



### A closer look at nurse-to-nurse hostility

#### Executive summary

HPro, Inc., recently conducted a survey among 159 nursing professionals in the healthcare industry about the issue of nurse-to-nurse hostility (also known as lateral violence or horizontal violence) within facilities nationwide. The results presented in this report depict the role workplace violence plays within healthcare organizations of various sizes in acute care, critical access, long-term care, ambulatory, home health, and rehabilitation settings.

Although the data reported in this document do not dissect the particulars at any one institution, they provide a comprehensive look at the issue among a variety of facilities. The data also provide a glimpse into how many of these facilities are dealing—or in some cases, not dealing—with the issue. The survey included questions about staff nurse complaints, examples of nurse-to-nurse hostility, social cliques, training, organizational attitudes, and turnover.

The results show that nurse-to-nurse hostility plays some sort of role at nearly every facility represented in our survey. Large or small, rural or urban, healthcare institutions are the setting for episodes of horizontal violence among nurses. In total, 97% of respondents admitted to witnessing an act that could be characterized as nurse-to-nurse hostility. More than three-quarters of respondents also admitted to being a target at some point during their nursing career.

Differences in the survey responses were found most prevalently in the areas of training, turnover, organizational attitudes, and steps facilities are taking to end nurse-to-nurse hostility. Most respondents listed their facilities as only fair when it came to dealing with nurse-to-nurse hostility, and more than half felt that the issue directly related to turnover in the workplace.

#### Demographics

The section that follows provides an overview of the demographic data provided by the survey respondents. From organizational setting and type to age range of nurses, these data helped frame the information shared by the participants throughout this report. The largest number of respondents work in either rural or community teaching acute care settings. Nurses who work in rural critical access facilities also had a strong presence. Each group on our chart

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Figure 1

	Rural	Community teaching	Community nonteaching	Urban teaching	Urban nonteaching
Acute care	36%	30%	12%	16%	7%
Critical access	49%	24%	8%	12%	6%
Long-term care	42%	11%	25%	8%	14%
Ambulatory	30%	32%	20%	11%	7%
Home health	39%	33%	12%	9%	6%
Rehab	30%	27%	18%	15%	9%



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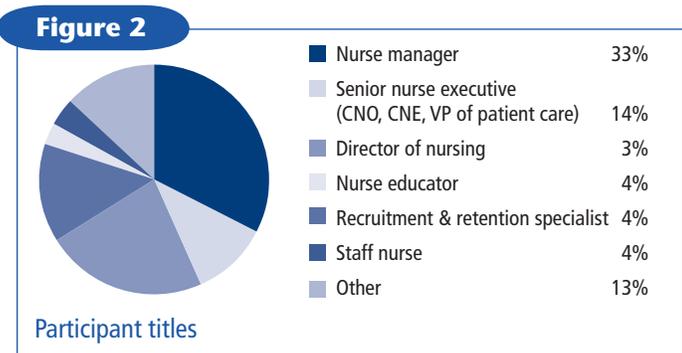
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was represented (see Figure 1), with urban, nonteaching home health facilities as the smallest group.

### Participant titles

The 159 respondents ranged from nurse managers to staff nurses. The bulk of participants were nurse managers, with directors of nursing and nurse educators close behind. See Figure 2 for a breakdown by title.

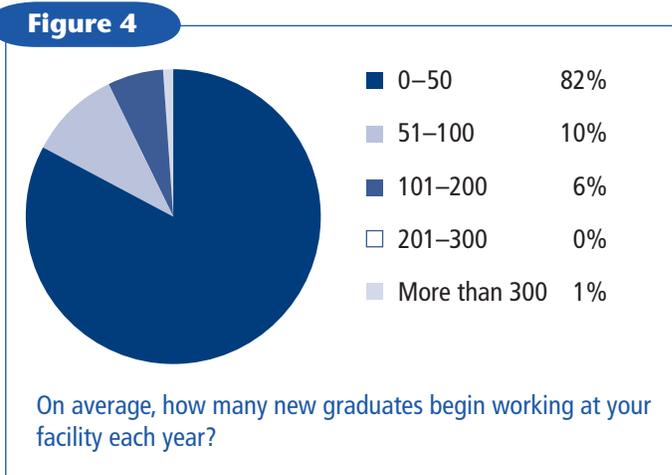
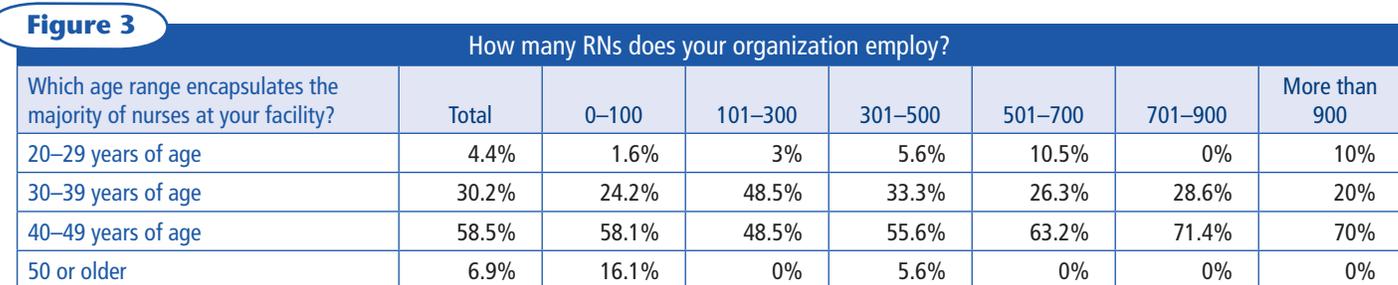


### How many RNs does your organization employ and what age range do they encapsulate?

According to the results, most participants (39%) work at facilities that employ fewer than 100 nurses. Twenty-one percent of participants work at facilities that employ between 101–300 RNs, whereas 13% work at organizations that employ more than 900 RNs.

With regard to age range, 58.5% of participants responded that the majority of their facility’s nurses are 40–49 years of age. The 30–39 age group was listed as the largest by 30.2% of respondents.

Breaking the numbers down a bit further, the 40–49 age-range bracket is the highest among all organizations,



except those that employ between 101–300 nurses. In that segment, the majority of nurses is split equally between 30–39 years of age and 40–49 years of age. Among the largest organizations, 70% of nurses are between 40–49 years of age. Ten of the 11 respondents who said that the majority of their nurses were 50 or older are employed at smaller organizations with 100 or fewer RNs. See Figure 3 for a complete breakdown.

### How many new graduates begin working at your facility each year?

The majority of respondents (82%) said that 0–50 new graduate nurses start working at their facilities every year. Only 1% of respondents said that more than 300 nurses started at their facility annually. See Figure 4 above for complete results.

The role of new graduates in the discussion of nurse-to-nurse hostility is a significant one. Recent studies

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**Figure 5**

How many new graduates begin working at your facility each year?

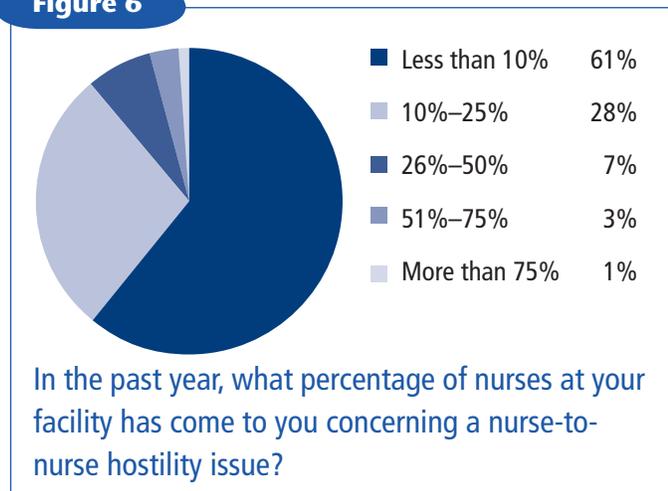
Do you think nurse-to-nurse hostility directly relates to turnover?	Total	0–50	51–100	101–200	201–300	More than 300
Yes, based on anecdotal evidence	35.7%	31.8%	62.5%	30%	0%	100%
Yes, evidence suggests this	21%	20.2%	18.8%	40%	0%	0%
No, based on anecdotal evidence	15.9%	17.1%	6.3%	20%	0%	0%
No, no evidence suggests this	27.4%	31%	12.5%	10%	0%	0%

have shown new grad turnover to be as high as 61% within the first 12 months of employment (*Health Workforce Solutions, Inc., Perspectives*). Horizontal hostility, although sometimes unreported, is often a major part of the cause. Nurturing the young and creating a healthy working environment for nurses can halt the cycle (Bartholomew).

Based on the results in Figure 5, we can see that at larger organizations (those that get more than 50 new graduates each year), turnover is more likely tied to nurse-to-nurse hostility.

Although only 52% of respondents at facilities where 0–50 new grads start each year thought the issue influenced turnover, 81.3% of respondents in the 51–100 range, 70% of respondents in the 101–200 range, and 100% of respondents in the more than 300 range thought nurse-to-nurse hostility was a factor.

**Figure 6**



### Nurse-to-nurse hostility complaints from staff

Sixty-five percent of respondents said they get at least one and as many as five complaints from staff nurses each week that could be characterized as nurse-to-nurse hostility. Sixteen percent responded that they get at least six complaints, whereas 3% said they hear more than 20 in the average week.

Nineteen percent responded that they heard zero complaints in an average week.

### What percentage of nurses comes to you concerning horizontal hostility issues?

Ninety-seven percent of nurses said they have witnessed nurse-to-nurse hostility, and it seems that nurses often put up with lateral violence without coming forward about it. The majority of participants (61%) responded that less than 10% of nurses have approached them with issues that could be characterized as nurse-to-nurse hostility. Researchers in New Zealand found that horizontal hostility is a common experience for first-year nurses and that half of the horizontal hostility new graduates experienced was not reported (McKenna, et al.)

Two respondents said that more than 75% of their nurses have come to them with an issue in the past year. For a complete breakdown, see Figure 6.

### What are the most cited types of nurse-to-nurse hostility at your organization?

“Bickering among staff” (43%) and “talking behind a colleague’s back” (36%) were the top two responses

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for the most cited type of nurse-to-nurse hostility. Six percent of respondents chose either “scapegoating” or “backstabbing,” and 3% chose sabotage. All four are among the 10 most frequent forms of lateral violence, which include nonverbal innuendos, verbal affronts, undermining activities, withholding information, failure to respect privacy, and betraying trust (Griffin).

Several respondents chose “other” types of hostility, including:

- All of the above (2)
- Controlling/micromanaging supervisor (2)
- Not following protocol for completing assignments
- Altercation
- Second-guessing another nurse’s decision
- Inappropriate treatment by senior staff

### Social cliques among nurses

Eighty-seven percent of respondents said that social cliques exist at their facility, whereas 13% said they do not.

Figures 7 and 8 further break down the information. Figure 7 shows the presence of cliques compared to the size of an organization. Among organizations that employ more than 700 nurses, 96% of respondents believe cliques exist, giving weight to the argument that cliques are more prevalent at larger organizations.

**Figure 7**

Do you feel there are social cliques among nurses at your facility?		
How many RNs does your organization employ?	Yes	No
Total	86.7%	13.3%
0–100	79%	21%
101–300	90.9%	9.1%
301–500	88.9%	11.1%
501–700	89.5%	10.5%
701–900	100%	0%
More than 900	94.7%	5.3%

Figure 8 shows the presence of cliques related to the age of nurses. Based on the data, cliques are much more prevalent among organizations with younger nurses. In facilities where the majority of nurses are between 20–39 years of age, a total of 98% of respondents believe cliques exist.

**Figure 8**

Do you feel there are social cliques among nurses at your facility?		
Which age range encapsulates the majority of nurses at your facility?	Yes	No
Total	86.7%	13.3%
20–29 years of age	100%	0%
30–39 years of age	97.9%	2.1%
40–49 years of age	81.7%	18.3%
50 or older	72.7%	27.3%

### Witnessing and being the target of nurse-to-nurse hostility

According to the data, nearly every survey respondent has witnessed an act that could be characterized as nurse-to-nurse hostility. Of the 159 survey respondents, 154 (97%) said they had witnessed such an act. Only five (3%) said they had not (see Figure 9 on p. 5).

Most respondents said that they have, at one time in their nursing career, been the target of an act that could be characterized as nurse-to-nurse hostility. Seventy-six percent (121 respondents) said they had been a target, whereas 24% (38 respondents) said they had not.

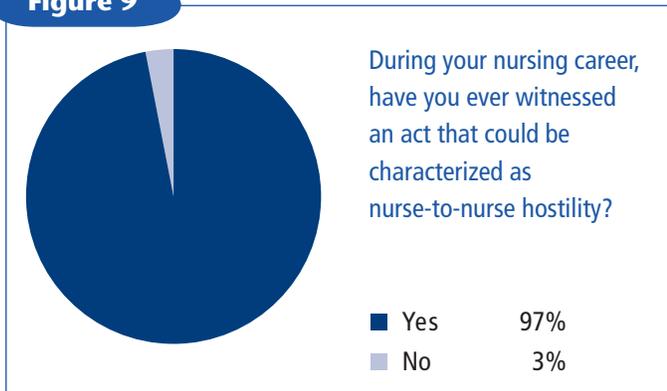
A closer look at the data in Figure 10 on p. 5 shows that respondents at larger organizations were more likely to become a target. At organizations that employ more than 500 nurses, at least 80% of respondents said they have been a target. Organizations that employ between 501–700 nurses had the highest number at 89.5%. In contrast, at organizations that employ 500 or fewer nurses,

> continued on p. 5

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**Figure 9**



respondents have been a target less than 80% of the time. At organizations that employ 100 or fewer nurses, 71% of respondents admitted to being a target, marking the lowest number among the six size categories.

### Organizational attitudes and responses to nurse-to-nurse hostility

On the topic of education, the majority of respondents (45%) answered that staff members at their facility are informed or trained about the issue of nurse-to-nurse hostility on an “as needed” basis. Twenty-nine percent responded that training is done during orientation, whereas others answered “never” (17%), “yearly” (8%), and “monthly” (1%). See Figure 11 for a breakdown.

### What steps, if any, has your organization taken to end nurse-to-nurse hostility?

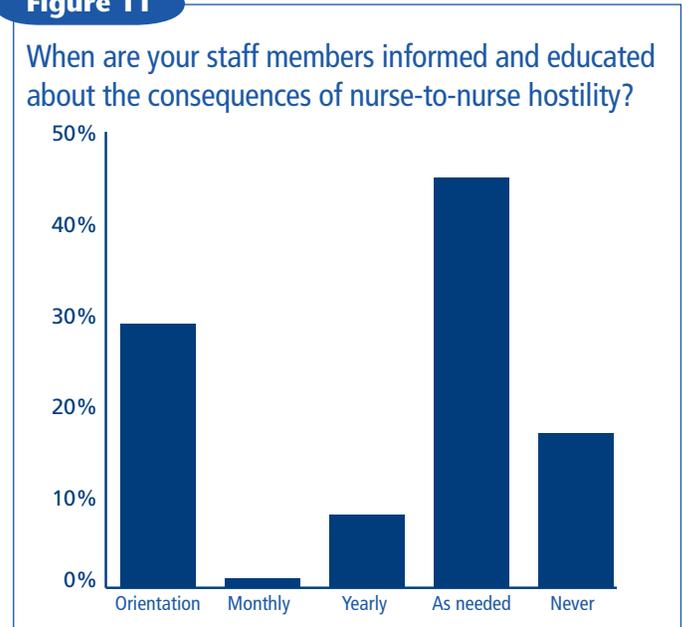
The data suggest that most organizations (89%) have identified nurse-to-nurse hostility as a serious issue and are making moves to remedy the problem. The most popular action, at 44%, was “provided leadership training

for managers.” Other organizations (31%) have “created a system for monitoring and reporting,” whereas others (30%) have “adopted a zero-tolerance policy.” Another 30% of respondents chose “other,” supplying 43 individual responses that included:

- None (17)
- Starting to develop a program (3)
- Decided on a case-by-case basis when necessary (2)
- In process of creating healthy work environment (2)
- Leadership counseling on one-on-one basis (2)
- Classes defined by harassment policy (2)
- Use of HCPro resources (2)
- Promote professionalism
- Use of mediators to improve work environment

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**Figure 11**



**Figure 10**

Have you ever been the target of an act of nurse-to-nurse hostility?	How many RNs does your organization employ?						
	Total	0–100	101–300	301–500	501–700	701–900	More than 900
Yes	76.1%	71%	72.7%	77.8%	89.5%	85.7%	80%
No	23.9%	29%	27.3%	22.2%	10.5%	14.3%	20%

## Nurse-to-nurse hostility

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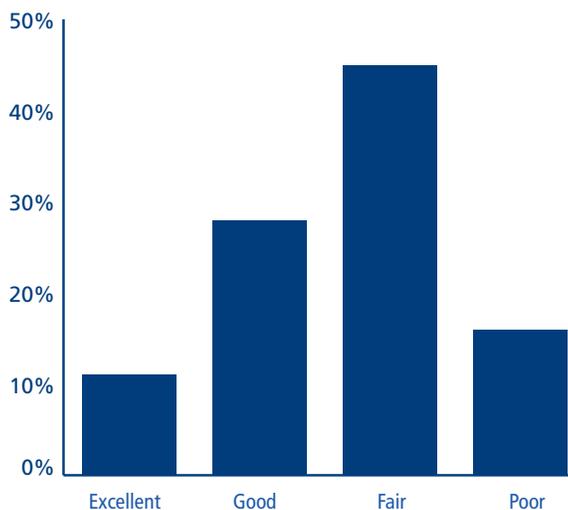
- Added information to mandatory training
- Discussed at all staff meetings and individually
- Outside consultant
- Developed unit-based standards of conduct
- General education for staff
- Discussion in nurse retreats
- Mandatory yearly competency
- Education of shared governance council leadership
- Routine training
- Creation of disruptive employee policy
- AIDET (Acknowledge, Introduce, Duration, Explanation, and Thank You)

### How would you rate your facility on remedying individual instances of nurse-to-nurse hostility?

Based on the data, perceptions of organizational attitudes on the issue remain lukewarm. The majority of respondents (45%) rated their facilities' responses to the issue as "fair," whereas 28% responded "good." Only

**Figure 12**

How would you rate your facility, as a whole, on remedying individual instances of nurse-to-nurse hostility?



about one-quarter of the audience went to extremes, with 16% selecting "poor" and 11% selecting "excellent." See Figure 12 for a breakdown.

### Facing the consequences of nurse-to-nurse hostility

At many organizations, turnover is directly linked to nurse-to-nurse hostility. More than 50% of respondents felt that, based on either anecdotal evidence or documented evidence, lateral violence contributed to turnover (see Figure 13 on p. 7).

This problem, unfortunately, is occurring at a most inopportune time. The nursing shortage projections are well documented and well known. According to the U.S. Bureau of Labor Statistics, more than 1 million new and replacement nurses will be needed by 2012. As we head toward the worst nursing shortage in history, the total number of RNs is growing at the slowest rate in 20 years, further compounding the problem (Bartholomew).

The effects of a hostile environment are reflected in poor patient and employee satisfaction scores and, ultimately, in the reputation of the hospital or academic setting (Bartholomew).

### Conclusion

The topic of nurse-to-nurse hostility has been covered in literature, in training, and at conferences for more than 20 years. Still, as shown by our data, it continues to be a significant and attention-grabbing problem for nurses across the country.

Instances of nurse-to-nurse hostility continue to be reported (and sometimes go unreported), making for toxic workplaces.

Our data show that almost all respondents have witnessed nurse-to-nurse hostility, and most have been personally affected by it. Further, more than half of survey

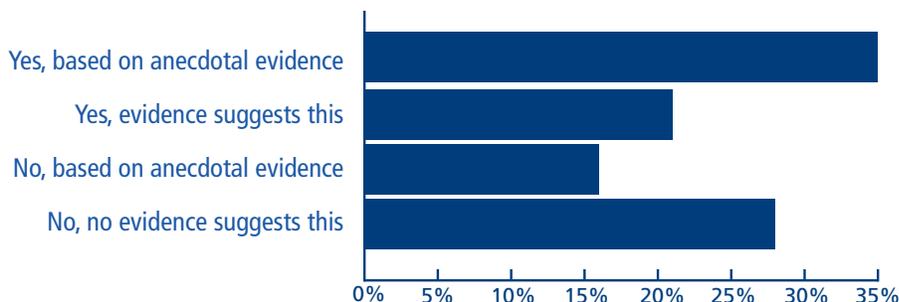
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**Figure 13**

Do you think nurse-to-nurse hostility directly relates to nursing turnover at your organization?



respondents felt that the issue was forcing people out of jobs—and sometimes a profession—they would otherwise enjoy.

However, positive steps are being taken. Nearly 90% of survey respondents said that their organization has identified the issue as a problem and is trying to remedy it through training, education, or a combination of the two.

Social cliques and disruptive employees will likely always be a part of the nursing culture. How those issues are handled will be the deciding factor regarding the role nurse-to-nurse hostility plays in the future of the industry. ■

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