Question of the Week #13
Communication/Professional Accountability

You are a perioperative staff nurse in the operating room of a busy, fast paced level 1 trauma center. Frequently you are one of several nurses asked to precept new or newly hired nurses to the unit. Typically staff on orientation are assigned to a preceptor team rather than to an individual. Daily assignments are based on needed skill sets and orientees frequently spend the day with someone other than the lead preceptor.

“Suzette” is a newly hired nurse wishing to return to the operating room after being away from the OR for 10 years. Her OR experience is from another country. She speaks English as a second language. She has been working in another facility in your city in a critical care unit, but her passion is the operating room. She can scrub and first assist, but will need additional training for circulating. She is enrolled in the AORN Periop 101 course. Due to her previous experience it is expected she will require less training.

You discover she requires more training than previously planned. She has more of a language barrier than expected and the staff is demonstrating little or no patience with her progress. They refuse to let her do simple things such as prepping or placing Foley catheters. The scrub persons feel they need to remind her of sterile technique. They raise their voices when asking for supplies as though she is hard of hearing. She sits alone at lunch, and is excluded from conversations in the break room. Although assignments are made by the team charge person, staff change their assignments or hers so that they can avoid being in a room with her. This behavior is becoming the norm rather than the exception. You see she is miserable and anxious.

How can you help Suzette integrate with the staff? How can you help her to progress in her orientation and become a valued member of the team? How is the work environment contributing to this situation, and what can be done to correct it?

Question of the Week #13 Response

Known as “horizontal” or “lateral” violence, there is an increased incidence of this devastating interpersonal behavior being demonstrated in our operating rooms and elsewhere in nursing. Newly hired and new nurses often find themselves the victims of some form of lateral violence. This type of destructive behavior is a result of the culture in the workplace. More experienced nurses have dealt with this behavior in their past and it often becomes the unit norm. It is an insidious problem in the nursing culture. Leadership needs to learn to recognize and address the problem.

This is an uncomfortable scenario and some aspect of this can be found in most operating rooms today. Development of a mentor program might be appropriate to assist this nurse in assimilating into the culture of the unit. She might benefit from a one-on-one preceptorship that would allow her to learn the culture of the unit as well as the duties and responsibilities of the job from a more nurturing perspective.
Zero tolerance policies and practices need to be developed and enforced to break this cycle of abusive behavior. If not addressed, the result can be devastating to staffing, affecting retention and recruitment, teamwork and ultimately patient safety.

Key Words

Signs/ Symptoms of lateral violence
- Active/passive aggression toward individual(s)
- Anger
- Bullying
- Bickering
- Broken confidences
- Blaming
- Criticizing unfairly
- Exclusion
- Ignoring
- Infighting
- Interpersonal abuse
- Harassing behaviors
- Non-verbal behaviors
- Physical abuse/violence
- Powerlessness
- Reprisals, the fear of reporting
- Sabotaging
- Scapegoating
- Snide comments/responses
- Talking behind a colleague’s back
- Targeting
- Undermining
- Withholding information
- Verbal abuse/violence
- Verbal remarks
(Kirchner, 2009; Rowell)

Causes of lateral violence (perpetuation of the problem)
- Anger at hierarchy, other aggressors, shortages
- Status quo-comfort zone with the way things have always been done
- Nursing shortage (can be a cause and an effect)
- Misplaced sense of duty
- Abrupt responses
- Alienation
- Attitudes
- Confrontation
- Control
- Cliques within groups that exclude some from membership
- Cycle of perpetuation
• Generational differences
• Hierarchy between administration, physicians, experienced nurses, young or new nurses, newly hired nurses.
• Low self-esteem
• Oppressed group behavior
• Patriarchal system
• Victim
• Vulnerability
(Kirchner, 2009; Longo, 2007)

Key concepts for creating a positive work environment.
• Competency and Orientation
• Collaboration
• Education on the subject of lateral violence
• Enthusiasm
• Mentorship
• Empowerment
• Expectations clearly defined
• Inclusive work environment
• Optimum care delivery
• Patient safety
• Plan of action
• Positive unit morale building
• Professionalism
• Recruitment and retention
• Respect
• Teamwork
• Unit norms development
• Work environment initiatives
• Zero-tolerance policy
(Leiper, 2005; Rowell)

Resources for creating a healthy work environment
• AORN  www.aorn.org
• Healthy work environment initiatives
  www.nhchc.org/Clinicians/ResourceGuideforStaffRetreats.pdf -
  www.hweteamtool.org/
  www.aacn.org/WD/HWE/Content/hwehome.content
• The Joint Commission  Standard LD .03.01.01  www.jointcomission.org/
• National labor relations act
  http://www.xmarks.com/site/www.nlrb.gov/about_us/overview/national_labor_relations_act.aspx
• OSHA  www.osha.gov/

Resources and references

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