



LATERAL HOSTILITY BETWEEN CRITICAL CARE NURSES A SURVEY REPORT

A year ago, my editorial¹ addressed the issue of lateral (ie, horizontal) hostility within nursing, defined as various “unkind, discourteous, antagonistic interactions” between nurses who work at comparable organizational levels and commonly characterized as divisive backbiting and infighting. As noted in that editorial, although a recent report from the American Association of Critical-Care Nurses (AACN) revealed that 66% or more of interactions between critical care nurses are described as respectful and supportive, the other 33% were depicted as only fair or poor.² Because the AACN article neither detailed nor summarized the nature or extent of those problematic interactions, my April 2007 editorial afforded some background information on this issue and offered readers an opportunity to describe their personal experiences with lateral hostility in an online survey posted to the CCN Web site. The purpose of the survey was to identify the nature and extent of the problem of lateral hostility among critical care nurses. In this editorial, I report a summary of those survey results.

The results reveal areas of considerable concern as well as at least one glimmer of encouragement.

Survey on Lateral Hostility

The survey, presented in Figure 1, consisted of 3 items that related to the following aspects of lateral hostility:

1. The forms of lateral hostility critical care nurses experience
2. The form of lateral hostility that would most negatively affect a critical care nurse’s decision to continue practicing nursing
3. Additional comments

Survey Response Window and Respondents

Readers could participate in the online survey from the time of the publication of the editorial in April 2007 until September 15, 2007. During this period, 96 readers provided input for the survey.

Nature and Extent of Lateral Hostility Experienced by Critical Care Nurses

The data related to survey item 1 (Figure 1) provide answers to a number of relevant questions:

- Which expression of lateral hostility is most frequently experienced by critical care nurses?
- What are the 5 most common forms of lateral hostility experienced by critical care nurses?
- What is the relative incidence of various forms of lateral hostility experienced by critical care nurses?
- What other expressions of lateral hostility (beyond the 23 listed in item 1) do critical care nurses experience?

Most Common Form of Lateral Hostility

The single most common form of lateral hostility experienced by critical care nurses was identified by 64 of the 96 respondents (67%) as follows:

- Complaints shared with others without first discussion with you

5 Most Frequently Experienced Forms of Lateral Hostility

The top 5 expressions of lateral hostility reported by critical care nurses are summarized

CCN Survey on Lateral Hostility
Critical Care Nurse Survey on Lateral Hostility

1. Which of the following forms of lateral hostility have you experienced within the past 12 months? (Please check all that apply.)

Complaints shared with others without first discussion with you

Confidential information shared

Conversations stop when you enter/arrive

Disinterest, discouragement and withholding support

Elitist attitudes regarding work quality, education, experience, and the like

Frequent/chronic criticism, belittling, fault-finding

Gossip, false information shared with others

Humiliation, embarrassment

Ignoring or discounting your input, ideas

Ignoring, isolating, segregating, silent treatment

Important messages/information withheld or delayed

Inequitable work/patient assignments

Intimidation, threats

Not acknowledged/credited for work

Put-downs: belittling, condescending, patronizing behaviors

Reneging on previous commitment

Reprimanded in front of others

Restricted ability to express opinions or ideas

Sabotage, undermining

Sarcastic comments

Social and/or professional isolation, exclusion from activities or conversations

Unwarranted criticism, scapegoating

Work judged in an unjust or offending manner

Other:

2. Of all the forms of lateral hostility (see question 1) that you have experienced in the last 12 months, which would most adversely influence your decision to continue practicing nursing until retirement?

3. Other comments you wish to add:

Figure 1 Critical care nurse survey on lateral hostility.

in Table 1. Many of these manifestations employ despicable communication techniques subtly yet effectively to subjugate, distance, isolate, and disrespect other nurses.

Relative Incidence of Various Forms of Lateral Hostility

All of the 23 forms of lateral hostility included in item 1 of the survey were reported by survey respondents. The experience of these factors reported by critical care nurses ranged from a low of 18% for the least often experienced factor (Reneging on previous commitment) to a high of 67% for the most frequently reported factor (Complaints shared with others without first discussion with you). Figure 2 displays the full spectrum of forms of lateral hostility reported by critical care nurses in relative order of frequency.

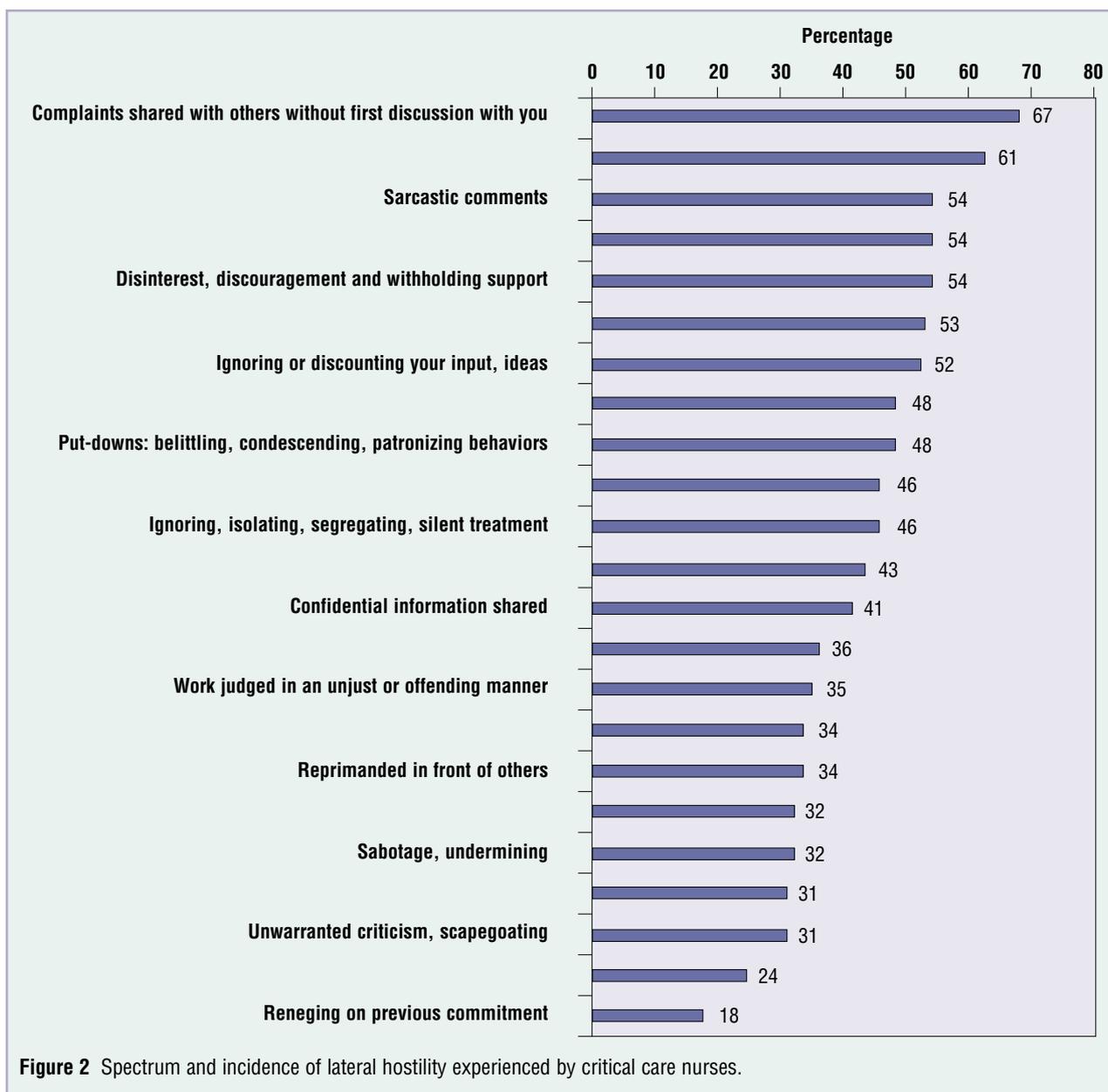
Other Expressions of Lateral Hostility

At the end of item 1, respondents could add any other types of hostility they had experienced that were not included among the 23 listed. These additions included the following:

- Lying for personal advancement
- Bullying during report
- Bullying in response to changed assignment, refusing patient assignments
- Passive-aggressive and retaliatory behaviors
- Demotion, suspension, termination
- Physical aggression
- Theft
- Enabling of coworker substance abuse (covering up the behavior of impaired nurses or looking the other way)

Table 1 Top 5 expressions of lateral hostility experienced by critical care nurses

Form of lateral hostility	No.	%
Complaints shared with others without first discussion with you	64	67
Gossip, false information shared with others	58	61
Sarcastic comments	51	54
Conversations stop when you enter/arrive		
Disinterest, discouragement and withholding support	50	53
Elitist attitudes regarding work quality, education, experience, etc.		
Ignoring or discounting your input, ideas	49	52

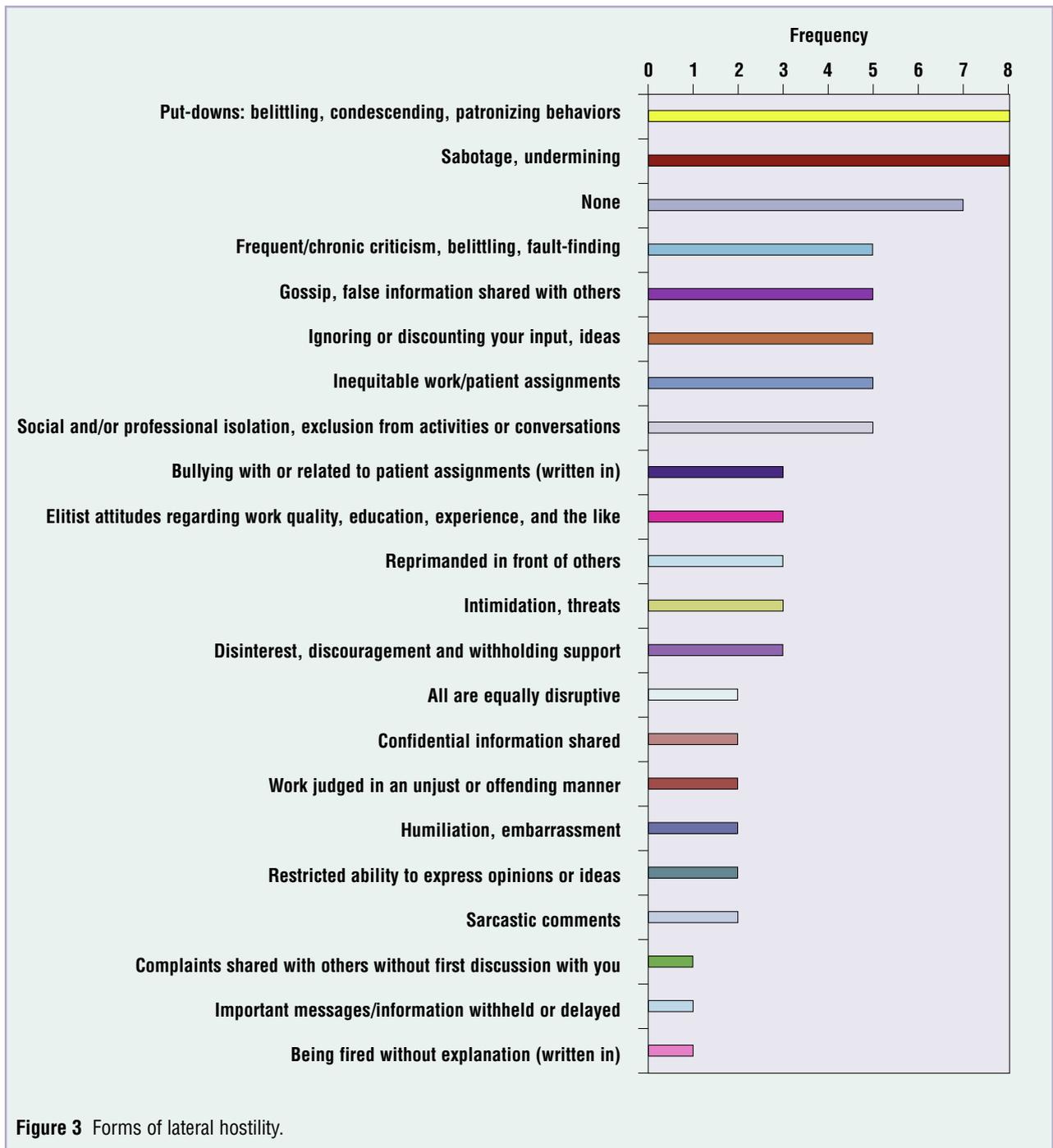


Lateral Hostility That Would Most Negatively Affect Decision to Continue Practicing Nursing

Item 2 in the survey (Figure 1) was included to help distinguish which of these various forms of hostility would have the most detrimental effect on the individual critical care nurse's willingness to continue practicing nursing—ie, what type of hostility would drive this nurse out of nursing?

The results reveal areas of considerable concern as well as at least one glimmer of encouragement. Among the 79 replies to this item, no more than 8 respondents identified any particular expression of hostility as having this

profound an effect on their willingness to continue their nursing career (Figure 3). And, perhaps most encouraging, immediately following the 2 factors tying for most detrimental in driving nurses out of their profession, respondents inserted the unsolicited reply of “None” to suggest that despite enduring slights of this nature from some coworkers, there is a segment of critical care nurses who are not about to capitulate from nursing in response to that type of behavior. As these critical care nurses so aptly communicated, “none” of those factors will precipitate their departure from nursing. Beyond this group of stalwart replies, however, a wide array of bad-mouthing, isolating, and polarizing behaviors join forces to exert



the greatest potential for severing the ties between critical care nurses and critical care nursing.

Other Comments

Item 3 was a purely open-ended item intended to capture anything else the participant wished to convey related to this issue. Of the 96 survey respondents, 40 offered additional comments. Except for eliminating some comments unrelated to this topic area and editing

for brevity, I will let these words speak for themselves (Table 2).

Although 96 survey respondents hardly represent a legitimate sampling of all critical care nurses, the reported experiences of these nurses with hostility originating from their peers reflect an ugly, divisive, and demoralizing blight on clinical practice in our area. Even with this meager and unscientific volume of documentation, efforts can be launched to confirm whether this problem

Table 2 Other comments added by respondents

- Lack of professional respect is a big factor. When I try to help people, they just don't listen.
- Although discouraging, you just transfer to another area or hospital. Nurses are their own enemies. Others are excellent, professional and a pleasure to work with.
- I have little or no problems with coworkers, but I witness others who do.
- My new manager (a non-nurse) has forbidden me from submitting professional abstracts and accepting opportunities for presentations and publications at professional nursing conferences. He says he doesn't know what that is, and so it's forbidden.
- I am a travel nurse, which I think adds to the problem. Other nurses see travelers as making a ton of money where they do not make as much. It is our choice to live out of a suitcase. I have also worked with some RNs who are victims. I am about ready for retirement and will be quitting as soon as possible as I am tired of the abuse handed out by others.
- I am a travel RN, and have had wonderful assignments. However, the one I am at now meets all the criteria you have talked about! I have been a nurse over 20 years and I'm still bullied! I cry and then stand up for myself, but if this was my first assignment I would not be traveling any more. I believe before I leave I am going to make a copy of your article and leave it for the director of the unit! Thank you, I don't feel alone anymore.
- I hate it.
- I work in a unit that has a history of frequent and severe lateral hostility. New management took over 2 years ago. The new nurse manager is making strong efforts to change the culture of the unit and is having success, but remnants linger.
- I work on a busy burn unit in NYC as a relatively new RN; the staffing is horrible, there are frequent absences, and infection rates run rampant. I attribute all of these to the poor treatment that the newer RNs receive. We are always put down, given unfair assignments, and belittled.
- I have been in critical care for over 13 years. During my first several years I experienced verbal abuse, hostility and frequent put downs by several experienced ICU RNs who I looked to as mentors. At the time I felt as though I had no other option but to put up with it. Now, as I am in the mentor role, I work very hard to maintain a professional attitude with all workplace interactions, hoping my peers will follow the example... pipe dream perhaps?
- I have great distaste for reprisals I have endured, through passive-aggressive attacks submitted to my director, subsequently to me. I stand accused and know not the accuser.
- Began this career 2 years ago with many years of experience in another area of the medical field. My first year was horrendous. It should have been enough to make me quit if not for the fact I have taught myself to ignore and blow off the attitudes. The behavior was very difficult and at times very disruptive. What shocked me the most is that nurses are taught to be nurturing in nursing school. There is nothing nurturing about this field when it comes to your peers. This has been very disappointing.
- My employer is currently being sued by a nurse who experienced all of the lateral forms of hostility listed above mainly due to lack of upholding their own policies on harassment.
- Nurses do not know how to care for each other and often choose not to extend compassion toward each other. Clique-like behavior is common in nursing practice. Nurses often behave as if in competition with each other instead of collaborating for a common good. Few admit it openly, but many know just how unmerciful many nurses really are. Sadly this behavior begins in nursing schools where teachers model the very aloof, condescending, unforgiving, uncompassionate behavior they "say" they don't allow. (And no, I did not struggle academically, I was an exceptional student and I am an exceptional nurse.) We teach more in action than in words. There are volumes written on caring and compassion, but they are mere, often empty words that collect dust in books. Compassionate, ethical practice with each other and for our client populations are equally important.
- Favoritism with assignments is a killer, when seasoned nurses are given heavier assignments "because you make more \$\$...so should work harder" while younger nurses are socializing. It's hard to pick just one factor; it's a combination of things that make the environment intolerable. Managers often set the tone of the unit and use the same nasty behaviors. It takes a while to see this, but it is time to fix it !!!!
- I am a manager and I feel that I suffer from this from my staff.
- This behavior must stop. AACN must make this a No. 1 work place issue. In 25 years of being an ICU nurse I have never been treated so poorly by management. What are they teaching these nursing administrators in MBA schools today? You [AACN], say there is always conflict between MDs and nurses, but I have received more verbal, mental hostility from nurse managers than any MD has given me in 25 years. This is why I am considering leaving nursing (age 48) because of "lateral hostility" from nursing management.
- I have been a nurse for 25 years but I have been in a new position for a little over a year. There are times when I get so frustrated with a colleague that I wonder if I would be able to stay in this position until retirement. I have notified my supervisor and HR about the situation and what I have done to resolve the conflict. I may have to bring this to the table with a mediator.
- The Odd Girl Out [*Odd Girl Out: The Hidden Culture of Aggression in Girls* by Rachel Simmons, New York; Harcourt Books; 2002] is a great book to read.

Continued

Table 2 *Continued*

- Social isolation is a powerful tool. I believe it is a form of punishment in the workplace.
- Many [factors] are tied together, but the lack of collaboration in my current environment is really distressing. I have tried to emphasize how important it is to have true collaboration or the team is split. Unfortunately, I'm seeing it happen before my eyes.
- These are all stereotypical traits of women hypermanifested in an all women environment. Working at my last job at an ICU in Michigan was like going back to junior high. One of the problems with unions is that it protects the "bullies" from losing their jobs and the lateral hostility flourishes without opposition or consequences.
- Hostility also includes unwarranted writeups, twisting facts, ganging up on others. This was a female cardiologist treating several nurses this way. I was not singled out, but was just one nurse being bashed by a toxic physician. Interestingly, she was a nurse before going to medical school.
- I work in a multicultural environment and am frequently unable to participate in conversations because of the language. My institution no longer supports English as the primary language of the workplace. This puts me at a severe disadvantage in communications, not only about the unit or the patients, but everyday conversations.
- Staff are working to a max, yet continue to pick up every available offer for overtime. There is continuous bickering in the workplace, sometimes at the nurses station for all to hear. There is also a decrease in morale due to burnout.
- I love being a nurse, but at some point it shouldn't be such a struggle. I feel I've paid my dues but it never seems to end.
- The statement "That's just the way he/she is" gets really old. It sounds like being constantly nasty is excusable as long as you're that way *all* the time. But heaven forbid you are normally a nice person then have a bad day and spout off because those are the people who get called into the office for reprimands.
- Instead of finding fault with mgt for the increased workload, my coworkers hide in pt rooms to chart, leaving those who don't to answer doctors' questions, phone calls from patients' families, their own families, other personal calls, field questions from the lab. The secretaries' hours have been cut while adding responsibility for an additional unit. These women seem to take this added stress out on others. Although not a social scientist, I believe it has everything to do with the socialization of women.
- Because of all the above, I have lost a job that I worked hard to obtain. I was fired by my director even though my mentor said I was doing a fantastic job. It took only a few nasty nurses to warp my director's opinion of me.
- It never ceases to amaze me, the lack of respect and verbal abuse that nurses must deal with on a daily basis. If I were younger, I would not choose to be a nurse. I see the younger generation leaving faster than the previous ones. I don't see this trend changing, unless nurses change the way they are treated and demand the respect.
- This occurred at my last place of employment. I am a nursing director and received this treatment from the CNO. Three of us (directors) walked! I was and am very fortunate to acquire a position in a stellar organization that I had worked for over 5 years. It is wonderful to "come home."
- Thank you for addressing this subject. It is incredible to me to realize that this stuff occurs among our profession and should not be tolerated!
- Glad someone actually cares...

exists at your facility, and, if so, to initiate generation of a clear and full mandate for zero-tolerance of these behaviors as described in AACN's position statement on staff abuse.³

References

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