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Perception of Nursing Toward Lateral Violence In Health Care Setting In Riyadh, Saudi Arabia (Quantitative Study)

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Capstone Project Submitted for the Master of Science in Nursing: Advanced Practice

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I. Introduction

Lateral violence is one of the most threatening issues in the nursing profession. It has been found out to have significant impacts on nursing, especially on workplace satisfaction. (Ayasreh, Youssef &Ayasreh 2013). The first instance of the phenomenon was first identified more than thirty years ago and was referred to as a recurring occupational risk facing nurses (Taylor 2016). Even though continuous attempts and development of interventions has been made to address related behaviours, lateral violence is still stand as an issue within the profession (Mitchell, Ahmed & Szabo, 2014; Roberts 2015). There are other terms used interchangeably for the concept of lateral violence such as horizontal violence, mobbing, bullying, nurse hazing and workplace aggression. There is no unified definition of lateral violence in nursing, but Coursey et al., as cited in Christie and Jones (2014), defined it as 'devastating and an improper behavior appearing in the workplace employees to each other who either in an equal or lesser position.' According to Woelfle and McCaffery, as cited in Ayasreh, YousefandAyasreh (2013), lateral violence has been is any type of hostility, be it verbal, physical, or emotional, directed by one co-worker to another. Thobaben, according to Taylor (2016), defined lateral violence as hostile, painful, or aggressive tendencies directed towards a coworker(s) by another coworker(s) that may involve verbal, physical or any other type of behavior that can constitute abuse. In this study the researcher uses 'The term 'lateral violence', but there are other terms used with the same meaning of "lateral violence" such as workplace bullying which is divided into four types. Bullying represents lateral violence, which involves behaviours that occur between employees in which the perpetrator is a new or an old worker in the workplace. The perpetrators of type III bullying usually inflict verbal or psychological bullying, and only infrequently does it consist of physical abuse. Type III bullying is the most widespread type of workplace bullying experienced by nurses (Al-Ghabeesh&Oattom 2019).

Delayed understanding of lateral violence has made it difficult for nursing professionals to recognize it, react appropriately and, ideally, prevent it (Al-Ghabeesh&Oattom 2019). Rosen et al. (2017) in their studies stated that lateral violence in the workplace is contagious and highlighted the fact that employees who are victims of lateral violence are likely to treat other employees poorly. The prevalence of lateral violence in the healthcare sector is highest in the nursing profession; 65-100% of the nurses within the United States have been victim to lateral violence while many have opted out of the profession or considered doing so because of the negativity it causes (Stanley et al., as cited in Bambi 2018). In a Jamaican study, 96%of the participants reported having experienced lateral violence with 75% reporting that the encounter ranged from mild to severe. (Morrison et al. 2017). One study conducted in Taif by Ayasreh, Youssef and Ayasreh (2013) revealed that lateral violence was most common among nursing peers, whereas other staffs such as security and maintenance workers were the least common perpetrators of lateral violence.

Although there is a high prevalence of lateral violence among nursing professionals, few of them speak openly about it. Nurses tend to be silent about victimization because of the professional repercussions that might result from reporting their colleagues (Hippeli, as cited in Bambi 2017). Nurses experience many forms of lateral violence in different areas ranging from covert non-verbal insinuations to overt physical violence. Griffin, as cited in Ayasreh, Yousef andAyasreh (2013), observed that non-verbal innuendos were most common, with verbal insults coming in second, third was withholding information, followed by sabotage, backbiting, scapegoat, backstabbing, violation of privacy, and broken trust. Blanton et al., as cited in Goff

(2018), also described different forms of lateral violence, including calling co-workers demeaning names; using words, tone of voice or body language that humiliates or ridicules them; belittling their concerns and pushing them or throwing things.

Although the literature confirms that lateral violence is a recognized problem in nursing, there is a lack of evidence regarding methods nurses have found to help combat episodes of this behavior. Careful attention should be given to implementing strategies to empower nurses to confront, diffuse and resist these negative behaviors (Al-Ghabeesh&Oattom 2019). Nurses, as healthcare professionals, are in a position to identify when lateral violence occurs; with increased awareness and sensitivity, nurses may be better able to monitor themselves and assist their peers to recognize when they are displaying negative behaviors (Al-Ghabeesh&Oattom 2019).This study contributes to the understanding of lateral violence perceptions among nurses within Riyadh hospitals.

II. Background and Significance

The exact prevalence of lateral violence in the nursing field is relatively unknown (Becher &Visovsky, as cited in Ayasreh, Youssef &Ayasreh 2013); this might be related to the different definitions of lateral violence among nurses within different cultures (Crawshaw, as cited by Taylor 2016). Furthermore, most lateral violence is rarely reported, which makes it harder to account and measure their occurrences statistically. Nonetheless, scholars have confirmed that lateral violence is rampant among nurses in health care facilities, with some studies observing that up to 65-80% of nurses have been victim to various incidences (Taylor 2016).

In the Taif study, 94% of nurse participants had experienced at least one type of lateral violence behaviour during their work (Ayasreh, Youssef &Ayasreh 2013). A study by Taylor (2016) revealed that lateral violence has a negative effect on a nurse’s mental and physical wellbeing, morale, and self-esteem. According to Ayasreh, Youssef and Ayasreh (2013), lateral violence has many negative effects on nurses’ mental and physical wellbeing. Physical symptoms may include headaches, tearfulness, weight loss or gain, insomnia or sleep disruption, lack of concentration, dry throat, hyper-vigilance, and exhaustion. On the other hand, mental symptoms may include, unhappiness, hopelessness, declining self-confidence, depression, resignation, fearfulness, lack of morale, and lack of drive. As a result the individual’s reduced productivity and self-esteem affects the individual’s ability o provide patients with quality care. Besides, lateral increase hostility affects the patient’s wellbeing as the negativity surrounding the institution reduces the efficiency of patient nurse relationship.

Researchers have agreed that lateral violence has unwanted effects at the individual and organizational levels. Because of those effects, some organizations, such as the American Nursing Association (ANA), have produced statements on incivility, violence and workplace bullying (ANA Enterprise 2015). Similarly, the Saudi Commission for Health Specialties (SCFHS) released a program called ‘protect us and we protect you’, which aims to support health practitioners that face any form of assault in the work place by offering them legal support services (SCFHS 2018). At the individual level, lateral violence leads to elevated levels of work-related health problems such as stress, anxiety, depression, sleep problems and irritability. At the organizational level, there is a decrease in nurses’ productivity and an increase in their absenteeism and use of sick leave (Berry et al., as cited in Al-Ghabeesh&Oattom 2019). This ultimately results in substantial costs to the hospital, which must pay nurses during their sick leave as well as the costs of personnel officers, personnel consultants and various managers to handle the situation. Additionally, the hospital must pay for a temporary nurse to replace the nurse who is absent or on sick leave. Another organizational cost of lateral violence is an increased rate of turnover among qualified nurses, which can lead to a decline in patient safety (Albashtawy et al. 2015).

Prior to this investigation, most studies in Saudi Arabia limited their focus to violence in general, which is defined as ‘action or words from patients or their family members that are intended to hurt nurses’ (Al-Ghabeesh&Oattom 2019).

Despite the significant impact of lateral violence on the nursing profession, nurses’ physical and mental health, quality and patient safety, no single study has investigated the prevalence of lateral violence among nurses in Riyadh hospitals.

Research Question

Which behaviours do nurses in healthcare settings in Riyadh, Saudi Arabia, perceive as the most frequent lateral violence behaviours?

Statement of the Problem

The high prevalence of lateral violence among nurses in Taif hospitals, at 94% (Ayaserh, Youssef &Ayasreh 2013), as well as the earlier mentioned impacts of lateral violence on nurses’ physical and mental health, quality of care and patient safety, reveal the need for further investigation into this significant problem in

the whole kingdom of Saudi Arabia. The present study will investigate the perception of lateral violence among nurses in Riyadh hospitals.

Identifying the problem or issue is the first step in solving and preventing it. The results of this study will provide a solid base for future studies to explore strategies for controlling and preventing lateral violence among nurses in Saudi Arabia, not merely Riyadh.

Aim and Objectives

The proposed study aims to identify nurses' perceptions of lateral violence in the healthcare setting in Riyadh, Saudi Arabia.

More specifically, the objectives of this study are:

1. To examine how nurses perceive different lateral violence behaviours in Riyadh healthcare settings.
2. To assess lateral violence prevalence among nurses in healthcare settings in Riyadh.
3. To develop a base for future research into lateral violence preventive measures.

III. Literature Review

For this review of the literature, the PUBMED, CINAHL, MEDLINE, DCU Library and Google Scholar databases were accessed using the keywords 'LateralViolence', 'Horizontal Violence', 'Bullying', 'Nursing Profession' and 'Perception'. This review was limited to research studies completed after 2014, except for the study by Ayasreh, Youssef and Ayasreh (2013), as it is the only similar study conducted in Saudi Arabia. The following concept categories related to the topic of inquiry were found: Violence, Quality of Care, Nursing Health, Finance and Healthy Working Environment. A total of 27 articles were reviewed, of which 17 are quantitative, 5 are qualitative and 5 are mixed-methods in design. Research about patient and family violence towards nurses was not included.

Ayasreh, Youssef and Ayasreh, (2013) conducted a quantitative, descriptive correlational study in Taif with a sample size of 100 nurses. The nurses experienced different forms of lateral violence ranging from covert non-verbal behavior to overt physical violation; secret incidences were more prevalent than outright acts of hostility. These secretive approaches were observed to involve disrespect and communication breakdown among the nurses. It was also observed that lateral violence often attracted fears of retaliation, ridicule, and dissatisfaction with work. Peers were the primary perpetrators and victims of lateral violence. The authors recommended that developing educational programs on appropriate professional behaviors could help to reduce cases of lateral violence. They also observed that training nurses and management on conflict management as well as sensitizing them to the code of nursing ethics could also help in this cause. The results of their study indicate that further investigations with larger sample size are needed to study the impact of this dangerous issue within Saudi healthcare settings.

Another study by Christie and Jones (2014) stated subtle and hidden lateral violence is common and can be repeated, which then leads to an increase in severity. However, outright hostility is can also occur. deliberate lateral violence. The authors present the Conti-O'Hare's theory of Nursing as Wounded healer as a potential means of dealing with lateral violence. This goal can be attained by promoting positive work environment, building good relationships, and resolving instances of violence. Christie and Jones (2014) also note that recognizing the existence of lateral violence and the need for healing is important in remedying this problem. Notably, nurse have as much responsibility towards healing themselves as they have for their patients. The researchers found that the cost of turnover in nursing, which involves hiring and training new nurses, can range from $22,000 to about $64,000 per nurse. Applying this Theory of the Nurse as Wounded Healer would help us to not only manage lateral violence but also prevent it.

Perpetrators of Lateral Violence

In Bloom's study (2019), nurses reported that lateral violence between nurse colleagues was the most emotionally devastating of all the forms of workplace aggression. The researchers conducted a mixed-methods study and used a convenience sample of nurses (n = 76) in two city hospitals in the northeastern United States to investigate nurses' experiences, responses and job satisfaction concerning lateral violence. Through this study, they found that nurse managers and administrators must not overlook episodes of unprofessional behaviour. Managers should have a presence in their nursing units and offer support to nurses who are stressed and overworked. Each of the nurses interviewed felt that manager support was lacking, and one nurse described an incident that involved the nurse manager. Zero-tolerance policies were in place at the two facilities; however, several of the nurses felt the policies were not enforced. Zero-tolerance policies must be enforced. The anonymous questionnaire revealed that the majority of the participants (n =53, 67.9%) had experienced lateral violence. Many of these nurses indicated that they had experienced it recently,and a smaller number (n = 18) stated that they were exposed to lateral violence throughout their careers. The majority of nurses (n = 53, 72%) had also witnessed others being subjected to lateral violence. Many of these respondents reported witnessing

lateral violence daily or at least once a week. When asked who was most likely to exhibit this negative behaviour, most respondents (n = 65, 85.5%) reported that the behaviour was perpetrated by a peer or fellow nurse. Physicians (n = 42, 55.1%) and nurse managers (n = 29, 37%) were also identified as exhibiting this type of behaviour against nurses. When asked about the response of the victim to this type of behaviour, the respondents reported that most victims walked away (n = 55, 76.2%) or remained silent (n = 44, 58.6%). The results of this study are valid; however,they would be more powerful if the study were conductedwitha larger sample size in the future.

A different study by Morrison et al. (2017) investigated the lateral violence phenomenon among Jamaican nurses through a mixed-methods approach with a sample of over 114 registered nurses. The researchers used a Briles' Sabotage Savvy self-administered questionnaire administered to two study groups. From the 38 item questionnaire, they found that nurse managers were the main perpetrators of lateral violence (36%). These surprising and alarming results were supported by the structured interviews within the focus groups, which revealed that speaking with a manager about the problem was usually a 'dead end'; nurses' failure to report lateral violence was exacerbated by the absence of a clear workplace violence policy and failure to empower junior nurses to speak up in response to lateral violence during their undergraduate preparation. This study revealed that disengagement, avoidance, intent to quit, retaliation were common responses to the hostile environment created by lateral violence. Furthermore, the study found that almost 60% nurses blamed their decision to look for employment elsewhere within the first six months on lateral violence.

Prevalence

In their literature review, Bambi et al. (2018) studied 79 original papers. They found that work incivility ranged between 67.5% and 90.4% (work incivility among peers was above 75%). The occurrence of lateral violence ranged from 1% to 87.4% while that of bullying ranged from 2.4% and 81% of the cases. 75% of the victims reports some form of physical and mental harm, while posttraumatic stress disorder was reported in 10% of the bullied victims. Bullying also played a big role in influencing burnout ($B=0.37$, $p<0.0001$) and had a negative impact on the efficiency with which jobs were completed ($r=-0.322$, $p<0.01$). Besides absenteeism was more common in bullying victims (1.5 times higher) than others who did not experience the same (95% CI: 13–1.7). It was also noted that 78.5% of the nurses that were victim to bullying opted to look for work elsewhere. Among nurses involved in lateral violence experiences, 3.2% to 65.2% reported psychophysical consequences. Physical symptoms included insomnia, irritable bowel syndrome, sweating/tremors, stomachache, abdominal pain, fatigue, feeling/being sick, etc. Psychological symptoms included anger issues, guilt, unwillingness to help others, hyper-surveillance, panic attacks, diminished self-confidence, tearfulness, depression, fear and post-traumatic stress disorder. Behavioural symptoms included irritability, aggressiveness, anxiety, obsession with work, lack of surety in one's work, obsessive tendencies, increased drug intake and dependency, reclusiveness, and suicide attempts. This study demonstrates the remarkable impact of lateral violence on nurses' physical and psychological health and indicates the importance of on-job health assessments for nurses. This informative review reveals that lateral violence is a prevalent issue within different nursing cultures. However, there is a information and evidence on policies and programs to eliminate lateral violence among nurses is limited. Preventive methods require increased availability of information through educational programmes and nursing course.

A quantitative descriptive study conducted in Jordan by Alghabeesh and Qattom (2019) examined the prevalence of lateral violence among emergency department nurses with a sample size of 134 nurses from five hospitals. The results showed a high prevalence rate of 90%. The majority of participants (61.7%) reported decreased productivity after their exposure to lateral violence. Only 18.3% of the participants thought that their organisation was concerned about lateral violence. Additionally, more than half of the participants stated that they needed training to deal with lateral violence incidents. Therefore, this study recommended offering a training program on this issue. Enhancing the performance capabilities of the staff and promoting their communication skills through training programs might help minimize the acts of workplace violence and their consequences on the staff.

Magnet versus Non-Magnet Hospitals

An interesting study by Janzekovich (2016) explored the prevalence of lateral violence in nursing between magnet and non-magnet hospitals utilising a concurrent embedded design with 134 nurses from two hospitals. The results of this study indicated that non-magnet hospitals experienced less lateral violence among nurses than magnet hospitals; the researcher believed that the additional stress among nurses in magnet hospitals might contribute to higher rates of lateral violence. The researcher used the valid tool 'Briles' Sabotage Savvy Questionnaire' on a representative sample and found that magnet status supports positive outcomes. However, an unforeseen negative byproduct of the magnet environment is that it requires nurse administrators to

consistently ensure that their bedside nurses produce outcomes that meet and exceed benchmarks, which may result in fighting and lateral violence between the bedside nurses.

Nursing Students

A descriptive co-relational design was used in Qutishat's study (2019), with a sample of 161 undergraduate nursing students who were recruited from Sultan Qaboos University in Oman. The study used a questionnaire that consisted of Student Experience of Bullying during Clinical Placement (SEBDCP) and questions regarding students' socio-demographic background. The study revealed that 61.4% of nursing students had experienced lateral violence at least once during their clinical training. However, only 27.8% of those who experienced lateral violence reported the violent behaviours and 72.2% did not. The majority of bullied students reported the behaviours to their college faculty (70.4%) and college administrators (14.8%). Of these students, 51.86% indicated that their issue was solved to their satisfaction, 14.8% reported that the issue was not solved to their satisfaction, and 22.22% reported that the issue was not solved. The main reasons for this lack of reporting among bullied students were a belief that it was a part of their job (61.11%), fear of becoming victimized (18.05%) and a belief that nothing would be done about it (9.72%). The majority of the students were not aware of policies that addressed lateral violence both in college (60.2%) and in clinical settings (65.2%). This valid study emphasizes the importance of involving universities in prevention strategies.

Reasons for Lateral Violence

A study performed on 1376 nurses in Turkey by Ayakdas and Arslantans (2018) reported that the most common causes of lateral violence were jealousy (10.3%) differences in education level (10.1%), competition (8.2%) workload (4.3%) being new to the work place (4.6%), political differences (3.8%), and outward appearance (3.2%). One of the most interesting findings not discussed in other studies, 3.2% (n=12) of the nurses indicated physical appearance among the causes of colleague violence in the present study. They reported that they were fat and had physical disabilities. They also stated that the people around them always asked them to lose weight and ridiculed them. Expressions such as "you cannot do it" were used for those with physical disabilities. About half of the nurse experiencing colleague violence reported that they did not know the reason of the psychological violence which is done to them. In addition, 85.5% (n=313) of the nurses were remorseful about their behavior, 81.7% (n=299) had recurring memories of the behavior, and 81.1%(n=297) felt stressed and exhausted (Table 3). These were the top three effects of psychological lateral violence nurses suffered at work. Further, 84.1% (n=308), 81.9% (n=300), and 75.6% (n=277) of nurses reported working harder in a more planned manner, taking care of the work to avoid criticism, and trying to solve the problem by talking face to face with the person in question, respectively. This important study offers a clue about addressing lateral violence prevention strategies among nurses.

Effect of Lateral Violence in Health Care

Lateral violence among nurses exists as a common problem in the field of nursing, contributing to psychological diseases. Lateral violence has its negative consequences on nurses such as anxiety, lack of sleep, depression and decline in the overall health.

A quantitative co-relational study by Purpora, Blegen and Stotts (2015) randomly selected n=175 registered nurses from in California. The results showed lateral violence and the quality of patient care were shared negative correlations. ($r=-0.469$, $p<0.01$), the same trend was observed for the correlation between errors and adverse events ($r=0.442$, $p<0.01$). The researchers also found that patients in ICU and surgical wards had the most to lose from lateral violence. This result supports the negative impact of lateral violence on quality of care.

Another cross-section meditational testing study by Purpora and Blegen (2015), using 175 randomly selected registered nurses in California as part of an anonymous four-part survey, showed that lateral violence had a negative effect on job satisfaction. This result emphasizes the significant negative impact of lateral violence on development within the nursing profession.

Goff (2018) conducted a transcendental phenomenological study using a sample of six nurses who worked in hospital nursing and left a job due to conflict related to lateral violence and bullying causing intra-professional conflict. The author aimed to find out the experiences of nurses who had gone through lateral violence in the hospital workplace and at some point, in their career left a job or the nursing profession. A subset of open-ended interview questions was utilized to facilitate data collection through semi-structured interviews with participants. The essences of the finding are that all participants experienced feelings of isolation, frustration due to a lack of peer and administrative support in the hospital workplace. There were five themes that emerged from the data analysis. The five themes are: (a) alienation; (b) intimidation; (c) sabotage; (d) lack of intellectual respect; and (e) failed professionalism or intra-professional conflict. By exploring the lived experiences of those nurses, with lateral violence and intra-professional conflict, the investigator:

- Found the oppressive social structure of the hospital workplace to be a contributor to extraprofessional and intra-professional conflict amongst nurses.
- Exposed how destructive horizontal violence, bullying and intra-professional conflict can be for the individual nurse, patient care, the nursing profession and the hospital organization.
- Found that horizontal violence, bullying and intra-professional does contribute to the nurses, in that study, decision to leave a job in hospital nursing.
- Found that researchers of lateral violence and bullying among nurses in hospital nursing did not make a strong connection between lateral violence and bullying leading to intra-professional conflict, resulting in job dissatisfaction.

One limitation of this study is that the research focused on victims of lateral violence, not perpetrators. While perpetrators may be in the sample, they were not identified as such because their responses may have been different from those who are not perpetrators. Another limitation is that researcher could not validate whether some of the experiences occurred in the hospital where the nurses worked.

Prevention of Lateral Violence in

It is clearly known that the health care workplace is stressful, challenging and full of workloads which make a solid ground for lateral violence. Nurse practitioners should be aware of bullying consequences and know the prevention strategies.

A qualitative study by Taylor (2016) investigated nurses' perceptions of lateral violence with a sample of nurses (>80), patient care assistants (22), unit secretaries (14), nurse educators(2) and nurse managers (2). Observation reviews as well as interviews and policies were reviewed from June to November. Five themes came up from the thematic analysis; the minimization as opposed to recognition of fears, inhibition of reporting by fear, avoidance and isolation are coping strategies, disrespect and lack of support, and chaos within the organization. According to these findings, it is necessary to develop future interventions that address he various factors that cause lateral violence in the nursing environment and consider the embeddedness and complexity of the phenomenon.

Conceptual Framework

Lateral violence's roots can be found in many conceptual models and frameworks. Purpora, Blegen and Stotts (2015) developed a conceptual model based on the oppression theory. This theory assumes that nurses release their frustration in management through lateral violence after being oppressed, which impacts peer communication, peer relationships and quality of care. This assumption served as the basis for the model that lateral violence and peer relationship/communication are inversely related; on the other hand it has been observed that peer relationship/communication and quality of care are positively relate

Oppression theory was described by the Brazilian educator and philosopher Freire, as cited in Rebekah (2017).Freireproposed that education should allow the oppressed to regain their sense of humanity and, in turn, overcome their condition. Nevertheless, he acknowledged that for this to occur, the oppressed individual must play a role in their liberation. Likewise, oppressors must be willing to rethink their way of life and to examine their own role in oppression if true liberation is to occur.

Purpora, Blegen and Stotts (2015) defined 'oppressed group behaviour' as 'people who are in groups that are subordinate to more powerful groups in their society, who learn certain behavior patterns, which lead to a cycle of further oppression.' In a process called marginality, as the nurse takes on the characteristics of the oppressor, individual identity is lost, leading to frustration and negative self-image. Nurses direct their frustration toward themselves, their co-workers and perceived subordinates, using verbal abuse as a coping mechanism. Nurses themselves exhibit behaviors that predispose them to experience workplace violence, such as lack of autonomy, accountability and control over the nursing profession.

The proposed study will apply the lateral violence and quality and safety of patient care conceptual model developed by Purpura, Blegen and Stotts (2015). This model will provide a valuable theoretical background throughout the study as it illustrates how lateral violence arises and its effect on the quality and safety of patient care.

IV. Methodology

Research Design

A quantitative descriptive study will be conducted from May 1st, 2020 to September 30th, 2020, using a self-administered questionnaire to identify nurses' perceptions of lateral violence in healthcare settings in Riyadh, Saudi Arabia.

Setting

The proposed study will be conducted in three main government hospitals in Riyadh. The first hospital, King Fahad Medical City (KFMC), has a total capacity of 1200 beds, which puts it among the biggest medical

complexes in the Middle East as well as one of the fastest growing ones. The technical management team in the institution is highly qualified. It is tasked with making the institution a benchmark in the medicine sector, which would be the go-to option for all patients and referrals in all levels of treatment. The number of inpatients and outpatients are estimated at 30,000 and 500,000 annually respectively, and whose needs are serviced by a medical team comprised of practitioners from different disciplines. Besides striving to achieve KFMC's priority to spread knowledge, the institution's qualified personnel operate in a working environment that strives to maintain quality care and commitment to patients. KFMC also promotes a culture of development and achievement in the community (King Fahad Medical City n.d.). The second hospital, Prince Mohammed bin Abdul-Aziz Hospital (PMAH), which is located in the eastern part of the capital, Riyadh, provides secondary healthcare services in the region and has a bed capacity of 500. Despite not providing pediatric and obstetric/gynaecological services, catering for patients above 12 years of age, the institution remains among the largest referral hospitals in the country that caters for diagnosis and treatment of both acute and chronic surgical and medical cases. The methods employed by the organization to facilitate diagnostic and therapeutic methods align with hospital standards for tertiary care (Prince Mohammed bin Abdulaziz Hospital n.d.). The third, King Khalid University Hospital (KKUH), provides primary, secondary, and tertiary care for patients in genera and subspecialty medical services across multiple disciplines. Aside from offering outpatient and inpatient services, the institution also offers surgical services supported by advance medical technologies, laboratory services supported by sufficient equipment, pharmaceutical services, and radiology as well as a range of support services that include dedicated home healthcare programs. The institution also has designated inpatient and outpatient facilities (University Medical City n.d.).

Participants in this study work in the emergency department, intensive care unit, operation theatre, medical ward, surgical ward, pediatric ward, obstetrics and gynaecology ward, outpatient department, education department, infection control department, quality department and nursing management office.

Sampling

The study will be conduced in selected hospitals and will include a simple randomized sample of 150 staff nurses, charge nurses and head nurses/nurse managers who meet the inclusion criteria. A sample size calculator (Survey System, n.d.) was used to calculate the sample size for this study, based on the population of 3000 nurses from the three selected hospitals (KFMC = 1300; PMAH = 700; KKUH = 1000), a confidence level of 95% and a confidence interval of 8. The minimum calculated sample size for validity and reliability is 143 nurses. An additional seven questionnaires will be collected to compensate for the excluded questionnaires. Of the 150 participants, 65, 35 and 50 will be recruited from KFMC, PMAH and KKUH, respectively. Participation will be anonymous. To achieve randomization, the researcher will distribute questionnaires to nurses on duty during the researcher visits to the unit/department.

Inclusion Criteria

The following inclusion criteria are used for this study:

- Participants should be male or female nurses who have worked at the institution for at least 6 months.
- Participants should hold nursing qualifications ranging from a diploma to a PhD in nursing.
- Participants should work permanently at any of the three selected hospitals.
- Participants should sign the given consent form prior to completing the questionnaire.
- Participants should be English-language proficient because the questionnaire uses the English language. (The three hospitals use English as the official documentation language).

Exclusion Criteria

The following exclusion criteria are used for this study:

- Incomplete questionnaires and pilot study participants will be excluded.
- Participants who joined the institution less than 6 months prior will be excluded.

Instrument

The proposed study will use the Modified Horizontal Violence Workplace Inventory instrument, which was developed by Dumont et al. (2011) (see Appendix A). The frequency of horizontal/lateral violence will be measured with a 6-point Likert scale used in questions 1 to 5 of the questionnaire, while questions 6 to 10 will address nurses' perceptions of lateral violence at their respective hospital.

The tool's validity was tested and confirmed by nine experts in nursing research and the reliability was tested using Cronbach's Alpha coefficient test (r = 0.9)(El-Sayed and Abdel-Aleem, 2014).

Pilot Study

A pilot study will be carried out on 30 nurses (13 from KFMC, 7 from PMAH and 10 from KKUH) to test the readability and clarity of the questionnaire as well as approximate the timeframe required to apply scale and fulfill sheet. Participants' distribution in the pilot study is based on the population proportion. The estimated time needed to complete the questionnaire is about 5 to 10 minutes. Data obtained from the pilot study will be analyzed and any necessary modifications will be made accordingly.

Ethical Considerations

The following ethical considerations are established for this study:

- Approval of the Institutional Review Board (IRB) at Princess Nourahbint Abdulrahman University (PNU) and the selected three hospitals will be obtained.
- Written informed consent (see Appendix B) will be obtained from the research instrument author prior to the study.
- Written informed consent (see Appendix C) will be obtained from all participants prior to completing the questionnaire to guarantee the legal and ethical rights of the participants and researcher. It will be attached to the front page of the questionnaire.
- The aim of the study will be explained in a simple and clear way before any data is collected. If the participant has any queries or concerns related to this research, the researcher will address them.
- All data will be considered confidential, and the participants will be assured that their data will be kept anonymous and be used for this research purpose only.
- Participants will be informed that they have the right to withdraw their participation in the research at their discretion.
- Before starting the data collection, an official letter will be issued from the Dean of the Faculty of Nursing at Princess Nourahbint Abdulrahman University (PNU) to the directors and nursing directors of the three selected hospitals, requesting their cooperation and permission to conduct the study. After explaining the study objectives, the researcher will obtain their official permission.

Data Collection

The researcher will complete the data collection. The researcher will prepare packages of one questionnaire, one consent form and one envelope, and each package will be dedicated to one participant. The researcher will meet participants randomly from different units in each hospital after acquiring official approval from the hospitals' management. After explaining the title and purpose of the study, the researcher will ask the participants to sign the consent form that will be on the front page of the questionnaire. Once the participants complete the questionnaire, they must seal it in the envelope, without writing their names on it, and keep it in the head nurse's office to be collected by the researcher later, or they can contact the researcher directly if they wish to submit it to the researcher.

The researcher will make a schedule to visit the selected three hospitals during the data-collection period, between May 1st, 2020 and September 30th, 2020. Early detection of incomplete or excluded questionnaires will help the researcher compensate and replace them with new ones, additional questionnaires from new participants, targeting the sample size of 150.

Completed questionnaires will be stored in a private, secure place that can only be accessed by the researcher. The researcher will be accessible for participation-related queries. A contingency plan must be in place in case more time is needed for data collection. The participants will be given one week to complete the questionnaire and informed that the average needed time to complete it is 5 to 10 minutes.

Data Analysis Plan

A quantitative descriptive design will be used to investigate the perception rates of lateral violence among nurses in Riyadh hospitals. The descriptive statistics will be analyzed using a sample t-test generated using the the Statistical Package for Social Science (SPSS) Version 26 the descriptive statistics (mean, standard deviation, frequencies and percentages) based on the Excel spreadsheet (quantitative data) that will be obtained through interpreting the answers to the 6-points Likert scale in the Modified Horizontal Violence Workplace Inventory instrument using the following key:

- 1 = Never.
- 2 = Once.
- 3 = A few times.
- 4 = Monthly.
- 5 = Weekly.
- 6 = Daily.

The sample t-test will help the researcher test whether nurses' perception rates are statistically significant or not. It will be calculated for the entire sample of 150 nurses and for each hospital separately as well.

Prevalence of lateral violence within the last 12 months of work experience will be calculated based on the quantitative answers to questions 1 to 5 of the Modified Horizontal Violence Workplace Inventory instrument. The minimum cumulative score is 5 and the maximum is 30; for any participants who score above 5 on questions 1 to 5, they will be considered to have encountered lateral violence within the last 12 months. The same key will be used to interpret questions 6 to 10 to address nurses' perceptions of lateral violence.

A total of 150 questionnaires will be distributed to 150 nurses from the three selected hospitals, and a 95% response rate will hopefully be obtained. Incomplete questionnaires will be excluded. The questionnaires will be stored in a secure and private place that only the researcher can access.
The results will be illustrated in tables displaying the complete list of lateral violence behaviors and statements indicating personal effects of lateral violence on nurse participants and the individuals who inflict behaviors of lateral violence upon nurse participants, organized in order of most common to behavior to the least common one as is perceived by the nurse participants. the least frequent according to mean scores.

V. Discussion

The proposed study aims to identify nurses' perceptions of lateral violence in healthcare settings in Riyadh, Saudi Arabia. The prevalence of lateral violence among nurses will be identified as well. The literature review revealed that lateral violence is one of the most devastating issues in the nursing profession. It disrupts development in the profession due to the profound impact on nurses' physical and mental health, absenteeism, job satisfaction, turnover and recruitment. Consequently, this affects patient safety and quality of received care.

An imminent point related to the lateral violence phenomenon is that it differs from many other profession-related issues in its high probability to be covert and unreported; however, it can lead to other more overt issues like job dissatisfaction, work stress, turnover and decreased productivity. Several studies in Saudi Arabia have investigated those overt issues as well as violence against healthcare providers perpetrated by patients and relatives, attempting to explore methods for overcoming them. However, few studies have investigated the internal issue of lateral violence among nurses within healthcare settings. This study will bring this significant issue to the attention of researchers and nursing administrators for further investigations addressing prevalence, perception, causes, effects and preventive strategies. Consequently, this will help improving the nursing profession, patient safety and quality of provided care.

This study will reveal how nurses perceive different lateral violence behaviours in Riyadh healthcare settings. In the study by Ayasreh, Youssef and Ayasreh (2013), the most common items were 'Belittling co-worker behind their backs' and Bickering as opposed to taking the initiative to resolve the conflict, recording means of 4.43 and 4.38 respectively. The least frequent behaviors were failing to intervene to help colleagues making mistakes and refusing to give help when requested, with mean scores of 1.13 and 1.12 respectively. These results support the assumption that covert behaviors are more common than overt ones.

Prevalence will be assessed in this proposed study and compared with previous local and international reported prevalence. The Taif study by Ayasreh, Youssef and Ayasreh (2013) revealed that at least one type of behavior was experienced by 94% of study participants at the health care facility. Similarly, Al-Ghabeesh and Oattom (2019) reported a 90% prevalence of lateral violence among emergency department nurses in Jordan, which is conforming with the prevalence of 96% among participants in a Jamaican study, 75% of whom rated the exposure as moderate to severe (Morrison et al., 2017). The high prevalence rate of lateral violence is a warning sign for the nursing profession and hospital administration, encouraging us to dig further through researches not only in Riyadh but in all Saudi Arabian cities and other countries as well.

The results of this proposed study will enrich the nursing profession and health administrations with useful data. Hopefully, this data will stimulate other nursing researchers and leaders to investigate the issue thoroughly. Developing a healthy working environment is a challenging task that should start with training. In the study by Al-Ghabeesh and Oattom (2019), only 11.6% of the participants reported that they had specific training to deal with lateral violence, and only 18.3% of the participants thought that their organization was concerned about lateral violence. Furthermore, more than half of the participants stated that they needed training to deal with lateral violence incidents. Accordingly, the researcher believes that there is an essential need for hospitals to provide training programs in this area. Additionally, enhancing the performance capabilities of the staff and promoting their communication skills through training programs might contribute to minimizing the acts of workplace violence and their consequences on the staff.

Another study found that nurses' failure to report lateral violence was exacerbated by the absence of a clear workplace violence policy and failure to empower junior nurses to speak up in response to lateral violence during their undergraduate studies (Morrison et al. 2017). A study of workplace violence by Abu-AIRub et al., cited in Al-Gabeesh and Oattom (2019), found that 70% of the participants stated having no knowledge of a clear institutional policy concerning physical and verbal violence in the workplace as well as an inability to report violent acts. The study concluded that the absence of clear policies and special training concerning violent acts increases the occurrence of the phenomenon among nurses. The results of this study would support the necessity of clear policies and special training related to lateral violence prevention.

Although the sample size of the proposed study is a representative one, it can be addressed as a limitation to this study that inhibits the generalized ability of the results. Another limitation is that this study investigates government hospitals only; future studies are recommended to consider private ones. Future studies could also investigate government and private hospital with a larger sample size. Additionally, the proposed

study examines only one research question; further studies are needed to address more questions, including demographic criteria correlation with lateral violence, reasons for lateral violence, the impact of lateral violence on nurses and strategies to prevent lateral violence.

This study will have significant implications for nursing practice. Researchers believe that to decrease the occurrence of lateral violence in hospitals, each organization must develop training programs for nurses and their leaders that address anger management, conflict management and improvement of communication skills. There should be explicit institutional policies concerning lateral violence, and nurses should be encouraged to report all incidents after they are alerted to and educated on those policies. Nationally, creating specific laws regarding the safety of nurses should be considered. The combination of legislation, institutional policy, education and practical support can help enable nurses to provide care in an environment free of lateral violence. Researchers firmly believe that this is important for developing a healthy working environment and promoting better patient safety and quality of care. Another recommendation is to establish both physical and mental counseling for nurses who are harmed by lateral violence.

VI. Conclusion

Although lateral violence has been extensively addressed in nursing literature worldwide for more than 5 decades, this study is important to the kingdom of Saudi Arabia as it focuses on this disruptive phenomenon. Further studies are still needed to address the lateral violence issue among nurses. The effects of lateral violence run across the organization, affecting both the nurse victims, the healthcare team, and eventually the patients. The development of educational programs on appropriate professional behaviors, supported by institutional policies against violence, providing training on conflict management for both management staff and nurses is encouraged. These recommendations highlight the need to focus on the identification and prevention of lateral violence.

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Appendix A

Table 1. Types of bullying

Type of bullying	Description
Type I, criminal/intent	Occurs where the perpetrator has no legitimate relationship to the business or its employees.
Type II	Occurs where the perpetrator, a customer, client, or patient, becomes violent while receiving a service through the workplace.
Type III	Involves employee-to-employee incidents where the perpetrator is a current or previous employee.
Type IV	Occurs when the perpetrator has a personal relationship with the employee but does not have an association with the workplace.

Source: Al-Ghabeesh and Oattom, (2019)

Appendix B

Modified Horizontal Violence Workplace Inventory Instrument

Please read each item and mark the answer that best represents your experience.

Within the last 12 months, how often have you personally experienced or witnessed the following:

1. Harshly criticizing someone without having heard both sides of the story.
☐ never ☐ monthly
☐ once ☐ weekly
☐ a few times ☐ daily

2. Belittling or making hurtful remarks to or about coworkers in front of others.
☐ never ☐ monthly
☐ once ☐ weekly
☐ a few times ☐ daily

3. Complaining about a coworker to others instead of attempting to resolve a conflict directly by discussing it with that person.
☐ never ☐ monthly
☐ once ☐ weekly
☐ a few times ☐ daily

4. Raising eyebrows or rolling eyes at another coworker.
☐ never ☐ monthly
☐ once ☐ weekly
☐ a few times ☐ daily

5. Pretending not to notice a coworker struggling with his or her workload.
☐ never ☐ monthly
☐ once ☐ weekly
☐ a few times ☐ daily

Answer these questions from the perspective of how you personally have been affected within the last 12 months at your current workplace.

6. I've felt discouraged because of lack of positive feedback.
☐ never ☐ monthly
☐ once ☐ weekly
☐ a few times ☐ daily

7. I haven't spoken up about something I thought was wrong because of fear of retaliation.
☐ never ☐ monthly
☐ once ☐ weekly
☐ a few times ☐ daily

8. I've hesitated to ask questions for fear I'd be ridiculed.
☐ never ☐ monthly
☐ once ☐ weekly
☐ a few times ☐ daily

9. I've left work feeling bad about myself because of interactions with coworkers.
☐ never ☐ monthly
☐ once ☐ weekly
☐ a few times ☐ daily

10. I've had physical symptoms such as inability to sleep, headaches, and abdominal pain because of poor interactions with certain coworkers.
☐ never ☐ monthly
☐ once ☐ weekly
☐ a few times ☐ daily

Source: Dumont, (2012).

Appendix C

Request for Permission to Use Data Collection Instrument

Mar 20, 2020

My name is AsmaAlshehrifrom Princess Nourah bin Abdulrahman University Masters in Nursing program and I am conducting a research study about The Perception of Nurses toward Lateral Violence in Riyadh City. The purpose of this research is to assess nurses' perception of lateral violence in Riyadh hospitals. This research will help health care providers discover more about lateral violence phenomenon among nurses.

I am requesting your permission to use Modified Horizontal Violence Workplace Inventory survey instrument of which you are the author. The Modified Horizontal Violence Workplace Inventory instrument is well suited for my proposed study about the perception of lateral/horizontal violence among nurses because it is a valid and reliable tool for assessing nurses' perception of lateral/horizontal violence.

I appreciate your kind consideration for this permission. Please email me with any questions you may have about my proposed research.

Thank you.

Best regards,

AsmaAlshehri
Masters Student, Nursing
Princess Nourahbint Abdulrahman University
Riyadh, Saudi Arabia

Appendix D

Consent and Informational Letter for Participants

March 20, 2020

My name is AsmaAlshehrifrom Princess Nourah bin Abdulrahman University Masters in Nursing program and I am conducting a research study about The Perception of Nurses toward Lateral Violence in Riyadh City. The purpose of this research is to assess nurses' perception of lateral violence in Riyadh hospitals. This research will help health care providers discover more about lateral violence phenomenon among nurses.

I am requesting your assistance in my research by completing a survey that should take approximately 5-10 minutes. Your participation is completely voluntary, and you may withdraw from the study at any time. .

The benefit to you for participating is knowing you contributed to research that may improve nursing profession and quality of patient care. The risks involved in this study are minimal and no more than one would experience during normal daily activities. There may be the risk of emotional stress when asked about last time you encountered lateral violence. The remedy would be to skip any questions you choose to or discontinue participation in the survey. There are no other known adverse effects of participating in this study. Responses will be completely anonymous, and your name will not appear anywhere in the final write up of the survey results. All documents related to the study will be kept completely confidential in locked storage and only accessible to the researchers. Completion and return of the survey conveys agreement to participate. In addition please sign below to consent to participate.

If you have any questions regarding this research, please contact me, AsmaaAlshehri at (0096659994 4527) or by (asma.alshehri9@mail.dcu.ie). If you have any questions regarding your rights as a research subject, please contact the Princess Nourabint Abdulrahman University Division of Research at (phone/email).

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