

The Unseen Risk: Lateral Violence in Perianesthesia Care

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Background

Perianesthesia nursing is a high-pressure environment with rapid patient transitions and brief, high-stakes interactions. Nurses rely on immediate trust and seamless communication during handoffs and emergent situations to ensure patient safety.

During orientation, nurses have reported not feeling welcomed into the team, highlighting the impact of unit culture on psychological safety. In high-stress environments, subtle behaviors such as exclusion, condescension, and withholding information, recognized as lateral violence (LV), can emerge. LV affects up to 83% of nurses and contributes to decreased morale, turnover, and potential safety risks.

Recognizing the critical role of trust and the belief that everyone matters, this project was initiated to strengthen peer relationships and promote a culture of psychological safety within the perianesthesia setting.



Objective/Purpose

This project aimed to:

- Raise awareness of lateral violence and its impact on team dynamics
- Promote psychological safety through everyday communication
- Introduce actionable, low-resource strategies to foster respect and inclusion
- Support nurse retention by strengthening belonging and trust

Methods

This initiative was introduced through unit staff meetings following open discussion about team culture and psychological safety.

Five culture-shifting strategies were integrated:

- Weekly peer recognition during team huddles
- “Code Word for Kindness” (“Let’s refocus”) to address incivility in real time
- Zero-tolerance reinforcement through signage and reporting pathways
- Peer-nominated awards (Caregiver Celebrations) recognizing professionalism, inclusivity, and positive peer support
- Intentional focus on micro-behaviors (tone, eye contact, gratitude) with brief check-ins during high-stress handoffs

All strategies emphasized psychological safety, active listening, and blame-free inquiry—especially during high-stress handoffs.

Outcomes

Staff feedback indicated increased awareness of lateral violence and improved interpersonal respect among team members. Nurses described feeling “**more comfortable speaking up**” and “**more mindful of tone and delivery**,” and appreciated having a neutral way to “**reset in real time**.” Several noted a renewed commitment to kindness and accountability, with improved cohesion observed during daily team interactions.

Conclusions

These findings suggest that creating opportunities for reflection and real-time reset help strengthen team communication and psychological safety in high-stress perianesthesia environments. Future efforts will focus on implementing a more formal evaluation process with caregiver input to further assess the impact of these initiatives.

References

Zhang, Y., Cai, J., Yin, R., Qin, S., Wang, H., Shi, X., & Mao, L. (2022). Prevalence of lateral violence in nurse workplace: a systematic review and meta-analysis. *BMJ open*, 12(3), e054014. <https://doi.org/10.1136/bmjopen-2021-054014>