They can also educate their workers about workplace bullying and the resources that are available to employees who are affected by bullying (Rigby, 2002). We must remember that creating a policy does not lead to change. Rather, collaboration between nurse leaders and administrators is essential to reducing obstacles to timely handling of lateral violence incidents. Nurse leaders who are engaged in these behaviors and practice strong decision making are essential to improving the culture of safety and seek resolution to these toxic disruptive behaviors.

Accreditation Programs

The American Nurses Credentialing Center (ANCC) developed the Magnet program to highlight hospitals with exceptional leadership within the nursing community. Hospitals participating in and qualifying for this program have been shown to decrease incivility in the workplace and increase patient-perceived quality of care, in addition to lower patient mortality and infection rates. Although the Magnet application is currently \$6,000, this fee has been shown to pay off over time and increase patient health. Additionally, Magnet hospitals have been shown to decrease burnout by improving the work environment, including adequate staffing and leadership (ANCC, 2017), which can both increase patient care and decrease workplace bullying.

Understaffing of Employees

One of the biggest reasons for a hostile environment in nursing is the understaffing of employees, causing additional stress from working multiple double shifts in a short period of time. This can cause burnout in nurses (Dellasega & Volpe, 2013) and affects both employee morality and patient mortality. In a study by Dr. Kareen Velez (MD), a staff exit interview found that there was a 67% turnover rate among nursing staff, which included registered nurses, nursing assistants, and nurse practitioners. It was noted that these healthcare professionals suffered mental distress and burnout due to concerns about patient care, which lead to medical errors and putting patients at risk (Velez, 2020). Therefore, it is important for managers and charge nurses to make sure that their unit is completely staffed for every shift to increase productivity and decrease finances lost from high turnover rates. Adequate staffing can also decrease anxiety for nurses and increase patient safety.

Transitioning of New Graduate Nurses

From an educational standpoint, Cochran (MSN) found that there are lower dropout rates for nurses who complete Nurse Residency Programs (NRPs), which are one-year residency programs that slowly integrate a nurse into the healthcare environment. They have been shown to be successful because of the support system given to new nurses in a stressful healthcare environment, decreasing anxiety and increasing a nurse's self-confidence. The mentorship of NRPs can also help form physician-nurse relationships, resolve conflicts, and build one's management skills (Cochran, 2017). The Institute of Medicine (IOM) found that the attrition decreased from 36.8% to 6.4% in hospitals with NRPs, with labor costs decreasing by almost 350%. Individuals graduating from NRPs showed increased critical-thinking capabilities, which directly benefits work interactions and increases patient safety (Trepanier et al., 2012).

Another way to help the transition of new graduate nurses into the clinical setting is to follow the Theory of Transitions, where individuals go through the process of "doing, being, and knowing" (Thomas, 2009). Each phase takes around 3-4 months to complete, and the entire program encourages steady growth to discourage the anxiety faced during the first year of nursing. The "doing" phase includes adjusting the healthcare work environment and performing tasks. "Being" is the transition into questioning the process of the healthcare system. Lastly, "knowing" is when one explores and critiques their interests in the nursing environment and puts their own ideas into practice. Going through the Theory of Transitions not only can decrease the new nurse turnover rate, but it can also increase patient safety and nurse morality long-term (Botha et al., 2015).

Dr. Patricia Benner (PhD, MSN) proposed a similar theory to the Theory of Transitions called Novice to Expert, which emphasizes the growth in knowledge and skills within nursing. The theory includes five stages. The first, Novice, showcases a nurse early on in their career. They are limited in their nursing

abilities and predicting patient outcomes. The second, Advanced Beginner, includes new graduate nurses who have more experience but lack in-depth knowledge. Next comes Competent, where nurses have the knowledge but may lack the speed and flexibility of more proficient nurses. Fourth is Proficient, where nurses begin to look at a patient as a whole. This is learned from patient experiences and other healthcare events. Finally is the Expert Stage, where nurses no longer rely on rules to perform to the best of their ability. These nurses use their intuition to provide patient care and use analytical tools only when necessary. Most importantly, the theory emphasizes the growth that nurses acquire over their years of abstract experience to provide the best patient care (Benner, 1984).

Teamwork and Behavior

One of the most important aspects of a healthy workplace is psychological safety. According to Edmondson and Lei, this means feeling comfortable enough within a team to take interpersonal risks and adjust to change in the group setting. This may include contributing to group projects, being an active listener in team meetings, and leading the group, thereby impacting both the team and the organization. In the clinical setting, low levels of psychological safety can inhibit healthcare professionals from working collaboratively on a team setting, decrease patient care, and create a toxic work environment. Therefore, from an organization perspective, it is important to foster collaborative teamwork by addressing an individual's concerns and enforcing a work environment with a strong culture (Edmondson & Lei, 2014).

Furthermore, managers higher up in healthcare need to make sure that they reward their workers for good behavior, which can help minimize negative and unwanted behavior. According to Zenger and Folkman, people need six positive feedback messages to compensate for one negative message and still work at a high performance. Although criticism and negative feedback are important in changing behavior, grabbing one's attention, and combating groupthink, it is important that positive and negative feedback be balanced in the workplace to decrease burnout, increase performance, and overcome serious weaknesses (Zenger & Folkman, 2013).

NURSING AND THE COVID-19 PANDEMIC

The effects of understaffing in medicine have been seen firsthand due to the COVID-19 pandemic, where healthcare workers are exhausted from pushing the limits of patient-to-nurse staffing standards. A study by Lasater et al. researched the patient-nurse ratio during the first wave of COVID-19 in the United States sent surveys to all licensed nurses in New York and Illinois. The survey collected information about patient-to-nurse staffing, a subjective quality care rating, and job satisfaction, which was derived from the Maslach Burnout Inventory 9-item emotional exhaustion scale. Their results found that over half of the nurses in New York and Illinois experienced a high burnout rate, also finding the average patient-to-nurse ratio went from 3.3 to 9.7 on adult medical-surgical units. Additionally, a quarter of the surveyed nurses noted that they planned to leave their job within a year. However, nurses were not the only ones feeling the stress of the intense work environment. After reviewing patient satisfaction surveys through hospital data sources, Lasater et al. found that one-third of patients rated their time at the hospital as poor and "would not definitely recommend it to others" (Lasater et al., 2021). It is important to note that nurses were already experiencing burnout prior to the COVID-19 pandemic, so the increase in patient count had an even higher cost to burnout and healthcare professional mental health. This anxiety and burnout could have been lessened with an increase in legislature around their own patient-to-nurse staffing standards, as California is currently the only state to have this limit in legislation (Lasater et al., 2021). However, it is important that there is no "magic number" for nursing staffing, especially in settings such as the emergency department or intensive care unit. Nevertheless, change must be made to address burnout in nursing in order to decrease nurse burnout and improve patient outcomes.

While the nursing profession has changed drastically in the aftermath of a global pandemic, it is important to note how COVID-19 impacted nursing academic education. These disruptive curricular changes brought about by the pandemic in pre-registration nursing education have been especially challenging to our new graduates. Years into the pandemic, challenges remain with a reduction in clinical

placement availability, resulting in a higher utilization of virtual simulation and telehealth to bridge gaps. Virtual remote simulation is widely used to meet course objectives and advance development of clinical judgment. New nurses are entering practice with varied clinical experience, and many will have less clinical education than graduates before them.

However, many new nurses have work experience as clinical nursing assistants or in other supportive roles during the pandemic response. As graduate nurses enter into the workforce, it will be important for healthcare organizations, professional development specialists, educators, and preceptors to be mindful of the disruption to their clinical education. Graduating students' transitioning to practice is impacted by this reality and our work to secure a well-prepared workforce is a priority for faculty and for our clinical partners. Transitioning new nurses into practice during the COVID-19 pandemic will require new thinking and new strategies, as well academic and community partners collaboration.

Another challenge that continues to arise in the aftermath of the pandemic is lack of qualified preceptors in organizations to transition new graduates. The evidence supports that structured preceptor programs have been shown to decrease turnover rates among new staff and improve new graduate nurse retention, but recruiting and retaining effective preceptors can still be a challenge for organizations. Experienced clinical staff in health care organizations were deployed to provide leadership, support and care in new units, participate in training/upskilling in other areas, or left clinical practice completely. These disruptions to the healthcare team have resulted in the need to provide additional training and support to preceptors to onboard new staff.

Compounding these disruptions, clinical educators were deeply involved in supporting the movement of nurses within organizations as many nurses and staff began working on unfamiliar areas which required new clinical knowledge and skills. Structuring orientations, training, additional preceptor classes became increasingly challenging for professional development specialists and clinical educators.

Disruptive impacts on nursing education cannot be ignored and our clinical partners need to rapidly transform their transition plans for new graduates to accommodate the needs of our recent graduate nurses. New partnership strategies could best support the onboarding of new nurses during the COVID-19 pandemic. Academic nurse educators need to reestablish collaboration efforts with our community of clinical nurse leaders and consider innovative strategies to transition novice nurses to professional clinical practice safely and share lessons learned. The aftermath of the pandemic has provided a silver lining that we need to "re-imagine and redesign" nursing clinical curriculum to be more community and global focused to better align with the 2021 revision of the AACN Nursing Essentials.

The pandemic has strained healthcare organizations and nursing academic education in numerous ways and it is evident that nursing needs to redesign this framework on both sides. Academic service partnerships can improve patient outcomes through improved evidence-based patient care, and strengthening these partnerships could leverage scarce resources for all. Community partners may consider what is working within the organization's processes for onboarding new nurses, and what additional support and resources may be needed for the success of transitioning new nurses.

WHAT YOU CAN DO TO PROTECT YOURSELF FROM WORKPLACE INCIVILITY

According to the American Nurses Association's incivility statement, healthcare providers are required to harvest an environment with a zero-tolerance policy, where one's work is free of bullying. This includes having a respectful workplace, where the health and safety of everyone is taken care of and accounted for (ANA, 2015). While this policy does not completely solve workplace bullying issues, it still provides a good foundation for healthcare organizations.

The most important first step is the recognition of bullying in the workplace. Some targets have the inability to see wrongdoing in the bully, and many may try to build a healthy relationship with their oppressors. Some targets then believe that their dispute with the bully is their fault, so victims do not speak up for themselves and bring the problem to higher management (Dellasega & Volpe, 2013). If you believe that you might be a target of lateral violence, it is important to seek help from others immediately before

the problem gets out of hand. Additionally, you may want to document all accounts of workplace bullying, as this will help when speaking with human resources and addressing the situation.

Many employers set up employee hotlines that allow for the anonymous reporting of problems in the workplace. This creates an environment where the zero-tolerance policy can be enforced (Gooch, 2018) and reduces the stigma around workplace bullying. It can also be important to have senior mentors in other departments whom you trust, especially if you need to navigate in an environment where your own manager is a bully. Mentors can be nurses and other healthcare professionals who can help you determine what steps to take and be an advocate if your manager is a bully.

Lastly, remember that you have a voice, and that your opinion matters. Stand up for yourself and your coworkers, even if it may not be the easiest thing to do. Just as nurses must advocate for their patients, they must also advocate for themselves.

Although one cannot solve lateral violence with just a few tips, these ideas will help nurses and other healthcare workers create a safer and healthier work environment for all employees and patients.

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