

The Lateral Violence Experienced among Nurses on the Workplace

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Abstract: Workplace violence towards nurses is a worldwide problem, with professional nurses at the greater risk of being subjected to workplace violence. While the actual prevalence of workplace violence towards nurses remains unknown, it is expected that a lack of respect towards the nursing profession in the society is a significant factor that contributes to workplace violence towards nurses. This study aimed to identify the prevalence and characteristics of discriminative behavior experienced by nurses, working at the in-patient units and Emergency Departments of DHQ hospital. The study employed the cross-sectional design and included 100 nurses from in-patient units and Emergency Departments of DHQ hospital. A simple convenient sampling technique was used to engage the participants. Data was collected by using questionnaire. The study found 55.2% prevalence of discriminative behavior among nurses. The study also reported highest prevalence of discriminative behaviour among young (19 to 29 years of age) female nurses with less than 5 years of work experience. The most common perpetrators of discriminative behaviour were nurses in managerial positions. The study identified the prevalence of discriminative behaviour towards nurses in healthcare settings. The findings of the study may serve as a milestone towards the implementation of "Harassment of Women at Workplace, Act 2010" and may help to achieve the violence free healthcare environment.

Keywords: Workplace violence, Bullying/Mobbing Behaviour, Lateral Violence, Perpetrators

1. Introduction

According to the American Nurses Association (2011) lateral violence is any form of physical, verbal, or emotional abuse. There are many different ways in which lateral violence can occur. Some examples include: using management positions to control staff, refusing to help others, discourage personal values and beliefs, withholding information & eye rolling.

"Discrimination in the workplace can cost an organization up to billion a year. This increase in cost can be attributed to: employee absences, lost productivity & work-related injuries, lead to a decrease in job satisfaction, an increase in the nursing shortage, a decrease in the quality of care to patients, and a negative working environment. This type of behavior typically has been associated with demoralized groups and usually occurs where there are unequal power relations. It is a form of harassment and acts to socialize those who are different into the status (Hastie, 2007). Hostile interactions directed at nurses in the workplace come from a variety of sources including patients and their families, physicians and other hospital staff, and between nursing colleagues. These negative behaviors pose a threat to patient safety and can result in increased stress levels, frustration, loss of concentration and breakdown in communication.

2. Material & Methodology

It will be descriptive cross sectional study done at DHQ hospital Faisalabad. Population will be all nurses working in patient units and emergency department district head quarter hospital Faisalabad. Research tool is questionnaire. Convenient sampling will be use for study. Sample size (n) = 100. All questionnaires were completed by person to person. Independent variable is lateral violence and Dependent variables are Employee absences. Decrease in job satisfaction. Decrease in the quality of care to patients, and Negative

working environment. Data will be analyzed by using SPSS (statistical package for social sciences) version 20. I will inform the participant before collection of data and then gathered data with their willing. The participant will have a right to willingly participate or not. Each participant will be study as single case

3. Result

In this study survey, "to assess the prevalence of lateral violence and its affects experienced among nurses on the work place" the results shows that the prevalence of discriminative behavior among nurses came out to be 55.2% in DHQ, which is relatively high when compared to similar studies in other hospitals. It has been found that mostly nurses faced emotional neglect; criticism etc. 52.02% nurses felt that violence is a cause of employee absences. 61.66% nurses felt that violence decrease the quality of patients care. 51.2% nurses think that violence leads to decrease job satisfaction. 51.88% nurses agree on that violence create negative work environment. Moreover, in nursing division, nurse managers and supervisors consider themselves accountable for the overall ward management. It is quite usual for them to exhibit bullying/ mobbing behavior towards nurses which includes: being rude and abusive in behaviour, unjust in criticism, and passing teasing remarks towards nurses. Hence, nurse managers and supervisors might not consider it as workplace bullying as for them, it could be part of their job responsibility to make nurses more competent in providing quality patient care.

4. Discussion

The findings of the current study correlate with:

The study conducted in Hong Kong where the reported prevalence of lateral violence was 45% and staff members, colleagues, and supervisors were the main perpetrators. The study conducted in Karachi, Pakistan reported 33.8%

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prevalence of discriminative behaviour among nurses. As compare to these the prevalence of discriminative behavior among nurses in district head quarter hospital Faisalabad came out to be 55.2%, which is relatively high. Moreover, workplace values and policies define the overall culture of the organization. Therefore, it is likely that in the government healthcare settings of Pakistan, the high prevalence of bullying/mobbing behaviour could be because of the traditional hierarchical system, where senior nurses exhibit discriminative attitudes towards junior nurses. Hence, nurse managers and supervisors might not consider it as workplace discrimination as for them, it could be part of their job responsibility to make nurses more competent in providing quality patient care.

5. Conclusion

Although there is evidence in the literature that lateral violence exists, This study attempted to identify the extent of discriminative behaviour towards nurses in the healthcare settings of DHQ FSD, Pakistan and this study could provide strong basis to implement the "Harassment of Women at Workplace, Act 2010" and could help to achieve one of the goals of the World Health Organization (WHO), that is, a violence free healthcare environment.

6. Suggestions

Based on the study findings, some recommendations have been derived:

Firstly, awareness sessions should be arranged for nurses to make them aware about the existing policies to prevent them from harassment such as Zero tolerance policy.

Secondly, nursing services must arrange structured training sessions for nurses to enhance their soft skills, such as effective communication skills, conflict management strategies, and ways to deal with aggressive clients.

Thirdly, trainings and refresher courses should be arranged for nurses in management positions, such as team leaders, head nurses, nurse managers, nurse supervisors, nursing directors, and chief nursing superintendents.

References

- [1] Sheridan-Leos, N. (2008). Understanding lateral violence in nursing. *Clinical Journal of Oncology Nursing*, 12(3), 399.
- [2] Somani, R., Karmaliani, R., Farlane, J., Asad, N., & Hirani, S. (2015). Prevalence of Bullying/Mobbing behaviour among Nurses of Private and Public Hospitals in Karachi, Pakistan. *International Journal of Nursing Education*, 7(2), 235-239.
- [3] Academy of Medical-Surgical Nurses. (2008). *Workplace bullying and lateral violence Among snurses*. Retrieved from: <http://www.amsn.org/HWE/Bullying.html>
- [4] American Association of Colleges of Nursing. (2012). *Nursing shortage*. Retrieved from <http://www.aacn.nche.edu/media-relations/factsheets/nursing-shortage>
- [5] Aiken, L., Clarke, S., Sloane, D., Sochaliski, J., Busse, R., Clarke, H., & Shamian, J.(2001). Nurses' report on hospital care in five countries. *Health Affairs*, 20(3), 43-53.
- [6] Almost,J.(2006). Conflict within nursing work environments: Concept analysis. *Journal of Advanced Nursing*, 53(4), 444-453.
- [7] Alspach, G. (2007). Critical care nurses as coworkers: Are our intentions nice or nasty? *Critical Care Nurse*, 27(3), 10-14.
- [8] Academy of Medical-Surgical Nurses. (2008). *Workplace bullying and lateral violence among nurses.*, Retrieved from: <http://www.amsn.org/HWE/Bullying.html>
- [9] American Association of Colleges of Nursing. (2012). *Nursing shortage*. Retrieved from <http://www.aacn.nche.edu/media-relations/factsheets/nursing-shortage>
- [10] American Association of Critical Care Nurses. (2005). *AACN standards for establishing and sustaining healthy work environments*. Retrieved from <http://www.aacn.org/WD/HWE/Docs/HWEStandards.pdf>
- [11] American Heritage Dictionary of the English Language. (2007). *Caring*. Retrieved from <http://dictionary.reference.com/browse/caring>
- [12] American Nurses Association. (2011). *Lateral violence and bullying in nursing*. Retrieved from <http://www.nursingworld.org/Nursing-Factsheets/lateral-violenceand-bullying-in-nursing.html>
- [13] Becher, J., & Visovsky, C. (2012). Horizontal violence in nursing. *MedSurg Nursing*, 21(4), 210-214. Retrieved from <http://www.amsn.org/sites/default/files/documents/practice-resources/healthywork-environment/resources/MSNJ-Becher-Visovsky-21-04.pdf>