

Perception of Nurses toward Horizontal Violence in Health Care Settings in Taif City, Saudi Arabia

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Abstract: Horizontal violence is one of devastating issues as being an obstacle in developing nursing profession. **Objective:** To identify nurses' perceptions toward horizontal violence in health care settings in Taif City in Saudi Arabia. **Method:** Quantitative descriptive correlational design was conducted on 100 nurses in selected settings in Taif city, Saudi Arabia. **Results:** 94% of nurse participants in this study witnessed at least one type of horizontal behaviors during their work. Findings revealed that covert behaviors were more common than overt ones. Covert acts of horizontal violence as perceived by nurse participants focuses mainly on lack of respect and communication between nurses. Fear of retaliation, fear of being ridiculed if asking questions, discouragement and job dissatisfaction were the most common effects of horizontal violence. Participants perceived that Peers including registered nurses and practitioner nurses were the most common perpetrators of horizontal violence. **Conclusion:** Although horizontal violence was extensively covered in nursing literature, this study demonstrated incessant existence of this problem. Horizontal violence has mischievous effects that extend from the nurse victims to the whole health care team and eventually to the patients. Developing educational programs on appropriate professional behaviors and code of nursing ethics and training courses on conflict managements for nursing staff and managers, is so effective in elimination with horizontal violence cases.

Keywords: Horizontal Violence, Nursing Profession, Covert Behaviors, Overt behaviors, Perception

1. Introduction

Horizontal violence is one of the most serious phenomena which invade nursing profession. It has shown to bring about a significant effects on nursing work and practice specifically on workplace satisfaction and retention as well as the quality of care provided by nurses toward their clients.¹

There is still no agreed-on definitions of horizontal violence in nursing literature, as that some nurse researchers focused on physical dimensions in defining horizontal violence whereas others focused on emotional and psychological dimensions .additionally, horizontal violence is used interchangeably in literature with many other terms such as lateral violence, mobbing, bullying, nurse hazing, and workplace aggression.

According to Woelfle and McCaffery (2007), horizontal violence is defined as any act or behavior of hostility or aggression, which could be oral, emotional, or physical, carried out by a coworker towards another coworker.²

There are many forms of horizontal violence experiencing by nurses in different areas ranging from covert non-verbal insinuations to overt physical violation^{3, 4, 5}. In her 2004 article, Dr. Griffin listed the most frequent lateral violence behaviors faced by nurses in different settings , beginning with nonverbal innuendo as the most frequent behavior followed by verbal affront, undermining activities, withholding information, sabotage, infighting, scapegoating, backstabbing, failure to respect privacy, and finally broken confidences⁶.

The exact prevalence of horizontal violence in nursing field is relatively unknown^{7, 8}, and this may be related to lack of unified agreed-on definitions of horizontal violence among nurses within different cultures⁹. Additionally, most of the horizontal violence cases are usually not reported or conveyed to responsible authorities¹⁰. So that it was difficult to determine accurate statistics about horizontal violence occurrence. Nevertheless, previous investigations affirmed that horizontal violence is widely prevalent among nurses in health institutes and some studies estimated that 65% - 80% of nurses were subjects to different types of violence in health institutes.^{10, 11}

Horizontal violence is serious problem which has may devastating effects on nursing as a profession and on nurses themselves as humans. According to McIntosh (2005), horizontal violence has many negative effects on physical and mental health of nurses. Physical signs and symptoms include headaches, tearfulness, dry throat, gastrointestinal problems, changes in body weight, sleep disturbances, diminishing energy, exhaustion, disrupted concentration, and hypervigilance. Whereas mental signs and symptoms include feeling fearful, an increasing lack of joy and hope, declining confidence, and feeling resigned, angry, depressed, and disappointed¹², and these impacts lead to decreased productivity and decreased self-esteem, and will affect the quality of care provided by these nurse toward their clients. Additionally, horizontal violence negatively affect patient safety, as horizontal violence conflicts with establishing effective therapeutic relationship between nurses and clients.^{7, 13}

This study is aimed to:

Identify nurses' perceptions toward horizontal violence in health care settings in Taif City in Saudi Arabia

Research Questions:

- Which behaviors do nurses in health care settings in Taif city in Saudi Arabia perceive as most frequent horizontal violence behaviors?
- What are the physical and psycho-social impacts of horizontal violence on individual nurses in Taif city in Saudi Arabia?
- Are there correlations between nurses' perceptions of horizontal violence and nurses' characteristics such as gender, age, educational level, unit worked on, and years of experience?

2. Literature Review

The international literature is rich of studies investigating horizontal violence among nurses and its effect on nursing profession. However, few studies conducted in Arab region examined horizontal violence in nursing.

The majority of prior studies confirmed that most of nurses were almost every clinical day engaged in horizontal violence in different ways. MacIntosh (2005) conducted a qualitative study on 21 people experienced workplace violence. Findings of that study revealed that most of horizontal violence behaviors had psychosocial basis such as intimidation, lack of respect, and coercion. Additionally, most of participants indicated that competent and committed employees were subjected to violence behaviors as indicated by extensive use of sick time and absenteeism.¹²

A recent study conducted by Mahli (2013), using qualitative approach on 8 nurses from different clinical units including: intensive care unit (ICU) and a post anesthetic care unit (PACU), as well as medical, surgical, neonatal, palliative and gerontology unit¹⁴. Results of that study was congruent with MacIntosh (2005) findings in that most of violence behaviors were psychosocial in nature¹². Mahli(2013) in his work, pointed out an important issue that managers and leaders in clinical areas were part of bullying and horizontal violence as that they disregarded and undervalued any horizontal violence case reported to them from nurses under their authority¹⁴. And this finding is strongly consistent with Leiper (2005) who stated that nurse managers were the most common perpetrators of bullying in clinical areas.

Bloom (2014) conducted a study to examine the characteristics of horizontal violence experienced by registered nurses in two city hospitals, explore nurses' responses to horizontal violence incidents, and identify factors that helped them to successfully respond to these incidents. Findings of that study revealed that Increase in workload/stress, Accepted practice on the unit, and manager attitude were the most common factors leading to horizontal violence among nurses. Additionally, the findings of that study showed that horizontal violence can be controlled by manager awareness and support, staff support, and educational programs in the workplace as most effective strategies⁸.

Nursing students were also subject to many different types of horizontal violence behaviors. Hewett (2010) conducted a quantitative descriptive study to determine and describe if, and to what extent, student nurses are targeted by workplace

violence in the clinical environment⁵. Findings of that study revealed that nursing students rarely report incidence of horizontal violence toward them because of fear of reprisal, procedural ignorance and lack of confidence toward any action will be taken by administration about horizontal violence cases. Additionally, results of Hewett (2010) support findings of most of prior studies in those psychosocial violence behaviors were more prevalent than physical violent behaviors.⁵

3. Methodology

3.1 Research Design

A quantitative descriptive correlational study was conducted from 1st of September 2014 to 30th of January 2015 with the aim of identifying nurses' perceptions toward horizontal violence in health care settings in Taif City in Saudi Arabia.

3.2 Setting

This study was conducted in three main governmental hospitals in Taif which were King Faisal hospital (KFH), King Abdul-Aziz Specialized Hospital (KASH), and psychiatric health hospital of Taif.

3.3 Sample

A convenience sample of 100 out of 120 nurses (20 nurses were excluded due to incomplete filling questionnaires) who are working in the selected hospitals and met the inclusion criteria participated in this study.

Inclusion Criteria

- a) All nurse participants agree voluntarily to participate in this study
- b) All nurse participants can read, speak, and comprehend English.
- c) All nurse participants must have at least diploma degree in nursing.

3.4 Instrument

Two types of instruments were used in this study. The first one was the demographic data instrument, which was developed by the researcher to collect data associated with the major demographic variables of nurse participants including age, gender, educational qualification, years of experience, and units or departments worked on.

The second instrument was used is Modified Horizontal Violence Workplace Inventory which was developed by Cheryl Dumont and her colleagues (2011)¹⁶, consists of 30 items clustered into three parts: First part (17 items) concerned with different types horizontal violence behaviors, second part (8 items) concerned with major effects of horizontal violence, and third part (5 items) concerned with most common perpetrators of horizontal violence.

3.5 Pilot Study

Pilot study was carried out on 10 students for testing the intelligibility of the questionnaire and to estimate the time needed to apply scale and fulfill sheet. The study reflected that the items were related and the length of time for filling the all questionnaires was about 15 to 20 minutes which was enough. Participants included in the pilot study were excluded from the study.

3.6 Method of Data Collection

Approval of institutional Review Board (IRB) at Taif University, and the selected hospitals were obtained. After that, once the subjects were asked to sign the designed consent form. Then the researcher gave the questionnaire for filling it out. For second instrument, each participant is asked to choose the best number that describe the frequency of each item (horizontal violence behaviors, effects, and perpetrators) as he/she witnessed from 1 - 6 (where 1 = Never experienced, and 6 = Daily experienced). The researcher told the participants that all information that will be gathered will be used only for the purpose of research.

3.7 Ethical Considerations

An informed consent was obtained from all the participants before collecting any data. Explanation of the study aim in a simple and clear manner was done to each participant. All data was considered confidential. Participants were informed about their rights to withdraw from the study at any time without giving any reason.

3.8 Statistical Analysis

The statistical Package for social Science (SPSS) version (19) was used to analyze data. Descriptive statistics was

used for the quantitative data in the Horizontal Violence Workplace Inventory questionnaire and the demographic data. Descriptive statistics included: Mean, standard deviation, frequencies, and percentages. Analysis of variance (ANOVA) was used to determine if the mean scores of each part of Horizontal Violence Workplace Inventory differed according to nurses' characteristics. Post hoc procedure was used to determine exactly between which groups of nurses - which were built depending on demographic data of nurses - the differences in perceptions were found.

4. Results

Table I: Demographic Characteristics of Nurses

Variables	Percent%
Sex:	
Male	64 %
Female	36 %
Age	
20-29years	77 %
>= 30 years	23 %
Level of education:	
Diploma& Associate degree	15 %
Bachelor's degree	81 %
Post Graduate Nursing Degree	4 %
Years of experience:	
1 - 5 years	56 %
5 - 10 years	36 %
> 10 years	8 %
Units and Departments worked on:	
Medical- Surgical Departments	55 %
Critical Care units (ICUs, CCUs,)	9 %
Emergency Units	13 %
Psychiatric Departments	23 %

Table 2: Complete list of horizontal violence behaviors as ranked by nurse participants according to mean scores

Rank	Item	Mean	SD
1	Belittling co-workers behind their backs	4.43	1.526
2	Complaining about someone to others instead of attempting to resolve a conflict directly	4.38	1.324
3	Avoiding eye contact with specific co-workers	4.30	1.307
4	Raising eyebrows or rolling eyes at another co-worker	4.28	1.296
5	Participating in putting down other co-workers	3.46	1.410
6	Belittling the opinions of co-workers openly.	2.69	1.203
7	Making hurtful remarks to or about co-workers	2.24	0.830
8	Criticizing someone without having heard both sides of the story	1.86	0.792
9	Passing over a co-worker consistently who is interested in developmental opportunities	1.82	0.730
10	Pretending not to notice a co-worker struggling with their workload	1.76	0.830
11	Making derogatory gestures to co-workers	1.58	0.855
12	Excluding particular co-workers repeatedly from discussions.	1.35	0.575
13	Shouting at a co-worker in front of others	1.32	0.548
14	Being verbally threatened by a co-worker	1.30	0.541
15	Withholding important information deliberately from some co-workers	1.28	0.451
16	Allowing a co-worker to make a mistake instead of intervening to help them	1.13	0.485
17	Refusing to help a co-worker who needs or asks for help	1.12	0.327

Table III: Complete list of horizontal violence effects on nurse participants as ranked by nurse participants according to mean scores

Rank	Item	Mean	SD
1	I have not spoken up about something I thought was wrong because of fear of retaliation	4.38	1.376
2	I have hesitated to ask questions because I was afraid I would be ridiculed	4.36	1.337
3	I have felt discouraged because of lack of positive feedback	3.89	1.363

4	I have looked for another job because I felt badly about interactions with coworkers	2.86	1.045
5	I have had trouble sleeping due to interactions with co workers	2.82	0.989
6	I have felt like calling in sick due to interactions with co workers	2.58	0.923
7	I have left work feeling badly about myself because of interactions with co workers	1.95	0.744
8	I did not ask for help when needed because I was afraid co-workers as being incompetent	1.80	0.739

Table IV: Descriptive statistics of who inflicts acts of horizontal violence upon nurse participants as ranked by nurse participants according to mean scores

Rank	Item	Mean	SD
1	Peers (RNs, and LPNs)	4.47	1.278
2	Supervisors (Directors, Managers, Educators, Charge Nurses)	1.93	1.200
3	Physicians	1.51	0.870
4	Other Professionals (Respiratory therapists, Laboratory Technicians, Physiotherapists, Pharmacists, ... etc)	1.03	0.171
5	Other staff (Security, Maintenance,... etc)	1.02	0.141

Table V: Relationship between gender of nurse participants and their perceptions toward of horizontal violence behaviors experienced in their units

item	Male	Female	P value
Being verbally threatened by a co-worker	1.39	1.14	0.025
Criticizing someone without having heard both sides of the story	1.98	1.64	0.036
Making hurtful remarks to or about co-workers	2.36	2.03	0.055
Refusing to help a co-worker who needs or asks for help	1.09	1.17	0.286
Making derogatory gestures to co-workers	1.67	1.42	0.153
Shouting at a co-worker in front of others	1.34	1.28	0.566
Belittling the opinions of co-workers openly	2.94	2.25	0.006
Participating in putting down other co-workers	3.61	3.19	0.159
Complaining about someone to others instead of attempting to resolve a conflict directly	4.48	4.19	0.296
Belittling co-workers behind their backs	4.52	4.28	0.457
Allowing a co-worker to make a mistake instead of intervening to help them	1.08	1.22	0.155
Excluding particular co-workers repeatedly from discussions	1.39	1.28	0.349
Raising eyebrows or rolling eyes at another co-worker	4.36	4.14	0.417
Avoiding eye contact with specific co-workers	4.39	4.14	0.358
Withholding important information deliberately from some co-workers	1.28	1.28	0.971
Pretending not to notice a co-worker struggling with their workload	1.88	1.56	0.064
Passing over a co-worker consistently who is interested in developmental opportunities	1.88	1.72	0.318

Table VI: Relationship between educational level of nurse participants and their perceptions toward of horizontal violence behaviors

item	Diploma (Mean)	Bachelor (Mean)	Postgraduate (Mean)	P value
Being verbally threatened by a co-worker	1.27	1.32	1.00	0.499
Criticizing someone without having heard both sides of the story	1.80	1.90	1.25	0.264
Making hurtful remarks to or about co-workers	2.27	2.25	2.00	0.840
Refusing to help a co-worker who needs or asks for help	1.07	1.14	1.00	0.573
Making derogatory gestures to co-workers	1.73	1.58	1.00	0.316
Shouting at a co-worker in front of others	1.53	1.30	1.00	0.151
Belittling the opinions of co-workers openly	3.27	2.59	2.50	0.130
Participating in putting down other co-workers	3.67	3.44	3.00	0.689
Complaining about someone to others instead of attempting to resolve a conflict directly	4.40	4.40	4.00	0.845
Belittling co-workers behind their backs	4.47	4.27	4.25	0.871
Allowing a co-worker to make a mistake instead of intervening to help them	1.07	1.10	2.00	0.001
Excluding particular co-workers repeatedly from discussions	1.40	1.36	1.00	0.451
Raising eyebrows or rolling eyes at another co-worker	4.40	4.27	4.00	0.855
Avoiding eye contact with specific co-workers	4.47	4.28	4.00	0.795
Withholding important information deliberately from some co-workers	1.20	1.31	1.00	0.314
Pretending not to notice a co-worker struggling with their workload	1.93	1.73	1.75	0.684
Passing over a co-worker consistently who is interested in developmental opportunities	1.93	1.79	2.00	0.695

Table VII: Relationship between years of experience of nurse se participants and their perceptions toward of horizontal violence behaviors

item	1-5 years (Mean)	5 – 10 years (Mean)	> 10 years (Mean)	P value
Being verbally threatened by a co-worker	1.36	1.28	1.00	0.209
Criticizing someone without having heard both sides of the story	1.91	1.86	1.50	0.394
Making hurtful remarks to or about co-workers	2.28	2.27	1.88	0.435

Refusing to help a co-worker who needs or asks for help	1.11	1.14	1.12	0.903
Making derogatory gestures to co-workers	1.61	1.61	1.25	0.528
Shouting at a co-worker in front of others	1.32	1.36	1.12	0.549
Belittling the opinions of co-workers openly	2.59	2.92	2.38	0.333
Participating in putting down other co-workers	3.43	3.50	3.50	0.969
Complaining about someone to others instead of attempting to resolve a conflict directly	4.30	4.58	4.00	0.433
Belittling co-workers behind their backs	4.39	4.56	4.12	0.746
Allowing a co-worker to make a mistake instead of intervening to help them	1.09	1.11	1.50	0.077
Excluding particular co-workers repeatedly from discussions	1.43	1.31	1.00	0.121
Raising eyebrows or rolling eyes at another co-worker	4.14	4.58	3.88	0.185
Avoiding eye contact with specific co-workers	4.16	4.61	3.88	0.172
Withholding important information deliberately from some co-workers	1.32	1.25	1.12	0.459
Pretending not to notice a co-worker struggling with their workload	1.80	1.75	1.50	0.628
Passing over a co-worker consistently who is interested in developmental opportunities	1.89	1.78	1.50	0.334

Table VIII: Relationship between units where nurse participants worked on and their perceptions toward of horizontal violence behaviors

item	Medical-Surgical	Emergency Department	Critical Care Units	Psychiatric Departments	P value
Being verbally threatened by a co-worker	1.33	1.46	1.22	1.17	0.440
Criticizing someone without having heard both sides of the story	1.78	2.00	2.00	1.91	0.728
Making hurtful remarks to or about co-workers	2.29	2.38	2.44	1.96	0.283
Refusing to help a co-worker who needs or asks for help	1.11	1.23	1.11	1.09	0.622
Making derogatory gestures to co-workers	1.58	1.69	1.67	1.48	0.890
Shouting at a co-worker in front of others	1.33	1.46	1.22	1.26	0.705
Belittling the opinions of co-workers openly	2.60	2.69	3.11	2.74	0.700
Participating in putting down other co-workers	3.25	3.31	4.00	3.83	0.243
Complaining about someone to others instead of attempting to resolve a conflict directly	4.44	4.08	4.67	4.30	0.740
Belittling co-workers behind their backs	4.55	4.23	4.89	4.09	0.479
Allowing a co-worker to make a mistake instead of intervening to help them	1.11	1.15	1.44	1.04	0.200
Excluding particular co-workers repeatedly from discussions	1.42	1.23	1.00	1.39	0.189
Raising eyebrows or rolling eyes at another co-worker	4.38	4.15	4.78	3.91	0.307
Avoiding eye contact with specific co-workers	4.36	4.15	4.78	4.04	0.503
Withholding important information deliberately from some co-workers	1.38	1.23	1.11	1.13	0.078
Pretending not to notice a co-worker struggling with their workload	1.82	1.85	1.56	1.65	0.725
Passing over a co-worker consistently who is interested in developmental opportunities	1.89	1.77	1.78	1.70	0.740

Table (I) shows the main demographic characteristics of nurse participants. Out of 100 nurses, 64 (64%) were males and 36(36%) were females. Most participants (81%) hold bachelor degree in nursing. More than one half of participants had 1 – 5 years of experience. Additionally, most of participants were working in medical and surgical departments (55%). Other detailed results are shown in table (I).

Table (II) illustrates the complete list of horizontal violence behaviors arranged in descending order as ranked by nurse participants from the most frequent behavior to least frequent one. As shown in table (II), items of “Belittling co-worker behind their backs”, “ Complaining about someone to others instead of attempting to resolve a conflict directly ” were the most frequent behaviors with means of (4.43) and (4.38) respectively. On the other hand, “Allowing a co-worker to make a mistake instead of intervening to help them”, “Refusing to help a co-worker who needs or asks for help” were perceived by nurse participants as the least

frequent behaviors with mean scores of (1.13) and (1.12) respectively

Table (III) sets forth the complete list of statements indicating personal effects of horizontal violence on nurse participants ranked from the most frequent to the least ones. Statements of “I have not spoken up about something I thought was wrong because of fear of retaliation”, and “ I have hesitated to ask questions because I was afraid I would be ridiculed” were the most frequent effects with mean scores of (4.38) and (4.36) respectively.

On the other hand, statements of “ I have left work feeling badly about myself because of interactions with co workers”, and “ I did not ask for help when needed because I was afraid co-workers as being incompetent” were perceived as the least frequent effects of horizontal violence among nurse participants with a mean scores of (1.95) and (1.80) respectively.

Table (IV) shows the persons who inflict behaviors of horizontal violence upon nurse participants ranked in descending order as perceived by nurse participants. Peers including registered nurses and practitioner nurses were the most common perpetrators of horizontal behaviors with a mean score of (4.47), whereas other staffs such as security and maintenance workers were the least common perpetrators of horizontal behaviors with a mean score of (1.02)

Table (V) shows the persons who inflict behaviors of horizontal violence upon nurse participants ranked in descending order as perceived by nurse participants. Peers including registered nurses and practitioner nurses were the most common perpetrators of horizontal behaviors with a mean score of (4.47), whereas other staffs such as security and maintenance workers were the least common perpetrators of horizontal behaviors with a mean score of (1.02)

Table (VI) illustrates the relationship between educational level of nurse participants and types of behaviors they experienced in their units or departments. Statistical analysis showed that nurse participants who had a postgraduate qualifications did significantly perceive item of "Allowing a co-worker to make a mistake instead of intervening to help them" as more frequent and common than other participants who had bachelor and diploma degrees did.

Table (VII) illustrates the relationship between years of experience of nurse participants and types of behaviors they experienced in their units or departments. Statistical analysis showed that there is no significant relationship between years of experience of nurse participants and horizontal violence behaviors they had experienced.

Table (VIII) illustrates the relationship between units or departments where nurse participants worked on and types of behaviors they experienced. Statistical analysis showed that there is no significant relationship between work units of nurse participants and their perception toward horizontal violence behaviors

5. Discussion

Horizontal violence is one of devastating issues as being an obstacle in developing nursing profession. It is obvious from this study that horizontal violence was prevalent among nurses in different clinical areas in Taif region, and this was evident as that 94% of nurse participants in this study experienced at least one type of horizontal behaviors during their work.

Congruently with many prior studies^{3,4,6}, finding of present study showed that covert behaviors were more common than overt ones. Covert acts of horizontal violence as perceived by nurse participants focuses mainly on lack of respect and communication between nurses. According to some notes written in distributed questionnaires, some nurse participants stated that perpetrators of horizontal violence – in most cases – were older ones who form a dominant experienced group who underestimate the practice competency of new nurses. Additionally, feeling of losing their control and

dominance make some older experienced nurses more violent toward other nurses especially new employed nurses. In congruent with Williams (2013) work, most frequent effects of horizontal violence as perceived by nurse participants had a psychological nature¹⁷. These effects include fear of retaliation, fear of being ridiculed if asking questions, and discouragement. Psychological effects of horizontal violence have negative outcomes on victims as they lead to low self esteem, depression, decreased productivity, and increased clinical errors.¹⁸

Findings of this study revealed that overt verbal abuse was not frequently occurred among nurses in selected settings. This surprising result is inconsistent with Rowe and Sherlock (2005) and Ceravolo et al (2012) studies which showed that more than 90% of nurses experienced verbal abuse.^{19,20}

Job dissatisfaction, absenteeism, and frequent thinking to leave a nursing job are other effects of horizontal violence. This finding is congruent with Griffin (2004) who stated that approximately 60% of new graduate nurses left their first job due to staff conflict an horizontal violence.⁶

Almalki et al (2012) stated in their work that increased turnover has negative effects on nursing profession and on quality of care provided in Saudi Arabia, and they concluded that building and maintaining a healthy work life for nurses is so important to improve their work satisfaction, reduce turnover, enhance productivity and improve nursing care outcomes.²¹

Peers including registered nurses and practitioner nurses were the most common perpetrators of horizontal violence as perceived by nurse participants of this study. This may be due to many factors such as work overload combined with shortage of nurses in relation to number of patients under their responsibilities.²²

6. Conclusion

Although horizontal violence was extensively covered in nursing literature^{1-3, 5- 11}, this study demonstrated incessant existence of this problem. Horizontal violence has mischievous effects that extend from the nurse victims to the whole health care team and eventually to the patients. Developing educational programs on appropriate professional behaviors and code of nursing ethics and training courses on conflict managements for nursing staff and managers, is so effective in elimination with horizontal violence cases.

7. Recommendations

From the results of the present study, it is recommended to:

- Establish specific systematic procedures for reporting and solving any complaints related to horizontal violence.
- Issue specific laws and legislations for disciplining and termination of perpetrators who inflict horizontal violence to minimize its incidence and detrimental effects.
- Establish counseling programs for nurses who are affected by horizontal violence including both psycho-social and medical counseling.

- Establishing educational programs for all members of health care team focusing on hazards of horizontal violence, how to deal with any conflicts occur in the clinical settings.
- Incorporate the topic of horizontal violence, its effects, and how to prevent and manage it in the educational curricula for different levels of nursing education.

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