

# ASSESSMENT OF LATERAL VIOLENCE AMONG NURSES AT PUBLIC SECTOR: SIR GANGA RAM HOSPITAL LAHORE, PAKISTAN

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## ABSTRACT

The word violence is always a stigma between the location where it exists and the focused era to where it belongs. Lateral violence always present in our surrounding in various different ways like gossiping, constant criticizing, ignoring, undermining anger outburst, bullying and threatening. Lateral violence among the nurses badly affects the patient care which resulted drastic amends in their perception against the nurses and simultaneously the nurses also suffer from the long-term effects. The aim of this study is to assess lateral violence among nurses at Public Sector, Sir Ganga Ram Hospital Lahore, Pakistan. A cross-sectional study was design was implemented. A convenient sampling technique was also used. The sample size taken was 203 according to Solvin's formula. Chi-square test was used to check relationship among the demographic data and the variables. The target population consisted of staff nurses and student nurses working in Ganga Ram Hospital Lahore. The result of this study revealed nonphysical workplace violence act. Majority of the respondent agreed that Lateral violence was prevalent in their workplace and only few of the respondents were disagreeing. The results showed that respondent with training were capable of overcoming this Lateral violence than the less experienced nurses and have ability to minimize effects. Quality care is possible only when nurses get cooperation, satisfaction and stress-free environment.

**Key words:** Lateral violence, bullying, incivility

## INTRODUCTION

Lateral violence is a frequent incident among nurses and may be gossiping, shouting, blaming others and breaking privacy (Sanner-Stiehr and Ward-Smith, 2013). Study was conducted in Pakistan 2015 to check prevalence of bullying behavior among nurses. That is 33.8% as a result of this study (Somani *et al.*, 2015). Furthermore, study conducted in Pakistan by Mateen (2014), also showed the nurses involvement with nonphysical violence 6.6% frequently and 13.8% occasionally faced the workplace violence (Mateen, 2014).

We face many types of violence in our surroundings and among them is lateral violence. Lateral violence happens in surroundings in many ways like gossiping, criticism, leg pulling, undermining, bullying, shouting and unprofessionalism (Blair, 2013). Study showed

that violence may affect the nurse's well-being at professional level and result as poor job output, decreased job satisfaction and intend to turnover Rippon, (2000), as cited in (Alameddine, Mourad & Dimassi, 2015). Another study showed that stress also the causes the lateral violence in nursing and workplace bullying. Workplace unethical behavior is connected with increased organizational outcomes together with and increased emotional stress and decreased organizational attachment (Laschinger *et al.*, 2010).

Patient quality care depends on nurses' internal cooperation with family, patients and other colleagues. The negative behavior of colleagues and insufficient information may affect patient health (Vessey *et al.*, 2009). Workplace bullying is a form of lateral violence, also known as verbal and non-verbal behavior among nurses. This is the responsibility of the organization to

provide stress free environment to the workers and minimize the lateral violence and focused on reporting the incident to address the root cause (Sanner-Stiehr and Ward-Smith, 2013).

Stressed environment leads to medical error, impaired patient care, lack of interest of nurse or affected victim and increased staff turnover. There are many theories can be applied for the lateral violence, one of them is social cognitive theory followed by Human Behavior theory. The theoretical perspective will be recommended for the change of human behavior. This theory will explain the all dimensions through which the individual attended to do unpleasant act (Blair, 2013).

The organization must learn the way to promote nurses to have skills and techniques to eliminate lateral violence from their work place to get effective outcomes and increased interest to retain as employee (Embree & White, 2010).

#### **Problem statement:**

According to the different studies, it showed that Lateral Violence is prevalent to the health care profession and its effects on the nursing professionalism as well as the patient care. Problem statement focuses on the nurse's interpersonal behavior in the term of lateral violence. This rising issue of every hospital setting has different negative aspects. Nursing profession is at the higher risk of lateral violence (Somani *et al.*, 2015). Prevalence of bullying behavior among nurses is 33.8%. Research report conducted in Pakistan shows 10.1% nurse's respond as bullying at work place (Mateen, 2014)

#### **Significance:**

This Study will help me to enhance knowledge about workplace violence, reasons and its effects on organization and on patient care. It will be important for nurses to enhance professionalism and improve interpersonal relationship for the betterment of quality patient care.

This study will help Organization of Sir Ganga Ram hospital to promote stress free environment and to improve quality of care to overcome stress, mal-practice and frustrated environment resulting from workplace violence. Policy makers will take decisions regarding violence promoting factors and will develop strategies to overcome adverse effect on patient care.

Quality care will be delivered and organizational prestige will be high as well.

#### **Objectives:**

##### **The specific objectives of the study are:**

- Assess the prevalence rate of lateral violence among nurses at Sir Ganga Ram hospital.
- Check correlation between qualification and learning opportunities regarding coping with the lateral violence.
- Interpret the correlation between qualification and getting a training regarding, how to cope up with lateral violence.

#### **Operational Definitions**

**Lateral Violence:** Is defined as aggressive behavior, rolling of eyes, blocking of learning opportunities to the other RN (Registered Nurse), preservation of information, humiliation and criticism, restricted for help in care related issues.

**Bullying:** Bullying is defined as testing behavior, showing busyness instead of helping staff, eventually not so busy.

**Incivility:** Incivility is defined as unprofessional behavior, hooting, ignoring work and others.

#### **Literature review:**

It's a common issue and having the different types like; verbal abuse threats and bullying. Nurses, however, are not willing to report the incident (Alyileili, 2013). Nurse participation is very important for reduction of the lateral violence. To get healthy work environment it is important that nurses also focused to reduce lateral violence (Ceravolo *et al.*, 2012).

About 65% reporting population, have frequently been observing lateral violence and 46 % participant considered lateral violence as serious issue (Stanley *et al.*, 2007). 10.1% nurses experience bullying at work place, face nonphysical violence 6.6% frequently, 13.8% occasionally. Researchers also emphasize that patients care is also at risk with the exposure of workplace violence (Mateen, 2014).

Prevalence rate is 33.8% regarding workplace violence in Pakistan (Somani *et al.*, 2015); when its employed

**1-Gender:**

Table 1 shows that all respondent were female, n=203 (100%). Respondent of age group 15-20 were 34.98% (n=71), respondent of age group 21-25 were 26.60% (n=54), 26-30 age group respondent were 27.09% (n=55) and above 30 year of age respondent were 11.33% (n=23). 32.51% (n=66) respondent having experience less than one year and 1-5 year of

experience respondent were 24.63% (n=50), 6-10 year of experience respondent were 32.02% (n=65) and above 10 years of experienced respondent were 10.84% (n=22). Approximately 60.59% (n=123) respondent were diploma holders and lowest % of respondent is Post RN 2.46% (n=5), specialized staff nurses were 12.32% (n=25) and student nurses were 24.63% (n=50).

**Table 2: Descriptive analysis of Lateral Violence**

| <b>1- I am aware that Lateral Violence is prevalent on my nursing unit.</b>                                    |                   | Frequency | Percent | Valid Percent | Cumulative Percent |
|--|-------------------|-----------|---------|---------------|--------------------|
| Valid  | Strongly Disagree | 20        | 9.9     | 9.9           | 9.9                |
|  | Disagree          | 43        | 21.2    | 21.2          | 31.0               |
|  | Neutral           | 38        | 18.7    | 18.7          | 49.8               |
|  | Agree             | 72        | 35.5    | 35.5          | 85.2               |
|  | Strongly Agree    | 30        | 14.8    | 14.8          | 100.0              |
|  | Total             | 203       | 100.0   | 100.0         |                    |
| <b>2- I have denied access to learning opportunities by another RN on my unit.</b>                             |                   | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid  | Strongly Disagree | 64        | 31.5    | 31.5          | 31.5               |
|  | Disagree          | 71        | 35.0    | 35.0          | 66.5               |
|  | Neutral           | 15        | 7.4     | 7.4           | 73.9               |
|  | Agree             | 34        | 16.7    | 16.7          | 90.6               |
|  | Strongly Agree    | 19        | 9.4     | 9.4           | 100.0              |
|  | Total             | 203       | 100.0   | 100.0         |                    |
| <b>3- I feel like there would be repercussion if i discuss miss-treatment with my supervisors or director.</b> |                   | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid  | Strongly Disagree | 39        | 19.2    | 19.2          | 19.2               |
|  | Disagree          | 40        | 19.7    | 19.7          | 38.9               |
|  | Neutral           | 31        | 15.3    | 15.3          | 54.2               |
|  | Agree             | 72        | 35.5    | 35.5          | 89.7               |
|  | Strongly Agree    | 21        | 10.3    | 10.3          | 100.0              |
|  | Total             | 203       | 100.0   | 100.0         |                    |
| <b>4- In my nursing career, i have experience lack of support by my co workers.</b>                            |                   | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid  | Strongly Disagree | 20        | 9.9     | 9.9           | 9.9                |
|  | Disagree          | 39        | 19.2    | 19.2          | 29.1               |
|  | Neutral           | 26        | 12.8    | 12.8          | 41.9               |
|  | Agree             | 83        | 40.9    | 40.9          | 82.8               |
|  | Strongly Agree    | 35        | 17.2    | 17.2          | 100.0              |
|  | Total             | 203       | 100.0   | 100.0         |                    |
| <b>5- I have felt threatened by another RN.</b>  |                   | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid  | Strongly Disagree | 42        | 20.7    | 20.7          | 20.7               |
|  | Disagree          | 54        | 26.6    | 26.6          | 47.3               |
|  | Neutral           | 26        | 12.8    | 12.8          | 60.1               |
|  | Agree             | 63        | 31.0    | 31.0          | 91.1               |
|  | Strongly Agree    | 18        | 8.9     | 8.9           | 100.0              |
|  | Total             | 203       | 100.0   | 100.0         |                    |

involve in harassment, bullying it create a negative work environment and social exclusion Kivimaki *et al.*, (2000), as cited in (Laschinger *et al.*, 2012). It is clear that lateral violence has effect on patient care (Steinman, 2013).

Results shows that 38% targeted from threatened behavior, 73% respondent denied of learning opportunities. 16% respondent negatively affected the patient quality of care, 39% respondent not aware of policy dealing with the workplace violence at work place and 61% aware of hospital policy regarding lateral violence (Alyileili, 2013). About 40.5% nurses considered workload and less staff is the root cause of violence. Big number of nurse's violence has bad impact on quality of work and disturb interpersonal relations of co-workers (Samir *et al.*, 2012).

Theory of human behavior is applicable for the situation of lateral violence and conceptual map of the theory consists of three perspectives that are environmental stimulus, low self-esteem and effect on individual (Blair, 2013).

Result shows that 86.1% nurses exposed to the workplace violence in past 6 months. About 40.5% of nurse report works over load. Shortage of nurses is one of the cause of lateral violence and 35.8% nurses

reported to have malpractice and carelessness is the root cause of lateral violence. Researchers also mentioned that nurses use to with verbal abuse as they considered no authority to bring a change and they believe that assault is usual with job (Samir *et al.*, 2012). Bullying prevalence rate was 10.1% of workplace bullying 23.3% and physical bullying prevalence 3.1% (Laschinger *et al.*, 2012).

### METHODOLOGY

Descriptive cross-sectional study design was used. The data was collected from Sir Ganga Ram hospital Lahore, which is target population of the study. Questioner adopted from Blair (2013), with permission through email, five point Likert scale.

Convenient sampling technique was used to collect data. The inclusion criteria were all staff nurses and student nurses working in Ganga Ram hospital Lahore and exclusion criteria was all head nurses working in Ganga Ram hospital, Lahore. The sample size was 203 according Solvin's formula for sample collection from total population of 412. The data was examined through Statistical Package for Social Sciences (SPSS) version 21. Informed consent was taken from all participants and all the information is kept confidential.

### RESULTS

**Table 1: Demographic Data**

| Gender               |                 | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------------|-----------------|-----------|---------|---------------|--------------------|
| Valid                | Female          | 203       | 100.0   | 100.0         | 100.0              |
| Age                  |                 | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid                | 15-20           | 71        | 35.0    | 35.0          | 35.0               |
|                      | 21-25           | 54        | 26.6    | 26.6          | 61.6               |
|                      | 26-30           | 55        | 27.1    | 27.1          | 88.7               |
|                      | >30             | 23        | 11.3    | 11.3          | 100.0              |
|                      | Total           | 203       | 100.0   | 100.0         |                    |
| Stay in Organization |                 | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid                | <1 yr           | 66        | 32.5    | 32.5          | 32.5               |
|                      | 1-5 yrs         | 50        | 24.6    | 24.6          | 57.1               |
|                      | 6-10 yrs        | 65        | 32.0    | 32.0          | 89.2               |
|                      | above 10 yrs    | 22        | 10.8    | 10.8          | 100.0              |
|                      | Total           | 203       | 100.0   | 100.0         |                    |
| Marital Status       |                 | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid                | Married         | 75        | 36.9    | 36.9          | 36.9               |
|                      | Unmarried       | 128       | 63.1    | 63.1          | 100.0              |
|                      | Total           | 203       | 100.0   | 100.0         |                    |
| Qualification        |                 | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid                | Nursing Diploma | 123       | 60.6    | 60.6          | 60.6               |
|                      | Specialization  | 25        | 12.3    | 12.3          | 72.9               |
|                      | Post RN         | 5         | 2.5     | 2.5           | 75.4               |
|                      | Nursing student | 50        | 24.6    | 24.6          | 100.0              |
|                      | Total           | 203       | 100.0   | 100.0         |                    |

| <b>6- I have felt "harassed" by another staff member by the use of the hospitals complaint process (example: write-up it corrective action).</b> |                   | Frequency | Percent | Valid Percent | Cumulative Percent |
|--|-------------------|-----------|---------|---------------|--------------------|
| Valid  | Strongly Disagree | 89        | 43.8    | 43.8          | 43.8               |
|  | Disagree          | 67        | 33.0    | 33.0          | 76.8               |
|  | Neutral           | 16        | 7.9     | 7.9           | 84.7               |
|  | Agree             | 20        | 9.9     | 9.9           | 94.6               |
|  | Strongly Agree    | 11        | 5.4     | 5.4           | 100.0              |
|  | Total             | 203       | 100.0   | 100.0         |                    |
| <b>7- I have felt humiliated by another RN using verbal statements (example: rudeness, abusive language, humiliation, or criticism).</b>         |                   | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid  | Strongly Disagree | 59        | 29.1    | 29.2          | 29.2               |
|  | Disagree          | 57        | 28.1    | 28.2          | 57.4               |
|  | Neutral           | 27        | 13.3    | 13.4          | 70.8               |
|  | Agree             | 48        | 23.6    | 23.8          | 94.6               |
|  | Strongly Agree    | 11        | 5.4     | 5.4           | 100.0              |
|  | Total             | 202       | 99.5    | 100.0         |                    |
| Missing  | System            | 1         | 0.5     |               |                    |
| Total  |                   | 203       | 100.0   |               |                    |
| <b>8- I have felt mistreated by another RN and this has caused direct effect on my patients (example: late medications, medication errors).</b>  |                   | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid  | Strongly Disagree | 78        | 38.4    | 38.4          | 38.4               |
|  | Disagree          | 58        | 28.6    | 28.6          | 67.0               |
|  | Neutral           | 24        | 11.8    | 11.8          | 78.8               |
|  | Agree             | 35        | 17.2    | 17.2          | 96.1               |
|  | Strongly Agree    | 8         | 3.9     | 3.9           | 100.0              |
|  | Total             | 203       | 100.0   | 100.0         |                    |
| <b>9-I have been mistreated during my work hours and this has been witnessed by visitors.</b>  |                   | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid  | Strongly Disagree | 72        | 35.5    | 35.5          | 35.5               |
|  | Disagree          | 64        | 31.5    | 31.5          | 67.0               |
|  | Neutral           | 22        | 10.8    | 10.8          | 77.8               |
|  | Agree             | 37        | 18.2    | 18.2          | 96.1               |
|  | Strongly Agree    | 8         | 3.9     | 3.9           | 100.0              |
|  | Total             | 203       | 100.0   | 100.0         |                    |
| <b>10-I have had teaching or training in coping with situations and staff regarding Lateral Violence.</b>  |                   | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid  | Strong Disagree   | 96        | 47.3    | 47.3          | 47.3               |
|  | Disagree          | 47        | 23.2    | 23.2          | 70.4               |
|  | Neutral           | 13        | 6.4     | 6.4           | 76.8               |
|  | Agree             | 24        | 11.8    | 11.8          | 88.7               |
|  | Strongly Agree    | 23        | 11.3    | 11.3          | 100.0              |
|  | Total             | 203       | 100.0   | 100.0         |                    |

Table 2 highest percentage of respondent were agree about the statement that Lateral violence is prevalent in their nursing unit, 35% (n=72) were agree and 9.85% (n=20) were strongly disagree about the statement.

About Q: 2 results show that 9.36% (n=19) respondent were strongly agreed about the statement that they have denied access to learning opportunities by another RN in their department, 34.9% (n=71) were disagree about the statement.

Majority of respondent agreed that they feel like there would be repercussion if they discuss miss-treatment with the supervisors.

Most of the respondent agrees that they have experience lack of support by their co-workers.

Q: 5 results showed that most of the respondent agreed that they had felt threatened by another RN.

Q: 6 results showed that majority of the respondent were strongly disagreeing about the statement.

Q: 7 results shows that mostly respondent were strongly disagreeing about being verbal abused by another RN and with the difference of 5%, 23.7% were agreeing about the statement.

Q: 8 results shows that 3.94% (n=8) respondent were strongly agree, and 38.42% (n=78) were strongly disagree about felt mistreated by another RN and that cause direct effect on patient care.

Q: 9 results shows that most of the respondents were strongly disagree about they have been mistreated during work hours in front of visitors.

Q: 10 results shows that most of the respondent strongly disagrees about having any teaching or training to coop with the situation like lateral violence.

**Chi-square Analysis**

Statistically significant association between qualification and Nurses Perception about Lateral Violence at work place was found.

**Q # 1: Awareness**

**Table 3: Chi-Square Tests**

|  | Value               | df | Asymp. Sig. (2-sided) |
|--|---------------------|----|-----------------------|
| Pearson Chi - Square   | 35.179 <sup>a</sup> | 12 | 0.000                 |
| Likelihood Ratio   | 34.132              | 12 | 0.001                 |
| Linear -by- Linear Association   | 4.832               | 1  | 0.028                 |
| N of Valid Cases   | 203                 |    |                       |
| <i>a. 9 cells (45.0%) have expected count less than 5. The minimum expected count is 0.49.</i> |                     |    |                       |

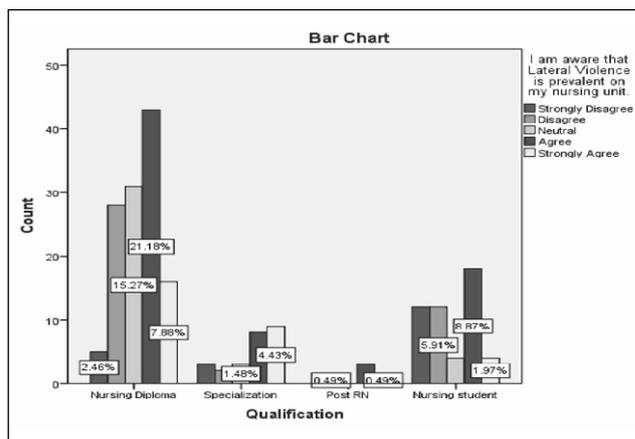


Figure 1

**Q # 1: Awareness**

**Table 3: Chi-Square Tests**

According to the Pearson correlation result there is a statistically significant association between qualification of participants and awareness about prevalent of Lateral Violence in the workplace because significant in the above table 3 and Figure 1,  $p=0.000$  that is less then  $P$  value (0.05).

**Q # 10: Learning Opportunities:**

**Table 2: Chi-Square Tests**

|  | Value               | Df | Asymp. Sig. (2-sided) |
|--|---------------------|----|-----------------------|
| Pearson Chi-Square   | 72.410 <sup>a</sup> | 12 | 0.000                 |
| Likelihood Ratio   | 78.088              | 12 | 0.000                 |
| Linear-by-Linear Association   | 39.489              | 1  | 0.000                 |
| N of Valid Cases   | 203                 |    |                       |
| <i>a. 9 cells (45.0%) have expected count less than 5. The minimum expected count is 32.</i> |                     |    |                       |

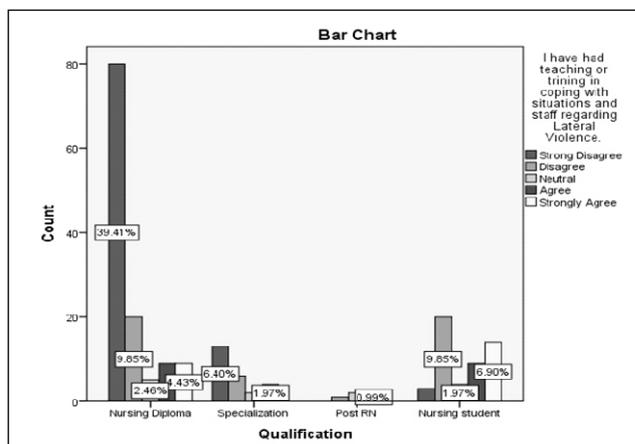


Figure: 2

According to the Chi-square result there is a statistically significant association between qualification of participants and having teaching or training in Violence because significant in the below table  $p=0.000$  that is less than  $P$  value (0.05).

## DISCUSSION

This study is conducted to assess the Lateral violence among nurses at government sector, Sir Ganga Ram Hospital Lahore. To know the occurrence of Lateral violence effect by the patients, their relatives and the care delivered by the Nurses, and what type of violence faced by the nurses the above-mentioned study was carried out.

Answer of the first statement “awareness about Lateral Violence was the prevalent in the nursing unit”. Majority of the respondents was agreed that Lateral violence occurring in their workplace and the lowest percentage of respondent were disagreeing from the statement. According to the study showed the highest percentage of the respondent were agreed and lowest were disagreed about the statement (Blair, 2013).

Majority percentage of the respondent disagrees about the statement of “they have been denied access to learning opportunities by another RN in the same unit” and lowest percentage of respondents were neutral about the statement and then lowest percentage of respondent who are disagree about the above statement. Results show that Majority of respondent positively admitted that they have been denied of learning opportunities (Alyileili, 2013).

Majority of the respondent positively agree the statement of “They feel, there would be repercussion if they discuss miss-treatment with supervisors” and the lowest percentage of the respondent were Strongly agree from the statement then the 2<sup>nd</sup> lowest percentage of the respondent were Strongly disagree about the above statement. Study results are opposite to the study results of Marry Russell about the statement, majority of the respondent were strongly disagree about the statement (Blair, 2013).

Fourth question of the questioner “during the nursing career, experiencing lack of support by co-workers” showed the positive response of the respondent, majority of respondent were agreed about the

statement and lowest percentage of respondent were disagreed about they have experienced lack of support by their co-workers. Majority of respondent were supported by their co-workers (Ceravolo *et al.*, 2012).

Majority of the respondent of the statement “felt threatened by another RN” were agreed and 2<sup>nd</sup> higher percentage of the respondent were disagreed about the statement, according to Alyileili (2013) study conducted in UAE Government hospital. Study conducted on registered nurses belonging from different cultures and nationalities. Results show that 38% targeted from threatened behavior, (Alyileili, 2013). The percentage of the UAE respondent are close to the study conducted in Public sector of Pakistan.

Lowest percentage of the respondent of this study was strongly agreed about the statement of “felt mistreated by another RN and this has caused direct effect on patients care (example: medication errors)” and highest percentage of the respondents were strongly disagreed about the above statement. Lateral violence effects patient safety and decreases nurses ability to deliver quality care (Christie *et al.*, 2014).

Majority of respondents were never had teaching or training in coping with situation and staff. Regarding Lateral violence lowest percentage of the respondent was agreed about the statement and very lowest percentage of respondent were neutral.

Percentage of coping behavior with situation of Lateral Violence had increased after training session about strengthening communication to overcome lateral violence (Ceravolo *et al.*, 2012). According to the Chi-square result there is a statistically significant association between qualification of participants and having teaching or training in Violence because significant in the table 1  $p=0.000$ .

## Limitations

- I should collect data from private and Government Hospital but unfortunately, I selected only one Public sector.
- Probability sampling the good results instead of convenient sampling.
- Experimental study may create a good worth instead of cross sectional study.

## CONCLUSION

Over all conclusion of the study is that lateral violence is very sensitive issue of the health care organizations and for its subordinates. Lateral violence has statistical significant relation with the qualification. Results showed that respondent with specific training to overcome the Lateral violence is less experiencing the situation and have ability to minimize its effects. Majority of respondent don't have any training regarding coping to the situation of Lateral violence. Study showed that Lateral violence is prevalent to the nursing department and its effect the patient care as well. Lateral violence not only affects the individual ultimately it effects the organization, co-workers and patient care. Quality care is possible when nurse get collaboration, satisfaction and stress-free environment.

## RECOMMENDATIONS

- Study results will be helpful for future researcher to conduct Interventional studies.
- Study helps nurses to think over lateral violence and develop strategy to overcome the causes behind Lateral violence.
- Study helps policy maker to formulate policies to overcome the lateral violence and its effect on patient's quality care.

## REFERENCES

Research Paper Alameddine, M., Mourad, Y. & Dimassi, H. (2015). A national study on nurses' exposure to occupational violence in Lebanon: prevalence, consequences and associated factors. *PloSone*, 10(9), pp e0137105.

Alyleili, A. K. K. O. (2013). Lateral violence among registered nurses working in government hospitals of UAE, The British University in Dubai (BUiD).

Blair, P. L. (2013). Lateral violence in nursing. *Journal of Emergency Nursing*, 39(5), pp e75-e78.

Ceravolo, D. J., Schwartz, D. G., Foltz-Ramos, K. M. & Castner, J. (2012). Strengthening communication to overcome lateral violence. *Journal of Nursing Management*, 20 (5), pp 599-606.

Embree J.L., White A.H. (2010) Concept analysis: nurse-to-

nurse lateral violence. *Nursing Forum*, 45(3):166-73.

Laschinger, H. K., Grau, A. L., Finegan, J. & Wilk, P. (2010). New graduate nurses' experiences of bullying and burnout in hospital settings. *Journal of advanced nursing*, 66(12), pp 2732-2742.

Mateen, S. (2014). Work Place Violence Reported by Student Nurses through Health Professionals in Clinical Setting. *Annals of Pakistan Institute of Medical Sciences*, 10(4), pp 215-217.

Rippon, T.J. (2000) Aggression and violence in health care professions. *Journal of Advanced Nursing*, 31(2), pp 452-460.

Samir, N., Mohamed, R., Moustafa, E. & Abou Saif, H. (2012). Nurses' attitudes and reactions to workplace violence in obstetrics and gynaecology departments in Cairo hospitals. *Eastern Mediterranean Health Journal*, 18(3), pp 198-204

Sanner-Stiehr, E. & P, Ward-Smith. (2013). Psychological distress among targets for lateral violence: A conceptual framework. *Journal of Nursing Education and Practice*, 3(6), pp 84-90.

Somani, R., Karmaliani, R., Mc, 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), pp 235-239.

Stanley, K. M., Martin, M. M., Nemeth. L. S., Michel, Y. & Welton, J. M. (2007). Examining lateral violence in the nursing workforce. *Issues in Mental Health Nursing*, 28(11), pp 1247-1265.

Steinman, S. (2013). Workplace violence in the health sector. Country Case Study: South Africa. Geneva: International Labour Organisation/International Council of Available at, [http://www.who.int/violence\\_injury\\_prevention/violence/interpersonal/en/WVcountrystudysouthafrica.pdf](http://www.who.int/violence_injury_prevention/violence/interpersonal/en/WVcountrystudysouthafrica.pdf)

Vessey, J. A., Demarco, R. F., Gaffney, D. A. & Budin, W. C. (2009). Bullying of staff registered nurses in the workplace: a preliminary study for developing personal and organizational strategies for the transformation of hostile to healthy workplace environments. *Journal of Professional Nursing*, 25(5), pp 299-306.