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Table of Contents **Pages**

Editorial

1. Nursing and Midwifery Students' Utilization and Clinical Experiences of Early Detection Measures of Breast Cancer In Ibadan, Oyo State, Nigeria 1- 13
   Esther, Ilesanmi, Oluwatosin

2. Reduction of Adolescent Pregnancy in Nigeria: The Challenges and Midwives Roles 14-23
   Awoyinka

3. Nurses' Perceived Impacts of Lateral Violence on Surgical Outcome in University College Hospital, Ibadan. 24-40
   Kolawole, Ologunde

4. Re-Branding the Image of Nursing in Nigeria: Every Second Counts 41-54
   Udo, Peretomode

5. Influence of Curriculum Content of Health Education on Students' Health Risk Behavior in Selected Private Schools in Ibadan, Oyo State. Nigeria 55-65
   Funmilayo T,

6. Pregnant Teenagers and Maternal Health Service Utilization: Influencing Factors 66-75
   Mekwunyei

NURSES' PERCEIVED IMPACTS OF LATERAL VIOLENCE ON SURGICAL OUTCOME IN UNIVERSITY COLLEGE HOSPITAL, IBADAN.

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Abstract

Background: Lateral violence in the workplace is an ever increasing concern to the workers. Although lateral violence is reported in many professional fields, researchers report high instances in the health care arenas, specifically among nurses who are regarded as oppressed group. The aim of this study was to assess nurses' perception on the impacts of lateral violence on surgical outcome at the University College Hospital, Ibadan.

Methods: This is a descriptive cross sectional study conducted among nurses in operating theatres and surgical units of University College Hospital. A convenient sampling technique was used to select 98 out of 115 preoperative nurses who participated in the study. A self-administered questionnaire was used to collect data with seven days. The data collected were analyzed using Statistical Package for Social Sciences (SPSS) version 20.0. Descriptive statistics were presented in tables and figures while Chi-square (χ^2) was used to test the association between the study variables.

Findings: The findings showed that Majority (90%) are female with 38.8% having spent 6-10 years in the surgical settings. Majority 86(87.8%) of the respondents have good knowledge about lateral violence while 90(91.9%) perceived high prevalence of lateral violence among nurses. Respondents also reported that impact of lateral violence has been associated with costly medical error, financial loss, patient injury and increased staff turnover and teamwork interruption. Changes in workplace, climate and stress level, generational differences or personality and resistance to change were among the factors identified that contribute to lateral violence. Respondents' perception of prevalence of lateral violence was associated to their level of knowledge about it.

Conclusion: Despite the high knowledge of impact of lateral violence, it is still underreported. Therefore, there is need to provide conflict management training and education on how to solve workplace violence. Also, there should be clear policy guidelines on how disrespectful or unethical behavior in the workplace.

Keywords: Violence, workplace, stress, change, professional behavior, impact

Introduction

It has been over thirty years since Roberts first wrote about nurses being an oppressed group, who in their frustration with lack of power and autonomy, act aggressively toward one another. Since then much more research has been conducted that has broadened the descriptors and understanding of the phenomenon of lateral violence. Lateral violence in the workplace is an ever increasing concern to the workers. Although lateral violence is reported in many professional fields, researchers report high instances in the health care arenas, specifically among nurses[1, 2]

This type of behaviour typically has been associated with oppressed 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 quo[3]. Lateral violence in the workplace is a result of history and politics in western society and is a symptom of an oppressive environment[3]. It tends to be covert, hard to discern and thus the victim has difficulty in seeking assistance within the job setting. The actual incidence and prevalence of lateral violence in nursing is hard to know as lateral violence is often unrecognized and underreported[4].

However, recent research has found that lateral violence is fairly widespread at 65% - 80% of nurses surveyed stating they have either experienced it or witnessed it[5]. Hostile interactions directed at nurses in the workplace come from a variety of sources including patients, their families, physicians and other hospital staff[6] and between nursing colleagues[7]. These negative behaviors pose a threat to patient safety and can result in increased stress levels, frustration, loss of concentration and breakdown in communication[8]. Nurses report that aggression between nurse colleagues or lateral violence is the most emotionally devastating of all the forms of workplace aggression[9]. A number of different terms have been used in the literature to describe this phenomenon[11]. These include horizontal violence[12,13, 14, 15, 16], workplace aggression[17, 6], bullying[18, 19, 11,21,22], horizontal hostility[23],workplace violence[24,25], disruptive behavior[26], relational aggression[27], disrespect[28]and incivility[29]. Whatever one chooses to call this behavior, one thing is clear; it is a serious issue for nursing.

Almost everybody has experienced violence from their peers and colleagues in one way or the other. Lateral violence is believed to occur worldwide, it is also a form of bullying that includes gossip, shaming, and putting blame on others, back stabbing and attempts to socially isolate others. Lateral violence is a term that describes the way people in positions direct their dissatisfaction inward towards each other, themselves and mostly towards those that are less powerful than themselves. In other words people who are victims of a situation of dominance turn on each other instead of confronting the system that oppresses them. The oppressed becomes the oppressors. Lateral violence is directed sideways that is' the aggressors are often people in powerless positions. Lateral violence is a deliberate and harmful behavior demonstrated in the workplace by one colleague to another. It is a significant problem in nursing profession[24].

Lateral violence creates a negative impacton both the work environment and the nurses' ability to deliver optimal patient care. Lateral violence is a disruptive and inappropriate behavior demonstrated in the workplace by one colleague to another who is in either an equal position or lesser position[30]. This deliberate behavior can be stylishly openly displayed. It is commonly repeated and often escalating over time[31]. Although individual acts may appear harmless, the cumulative effect of these personalized insults and aggressive behaviors intensify the harm more than a single violent act would do[32].

Nursing has been considered the primary occupation at risk for lateral violence; Studies estimated that 44% to 85% of nurses are victims of lateral violence and up to 93% of nurses' report witnessing lateral violence in the workplace[33]. Studies estimates lateral violence in the nursing working place ranges from 46 to 100%[38]. Unfortunately, the experienced nurse is the most often the perpetrator while the novice nurse is the likely victims[33]. Some studies suggest that because of its prevalence, this behavior is considered normal and accepted within the nursing culture; hence it is often overlooked and unreported[31]. The harmful effect of continued exposure to lateral violent are multiple, victims report an overall decreased sense of well-being, physical health complaints and depressive symptoms[34].
Other psychological effects can include sleep disturbances, anxiety, and suicidal behaviors and symptoms consistent with post-traumatic stress disorder[35].

Lateral violence creates a toxic work environment which not only harm nurses but also patients. Experts agree that nursing communication breakdown and lack of teamwork are a root cause of errors. From a very ethical perspective, tolerating lateral violence behavior is wrong and it violates the basic oath to keep patients safe. Nurses should not be afraid to speak up when they are intimidated by fellows and senior colleagues. Response to lateral violence is an ethical consideration for nurse practitioners, in order to reduce disruption to patient care and prevent monetary losses to health care organizations, nurse practitioners should advocate for changes in nursing education, accreditation standards, and policies targeted at the elimination of lateral violence. Lateral violence in the working place is contributing to current nursing shortage. There is need to raise awareness of the challenges associated with lateral violence for both victims and witnesses. Education about lateral violence with nurses is needed so that the behavior will not be interpreted as something every nurse goes through[6]. In view of these, the researcher wants to carry out a study to determine the perception of nurses on impacts of lateral violence on surgical outcome.

Objectives of the study

The broad aim of the study is to determine the perception of nurses on impact of lateral violence on surgical outcome.

The specific objectives are as follows:

1. To examine the level of knowledge of nurses on impact of lateral violence on surgical outcome
2. To determine the nurses' perception on prevalence of lateral violence in nursing practice.
3. To determine the effects of lateral violence on job performance and surgical outcome.
4. To identify the factors contributing to it's the occurrence

5. To identify ways by which lateral violence can be reduced in the workplace

Research hypotheses

1. There is no significant association between knowledge of lateral violence and prevalence of lateral violence.
2. There is no significant association between years of experience and prevalence of lateral violence.
3. There is no significant association between gender of the participants and prevalence of lateral violence.

Materials and Methods

This is a descriptive cross sectional study conducted among nurses to determine their perception of nurses on the impacts of lateral violence on surgical outcome in operating theatres and surgical units of University College Hospital. A convenient sampling technique was used to select 98 out of 115 preoperative nurses available in the hospital.

A structured self-administered questionnaire was used to collect data. It consists of six sections including: the socio-demographic characteristics of respondents, nurses' level of knowledge about the impacts of lateral violence on surgical outcome, the prevalence of lateral violence, effects of lateral violence on job performance, factors contributing to its occurrence and ways by which it could be reduced in the workplace. The instrument was pilot tested in surgical outpatient department of the hospital to ensure validity and reliability respectively. Permission was obtained from the hospital management and head of clinical nursing department before the data collection was done. A letter of introduction was taken to the matron and patron in charge of each suites and wards that were used for the study. Senior nurses on duty were also informed and their consent obtained before collection of data. Individual respondents were also duly educated on the purpose of the study and were made to understand that no harm will come to them from participating in the study as its purpose is purely academic. The right to decline participation was also respected and no respondent was forced into participating in the study.

The filled questionnaires were retrieved within two hours of distribution and collected for data analysis within 7 days. Data were analyzed using the IBM Statistical Package for Social Sciences (SPSS) software version 20.0. Descriptive statistics was employed to describe characteristics of the study participants and the study variables; while the Chi-square test was used to determine the associations between categorical variables. The level of statistical significance was set at 0.05 or 5% for all analysis in the study.

Results

The figure 1 below shows that 90% of the respondents were female and 10% were male while figure 2 below shows that majority (38.8%) of the respondents had spent 6-10 years in the preoperative setting, 20.4% had spent 16-20 years, 18.4% had spent 11-15 years, 12.2% had spent 1-5years and 10.2% ha d spent 21years and above.

Figure 1: **Gender of the respondents**

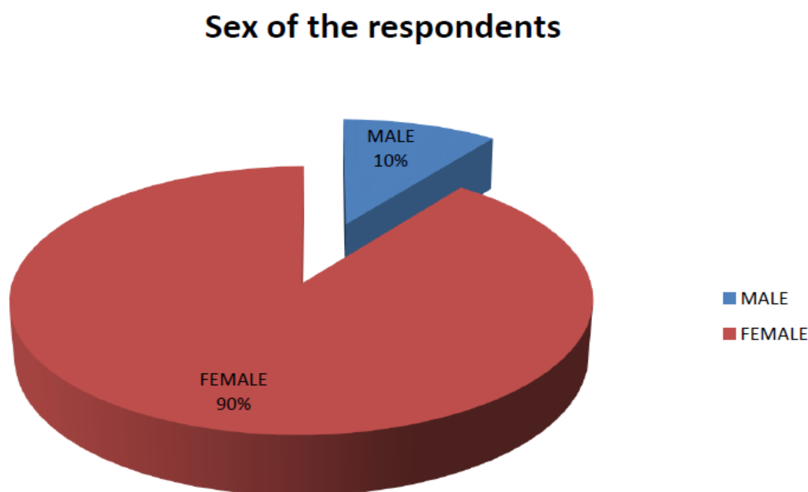
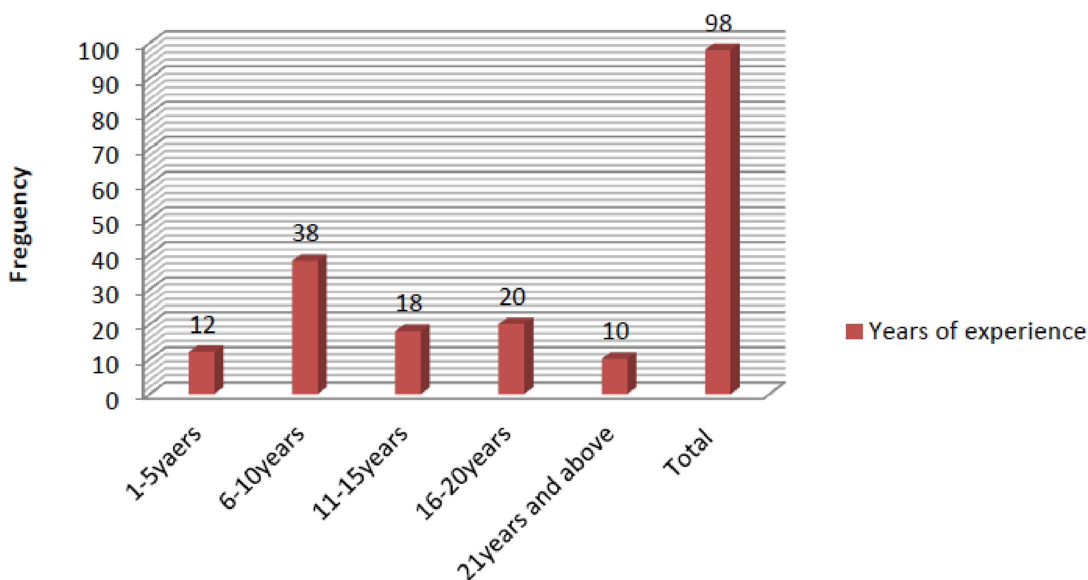


Figure 2: Respondents' years of experience in perioperative nursing settings



Level of knowledge of perioperative nurses on impact of lateral violence on surgical outcome

The table 1 below shows that 87.8% of the respondents reported that nature of the nurses practice environment gives room for lateral. 94.9% of the respondents perceived that lateral violence influences the quality of care. 98.0% of the respondents stated that nurses are at high risk of emotional and physical distress. 57.1% of the respondents stated that lateral violence is not accepted within the profession. 91.8% of respondents stated that nurses are oppressed through gender and medical dominance. 98.0% of the respondents stated that lateral violence can be verbal, physical and psychological. 74.5% of respondents stated that expressions such as rude comments, lack of collaboration, and breaking confidences should not be ignored. 87.8% of the

respondents stated that aggression from the co-workers is more problematic than aggression from the patient. Majority of the respondents 76.5% indicated that they do not report lateral violence in their workplace.94.9% of the respondents that lateral violence occurs repeatedly and has cumulative effect on nurses. 99.0% of the respondents stated that violence occurs in form of harassment, bullying, intimidation, and assault. 98.0% of the respondents stated that lateral violence emanates from the fellow nurses, nurse managers, other medical and administrative staff or patient and 86.7% of the respondents stated that it is under reported.

Table 1: Level of Knowledge of lateral violence

Variables (n=98)	**Yes**	**No**	**Total**
The nature of nurses practice environment gives room for lateral violence	86 (87.8%)	12 (12.2%)	98 (100%)
Lateral violence influences the quality of care	93 (94.9%)	5 (5.1%)	98 (100%)
Nurses are at high risk of emotional and physical distress	96 (98.0%)	2 (2.0%)	98 (100%)
Lateral violence among nurses is accepted within the profession	42 (42.9%)	56 (57.1%)	98 (100%)
Nurses are oppressed through gender and medical dominance	90 (91.8%)	8 (8.2%)	98 (100%)
Lateral violence can be verbal, Physical and Psychological	96 (98.0%)	2 (2.0%)	98 (100%)
In nursing practice expression such as rude comments, lack of collaboration, and breaking confidences should be ignored	25 (25.5%)	73 (74.5%)	98 (100%)
Aggression from co-workers is more problematic than aggression from patient	86 (87.8%)	12 (12.2%)	98 (100%)
I used to report lateral violence in the workplace	23 (23.5%)	75 (76.5%)	98 (100%)
Lateral violence occurs repeatedly and has a cumulative effects on nurses	93 (94.9%)	5 (5.1%)	98 (100%)
Lateral violence occurs in form of harassment, bullying, intimidation, and assault.	97(99.0%)	1 (1.0%)	98 (100%)
It usually emanates from fellow nurses, nurse managers, other medical and administrative staff or patient	96(98.0%)	2 (2.0%)	98 (100%)
It is an under reported phenomenon	85(86.7%)	13 (13.3%)	98 (100%)
Nurses are oppressed through gender and medical dominance	90(91.8%)	8 (8.2%)	98 (100%)
Lateral violence can be verbal, Physical and Psychological	96(98.0%)	2 (2.0%)	98 (100%)
In nursing practice expression such as rude comments, lack of collaboration, and breaking confidences should be ignored	25(25.5%)	73 (74.5%)	98 (100%)

The table 2 below shows that 87.8% of the respondents have good knowledge while 12.2% have poor knowledge.

Table 2: Knowledge Score

Knowledge Score	**Frequency**	**Percentage (%)**
Good	86	87.8
Poor	12	12.2
Total	98	100.0

The respondents' perception on prevalence of lateral violence

The table 3 below shows that 63.3% of the respondents strongly agreed that actual prevalence of lateral violence is difficult to know since it is under reported. 38.8% of the respondents strongly agreed that estimation in nursing workplace ranges from 46 to 100%. 65.3% of the respondents strongly agreed that lateral violence is common among female nurses than male nurses. 50.0% of the respondents strongly agreed that the experience nurse is the mostly perpetrator. 44.9% of the respondents strongly agreed that this disruptive behavior occurs at least weekly. 49.0% of the respondents strongly agreed that 60-80% of nurses have either experiencing or witnessing it. 88.7% agreed that it is not limited to practicing nurses that nursing students also report acts of lateral violence.

Table 3: Nurses' perception on prevalence of lateral violence

Variables (n=98)	**SA**	**A**	**U**	**D**	**SD**	**Total**
The actual prevalence in nursing is relatively difficult to know with certainty since it is underreported.	62 (63.3%)	28 (28.6%)	2 (2.0%)	4 (4.1%)	2 (2.0%)	98 (100%)
Estimation in nursing workplace ranges from 46 to 100%.	38 (38.8%)	30 (30.6%)	10 (10.2%)	8 (8.2%)	12 (12.2%)	98 (100%)
It is more common among female nurses than male nurses.	64 (65.3%)	20 (20.4%)	10 (10.2%)	1 (1.0%)	3 (3.1%)	98 (100%)
The experienced nurse is most often the perpetrator while the novice nurse is likely victims.	49 (50.0%)	38 (38.8%)	7 (7.1%)	2 (2.0%)	2 (2.0%)	98 (100%)
This disruptive behavior occurs at least weekly	44 (44.9%)	37 (37.8%)	10 (10.2%)	3 (3.1%)	4 (4.1%)	98 (100%)
65%-80% of nurses have either experiencing or witnessing it.	48 (49.0%)	43 (43.9%)	4 (4.1%)	2 (2.0%)	1 (1.0%)	98 (100%)
It is not limited to practicing nurses, student nurses also report acts of lateral violence	87 (88.7%)	10 (10.2%)	1 (1.0%)	0 (0.0%)	0 (0.0%)	98 (100%)

Perception of prevalence score

The table 4 shows that 91.9% of the respondents agreed that the prevalence of lateral violence is on the high side in nursing while 8.1% of the respondents did not state such.

Table 4: Perception of prevalence score

Prevalence score	Frequency	Percentage (%)
Good	90	91.9
Poor	8	8.1
Total	98	100.0

Effects of lateral violence on surgical outcome

The table 5 below shows that 88.0% of the respondents strongly agreed that lateral violence leads to reduced self-esteem/lowered moral. 51.0% of the respondents agreed that lateral violence can lead to depression. 61.3% of the respondents agreed that lateral violence can lead to anxiety. 60.2% of the respondents strongly agreed that lateral violence causes post-traumatic stress. 76.5% of the respondents strongly agreed that lateral violence causes psychological harm. 66.4% of the respondents strongly agreed that lateral violence causes physical illness. 41.8% of the respondents strongly agreed that lateral violence lead to financial lost. 63.0% of the respondents strongly agreed that actual prevalence of lateral violence is difficult to know since it is under reported.

81.6% of the respondents strongly agreed that lateral violence affects patient's safety and 1.0% 71.5% of the respondents strongly agreed that lateral violence leads to poor quality care/decreased patients' satisfaction. 61.2% of the respondents agreed that lateral violence leads to inability to advocate for patient. 59.1% of the respondents strongly agreed that lateral causes medication errors or patient injury. 34.7% of the respondents agreed that lateral violence leads to staff turnover.

Factors contributing to lateral violence among nurses

The table 6 below shows that 85.7% of the respondents strongly agreed that lateral violence is gender based. 44.9% of the respondents strongly agreed that oppression by physicians and hospital administrators contribute to the occurrence of lateral violence. 61.3% of the respondents strongly agreed that lack of regards for self and others contribute to the occurrence of lateral violence. 66.4% of the respondents strongly agree that organizational culture contribute to the occurrence of lateral violence. 40.8% of the respondents strongly agreed that educational system in nursing contribute to the occurrence of lateral violence. 38.8% of the respondents strongly agreed that demands of today's health system contribute to the occurrence of lateral violence. 80.6 % of the respondents strongly agreed that changes in workplace climate and stress level contribute to the occurrence of lateral violence. 25.5% of the respondents strongly agreed that generational differences or personality contribute to the occurrence of lateral violence lateral violence. 48.9% of the respondents strongly agreed that limited

autonomy in nursing practice contribute to the occurrence of lateral violence. 45.9% of the respondents strongly agreed that resistance to change contribute to the occurrence of lateral violence. 61.2% of the respondents strongly agreed that inadequate staffing contribute to the occurrence of lateral violence.

Table 5: Effects of lateral violence on surgical outcome

Variables (n=98)	SA	A	U	D	SD	Total
Reduced self-esteem/lowered morale	88 (89.8%)	6 (6.1%)	1 (1.0%)	1 (1.0%)	2 (2.0%)	98 (100%)
Depression	45 (45.9%)	50 (51.0%)	0 (0.0%)	3 (3.1%)	0 (0.0%)	98 (100%)
Anxiety	21 (21.4%)	60 (61.3%)	1 (1.0%)	12 (12.2%)	4 (4.1%)	98 (100%)
Post-traumatic stress	59 (60.2%)	38 (38.8%)	1 (1.0%)	0 (0.0%)	0 (0.0%)	98 (100%)
Psychological harm	75 (76.5%)	23 (23.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	98 (100%)
Physical illness	65 (66.4%)	30 (30.6%)	0 (0.0%)	1 (1.0%)	2 (2.0%)	98 (100%)
Financial loss	40 (41.8%)	21 (21.4%)	16 (16.3%)	11 (11.3%)	10 (10.2)	98 (100%)
Inability to work/reduced productivity and loyalty due to absenteeism	34 (34.7%)	60 (61.2%)	2 (2.0%)	0 (0.0%)	2 (2.0%)	98 (100%)
It affects patient's safety negatively	80 (81.6%)	14 (14.2%)	2 (2.0%)	1 (1.0%)	1 (1.0%)	98 (100%)
Poor quality of care/ decreased patients satisfaction	70 (71.5%)	24 (24.5%)	2 (2.0%)	0 (0.0%)	2 (2.0%)	98 (100%)
Inability to advocate for patient	31 (31.6%)	60 (61.2%)	3 (3.2%)	2 (2.0%)	2 (2.0%)	98 (100%)
Medication errors or patient injury	58 (59.1%)	32 (32.7%)	3 (3.1%)	3 (3.1%)	2 (2.0%)	98 (100%)
Increased staff turnover	29 (29.6%)	34 (34.7%)	10 (10.2%)	5 (5.1%)	20 (20.4%)	98 (100%)

Table 6:Factors contributing to lateral violence

Variables (n=98)	SA	A	U	D	SD	Total
It is gender based	84 (85.7%)	10 (10.2%)	2 (2.0%)	0 (0.0%)	3 (3.1%)	98 (100%)
Oppression by the physicians and hospital administrators	44 (44.9%)	40 (40.8%)	8 (8.2%)	2 (2.0%)	4 (4.1%)	98 (100%)
Lack of regards for self and others	60 (61.5%)	34 (34.7%)	1 (1.0%)	2 (2.0%)	1 (1.0%)	98 (100%)
Organizational culture	65 (66.4%)	30 (30.6%)	1 (1.0%)	1 (1.0%)	1 (1.0%)	98 (100%)
Educational system in nursing	40 (40.8%)	46 (46.9%)	10 (10.3%)	2 (2.0%)	0 (0.0%)	98 (100%)
The demands of today's health care system	38 (38.8%)	30 (30.6%)	20 (20.4%)	6 (6.1%)	4 (4.1%)	98 (100%)
Changes in work place climate and stress level	79 (80.6%)	10 (10.2%)	4 (4.1%)	3 (3.0%)	2 (2.0%)	98 (100%)
Generational differences or personality	25 (25.5%)	20 (20.4%)	35 (35.7%)	8 (8.2%)	10 (10.2%)	98 (100%)
Limited autonomy in nursing practice	48 (48.9%)	20 (20.4%)	14 (14.2%)	10 (10.2%)	7 (7.3%)	98 (100%)
Resistance to change (complacency)	45 (45.9%)	35 (35.7%)	7 (7.2%)	5 (5.1%)	6 (6.1%)	98 (100%)
Inadequate staffing.	60 (61.2%)	34 (34.7%)	3 (3.1%)	1 (1.0%)	0 (0.0%)	98 (100%)

Ways by which lateral violence can be reduced in the workplace

The table 7 below shows that 56.1% of the respondents strongly agreed that development of policies and procedures to address negative behaviors can be helpful in reducing lateral violence. 66.3% strongly agreed that increasing awareness, orientation, and education can be helpful in reducing lateral violence.75.5% strongly agreed that there is need for reflective practice to bring about cultural change in reducing lateral violence. 69.4% strongly agreed that self-determination strategies such as networking, emotional insight, achieving life balance and spirituality can be helpful in reducing lateral violence.50.0% strongly agree that Career and professional development can be helpful in reducing lateral violence.53.1% strongly agreed that mediation can be helpful in reducing lateral violence. 52.0% strongly agreed that understanding oneself can be helpful in reducing lateral violence.

Table 7: Ways by which lateral violence can be reduced among nurses in the workplace

Variables n=98	SA	A	U	D	SD	Total
Development of policies and procedures to address negative behavior	55 (56.1%)	34 (34.6%)	3 (3.1%)	2 (2.0%)	4 (4.1%)	98 (100%)
Increasing awareness, orientation, and education	65 (66.3%)	25 (25.5%)	5 (5.1%)	1 (1.0%)	2 (2.0%)	98 (100%)
There is need for reflective practice to bring about cultural change	74 (75.5%)	22 (22.4%)	2 (2.0%)	0 (0.0%)	0 (0.0%)	98 (100%)
Self-determination strategies such as networking, emotional insight, achieving life balance and spirituality	68 (69.4%)	26 (26.5%)	0 (0.0%)	4 (4.1%)	0 (0.0%)	98 (100%)
Career and professional development	49 (50.0%)	45 (45.9%)	2 (2.0%)	0 (0.0%)	2 (2.0%)	98 (100%)
Mediation	52 (53.1%)	45 (45.9%)	1 (1.0%)	0 (0.0%)	0 (0.0%)	98 (100%)
Understanding one self	51 (52.0%)	39 (39.8%)	6 (6.1%)	0 (0.0%)	2 (2.0%)	98 (100%

Hypotheses testing

HYPOTHESIS ONE: This hypothesis states thus:

Ho: There is no significant association between knowledge of lateral violence and perception of prevalence of lateral violence.

HA1: There is a significant association between knowledge of lateral violence and perception of prevalence of lateral violence.

Table 4.8: Cross tabulation of knowledge of lateral violence and prevalence of lateral violence.

Knowledge	Perception of prevalence		
	Good	Poor	Total
Good	82	4	86
Bad	8	4	12
Total	90	8	98

$\chi 2$ = 11.549, df = 1 p-value=0.000 $p<0.05$

The above table showed that there is significant association between knowledge of lateral violence and prevalence of lateral violence.

Decision: Since the tabulated significance level (0.05) is higher than the calculated significant value of 0.000 ($p<0.05$), therefore reject the null hypothesis and conclude that there is significant association between knowledge of lateral violence and perception of prevalence of lateral violence. This means that knowledge of lateral violence determine perception of prevalence of lateral violence.

HYPOTHESIS TWO: This hypothesis states thus:
Ho: There is no significant association between years of experience and prevalence of lateral violence.
HA2: There is a significant association between years of experience and prevalence of lateral violence.

Table 9: Cross tabulation of years of experience and perception of prevalence of lateral violence.

Years of experience	Prevalence		
	Good	**Poor**	**Total**
1-5years	11	1	12
6-10years	35	3	38
11-15years	17	1	18
16-20years	18	2	20
≥21years	9	1	10
Total	90	8	98

$\chi 2 = 0.302$, df = 4 p-value=0.9897 $p>0.05$

Table 9 above showed that there is no significant association between years of experience and perception of prevalence of lateral violence.

Decision: Since the tabulated significance level (0.05) is less than the calculated significant value of 0.9897 ($p>0.05$), therefore accept the null hypothesis and conclude that there is no significant association between years of experience and perception of prevalence of lateral violence. This means that year of experience does not determines their perception of prevalence of lateral violence.

HYPOTHESIS THREE: This hypothesis states thus:
Ho: There is no significant association between the gender of the respondents and perception on prevalence of lateral violence among nurses working in the main theatre of University College Hospital (UCH), Ibadan.
Ha: There is a significant association between the gender of the respondents and perception of prevalence of lateral violence among nurses working in the main theatre of University College Hospital (UCH), Ibadan.

Deliberate nature of lateral violence has been known to cause not only psychological harm but also physical illness[41] financial loss and ultimately an inability to work[42]. There is mounting evidence that exposure to lateral violence in the workplace has serious detrimental outcomes on the person involve, the organizations and workplace. In nursing, lateral violence can result in increased staff turnover, lowered morale, reduce productivity and loyalty[39]. This is also in agreement with a study[8] that surveyed 244 participants at one hospital and asked the question "Are you aware of specific adverse events that did occur as a result of lateral violence? The authors stated that the most disturbing outcomes of the study were the impact of this behavior on staff relationships, teamwork, and clinical outcomes of care. The participants linked disruptive behavior to the occurrence of adverse events, medical errors, compromises in patient safety, impaired quality of care and patient mortality. [43] A study explored the effects of lateral violence and the effects on patient safety. The author found that abusive work situations can lead health care professionals to make mistakes, the consequences of which patients must suffer.

Findings also revealed that among others, 85.7% of the respondents strongly agreed that lateral violence is gender based, 61.3% of the respondents strongly agreed that lack of regards for self and others contribute to the occurrence of lateral violence, 66.4% of the respondents strongly agree that organizational culture contribute to the occurrence of lateral violence, 80.6 % of the respondents strongly agreed that changes in workplace climate and stress level contribute to the occurrence of lateral violence, 45.9% of the respondents strongly agreed that resistance to change contribute to the occurrence of lateral violence, 61.2% of the respondents strongly agreed that inadequate staffing contribute to theoccurrence of lateral violence. This is in line with a study [18]that listed gender, generational differences or personal characteristics of individual, high stress environment, lack of experienced staff, limited autonomy in practice, hierarchy climate, complacency (feeling of being satisfied with how things are and not wanting to try to make better), Circuits of power, role issues and anger as factors contributing to lateral violence.

Furthermore, it was found out from the study that 56.1% of the respondents strongly agreed that development of policies and procedures to address negative behaviors can be helpful in reducing lateral violence, 75.5% strongly agreed that there is need for reflective practice to bring about cultural change in reducing lateral violence, 50.0% strongly agree that Career and professional development can be helpful in reducing lateral violence, 52.0% strongly agreed that understanding oneself can be helpful in reducing lateral violence, This is in line with a report that several different interventions have been proposed in the literature to prevent, reduce, oreliminate lateral violence[44, 45]. Some of which include the following consistently hold everyone accountable for their behavior by setting consequences for example zero tolerance policy. Increase awareness has been cited as a first step in formulating a plan to decrease the incidence[43]. This is also in support of the findings from a study which stated that advances in the scientific aspects of patient care have expanded

rather rapidly while healthcare organizations have not evolved as quickly[44]. This has resulted in a healthcare organization that is filled with poor communication, unclear policies, role confusion, turf battles and stressful interpersonal conflicts. She further suggested the use of mediation techniques as a way to manage conflict and create healthy work environments.

Conclusion

Lateral violence is a serious issue that is detrimental to patient safety. This study found out the perception of nurses on impact of lateral violence which can includes potential serious results such as medication errors and poor patient care standards. In addition, this study confirmed the reluctance of nurses to report horizontal violence due to the complicated and prolonged processes associated with reporting and the lack of attention to the issue when it is reported. The study also confirmed that management was involved inadvertently in the phenomenon of lateral violence. Health care organizations need to be more aware of the serious consequences of lateral violence. It is evident there are serious implications for patients safety, quality of care, and nurse retention. Strategies such as greater awareness through increased education and associated resources need to be in place to assist in preventing and addressing co-worker violence. Further studies are recommended on policy implementation related to respectful environments and the current reporting systems of lateral violence.

Recommendations

Educating nurses to raise awareness on the impacts of lateral violence in the workplace

- Tracking possible indicators of lateral violence Managers need to be positive role models to their staff to combat workplace violence within the nursing profession
- There is need to provide conflict management training, and education on how to deal with co-worker violence.
- There should also be clear policy guidelines on how to prevent distressful behavior in the workplace, and how to deal with it efficiently
- There is need for health sectors to provide essential support systems including human and material resources, which allow nurses to meet their professional standards.
- Nurses need to take individual responsibility of their actions.

References

1. Craig, D. Mandates for patient safety: are they enough to create a culture of civility in health care? *Continuing Education in Nursing, 2008. 42*(1), 16-17. doi:10.3928/00220124-201.10105-04

2. Sofield, L., & Salmond, S. W. Workplace violence: A focus on verbal abuse and intent to leave the organization. *Orthopaedic Nursing*, 2003. 22(4), 274-283.

3. Hastie, C. Horizontal violence in the workplace. Retrieved November 14, 2007. From: http:/www.birthinternational.com/articles/hastie02.html

4. Becher, J. &Visovsky, C. Horizontal violence in nursing. *Medsurg Nursing*, 2012. 21(4), 210-213.

5. Stagg, S.J., Sheridan, D., Jones, R.A., &Speroni, K.G. Evaluation of a workplace bullying cognitive rehearsal program in a hospital setting. *The Journal of Continuing Education in Nursing,* 2011. 42(9), 395-401.

6. Farrell, G.A., Bobrowski, C., &Bobrowski, P. Scoping workplace aggression in nursing: Findings from an Australian study. *Journal of Advanced Nursing,* 2006. 55(6) 778-787.

7. Budin, W.C., Brewer, C.S., Chao, Y.Y., &Kovner, C. Verbal abuse from nurse colleagues and work environment of early career registered nurses. *Journal of Nursing Scholarship*, 2013. 45(3), 308-316.

8. Rosenstein, A., &O'Daniel, M. Disruptive behavior and clinical outcomes: Perceptions of nurses and physicians. *American Journal of Nursing*, 2005. 105(1), 54-64.

9. Rosenstein, A., &O'Daniel, M. Impact and implications of disruptive behavior in the peri-operative arena. *Journal of American College of Surgeons,*2006. 203(1), 96-105.

10. Farrell, G.A. From tall poppies to squashed weeds: Why don't nurses pull together more? *Journal of Advanced Nursing*, 2005. 35(1), 26-33.

11. Johnson, S.L., & Rea, R.E. Workplace bullying: Concerns for nurse leaders. The *Journal of Nursing Administration*, 2009. 39(2), 84-9012. Duffy, E. Horizontal violence: A conundrum for nursing. *Collegian,*2005. 2(2), 5-17

13. Lee, M.B., & Saeed, I. Oppression and horizontal violence: The case of nurses In Pakistan. *Nursing Forum*, 2009. 36(1), 15-24.14. McKenna, B.G., Smith, N.A., Poole, S.J., & Coverdale, J.H. Horizontal violence: experiences of registered nurses in their first year of practice. *Journal of Advanced Nursing*, 2013. 42(1), 90-96.

15. Purpora, C., &Blegen, M.A. Horizontal violence and the quality and safety of patient care: A conceptual model. *Nursing Research and Practice*, 2012. Volume 2012, Article ID 306948, doi:10.1155/2012/306984

16. Thobaben, M. Horizontal workplace violence. *Home Health Care Management and Practice,*2015. 20(1), 82-83.

17. Anderson, L.L. Communication in nursing. 2011. Retrieved May 18, 2012 from: http://nursetogether.com/Career/Career-Article/itemid/906/Communication-in-nursing,aspx

18. Vickers, M., Jackson, D., & Wilkes, L. Workplace bullying in nursing: Towards a more critical organizational perspective. *Nursing Inquiry*, 2006. 13(2), 118-126.

19. Hutchinson, M., Vickers, M., Jackson, D., & Wilkes, L. "I'm gonna do what I wanna do." Organizational change as a legitimized vehicle for bullies. *Health Care Management Review*, 2005. 30(4), 331-336.

20. Hutchinson, M., Vickers, M., Wilkes, L., & Jackson, D. A typology of bullying behaviors: The experience of Australian nurses. *Journal of Clinical Nursing*, 2010. 19, 2319-2328

21. Randle, J. Bullying in the nursing profession. *Journal of Advanced Nursing,*2003. 43(4), 395-401.

22. Yildirim, D. Bullying among nurses and its effects. *International Nursing Review*, 2009. 56(4), 504-511.

23. Thomas, C.M. Teaching nursing students and newly registered nurses' strategies to deal with violent behaviors in the professional practice environment. *The Journal of Continuing Education in Nursing,* 2010. 41(7), 299-308.

24. Holmes, C. Violence, zero tolerance and the subversion of professional practice. *Contemporary Nurse,* 2006. 21(2), 212-227.

25. Speedy, S. Workplace violence: the dark side of organizational life. *Contemporary Nurse,*2006. 21(2), 239-250

26. Martin, W. Is your hospital safe? Disruptive behavior and workplace bullying. *Hospital Topics*, 2008. 86(3), 21-28.

27. Dellasega, C. Bullying among nurses. *American Journal of Nursing*, 2009. 109(1), 52-58.

28. Parse, R. Respect! *Nursing Science Quarterly*, 2010. 23(3), 193.

29.Vickers, M. Writting what's relevant: workplace incivility in public administration- A wolf in sheep's clothing. *Administrative Theory & Praxis*, 2006. 28(1), 69-88.

30.Coursey J. H., Rodriguez R. E., Dieckmann L. S.& Austin P. N. Successful implementation of policies addressing lateral violence. *AORN .* 2013Jan;97(1):101-9. doi:0.1016/j.aorn.2012.09.010.

31. Hutchinson, M. Restorative approaches to workplace bullying: educating nurses towards shared responsibility. *Contemporary Nurse*, 2009. 32(1-2), 147-155.

32. Einarsen S. Bullying and Emotional Abuse in the Workplace, *International Perspectives in Research and Practice*. CRC Press; 2003.

33. Jacobs D&Kyzer S. Upstate AHEC Lateral Violence among Nurses Project. *S C Nurse(1994).* 2010 Jan-Mar;17(1):1, 3. PubMed

34. Dehue, F., Bolman, C., Vollink, T., & Pouwelse, M. Coping with bullying at work and health related problems. *International Journal of Stress Management*, 2012. 19(3), 175-197.

35. Vessey J. A, Demarco R.&DiFazio R. Bullying, harassment, and horizontal violence in the nursing workforce: the state of the science. *Annu Rev Nurs Res.* 2010;28:133-57.

36. Robeznieks A. Disruptive behavior common place, survey finds. http://www. modernhealthcare.com/article/20091104/REG/311049964&Template_printpic. Accessed July 4, 2014.

37. Roche M, Diers D, Duffield C &Catling-paull C. Violence toward nurses, the work environment, and patient outcomes. *J NursScholarsh*. 2010;42(1):13-22.

38. Stanley KM, Dulaney P, Martin MM. Nurses 'eating our young'—it has a name: lateral violence. *S C Nurse*. 2007 ;14(1):17-18

39. Quine, L. Workplace bullying in nurses. *Journal of Health Psychology*, 2001. 6(1), 73-84.

40. Mikkelsen E. G., Einarsen S. Bullying in Danish work-life: prevalence and health correlates.*Eur. J. Work Organ. Psychol.* 2011. 10 393–413. 10.1080/13594320143000816 [CrossRef] [Google Scholar]

41. Kivimäki M, Elovainio M, Vahtera J. Workplace bullying and sickness absence in hospital staff. *Occup Environ Med* 2014; 57: 656-660.

42. McCarthy, P. Workplace bullying: A post-modern experience. In Einarsen, S., Hoel, H., Zapf, D., & Cooper, C. (Eds.), *Bullying and Emotional Abuse in the Workplace: International*

Perspectives in Research and Practice, 231–244. UK: Taylor Francis.2004. Google Scholar

43. McNamara S. Workplace violence and its effect on patient safety. *AORN J*. 2010;92(6):677-682.

44. Centers for Disease Control and Prevention. Principles of epidemiology in public health practice, third edition. 2012. Retrieved fromhttps://www.cdc.gov/ophss/csels/dsepd/ss1978/lesson1/section8.html

45. Longo, J., & Hain, D. Bullying: A hidden threat to patient safety. *Nephrology Nursing Journal*, 2014. 41(2), 193.

46. Johnson, S.L. International perspectives on workplace bullying among nurses: *A review. International Nursing Review*, 2009. 56(1), 34-40.

47. Gerardi, D. Using mediation techniques to manage conflict and create healthy work environments. AACN Clinical Issues: *Advanced Practice in Acute and Critical Care*, 2006. 15(2), 182-195.