REVIEW OF LITERATURE: LATERAL VIOLENCE AND BULLYING IN NURSING

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Introduction

One would think that lateral violence and bullying are supposedly the specialties of high school teenagers who just started discovering and experiencing their hitherto unknown hormones. Unfortunately, that's never the case. Grown humans, educated ones for that matter, exhibit these unwanted behaviors, much to the disgust of the victims and the civilized society at large. The nursing field is one of those fields where these behaviors tend to be rampant, to the point that it has been described as a field that eats its own. So dire is the situation such that parents (and other relatives) sending their children to the nursing school are very skeptical and invariably have mixed feelings about it.

To give a picture of the severity and pervasiveness of this menace, a study (Falletta, 2017) estimated that at least 46% of all nurses face at least one form of lateral violence in the workplace. These types of lateral violence include bullying and incivility. These phenomena are part of a larger spectrum of unwanted behavior in the workplace and are associated with many negative impacts to the victims as well as the profession at large. In this task, a comprehensive review of literature relating to lateral violence and bullying in nursing will be offered. The phenomena have proved to be quite some menace whose roots might be based in school, meaning that their eradication will require interventions that start from the school level

Selection of Literature

For this review, ten articles were selected from respectable journals, and websites were selected as demanded by the assignment requirements. All the selected (hence cited and reviewed) articles were selected using some reliable criteria to facilitate high levels of reliability and validity of this study. These articles are five years old since they were published. Exceptions for earlier articles were made only when referring to articles and literature cited in the selected articles. From the literature, some working definitions for the phenomena were identified. Pieces of literature were obtained from reliable, online databases and journals, including Elsevier, National Institutes of Health (through the PubMed database), Sage pub, and ResearchGate.

Definition and Scope of Lateral Violence and Bullying in the Nursing Workplace

At this point, it is well justified to be wondering, just what are lateral violence, incivility, and bullying? Al these three are acts that qualify as harmful behavior in the workplace, from taken by an employee to another and actions not taken (American Nurses Association, ANA, 2015, citing Saltzberg, 2011). They include harmful behaviors by senior employees (or the management) to the junior employees, or between employees of the same level (Falletta, 2017). The concept of "lateral violence" is a constituent of the larger global concept of workplace violence. Lateral violence in nursing manifests through "nurses covertly or overtly directing their dissatisfaction inward toward each other, towards themselves, and toward those less powerful than themselves" (Falletta 2017, para. 3, citing Grifin (2004, p. 257). Generally, workplace violence refers to a phenomenon characterized by deliberate and harmful mannerisms exhibited by an individual (employee or employer) towards another (typically an employee) in the workplace (Brown-Oliver, 2019).

Bullying, on the other hand typically consists of actions that result in significant emotional impacts and can be described as "repeated, unwanted harmful actions intended to humiliate, offend, and cause distress in the recipient" (American Nurses Association). Acts of bullying can be harmful, undermining, and degrading. Including, but not limited to hostility, threats, verbal vilification, jeering, browbeating or coercion among others (ANA, 2015, citing McNamara, 2012). According to Nemeth et al. (2017 pg. 34, citing Dellasega, 2009, p. 53), "Lateral violence refers to acts that occur between colleagues, where bullying is described as acts perpetrated by one in a higher level of authority and occur over time." These phenomena (lateral violence, workplace violence, incivility, and bullying are associated with numerous impacts regarding the mental and physical health of the victims as well as negative financial implications. However, one might wonder, why are these issues still rampant in supposed-to-be civilized setups? Several studies have been carried out reading the subject, and the next section addresses some of the factors relating to the subject as identified from the literature.

Factors Related to Lateral Violence and Bullying

Numerous factors contribute to or are associated with lateral violence and bullying

bullying in nursing. In this section, four important factors will be discussed, including social, workplace, cultural, and demographic factors.

Social Factors

Several studies (Bambi et al., 2019; Edmonson & Zelonka, 2019; Vidal-Alves et al., 2021) have been carried out to gauge the impact of social factors on lateral violence in the workplace. Some of the factors investigated include marital status, hospital unit/department in which one works, job position, length of time in the profession, length of time in the particular unit among other areas (Vidal-Alves et al., 2021). Additionally, factors like social status, job position, level of education and job qualifications, ethnic groups, gender, and age were also investigated (Bambi et al., 2018). Furthermore, Babi et al. (2018) also observed that period of work exposes nurses to higher chances of lateral violence. The study reported that nurses who spend more time in their workplaces are exposed to higher chances of bullying and violence.

Regarding work experience, it was found that more experienced nurses tend to, sadly, practice lateral violence and bullying more than the inexperienced ones, who are typically the victims most of the time (Bambi et al., 2018; Falletta, 2017; Vidal-Alves et al., 2021). Another social work observed to impact the possibility of lateral violence was the place of work or work setup. For instance, a study (McKenna & Boyle, 2016) found that midwives working from hospital setups were more likely to face lateral violence than those working in other setups. This view is sported by earlier studies (Hinchberger, 2009; Magnavita & Heponiemi, 2011, cited in McKenna & Boyle, 2016).

Other factors such as global social movements were also related to workplace incivility. Some of these factors include global empowerment such as feminism and other social empowerment movements. In their 2018 study, Bambi et al. (2018) found that global empowerment correlated with workplace incivility. There was a mild negative correlation (r=-0.25) between these two variables (global empowerment and workplace incivility. Additionally, work satisfaction also showed a mild negative correlation (r=-0.23) with workplace incivility while emotive exhaustion

showed a mildly positive correlation (r=0.20). These findings reflect the statuses of the areas of study, which was Canada.

In other studies, factors such as economy and workload, lack of interpersonal or socialization skills, (lack of) management skills, generational differences, and the hierarchical nature of nurses' work also contribute to the incivility, lateral violence, and bullying in nursing (Anusiewicz et al., 2019; Edmonson & Zelonka, 2019). It is argued that the discrepancy between nurses' workload and their economic power contributes greatly to valorized organizational rhetoric (Logan, 2016, citing Croft & Cash, 2012). Heavy workloads, generational differences, and social relationships may also lead to burnout and constant misunderstandings (Leiter et al., 2010, cited in Logan, 2016). It is estimated that due to the negative effects of generational differences, between 35% - 61% of newly graduated nurses leaves the profession within their first year of joining it (Logan, 2016, citing Leiter et al., 2010) Additionally, lack of interpersonal skills may be an impeding factor towards teamwork, which, in essence, may contribute to misunderstandings and possible hostility and communications breakdown (McComb & Hebdon, 2013 cited in Logan, 2016). Lack of leadership skills, on the other hand, may easily serve as a hindrance to teamwork and possibly lead to broken work relationships (Logan, 2016).

In the face of these factors, bullying, incivility, and lateral violence takes different shapes. The more experienced and specialized nurses, for instance, may tend to feel more important than the less experienced ones, which leads them to treat others with contempt and in a condescending manner (Edmonson & Zelonka, 2019). Additionally, this crop of nurses tends to exude a sense of superiority and invariably carries an attitude of elitism, constantly making correctional comments and all (Edmonson & Zelonka, 2019). These acts tend to result in constrained work relationships, invariably leading to cases of incivility and bullying. These behaviors can also create resentment and need for revenge among workmates, which spells disaster for future relations.

On the other hand, some nurses tend to be resentful and thus will develop and hold grudges, probably as a result of what they face in the hands of the elitist or

super-nurse (Edmonson & Zelonka, 2019). Such behaviors encourage drama and other unhealthy behaviors, such as ganging up against a perceived or supposed transgressor, which may result in aggressiveness in work environments. Some other nurses will engage in unwanted activities such as putdowns, gossips, and rumors as to their tools for bullying others (Edmonson & Zelonka, 2019). Such workmates are usually quick to feel aggrieved at normally neutral remarks. Resentful nurses create unhealthy work relations, as do the two-faces, backstabbing type.

There are also the two-faced ones, who are quick to betray the friendships they create. Their aim for creating the said pretentious is never pure intentions, but to gather information which they can later use as a tool against those they would bully (Bambi et al., 2018; Edmonson & Zelonka, 2019). These nurses learn things about their supposed friends, only for them to use that information as a tool for wielding some power against their victims in instances of bullying and incivility (Edmonson & Zelonka, 2019). This category of nurses is commonly called the backstabbing type (Edmonson & Zelonka, 2019). Thus, backstabbing also contributes to workplace bullying and incivility. This category is closely related to another one, the envious type.

The crop of nurses who are jealous of others' achievements can easily create unhealthy work relations and environments. These people hate their workmates for no good reason, especially if the hated have things that the envious one doesn't (Edmonson & Zelonka, 2019). It is not uncommon for some nurses to hate others for being better than them in various areas such as having better looks, being in higher positions, being more experienced and or liked more by patients, being noticed and congratulated by superiors among other issues. The envious nurses are capable of causing chaos and disaccord among other workmates even without the victims realizing it. Finally, there are the so-called cliquish nurses who will use exclusion to sow discord among others (Edmonson & Zelonka, 2019; Morrison et al., 2017).

In the grander scale of things, these social relationships are classified in several ways. The actions of certain individuals in the workplace may elicit different reactions from the victims and or other people in the workplace and at different levels in the

workplace. Actions could result in personal, coping, or professional responses (Morrison et al., 2017). The study by Morrison et al. (2017) found that most perpetrators were older nurses, supervisors, and managers. Among the subjects and places of study, lateral violence, incivility, and bullying manifested in the form of shouting, public criticism, backbiting, gossip, silent treatment, and iniquitous scheduling among other uncouth behaviors. These mannerisms agree with the findings of other studies discussed earlier (Bambi et al., 2018; Edmonson & Zelonka, 2019). Social factors, therefore, contribute to lateral violence in the ways discussed above.

Work-related Factors

The workplace also contributes to incivility and bullying in the nursing workplace. In a study conducted by Bambi et al. (2019), it was revealed that workplace culture can influence behaviors such as hostility, incivility, and bullying. Literature studied in this study (Sleem & Seada, 2017, cited in Bambi et al., 2019) had revealed a statistically significant negative relationship between workplace incivility and workplace civility culture and climate. Another related study (Hossny & Sabra, 2021) had found a positive correlation between workplace civility climate and collaboration (r=0.208) statistically significant at a 95% significance level (pg. 623). Thus, from these studies, it is apparent that perceived workplace civility climate is a significant determinant factor in regards to workplace incivility.

On the other hand, emotive exhaustion, workload, and cynicism were also found to be related to workplace incivility and bullying (Bambi et al., 2019). In a study named "Lateral Violence in Nursing Survey: Instrument Development and Validation," work-related stress, burnout, declining civil behavior in the social and personality clashes were named as the major causal explanations for lateral violence (Nemeth et al., 2017, p. 41). Work-related stress tends to negatively affect one's psychological health, which might increase the chances of foul moods, hence workplace incivility. Additionally, Emotive exhaustion and eventual burnout have also been related to the phenomenon. A study (Bambi et al., 2019) found that work incivility linearly correlates with professional burnout. Workplace culture and practices such a communication, teamwork, and trust may also relate to lateral violence. Additionally,

work arrangement type (whether by shift or fixed schedule) seems to have an impact on exposure to violence. A study (Jiao et al., 2017, cited in Vidal-Alves et al., 2021).

Seniority at the workplace also affects one's chances of being bullied. Studies have shown that more senior nurses are less exposed to bullying as compared to the junior ones (Edmonson & Zelonka, 2019; Morrison et al., 2017; Serafin & Czarkowska-Pączek, 2019). Other workplace behaviors such as less stressing on professionalism and professional behavior also contribute to lateral violence and bullying (Nemeth et al., 2017). Finally, working hours (more than 41 hours per week) and affiliated hospital were also found to be predictors (Oh et al., 2016). Working many hours was found to expose the worker to higher chances of being bullied. Also, such incidences of working more hours increase the chances of work-related stress, which can lead to unintentionally bullying others. An affiliated hospital may mildly contribute to poor professionalism since different hospitals have different levels of requirements, regarding expected professional behavior. Finally, the unit one is attached to may also contribute t work-related stress and more workload, which may lead to bullying. For instance, in a study by Bambi et al. (2018), it was found that nurses working in the ICU are at a relatively higher risk of bullying than those in the other units/wards. Therefore, work-related conditions may contribute to bullying and or lateral violence.

Cultural Factors

Factors relating to cultural practices also contribute to lateral workplace violence. Different cultures and cultural orientations view and or perceive the issue of workplace violence differently (Samnani & Singh 2012; Seo et al., 2012, cited in Oh et al., 2016). Some cultures perceive workplace violence as an acceptable way of doing things in the workplace, and may sometimes be encouraged or ignored since, in said cultures, it is not a big deal (Oh et al., 2016, citing Samnani & Singh 2012). Some other people appreciate and acknowledge the negativity of lateral violence, but, unfortunately, they only acknowledge one form of it, typically the one that involves physical aggression. Any other form of lateral and workplace violence is ignored because such cultures only recognize the "violence" that involves physical aggression (Oh et al., 2016).

In some cultures, gender plays a major role in social stratification. People of different genders are viewed differently and judged and treated according to their gender(s). literature has shown that nurses experience latera violence differently depending on their gender (Anusiewicz et al., 2019; Babi et al., 2018; Bambi et al., 2019). In many cultures, oppression of females persists, where males are perceived as a superior gender. In the nursing profession, it has been found that the same cultural beliefs and practices exist, where female healthcare professionals are at a significantly higher risk of bullying compared to their male counterparts (Bambi et al., 2018, citing Pai et al., 2018). In a study on workplace and lateral violence, Bambi et al. (2018) cited literature (Teymourzadeh et al., 2014) that reported higher exposure to bullying among female nurses. Another study (Jaradat & Niensen 2018, cited in Bambi et al. 2018) showed that females were more exposed to workplace aggression as compared to men. The main causes of these phenomena have to do with the fact that nursing is largely dominated by females and also that in most cultures, females are vulnerable to oppression.

Despite these observations, cultural orientation is not among the leading or most significant causal factors for workplace bullying and lateral violence. In a "Lateral Violence Causes Scale" developed by Nemeth et al. (2017), cultural misunderstandings ranked among the least severe causes of lateral violence in the healthcare profession. However, this does not mean that cultural differences and misunderstanding are not significant threats vis-à-vis lateral violence and workplace bullying. Culture is a significant element of human life and it affects every aspect of human life and can therefore not be wished away. It is thus crucial to note that it affects the workplace dynamics including lateral violence and bullying despite its low potency for the same. Besides culture, the demographics of the healthcare workforce may also affect lateral violence and bullying.

Demographic Factors

Demographic factors such as age, education levels, religion, and ethnicity may also affect the chances of bullying, incivility, and lateral violence. Several studies (McKenna, L., & Boyle, 2016; Oh et al., 2016; Oyeleye et al., 2013 cited in Bambi et al., 2018; Vidal-Alves et al., 2021). have been conducted to instigate these issues, all of

which have had differing findings. Some studies found some relationship between specific demographic features and lateral violence while others did not. For instance, the review by Bambi et al. (2018) claimed that no was found correlations between workplace incivility and particular demographic features in a study (citing Hutton et al., 2008). However, another study (Oyeleye et al., 2013, cited in Bambi et al., 2018) found a positive relationship between lateral violence and total years of nursing experience.

Three demographic features, namely religion, sex, and ethnicity, are of specific interest to this author as they affect lateral violence and bullying in different magnitudes. People from minority groups, majorly ethnic minorities, tend to suffer paranoia and feeling of desolation, which tends to push them to act on the defensive. In such cases, these people may easily become easy targets of bullying or become bullies themselves, as a defense mechanism (Bambi et al., 2019; Oh et al., 2015; Vidal-Alves et al., 2021). Level of education has not been found to have any correlation with lateral violence and bullying in nursing, a finding that seems to be consistent in several studies (Anusiewicz et al., 2019; Falletta, 2017; McKenna & Boyle, 2016;). However, a recent study (Serafin & Czarkowska-Pączek, 2019) differed with these findings when it found that, in a certain country, nurses with a bachelor's degree were more likely to be bullied compared to any other level of education.

Finally, age is also a significant factor. In the study by Serafin & Czarkowska-Pączek, (2019), nurses' age was found to have a mild negative relationship with bullying in different levels such as person- and work-related bullying. Young nurses are likely to experience bullying from the more experienced, older nurses. Some nurses even experience bullying while in school especially during attachments, while others experience it just after joining the profession, immediately after graduation and registration as nurses (Anusiewicz et al., 2019; McKenna & Boyle, 2016). These factors contribute to lateral violence, incivility, and bullying in nursing in different capacities. The phenomena have varying impacts in the lives of the victims and also in the healthcare profession. There are some indicators, provided by Healthy people 2020 that can be used to identify the prevalence and victims of such occurrences, two of which will be discussed in the following section.

Healthy People 2020 Leading Indicators for Lateral Violence and Bullying in Nursing

There are several indicators for people suffering the issues that relate to lateral violence incivility and bullying in nursing. The Healthy People 2020 leading health indicators is a framework that serves as a go-to checklist for leading indicators of known health conditions. Lateral violence and bullying can result in several conditions ranging from psychological turmoil to physical harm, which can be identified using the healthy people 2020 leading indicators. In this section, three areas will be covered, that is mental health, substance abuse, and injury and violence.

Mental Health Indicators

Nurses exposed to lateral violence and bullying go through a lot of mental and psychological turmoil, which might lead to mental health conditions such as depression, trauma, and even anxiety and other psychophysical and psychosocial issues (Anusiewicz et al., 2021; Bambi et al., 2019). Mental health is described as an essential part of human overall health and wellness and should thus be treated with utmost importance (Office of Disease Prevention and Health Promotion, ODPHP, 2021). The ODPHP (2021) argues further that mental heal issues have significant and serious impacts on physical health, bearing a significant association with most chronic diseases and conditions. Mental illnesses also lead to high economic costs and other prices to be paid for the conditions. According to the ODPHP (2021), the leading health indicators for mental health issues include suicidal tendencies and depressive disorders. These conditions can be identified by their respective identifying symptoms.

Injuries and Violence Indicators

Another resultant effect of lateral violence and bullying would be, naturally, physical injuries especially resulting from lateral violence and bullying. Physical injuries can lead to unplanned and unwanted occurrences such as hospitalization, pain, and even death (ODPHP, 2021). Severe injuries can also lead to disability and sustained trauma (ODPHP, 2021). The stress that results from such events can also lead to mental health, which contributes to the overall poor health of the individual.

Substance Abuse

Some people turn to drugs and alcohol as coping mechanisms. As pointed out in the review of literature, lateral violence elicits different responses from individuals, including personal and coping responses (Morrison et al., 2017). Some of these responses may lead to self-destructive tendencies, such as excessive indulgence in drugs and alcohol. Habit-forming drugs may lead to addiction and eventual dependence with continued use. These tendencies also include substance abuse, where victims overindulge in stimulants and other substances to escape the ugly realities. For adults, the leading health indicator for substance is binge drinking in the previous one month (ODPHP, 2021). Substance abuse is associated with several self-destructive tendencies including reckless driving and speeding, which invariably leads to avoidable car crashes (ODPHP, 2021). Additionally, substance indulgence and abuse contribute to homicides, domestic violence, child abuse, and a host of other social problems. Given the potential to lead to such sad and sorry states, lateral violence and bullying have many serious and significant implications for the profession and other life issues.

Implications for Nursing Practice, Education, and Research-Based on Current Literature

It can be demonstrated that these issues have adverse implications for the nursing field in practice, education and research.

Nursing Practice

The issues identified here have far-reaching effects for various areas. In the nursing practice, some of the implications include the following

High Turnover and Related Issues

The phenomena contribute to absenteeism and turnover. Studies have shown that, due to workplace violence, many nurses have quit the profession especially within their formative years of practice (Bambi et al., 2018; Morrison et al., 2017). For instance, a study carried out in Pakistan by Zia ud-Din (2017, cited in Bambi et al., 2018) found a positive relationship between workplace incivility and absenteeism (with R= 0.447, with ß= 0.058, and a standard error of 0.011). Additionally, bullying

and lateral violence are the major reasons nurses plan to leave the profession (Johnson & Rea, 2009; Simons, 2008; Vessey, DeMarco, & DiFazio, 2010, cited in American Nurses Association [ANA], 2015). Such events (absenteeism and turnover) may be related to the current turn of events where the nurses population has been declining, leading to the increased shortage of nurses (Edmonson & Zelonka, 2019). A reduced nursing population is reducing the possibility of getting quality care and also making it hard to access such services. A reduced workforce will also lead to increased workload per individual, which is likely to lead to increased cased on work burnout and possibly more workplace accidents, poor-quality patient care, and all the other menaces related to high rates of nurses' burnout. Additionally, if the trend keeps up, there might be a time when nursing services will become expensive, following the law of demand and supply. To minimize the chance of the world falling into such oblivion, it is important to put some policies in place to minimize or eradicate workplace bullying and reduce the turnover rate.

Mental Health Challenges

Besides absenteeism and turnover, lateral violence also contributes to mental health issues for the victims. In the study by Nemeth et al. (2017, pg. 35), it was identified, from literature, that "aggression from nurse colleagues was identified as most distressing to nurses" (citing Farrell, 1999). Another study (Berry et al., 2012, cited in Anusiewicz et al., 2019) confirmed that nurses who experienced lateral and workplace violence faced an increased risk of developing adverse psychological and physical symptoms, including depression, suicidal tendencies, anxiety, and PTSD; headaches, and eating disorders among other symptoms. Mental health challenges can lead to financial burns and poor service delivery.

Reduced Quality of Care

With nurses developing the conditions discussed above, it is expected that the service provided to the patients will be hit greatly and hard. When more nurses leave, few will be available to care for the patients. This leads to a situation where patients either have little time with nurses due to the huge workload, or they don't see a nurse a to all. Without the ability and the time to concentrate, the nurses won't deliver quality services to the patients, leading to poor quality of care. Such an

occurrence is associated with the possibility of poor patient outcomes. Additionally, mentally/psychologically disturbed nurses will bring out the same effects of poor quality services, either due to absenteeism as they seek treatment themselves or due to the inability to render well-thought services. Distressed nurses also have higher chances of making mistakes in the workplace, which increases the risk of accidents that could prove fatal.

Financial Distress

Finally, the resulting conditions such as physical injuries, mental problems, accidents due to distress, and other outcomes lead to financial constraints for the victims. When the victims decide to leave the job, they are rendered unemployed which compounds the problem. Those who choose to stay may have t spend a lot of money seeking treatment. In case of accidents, they might be forced to take liability which, again, leads to financial constraints.

Nursing Education

Secondly, these issues have serious implications for nursing education. Nursing schools are the places where professionals get their foundations. However, it seems, the school system does not fully the nurses for the ugly reality out in the world. These revelations show that there is a need to address this problem from its roots. To eradicate lateral violence and bullying, it might be worthwhile to educate the nursing professionals n the subject.

Nursing Research

Future research needs to focus on the best ways to eradicate this menace. It should focus on teaching not only how to care for patients but also how to mind and care for other workmates. Research should also focus on policy because there is a need for some serious policy change. New policies that discourage workplace bullying in nursing should be developed to curb the menace. Finally, research should also focus on the root causes to analyze the problem and suggest a viable solution based on evidence.

Reflection

Implications for Global Health

Workplace bullying and lateral violence in nursing have dire consequences on global health. Due to the globally, institutions and places that have not cultivated the culture of civility in the workplace will have a lot to lose and also risk the lives of many. Workplace violence leads to deteriorated services, which is not the way it ought to be. If more hospitals become havens for bullies in the senior officers, this might spell a bleak future for the healthcare fraternity. As for global health, this author speculates that many if not most people may choose to embrace the culture of hiring personal, private nurses. This will however depend on the individual's income. Thus, continued workplace bullying culture might present significant shifts and paradigms in global health.

Description of Literature Found

The literature reviewed in this paper was chosen from trusted, academic sites. To facilitate and enhance credibility, the articles used were selected on strict criteria. The parameters used for the selection of the literature include peer-reviewed (or from trusted websites), recently published (from 2015 or later, unless when citing an original idea cited in those works), and published in respectable journals. These parameters ensure reliable articles were used.

Conclusion

The purpose of this paper was to offer a comprehensive review of literature related to workplace violence and bullying. Literature was selected from online databases and respectable journals to ensure reliable sources were used. Several factors related to lateral violence and bullying were identified, including social factors, cultural factors, work-related factors, and demographic factors. Several authors had varying findings on these factors, with some finding relationships between certain factors whereas others did not. For instance, some studies found no significant relationship between demographics and lateral violence, while some others did find some relationships (Hutton et al., 2008; Oyeleye et al., 2013, cited in Bambi et al., 2018). Lateral violence and bullying have severe impacts on individuals, ranging from substance abuse to suicidal ideations and other mental issues (ODPHP,

2021). These implications go beyond the individual victim to entire systems, with effects such as reduced quality of care, financial burdens to families and institutions among other impacts (Bambi et al., 2018; Morrison et al., 2017Berry et al., 2012, cited in Anusiewicz et al., 2019). These implications show that there is a need for intervention to eradicate this menace. Policy reforms may be deemed necessary in the quest for more secure, safer working environments for healthcare professionals.

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Appendices