Horizontal violence is defined as harmful behavior via attitudes, actions, words and other behavior that is directed toward us by colleagues (Conti-O’Hare & O’Hare, 2006). Bullying in the workplace is described as repeated, health-harming mistreatment of one or more persons by one of more perpetrators in the form of verbal abuse, threatening, humiliating or offensive behavior or actions (Coombs, 2007). Horizontal violence and bullying can be devastating and can negatively affect the work environment for all involved.

On a personal level, horizontal violence and bullying can result in sleep disorders, poor self-esteem, hypertension, eating disorders, nervous conditions, low morale, disconnectedness, depression, impaired personal relationships, removal of self from workplace and suicide.

Horizontal violence can be costly to organizations, leading to job dissatisfaction, burnout and physical stress. Research indicates that where this behavior is allowed, many nurses will leave the environment and even the profession. In some instances, for example, when student clinical groups rotate through a unit, it may even affect an institution’s ability to recruit new nurses (Longo & Sherman, 2006).

There is an abundance of literature related to the horizontal violence leveled against new graduates. The phenomenon of nurses eating their young is widely known and well-documented. This behavior is extremely detrimental to the future of the profession as well as to the quality of care of our citizens (McKenna et al, 2003).

Both the Center for American Nurses (CAN) and the National Student Nurses Association (NSNA) have adopted policies in support of a professional workforce culture and have called for the elimination of horizontal violence among nurses. CAN’s strategies for the reduction and elimination of Lateral Violence include:

- Modeling of professional behavior by nurse leaders, managers and supervisors;
- Utilization of conflict management and conflict resolution strategies to address this behavior in the workplace;
- Self-reflection and positive communication strategies by individual nurses;
- Collaborative interdisciplinary initiatives within institutions;
- Nurses working collaboratively with employers to ensure that the mission, vision and values in the Code for Nurses (ANA, 2001) are met.

**Why Does Horizontal Violence Occur?**

It is believed that horizontal violence arises as an expression of an oppressed group behavior evolving from feelings of low self-esteem and lack of respect from others. Nursing has been described as an oppressed group because the profession is primarily female and has existed under a historical patriarchal system headed by male physicians, administrators and marginalized nurse managers (Longo & Sherman, 2006). Nurses feel a lack of control over their work environments. Rather than venting their frustrations on the source, they create conflict within their own group with horizontal violence among colleagues.

**REFERENCES**


Critical Care Nurses as Coworkers: Are Our Interactions Nice or Nasty? Critical Care Nurse. 27(3), 10-14.


Brought To You By: WorkForce Advocacy Program
The WorkForce Advocacy Program (WFA) within FNA supports nurses in personal and professional growth and development in the practice setting to promote positive work-related experiences. WFA collaborates with internal and external stakeholders to provide services and develop policies that positively impact the work environment.

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The purposes of the FNA WFA program are:
- Serve as the sole exclusive Workforce advocacy program for FNA.
- Support nurses in personal and professional growth and development in the practice setting to promote positive work-related experiences.
- Collaborate with internal and external stakeholders to provide services and develop policies that positively impact the work environment.