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# Lateral Violence through the Eyes of Male Nurses

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## Research Article

### ABSTRACT

Lateral or horizontal violence is a significant problem for the nursing profession and healthcare organizations. For this study, lateral violence is defined as nurse-to-nurse aggression expressed by both covert and overt behaviors. While there are a plethora of studies of lateral violence involving female nurses, there are dearths of studies exploring this phenomenon among male nurses. The purpose of this study was to explore male nurses' lived experiences with lateral violence in the workplace. Social role theory was the guiding theoretical framework for the study as it helped to explain the unique challenges men face in nursing, a traditionally female profession. Using a phenomenological design fifteen participants were interviewed for this study. Data were analyzed using Colaizzi's method and NVivo 11 software package with four themes emerging: (a) Experiencing lateral violence in a variety of ways, (b) Lacking organizational support, (c) Reacting to lateral violence, and (d) Effects of lateral violence. Additionally, behaviors described by male nurses as lateral violence were identified.

**Keywords:** Male nurse, Lateral violence, Hermeneutic phenomenology

## INTRODUCTION

Nursing is traditionally and predominantly a female profession. While the percentage of men in nursing has increased incrementally they are still greatly underrepresented in the profession. A U.S. Census Bureau study, the American Community Survey, conducted in 2011 revealed that male registered nurses increased gradually from 2.7% in 1970; to 4.1% in 1980; to 5.7% in 1990; to 7.6% in 2000; to 8.9% in 2006; and to 9.6% in 2011 [1]. While the increase reflects an approximately three-fold increase in a slightly greater than 40 year time period, the rate of increase for men filling traditionally female-dominated professions is far less than the rate of increase for women filling traditionally male-dominated professions [2]. This can partially be explained by reviewing the history of men in nursing.

Wermager [3] asserted that men in nursing dates back to ancient Greece, Rome, the early Christian era and the Crusades. Evans [4] suggested that men in nursing predated Florence Nightingale. Military orders of male nurses included the Order of St. John of Jerusalem which was founded in the eleventh and twelve centuries. In addition to protecting pilgrims, they built hospitals throughout Europe to lodge and care for the sick. Monastic orders of male nurses were represented by groups such as the Brothers of St. Anthony, established in 1605 to care for erysipelas victims. Florence Nightingale feminized nursing and diminished men's role in the profession. Florence Nightingale, modern day nursing's founder, established nursing as a women's profession in the middle of the nineteenth century. This brought the participation of men in nursing to an abrupt end. Male nursing from the 19th century to the present shows that men were able to participate in nursing but many times were restricted in their activities. The Nurses Act of 1919 in England required male nurses to be on a separate register thereby segregating men and women within the profession. Segregation of labor was demonstrated with male nurses assigned to roles in asylums where their physical strength was sought to subdue violent patients [4].

Threat [5] posited that social and political influences have restricted men from working and participating fully in nursing. The author focused on the exclusion of non-white female nurses and male nurses from practicing in the United States Army Nurse Corps (ANC) prior to World War II. The Selective Service Act of 1940 strengthened the commitment of

the War Department and Red Cross to recruit male nurses into the army. Yet despite this legislation and a desperate need for nurses during World War II, the army struggled to reconcile male nurses as being fit to be nurses in the military. Male nurses were relegated to other tasks such as fixing planes, or marching in the infantry.

Lateral violence (LV) and horizontal violence (HV) are similar terms [6,7]. For the purpose of this study lateral violence was used. Lateral violence (LV) is inappropriate, disruptive, and unacceptable behavior in the workplace that consists of covert and overt acts of aggression toward other employees with equal or lower status within the organization. The numerous low-level types of hostility include bullying, backstabbing, infighting, failure to respect privacy, ostracizing, using innuendo, withholding information, and verbal abuse. Lateral violence can result in poor communication, poor patient care, dissatisfied employees and staff turnover [8].

Lateral violence is a significant problem in nursing with 44% to 85% of nurses having experienced LV and approximately 93% having witnessed LV. Lateral violence can have debilitating psychological and physical consequences and cause nurses to leave a job or even the profession. The effects of LV include depression, decreased sense of well-being, physical complaints, anxiety, sleep disturbances, suicidal behaviors and post-traumatic stress disorder (PTSD). The cost of replacing nurses and training new ones is high for organizations: approximating $92,000 to replace a medical surgical nurse; and $145,000 to replace a specialty nurse such as an emergency room nurse. LV also adversely affects patients as nurses who are victims of LV cannot optimally function [6].

There has been extensive research investigating LV in the nursing profession, typically however, studies have focused on lateral violence experiences of an exclusively female, or predominantly female sample and if men were included in the studies, their experiences were not distinguished from those of their female counterparts [9-11]. Studies exploring male nurses' experiences indicated that men in nursing experienced stereotyping, abuse, challenges, and isolation, but none of these studies identified these experiences as lateral violence [12-15].

The prevalence of lateral violence in nursing practice has been demonstrated by multiple studies. Griffin [9] conducted an exploratory descriptive study at a large tertiary hospital in Boston, Massachusetts. There were 26 participants (24 female, 2 male). The results revealed that 25 (96.1%) of the participants witnessed lateral violence and 12 (46%) had experienced lateral violence directed at them. Szutenbach [11] conducted a phenomenological study involving 9 female nurse participants in one small facility in the Midwest. The purpose of the study was to investigate bullying in nursing and its effects on job retention and satisfaction. Of the nine participants, eight had experienced bullying. Seven had reported leaving a job due to bullying. Emotional responses included feeling frustrated, powerless, fearful, broken, embittered, intimidated, pained, alone, distracted and defeated. The majority of the participants felt the organization did not support them when they experienced bullying. Stanley et al. [10] conducted a mixed-method study examining lateral violence in nursing at a tertiary care facility in the south-eastern United States, of 663 participants 604 were female, 47 were male, and 12 were unidentified. Results showed that 65% of the respondents frequently observed LV. The qualitative portion showed that victims were unwilling to stand up to the perpetrators and nursing leaders failed to get involved.

Hart [13] conducted an online survey in the U.S. involving 498 male nurse participants to explore why more men were not nurses. The most frequent reason identified (38%) was that nursing is traditionally considered a female profession. Other reasons identified included the stereotype that male nurses were gay (29%), poor pay (15%) and lack of role models (15%). The most significant hurdle the male nurse participants faced in clinical practice was being viewed by female colleagues as "muscle' rather than being a competent nurse. Huebner [14] conducted a qualitative study involving 10 male caregivers to examine the male caregiver's experience of providing intimate physical care. Findings revealed that male caregivers were perceived by patients, families, and sometimes female nurses as inappropriate or gay when providing the same intimate care as their female counterparts.

Harding [12] conducted a qualitative study involving 18 male nurses in New Zealand using discourse analysis. The purpose of the study was to explore the construct of male nurses being gay. The findings indicated that the participants believed the majority of male nurses to be heterosexual yet the stereotype prevailed that male nurses were gay. The study was significant as it emphasized that therapeutic touch is essential to the provision of care but the stigmatization of male nurses who use touch as sexual predators creates barriers to care and acts as a deterrent to men entering the profession.

Rajacich et al. [15] conducted a qualitative study in Canada involving 16 male nurses to explore recruitment, retention, and job satisfaction. Sources of dissatisfaction included not feeling appreciated by the administration, not having enough full-time opportunities, being expected to provide physically demanding work and heavy lifting, fear of burnout, and stereotyping which excluded them from performing certain procedures because they were men. Participants felt isolated from female colleagues and believed that de-gendering nursing would attract more men to nursing.

## METHODOLOGY

Social Role Theory provided the guiding theoretical framework for the study. Social Role Theory posits that gender differences in adult social behaviors are determined more by adult social roles than biology. Women are associated with more communal traits of being warm, nurturing, friendly, unselfish, expressive, and emotionally supportive. Men are associated with more agentic traits of being independent, assertive, competitive and aggressive. The differences in family and occupational roles occupied by men and women forms the basis for stereotypes and gender-correlated expectations about behaviors [16]. Due to gender-role stereotyping members of society question the capacity of specific genders to occupy a certain position in society. An example is men in nursing. Stereotypes account for many of the difficulties men experience when trying to function in a profession that is traditionally viewed as a 'woman's profession' [17].

This hermeneutic phenomenological study collected data from 15 participants by face to face interviews between July 14th and September 23rd, 2016. Inclusion criteria for the study were: male RNs with at least one year of practice experience; having experienced lateral violence; and willingness to share those experiences. A list of potential participants and their contact information was obtained, free of charge, from the State Board of Nursing in a state located in the north-eastern region of the U.S. [18]. Male nurses meeting the inclusion criteria were contacted by postal mail and invited to participate in the study. Fourteen-hundred invitational letters introducing the study were mailed to potential participants.

Interested participants contacted the researcher by phone or email. The three interview sites used in the study were public libraries spread across the state for convenience of the participants. Interviews were conducted in private rooms at one of the three interview sites. The interviews were between 30-60 min with all interviews recorded on an Onn cassette recorder. Transcripts were developed from the tape recordings and participant statements were transcribed verbatim on to Microsoft word documents. Transcripts were double spaced and collectively included 135 pages. At the end of each interview, participants were asked to refer male nurse colleagues or friends who may have experienced lateral violence. Data saturation was achieved after interview number 13 and two more interviews were conducted to validate that no new information would result from adding more participants. **Table 1** lists participant demographic data.

**Table 1.** Participant demographic data.

| Age | Race | # Years as RN | Highest Level of Nursing Education | Practice Setting |
|---|---|---|---|---|
| 18-35 (2) | African-American (0) | 1-10 (3) | Associate Degree (3) | Long-Term Care (1) |
| 36-50 (0) | Hispanic (0) | 11-20 (2) | Bachelor of Science (8) | Medical-Surgical (1) |
| 51-65 (9) | Caucasian (15) | 21-30 (2) | Master of Science (3) | Behavioral Health (2) |
| >65 (4) | Asian-Pacific Islander (0) | 31-40 (6) | Nursing PhD (0) | Day Surgery (1) |
| | Native American (0) | >40 (2) | Diploma (1) | Home Care (1) |
| | | | | Perioperative (1) |
| | | | | Nursing School Instructor (1) |
| | | | | Retired/Between Jobs (5) |
| | | | | Left Profession (1) |

### Research Question

The research question (RQ) was: What is the male nurse's lived experience with lateral violence in the workplace? The 10 interview guide questions were carefully crafted and field tested to determine the ability to fully answer the research question **(Table 2)**.

**Table 2.** Interview guide questions.

| Could you describe any experiences you have had with lateral violence (LV) during your work as a nurse? |
|---|
| What is your understanding of LV? |
| What types of things do you believe should be considered LV in your organization? |
| How did you react when you experienced LV? |

| |
|---|
| What do you think you could have additionally done in response to LV? |
| In what ways did your organization support you or do you think they should have supported you had you described your LV experience to them? |
| How have these experiences affected you? |
| From your experience, what does it mean to be a victim of LV? |
| What are your thoughts about the comparison of the male nurses' versus the female nurses' experience with LV? |
| Is there anything else you think I need to know to understand your experience with LV? |

### Data Analysis

Colaizzi's seven step method of data analysis was used to arrive at the essence of the phenomenon. During the first step every transcript was read several times to arrive at a general sense of the whole content. In the second step of data analysis significant statements and phrases were extracted from the transcripts. These significant statements were then formed into meanings during the third step of analysis. Each meaning unit was assigned a code. During the fourth step the meanings or codes, were arranged into categories that reflected the clusters of themes that emerged. During step five the emergent themes were described in detail and an exhaustive description of the phenomenon was provided. The essence of the phenomenon was described in step six. Participants were contacted by phone to 'member check' during step seven of the analysis to assure that the researcher's interpretation accurately reflected the views of the participants [19]. Manual data analysis and coding were aided and augmented by computer assisted qualitative data analysis software (CAQDAS) using NVivo 11©, as participant's statements and formulated meaning units were coded into thematic nodes [18].

## RESULTS

Four themes emerging from the data collected in this hermeneutic study: experiencing lateral violence in a variety of ways; lacking organizational support; reacting to lateral violence; and effects of lateral violence.

Theme one identified fifteen distinct lateral violence behaviors experienced by the participants. These behaviors were: exploitation of physical strength and heavy lifting assignments (N=5); discrimination based on male gender (N=6); harassment, intimidation, and stereotyping (N=1); sabotage (N=2); scapegoating (N=2); verbal affront (N=4); withholding information (N=1); backstabbing (N=1); non-verbal innuendo (N=1); failure to respect privacy (N=1); retaliation (N=1); humiliation (N=1); isolation from colleagues (N=1); spreading false rumors and defamation of character (N=1); and discourteous behavior and not being listened to (N=1).

While some of the lateral violence behaviors experienced by the participants were comparable to those experienced by female nurses discussed in the literature some were unique to the male gender. For example five participants felt exploited for their physical strength, a type of occupational stereotyping. Six participants reported being discriminated against based on their male gender. These experiences took place in both the educational and practice settings. One participant was stereotyped by his colleague as being effeminate and repeatedly harassed. The experiences that were not unique to the male gender and shared with female nurses as documented in the literature, were sabotage, scapegoating, verbal affront, withholding information, backstabbing, non-verbal innuendo, failure to respect privacy, retaliation, humiliation, isolation from colleagues, defamation of character, and discourteous behavior. Table 3 lists the LV behaviors experienced by the participants and provides short excerpts from quotes corresponding to those behaviors.

Additional findings of the study included what the male nurses considered lateral violence to be. In general the participants expressed that lateral violence encompassed a wide range of behaviors ranging from overt to covert forms. For example participant number two (P2) expressed:

- From the extreme daily slights to nit-picking, talking back and forth. The organization i was in did an excellent job being tuned in with lateral violence in the extreme end, physical and sexual things, but not so much in the gray area. I suppose that is where the meat and potatoes of the deal are (Table 3).

**Table 3.** Lateral violence experiences of participants.

| Lateral Violence Behaviors | Examples |
|---|---|
| Exploitation of physical strength and heavy lifting assignments (N=5) | "I tend to be put in different assignments that are more physically challenging" |
| Discrimination based on male gender (N=6) | "She said I don't believe men should be nurses" |

| | |
|---|---|
| Harassment, Intimidation, and Stereotyping (N=1) | "Making comments when I would bring in my umbrella, oh here's Mary Poppins" |
| Sabotage (N=2) | "People anonymously accusing me, alleging I was not competent" |
| Scapegoating (N=2) | "Because these people were friends forever she was going to blame it on me" |
| Verbal affront (N=4) | "She would berate me with such offensive language that everyone was stunned" |
| Withholding information (N=1) | "I put in a request to go to a wedding well in advance. They didn't even tell me they were not going to approve it" |
| Backstabbing (N=1) | "One would be over a job that was promised to me and she said I was working toward. And then she turned around, without an explanation, no evaluation, nothing, and she gave it to someone else" |
| Non-verbal innuendo (N=1) | "The nurse manager and nursing administration gave the impression I was milking it and insinuated it was unreasonable to take that much time off" |
| Failure to respect privacy (N=1) | "He gathered his friends, three or four people and tried to berate me and tell me I didn't do my job. So I didn't have any privacy" |
| Retaliation (N=1) | "What she did to retaliate is she reported me to the Department of Public Health (DPH) |
| Humiliation (N=1) | "My face was red as I left the day room where the emergency was. People of course were smirking because I was called out publicly" |
| Isolation from colleagues (N=1) | "They initially say Hi B…how are you and then I'm completely ignored and left out of the conversation" |
| Spreading false rumors and defamation of character (N=1) | There was a woman I worked with who spread a rumor that in a hospital I had worked at before that I had slashed someone's tires. Nothing like that happened" |
| Discourteous behavior and not being listened to (N=1) | "The person pretty much ignored me" |

Participant number eleven (P11) identified heavy work assignments as a form of lateral violence and provided the following example:

- The staff saw the benefit. They thought of a male nurse as being someone who could move patients up in bed, they could go and get oxygen tanks or do a lot of this ground work that was heavy.

P11 went on to explain that when he was asked to leave the floor to get an oxygen tank or called on to turn patients in bed or lift patients, this interfered with him doing his own job and attending to his caseload.

Participant number two provided an example of discrimination based on male gender that occurred during his maternity rotation in nursing school. He was the only male in his nursing group, but there was a male medical student present. The mother invited the entire group of nursing students, including the male nurse, to witness the birth. The staff nurses on the floor prevented the male nursing student from witnessing the birth but permitted the female nursing students and male medical student to be present:

- The situation was this. I was in a greater B…area hospital in my OB/GYN rotation. Actually I was the only guy in the group, one of eight students. Basically I was the same age or a little older than some of the current RNs working in the labor and delivery section. There was a male medical student if I recall. I was the only male in the group. Fellow classmates and instructor fine. I believe this hits the definition of lateral violence. Everyone but me got the invitation to see a delivery. The existing RNs on the floor took it upon themselves to extend this women's invitation to everyone but me. Wouldn't let me observe the delivery even though it was ok with the mom.

Participant twelve (P12) described an incident of being discriminated against by his female nurse colleagues:

- After a while I discovered that you were the whipping boy for women who were very unhappy with men in their lives. Some were divorced and some had lousy spouses. The way I know that was I spoke with a guy that worked in the ICU, and I also spoke with another guy who worked in the psychiatric department. They both said "Yeh it has nothing to do with the actual stuff at work, as far as completing the specific task, or providing a certain level of nursing care. It has to do with them not liking you because you reminded them of their husbands".

P12 went on to describe an incident where he was taking care of a female patient. The women had to have a toe amputated and the doctor had given clear instructions that she was not to leave the bed until the operation. P12 explained this to her. When she had to use the bathroom he gave her a bedpan. He left momentarily to give her privacy

and there was blood all over the floor because the woman had walked to the bathroom. When P12 spoke to his female nurse colleague explaining that the female patient had not adhered to his instructions, and to garner support she made him feel that he was too insensitive and uncaring to care for a female patient and said to him "well can you blame her you're a guy".

Participant number four (P4) provided an example of harassment, intimidation, and stereotyping based on male gender. He was continually harassed and stereotyped as being effeminate by his nurse manager:

- Once he made a comment to me. I had walked to work and it was a hot day. I put down my bag and said oh so hot. Something normal. And his response was "are Jewish because all you do is whine"? Many comments he made to me "take off your skirt Mary and put on a pair of pants"

Participant number ten (P10) provided an example of verbal affront:

- She literally used every swear in the book. There were swear words and phrases I had never heard of, at the top of her voice, in the hall, in front of other nurses and probably just about every patient in the hallway probably heard this tirade.

Participant number nine (P9) related an experience of sabotage. He was hired to increase efficiency and accountability of nurses in a home care organization. When he would hold nurses accountable for such egregious and illegal offenses as claiming something was a home visit when it wasn't his nursing supervisor would undermine him and protect the offenders:

- My supervisor, come to find out in retrospect, was taking people I was trying to hold accountable and saying privately "don't worry about it everything is going to be fine". I basically told her you're cutting my legs out from under me.

Theme two addressed organizational support when participants experienced lateral violence. Twelve of the 15 study participants (80%) expressed either no support, inadequate support, or support that came too late. When asked how the organization supported him when he informed them of his lateral violence experience of being harassed by other nurses because he complained of their smoking in the work environment participant number ten (P10) stated:

- I did tell them my experience and I can honestly say I had no support. Absolutely no support. The only thing that supported me was the fact that I wasn't afraid of losing my job, I said what will be will be. If you want to fire me, fire me. What will be will be.

Theme three addressed the participant's reactions to lateral violence. The study findings revealed that the participants reacted in a variety of ways to their lateral violence experiences. These reactions included: avoiding the perpetrator; confronting the perpetrator, reporting to management; doing nothing and learning to cope; reacting emotionally; fighting back; discussing with colleagues; shutting down; remaining calm and talking things over; and staying focused on goals. Table 4 lists the reactions and short excerpts from participant quotes corresponding with the reactions.

**Table 4.** Reacting to lateral violence.

| Reaction | Excerpts |
|---|---|
| Fighting back | "and also be fighting back" |
| Discussing with colleagues | "talking to other colleagues to gain understanding" |
| Shutting down | "I just stopped reacting. I just shut down" |
| Remaining calm and talking things over | "over time remaining calm and attempting to talk things over with colleagues" |
| Staying focused on goals | "stay focused on your goals and your work" |
| Reporting to management | "I would proceed directly to the higher authority and say I'm not going to put up with this" |
| Reacting emotionally | "Usually it made me quite nervous, actually quite anxious initially" |
| Avoiding the perpetrator | " I said nothing, I tried to hide in the shadows" |
| Confronting the perpetrator | "I always confront people, to this day, in a non-violent way" |
| Doing nothing and learning to cope | "I guess I have gotten a little bit desensitized to it. I'm just going to let it go" |

When asked how he reacted to his LV experience of being continuously harassed by his unit manager participant eleven (P11) expressed:

- I had a severe anxiety attack one morning. I was in a private room down the hall crying my eyes out. I was shaking like a leaf. They took me down to the supervisor's office. they talked with me down there. I was totally terrified I was going to lose my job because this woman was targeting me. I ended up going to therapy.

Theme four identified the effects lateral violence had on the participants. The effects of lateral violence included: eroded confidence; diminished self-esteem; leaving the profession; increased stress; disruption of home life; leaving a job; burnout; sleep disturbances; anxiety; adversely effecting patient care; depression; and anger. **Table 5** lists the effects and provides examples from excerpts of participant quotes.

**Table 5.** Effects of lateral violence.

| Effects | Examples |
|---|---|
| Eroded confidence | "not well, diminished my confidence" |
| Diminished-self esteem | "you feel undermined and degraded, and you don't feel valued" |
| Leaving profession | "I quit" |
| Increased stress | "Very stressful" |
| Disruption of home life | "I found I had a hard time leaving it at work" |
| Leaving a job | "I have looked for other jobs" |
| Burnout | "to be quite honest, where I am now I am feeling a little burnt out" |
| Sleep disturbance | "I thought I was sleeping terribly" |
| Anxiety | "very hostile and anxiety provoking" |
| Adversely effects patient care | "distraction from doing my job well" |
| Depression | "to become very depressed" |
| Anger | "It creates a lot of anger within I think" |

Participant number nine (P9) described how his LV experiences affected him:

- What it meant for me at the time was a very hostile and anxiety provoking situation. It meant I no longer really liked my job. I felt to do my job I had to overcome all these emotional hurdles. What it meant was I was obstructed from accomplishing what I wanted to accomplish and sort of pushed out.

## DISCUSSION AND RECOMMENDATIONS

This hermeneutic phenomenological study provided a detailed and comprehensive description of the male nurses' lived experiences with lateral violence. The study also clearly articulated the unique lateral violence experiences of male nurses; including being given more heavy lifting assignments, and assignments to control agitated patients than their female colleagues. This in itself is a form of occupational stereotyping. This also included being discriminated against based on male gender. An example would be being told in nursing school by an instructor that she didn't feel men should be nurses. This also included one participant being stereotyped by a nurse colleague as being effeminate or gay. Third the study illuminated how male nurses' experience with lateral violence compared with that of the female nurse. The seminal work of Griffin [9] identified the ten most frequent lateral violence behaviors experienced by nurses as verbal affronts, non-verbal innuendo, backstabbing, failing to respect privacy, sabotage, scapegoating, withholding information, infighting, undermining activities, and broken confidences. The study participants experienced the majority of these lateral violence behaviors.

Recommendations for future research, education, and practice are provided in **Table 6**. The first recommendation for research is to repeat the hermeneutic phenomenological study to see if similar or different results are found. Although the study components were unique, these collected data could potentially be transferred to other settings by future researchers for testing and comparison purposes.

The second recommendation for research is to conduct a quantitative study that identifies the frequency of lateral violence behaviors encountered by male nurses in the work environment. This could be accomplished by mailing out surveys to potential participants to fill out and return, or conducting an online survey. Since the lateral violence behaviors encountered by male nurses were identified in this study, simply listing these types of LV behaviors or experiences on a

survey form and asking participants to check the type and frequency of LV behaviors experienced could provide a rich source of data. Descriptive statistics could then be applied in the data analysis. Factorial analysis could also be used to determine the relationship of LV behaviors to specific practice environments. Additional data could be acquired and analyzed concerning organizational support, reactions to LV, and effects of LV.

The third recommendation for research is to conduct a focus group study that enables male nurse participants to discuss their experiences of lateral violence in the workplace and identify strategies and interventions that they felt important to mitigate and prevent the problem as it impacts male nurses.

Implications for leadership, education, and practice are several: (a) Nursing schools need to assure that education on lateral violence is contained within their curricula; (b) At the practice level nurse clinical instructors and managers need to be aware of the vulnerable position male nurses are in regarding being given heavy lifting assignments, being stereotyped, and being discriminated against, and should take measures to prevent these forms of LV from occurring, and; (c) Leadership should be responsible for developing and enforcing polices that emphasize "zero tolerance" for LV. These policies should include specific types of LV that target male nurses. Organizations should also be responsible to assure that all staff are educated on lateral violence including those LV behaviors male nurses are vulnerable to **Table 6**.

**Table 6.** Recommendations to address lateral violence.

| |
|---|
| Repeat the hermeneutic phenomenological study to see if similar or different results occur |
| Conduct a quantitative study to identify the frequency of LV behaviors experienced by male RNs |
| Conduct a focus group study of male nurses' experiences of LV to help identify preventive strategies |
| Implement and enforce "zero tolerance" organizational policies toward LV |
| Educate all staff on LV from top executives down |
| Education should include male nurse vulnerability |
| Discuss gender differences in expression of care (e.g. physical touch) in nursing schools and practice |
| Include third party unbiased mediators to address LV |
| Increase male nurse teachers, role models and mentors in nursing education |
| Provide additional support and resources to male nurses in nursing school (e.g. labor and delivery rotations) |
| Address the stereotype of male nurses as "muscle" in nurse education and practice |
| Develop CEU modules that address LV directed toward male nurses |
| Address subtle and covert forms of LV in education and practice |
| Include male nurse contributions in nursing textbooks, and lectures, and do not exclusively refer to nurses as "she" in nursing textbooks |

## CONCLUSION

This study used a hermeneutic phenomenological design to answer the research question "What is the male nurses' lived experience of lateral violence in the workplace"? Lateral violence as seen through the eyes of the male nurse represents a full spectrum of behaviors perpetrated by one nurse toward another. These behaviors range from one extreme on a continuum to another. For example male nurses viewed physical assault and sexual harassment as lateral violence but also viewed being ignored and discourteous behavior as lateral violence. This study has shown that while experiencing the full array of LV behaviors experienced by their female colleagues as described in the literature (e.g. verbal affront, sabotage, scapegoating, invasion of privacy, backstabbing); male nurses also experienced many unique LV experiences of their own. These included exploitation of physical strength, discrimination based on male gender, stereotyping, not being respected for skills, and exclusion from certain nursing experiences and jobs (e.g. labor and delivery). This study has also revealed that male nurses lack organizational support and personal resources to adequately deal with LV. Twelve of 15 participants (80%) expressed either no support, inadequate support, or support that was too slow. The devastating effects of LV to the study participants mandates that nursing leadership, practice, and scholarship more rigorously address this issue.

This study has provided male registered nurses with a voice. The interest generated by the study provides an indication of how important studies similar to this one are to men in nursing and the nursing profession at large. After data saturation had been achieved and enrollment of participants had stopped, the investigator had continued to be

contacted by potential participants seeking to enroll in the study. Additionally there were several male RNs who wanted to participate but could not due to the distance to the interview sites. Other male RNs had contacted the investigator but could not participate due to the exclusion criterion of being an advanced practice nurse (APN). Many of the participants had expressed that the study was "long overdue" and had emphasized the importance of its publication.

The current nursing shortage mandates increasing diversity in the nursing profession to meet this urgent need. Increasing men in nursing is one way to increase diversity and meet this need. Recruiting and retaining male nurses is a critical imperative for the nursing profession. Addressing lateral violence directed toward male nurses could potentially help with the recruitment and retention of men in nursing. This study has illuminated the male nurses' lived experience with lateral violence in the workplace, and has provided nursing education, practice, and scholarship with some recommendations to help ameliorate this problem.

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