Horizontal Violence

The Impact of Horizontal Violence and Bullying on the Nursing Environment and with Emphasis on Newly graduated Nurses

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Abstract:

Horizontal violence behaviors are still a significant problem in healthcare settings. Without dealing firmly with such a phenomenon, nurses may develop physical and psychological problems, which lead to nurses leaving their job and an increase in the nursing workforce shortage. This qualitative study explored and highlighted the horizontal violence phenomenon and its impact on nurses in the healthcare setting and on its environment. The findings suggest that having an understanding of human behavior provides the possibility to distinguish horizontal violence behaviors. The results also help in identifying vulnerable groups that are susceptible to those behaviors. It includes some symptoms and negative impacts of horizontal violence on nurses, patients, and the entire work environment.

Moreover, the findings provide intervention methods to identify and deal with horizontal acts. It might help in developing strategies to detect and reduce intraprofessional conflict and horizontal acts among nurses. That happens through educating healthcare professionals and administrative personnel as well as working culture changes and clearing policies to maintain nurses' productivity, providing safe care and a healthier work environment.

Keywords:	Horizontal violence, bullying, newly graduated nurses, nurses, oppression, workplace environment, physical and psychological health
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FOREWORD

I would like to thank my supervising teacher Heikki Paakkonen for his guidance and support in accomplishing this paper. Also, I would like to thank my teachers Emilia Kielo-Viljamaa and Gun-Britt Lejonqvist for the support and help they provided during the entire process of writing.

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1 INTRODUCTION

Healthcare organizations aim to maintain a safe culture as a fundamental aspect of their policies. Supportive administration and trusting relationships between nurses are the main components to achieve a safe culture in the workplace (Pfeifer & Vessey, 2017). However, with the existence of horizontal violence behaviors as a long-lasting problem, the safety of nurses may be jeopardized. It impacts negatively on the entire work environment in healthcare settings. Horizontal violence acts can include verbal abuse (e.g., humiliating, intimidating), gossiping, belittling gestures (e.g., Eye rolling), sabotaging, ignoring, socially isolating and excluding and bullying (Thobaben,2007).

Studies have shown that bullying has a major negative impact on the victim, which is associated with poor mental and physical health and increases in the level of absenteeism, therefore affecting workplace productivity. On a personal level, nurses may have low self-esteem, hypersensitivity, social isolation, and depression (Mills et al, 2018). Some other terms were described in the literature, including incivility, nurse-nurse conflict, verbal abuse, and hostility. Studies have used different terms to describe harmful behaviors; however, in this study, the term horizontal violence is used to label the negative behaviors and incivility among nurses (Purpora, Blegen & Stotts, 2012). The focus is on understanding human behavior and finding the connection between the psychological factors which impact the individual's personality and horizontal violence behaviors (Goff, 2018). Also, horizontal violence is described as an example of the behavior of an oppression group. Therefore, the study describes the relationship between the oppression group and horizontal violence and their impact on each other. Moreover, it explores how horizontal violence affects the workplace environment and the nurses' ability to feel included in the social structure of the workplace (Mooney& Nolan, 2005; Berry et al, 2016).

Despite the reported incidents of horizontal violence, it is difficult to obtain adequate data because studies have used different scales and measurements to suit their purposes and aims. Also, the unclear policies of the organizations defining horizontal violence behaviors keep such a phenomenon unable to be checked and detected. Those factors decrease the ability to maintain a healthy environment for nurses (Purpora, Blegen & Stotts, 2012).

2 BACKGROUND

The World Health Organization defines violence and workplace violence as: 'The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation' (WHO, 2002, p. 4).

Workplace violence is defined as 'incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health' (WHO, 2002, p. 7). Workplace violence is a severe issue were nurses may feel insecure and stressed. Nurse-nurse abuse has been discussed in the literature for the last three decades. Incivility or negative interaction between coworkers is described as horizontal or lateral violence (Bambi et al, 2018). The intention is to harm the victim; therefore, psychological and verbal abuse are the results of these behaviors (Bambi et al, 2018). Although lateral violence may occur as a single incident, the effect on the self-esteem of the target may continue. Lateral violence may also develop into bullying, which, like horizontal abuse, could be reoccurring behavior to harm at the professional and personal level. Horizontal violence statistics range is up to 87 % of nurses in the United States, and 86% in Europe (Bambi et al, 2018). Alongside 60 to 80 % of registered nurses have witnessed horizontal violence (Blackstone, Salami, Cummings, 2017).

Studies showed that psychological violence results in depreciation (lower self-esteem) and humiliation. The newly graduated nurse or novice nurses have experienced horizontal violence more often compare to nurses with more work experience (Bloom, 2018). In the Middle East, female nurses experience more lateral violence compared to male nurses (Bambi et al, 2018). The negative impact of horizontal violence on nurses and the work environment correlates with the quality of care provided, which may lead to poor practices and adverse events. Nurses who experience horizontal violence may quit their jobs or think of changing their workplaces. Studies showed that the range of nurses leaving their jobs due to lateral violence was between 11.3% to 34% (Bambi et al, 2018).

Bullying is the result of reoccurring lateral violence toward peers. That increases the risk of psychological and physical problems; it was reported that from 14.3% to 75% of victims had experienced health problems. Bambi et al. (2018) reported that symptoms of

mental and physical problems among victims as a result of horizontal violence were significantly higher compared to those who had not experienced such behaviors (Bambi et al, 2018). Bullying and lateral/horizontal violence are behaviors that still exist in the nursing setting and workplace environment. Lateral violence was first mentioned and explored three decades ago. The reasons behind such behaviors are not clearly understood. Interventions and methods to reduce and change such behaviors are essential to maintain a healthy workplace environment (Roberts, 2015).

The definition of lateral or horizontal violence varies; however, the essence is defined as 'nurses covertly or overtly directing their dissatisfaction inward toward each other, toward themselves, and toward those less powerful than themselves' (Roberts, 2015, p. 36). Many behavioral acts are associated with horizontal violence, including passive-aggressive interactions, incivility, rude comments, and many others. Acknowledgment is the first step to explore the behaviors and their origins. Follow-up that supports educating the nurses' staff as well as building and developing trust among nurses is essential. All those are some of the interventions used to decrease such behaviors (Roberts, 2015).

3 THEORETICAL FRAMEWORK

The healthy workplace environment is defined as productive and open to interpersonal interactions and collaboration among team members, which provides the possibility for healthcare professionals (nurses) to work freely under minimal pressure and increase the quality and safety of the care provided. Maintaining a healthy work environment sustains the well-being of nurses and patients' health outcomes (Sevilla-Zeigen, 2016). Horizontal violence and bullying are destructive behaviors that have adverse effects on the workplace environment and the individual. This study involves three theories and their implication on bullying and horizontal violence phenomenon: the human needs (Maslow) theory, the critical social theory, and the oppression theory. Understanding human behavior may help to detect and reduce bullying and horizontal violence in workplaces, and as a consequence, evolve the work environment into a healthier and more productive one.

3.1 The human needs theory

Abraham Maslow's theory (Townsend, 2014), in human behavior, focuses on the different aspects of an individual's functioning. Maslow emphasized the path an individual follows to achieve self-actualization. Maslow's "hierarchy of needs" pyramid is divided into five stages: Physiological needs, Safety and Security, Love and Belongings, Self-Esteem and Esteem-Of-Others, and Self-Actualization (Townsend, 2014).

Maslow's is one of the fundamental theories in the psychology of self-improvement and motivation, where individuals reach a higher stage of self-actualization (Townsend, 2014). According to Townsend (2014), in Maslow's theory, lower stages need to be fulfilled to move to a higher stage. The ability to accept and respect oneself and others and the ability to achieve satisfactory human interpersonal communication are characteristic of this theory. Although his theory talks about the psychological aspects of comprehensive mental health, applying Maslow's theory on the nursing environment is essential to understanding the uncompleted stages concerning nurses/occupational health (Goff, 2018). One of the hierarchies of needs stages includes safety and security. Nurses need to feel safe and have the freedom to express their thoughts and feelings without harming others (Goff, 2018). Researchers described nurses' environment to be psychologically unsafe when nurses feel afraid of providing new ideas, asking questions, or seeking help

(Pfeifer & Vessey, 2019). Another stage is self-esteem, and esteem-of-others is the ultimate stage before achieving self-actualization. Understanding human behavior is a fundamental concept for explaining horizontal violence, and understanding the hierarchy of needs in human behavior provides a structure to understanding the aspects influence nurses to practice horizontal/ lateral violence and bullying in workplaces. These undesirable behaviors exist when one or some of the stages remain without complete fulfillment (Goff, 2018).

Moreover, nurses who experience horizontal/lateral violence feel that their integrity and dignity have been violated. Therefore, the quality of care for patients will be affected and threatened. The conflict among nurses may rise due to intrapersonal clashes or incompatibilities. Such behaviors result in negative consequences in the workplace environment (Goff, 2018). Feeling psychologically safe in the workplace environment allows nurses to be open, address their thoughts and ideas, and create a positive intrapersonal relationship between healthcare personnel (Pfeifer & Vessey, 2019). This, in turn, improves the overall workplace environment.

3.2 Critical social theory (CST)

Mooney & Nolan (2005) defined critical social theory as 'a means to frame enquiry, with the aim of liberating groups from constraints (either conscious or unconscious) that interfere with balanced participation in social interaction' (p. 241). The Critical Social theory on horizontal violence is connected to the human behavior theory. Nurses must have some freedom to express their opinions. CST helps nurses to achieve the stage of security and safety without the fear of experiencing bullying and horizontal violence due to practicing their right to be free and the right to feel safe at work (Goff, 2018).

Being in power (not empowerment) is defined as to have domination and compulsion. However, in the nursing setting, understanding the context of being in power has a passive interpretation, which may include limiting an individual's freedom. Kuokkanen & Leino-Kilpi (2008) argued about that there is a correlation between the increase of power and the vulnerability of the person with less power. Applying the critical social theory to nursing and the concept of empowering nurses in different social situations in workplaces can increase the ability to self-reflect and act independently. Individuals who are vulnerable

or underprivileged are defined as an oppressed group (Kuokkanen & Leino-Kilpi, 2008). Bullying behaviors at the workplace creates a stressful environment for newly licensed nurses who are vulnerable to such behaviors. Socializing novice nurses into the workplace environment may generate stress and extra workload for mentors. Newly licensed nurses may feel powerless and susceptible to bullying or horizontal violence without being able to address these behaviors. Some consequences of feeling powerlessness are psychological distress and intimidation (Berry et al, 2016). Individuals who pursue freedom often see the negative effects of social structure and the environment around them as a restraint, leading to oppression and feeling powerless due to unreflective communication (Mooney& Nolan, 2005).

3.3 Oppression theory

Oppression is defined as 'a set of interrelated constraints and limitations which encourage obedience through practices to disdain, restrict, and shape individuals' (Rooddehghan et al, 2015). The literature has discussed the use of oppression theory to understand the reasons behind the aggressive behavior and conflict between nurses (Goff, 2018). Oppression between nurses is one of the significant factors of the unhealthy and unequal workplace environment. Dominant nurses practice such behavior towards nurses in a vulnerable position. Indignity, fear, stress, and psychological distress are some of the symptoms that nurses endure as an outcome of such behavior (Rooddehghan et al, 2015).

On the other hand, both groups, oppressed and oppressive, may fluctuate between those two statuses. Therefore, nurses who belong to the oppressive group may be oppressed by their victims. This results in increased tension in interpersonal communication, which impacts the workplace environment negatively. Patient care is affected by the oppressed behavior which nurses practice (Rooddehghan et al, 2015). According to Goff (2017), in the hospital environment, nurses are considered an oppressed group. Historically, the workplace environment was dominated by the male patriarchal system in which resulted in accumulating aggressive and harmful behaviors among coworkers (Purpora, Blegen & Stotts, 2012). Oppression occurs when an individual or a group sets some norms to ignore others' rights, therefore, harm their dignity by unequal behaviors and actions (Rooddehghan et al, 2015).

On the other hand, Vessey, DeMarco & DiFazio (2010) argued that there is a mutual process between the oppressor and oppressed individuals or groups, and that is how oppression is often justified in a normative manner. The mutual process explained as 'the powerless in societies where oppression proliferates can be frightened of freedom, i.e., freedom to address negative behavior of an oppressor as opposed to supporting a culture of BHHV' (Vessey, DeMarco & DiFazio, 2010, p. 140). Therefore, the "right" norms and actions are justified by the oppressors who are dominant and have the power.

Adverse irreversible effects on nurses can be the result of persistent behavior of oppression (Rooddehghan et al, 2015). To be able to detect and address horizontal violence and bullying between nurses, a necessary change must take place in the oppressive social structure of workplaces that maintains a safe and equal environment (Purpora, Blegen & Stotts, 2012).

Applying the theories mentioned is essential to understand the origin of horizontal/lateral violence and to recognize it as a destructive phenomenon. Understanding human behavior is essential, starting with Maslow's pyramid and social interaction in different situations. Recognizing the aspects and characteristics of oppression (both oppressed and oppressive groups) helps to detect the causes of horizontal violence among nurses in the workplace environment. On the organizational level, having knowledge about such a theoretical framework increases the understanding of such a phenomenon and the consequences of it on nurses and workplace environments. This can lead to proper intervention and actions to maintain a healthy environment and better health outcomes.

4 THE AIM AND RESEARCH QUESTIONS

The aim of this study is to highlight on the horizontal violence (HV)/ lateral violence (LV) in nursing setting and what methods may be followed to reduce such phenomenon. Focus is on the workplace environment to maintain heathy interaction between nurses. Also, in this study the author will answer the following questions:

1) What are the causes of horizontal violence among nurses in the workplace environment?
2) What interventions can be implemented to reduce and prevent such destructive behaviors at workplaces?

5 METHODOLOGY

The purpose of this qualitative study is to obtain an understanding of the impact of horizontal/lateral violence on nurses in the workplace environment by answering the research questions, 1) what are the causes of such phenomena in the healthcare setting? and 2) what interventions can be implemented to reduce and prevent such destructive behaviors at workplaces? Data were collected and analyzed, coded, and subcategories are formulated into four categories related to the research questions. This chapter will include data collection, data analysis, and research ethics.

5.1 Data collection

By following a qualitative literature review in this study, reviewing the existing literature about horizontal/lateral violence among nurses in workplaces using various academic resources and database was the tool used to collect scientific articles. Onwuegbuzie, Leech & Collins (2012) believed that ‘Using multiple source types allows the reviewer to combine the information from various sources in order to understand better the phenomenon’ (p. 8)

The searching words were "horizontal violence or lateral violence or bullying or incivility AND nurse or nurses or nursing" in most of the databases used which included specific criteria to filter the results to be as related as possible. Also, requesting a full-text material from the original author is used through emails. The first method of collecting data was

to read thoroughly articles' abstracts. All the articles selected had relevant information to the research questions. That helped the author to select the most suitable articles for this study. Also, the author used the last two decades as a timeframe for collecting the data, which helped in exploring the phenomenon under study and obtaining the latest literature provided. The articles chosen included adequate information to answer the study questions. The filtering criteria used for the selected articles is:

- Period of time between 2000 and 2020
- Articles should be in English language
- Full-text material
- Scholarly (peer reviewed) Journals
- Academic Journals

Reading over 400 abstracts using the criteria above, a total of 36 articles were chosen to answer the research question. The database used and the results including the selected articles, are listed in table. 1. The article chosen are listed as an appendix.

Table 1: List of search words, database and the selected articles.

Searching words	Database	Hits	Selected
Horizontal violence or lateral violence or bullying or incivility AND nurse or nurses or nursing	EBSCOhost, Academic Search Elite, CINAHL, MEDLINE	241	4
Horizontal violence or lateral violence or bullying or incivility AND nurse or nurses or nursing	PubMed	192	14
Horizontal violence or lateral violence or bullying AND nurse or nurses or nursing	Sage	38	10
Horizontal violence or lateral violence or bullying AND nurse or nurses or nursing	ScienceDirect	301	4
Horizontal violence or lateral violence or bullying AND nurse or nurses or nursing	Full text request from the original author		4

5.2 Data analysis

According to Onwuegbuzie, Leech & Collins (2012) analyzing is an understanding of the text as whole then dividing it into parts and components. Reading and rereading the articles chosen was essential for understanding the text which gave the author the sight to interpret and analyze them. At an early stage of this study, the focus was to analyze the data collected to find clear components and describe them.

However, this research uses deductive and qualitative content analysis method. The hypothesis of this study is based on three theories discussed in chapter 3 Theoretical framework. The author tried to investigate the relationship between horizontal violence phenomenon and nurses' behaviors and human nature by testing those theories. The author reviewed both qualitative and quantitative studies to have a full understanding of the phenomenon. The study was initiated with existing theories about human behavior. Therefore, the author formulated the study hypothesis based on those theories. Then the study materials were collected and analyzed. When analyzing the materials, the author was able to collect aspects and patterns thus to investigate into the relationship between them. Later during the research process and after reviewing the materials several times, codes, subcategories, categories and a theme have been systematically conducted and developed to assist answering the research questions (shown in table 2). By doing so, manifest and latent content analysis were used in this study (Graneheim & Lundman, 2004, Onwuegbuzie, Leech & Collins, 2012).

For the inclusion criteria, the articles chosen were conducted from different countries. All the articles chosen included one of the search words (Horizontal violence or lateral violence or bullying or incivility AND nurse or nurses or nursing) in their abstract. Based on the data in the articles selected the authors chose to use articles covered both new graduated nurses and registered nurses as samples. The author attempt, by doing so, was to obtain an adequate understanding and perspective of the phenomenon under investigation due to its complexity and to prevent any bias or subjectivity. On the other hand, exclusion criteria used to choose the article were articles did not include nurse-nurse conflicts, texts which are not journals or PhD dissertations and articles which discussed physical violence or patient-nurse violence.

5.3 Research ethics

Ensuring credibility for this study started with choosing the most appropriate methods for collecting the data. The tools used to avoid any pitfalls to achieve and maintain the trustworthiness of this study are a literature review method, searching the existing literature using academic databases, and the use of peer-reviewed material.

Due to the complexity of the phenomenon studied in this thesis, the amount of data collected played an essential role in achieving credibility. Therefore, the articles selected were the most suitable for this specific study (Graneheim & Lundman, 2004).

'The word "plagiarism" comes from the Latin word for "kidnapper" and is considered a form of theft, a breach of honesty in the academic community' (Yale, 2020, www). Credibility and trustworthiness are shown when the researcher includes in his/her paper the sources used. Otherwise, the data and knowledge provided is on false grounds. (Yale,2020)

It is a serious unacceptable ethical issue for the researcher, and it is violation of the intellectual property of others as well as a violation of academic integrity (Lewis & Zhong, 2011). The author's strategy to ensure the authenticity and credibility of this paper were to read and reread the articles in depth. Plagiarism was avoided by paraphrasing, citing and referencing all the data used from the reviewed literature to ensure and maintain the trustworthiness and to acknowledge the previous authors'/writers' intellectual property and work.

6 FINDINGS

This chapter summarizes the findings of this qualitative review literature study. The articles in this study explored some aspects of horizontal violence and bullying among nurses in the workplace. Also, it answers the study questions through the four categories that emerged from the data analysis which all cover the theme of workplace environment and horizontal violence. The horizontal violence phenomenon has been discussed in the literature for over three decades however it is still a major problem which impacts negatively nurses, patients and the atmosphere and culture of the hospitals. Table 2. Illustrates the codes, subcategories, categories and the theme that conducted during the data analysis process.

Table 2: Codes, categories, subcategories, and theme from the data analysis

Theme	**Workplace environment and horizontal/lateral violence**			
Categories	**Human Behavior**	**Vulnerability**	**Consequences of horizontal violence on nurses and workplace environment**	**Intervention**
Sub-categories	Recognize horizontal/ lateral violence. Harmful interaction	Registered nurses; new graduates. Insecurity. Oppression	Health problems (mental, physical). Intraprofessional conflict. Miscommunication among nurses.	Educations, Hospital policies. Leadership role
Codes	Nurse-nurse interaction, interpersonal relationships.	Novice experience and knowledge. New environment.	Stress, low self-esteem, sickness leaves. Holding information. Poor practice and poor health outcomes for patients.	Seminars, regular meetings. Laws and legislations. Training and leadership transparency. Professional communication

6.1 Research Question 1: What Are the Causes of Horizontal Violence Among Nurses in the Workplace Environment?

6.1.1 Human behavior:

Horizontal/lateral violence is ‘behavior that is directed by one peer toward another that harms, disrespects, and devalues the worth of the recipient while denying them their basic human rights’ (Purpora & Blegen, 2012, p. 1). Horizontal violence behaviors have a psychological base such as intimidation, lack of respect, and compulsion. Studies found that the conditions of the work environment correlate with the nurses’ behavioral responses (Goff, 2018).

Studies showed that horizontal violence defined by destructive behaviors that destroy or undermine the nurses’ personal or professional lives. Harming and damaging personal or professional validity can lead to the destruction of self-worth (Goff, 2018). Nurses reported that the reason behind nurses’ bullying is that the perpetrators gain control and power (Vessey et al, 2009). Literature defined bullying as a form of horizontal violence, however, Vessey, DeMarco & DiFazio (2010) argued that bullying differs from horizontal violence and bullying relates to the power differential between the bully and the victim.

On the other hand, horizontal violence happens among coworkers. Nurses described the perpetrators’ personalities and aggressive behaviors and connected them to the bullies’ low level of work ethics—also, the stress and challenges in both the personal and professional levels (Taylor, 2016).

The oppressed group is described in the literature for over two decades. According to the authors, one study documented that nurses experienced low self-esteem and felt devalued because of the domination of others (Roberts, DeMarco & Griffin, 2009).

Some studies argued that nurses might feel “doubly oppressed” because they are nurses and women. Avoiding and compromising are a few of the most common management methods for nurses, which may create a sense of oppression. Therefore, indirect communication is a negative result of such strategies that affect the nurses’ interaction and the workplace environment (Roberts, DeMarco & Griffin, 2009; Ylitörmänen, Kvist & Turunen, 2019). When nurses are feeling frustrated and not empowered to execute their job, anger can be a response to unexpressed feelings. Those nurses tend to pour the anger and frustration horizontally on those with less power (Sheriden-Leos, 2008).

Backstabbing and broken confidences are forms of passive-aggressive behaviors and gossip, respectively, which are correlated to the oppressive behaviors. Such behaviors may become or considered as norms in the nursing work environment. Newly graduated or novice nurses may start to use such behaviors with other nurses, which increases disrespect among nurses (Taylor, 2016; Milton, 2009). Lack of trust and respect for nurses and the nursing profession are the results of unprofessional behaviors among nurses (Goff, 2018).

Aggression, instead of support, can arise from peer nurses and coworkers. Low self-esteem is experienced by nurses who face such forms of horizontal violence (Becher & Visovsky, 2012). Purpora, Blegen & Stotts, (2012) argued that there is a significant correlation between the minimization of the self and horizontal violence among nurses. “*Minimization of self”* or (oppressed self) is the individuals’ feelings of low-worth or unvalued, which may prevent them from expressing or making their thoughts known. It is the nurses’ own internalized values that reflect as an assumption of an oppressed self. In addition, internalized sexism (oppressed group) is defined as ‘unfavorable beliefs a person holds about women overall and the behavior they engage in when in a group that negates the usefulness of what they seek to accomplish’(Purpora, Blegen & Stotts, 2012, p. 307) The minimization of self increases when the internalized sexism increase and vice versa; therefore, any changes in these variables influence horizontal violence (Purpora, Blegen & Stotts, 2012).

An Iranian study of 18 experienced nurses who committed workplace violence or witnessed it against new graduate nurses found that warning, constant criticizing, looking down on, public humiliation, and mocking were signs observed (Ebrahimi et al, 2017). Discrimination is one of the behaviors newly graduated nurses experienced in workplaces. Comparing experienced nurses’ capabilities and skills to those of the newly graduated nurses’ is fertile ground for wrongly judging and decreasing the self-esteem of others (Ebrahimi et al, 2017). Another study showed that 39% of newly graduated nurses experienced bullying (Laschinger & Grau, 2012). Intervention can improve the positive psychological capital of individuals, which may reduce workplace bullying. Yun & Kang (2018) found that individual positive psychological capital influences workplace bullying and its effect on nurses.

6.1.2 Vulnerability:

According to Merriam Webster Dictionary (www), a graduate nurse is 'a person who has completed the regular course of study and practical hospital training in nursing school — abbreviation *GN*' (Merriam Webster, 2020) Newly graduated nurses are the most susceptible to horizontal violence. Humiliation and rudeness are only two behaviors that half of the newly graduated nurses experienced in hospital settings (Roberts, DeMarco & Griffin, 2009). Vessey et al. (2009) found that new graduates and novice nurses are at risk of being bullied due to their young age, having less experience, and lack of knowledge of the work cultural norms.

New nurses often experience intimidation, and it could be a daily occurrence that has physical and emotional consequences. Bullying and humiliating new nurses often occur by nurses in charge or supervisor nurses as a result of less experience of the new nurses, and the more experienced nurses' desire to have power and control over other nurses (Goff, 2018).

In the hospital workplace, nurses should be treated equally as members of the healthcare team (Goff, 2018). A study found that many of the newly graduated nurses feel stressed due to inappropriate behaviors of their supervisors by continually questioning their knowledge and skills in problem-solving. Thoughts of leaving the nursing profession and sickness leaves are results of such behaviors. Nurses feel empowered through the knowledge they have. Newly graduated nurses may fall into the oppressed group and experience horizontal violence because of their vulnerable position of lacking adequate experience and knowledge (Roberts, DeMarco & Griffin, 2009; Goff, 2018). Developing knowledge and skill acquisition may be impaired when newly graduated nurses experience horizontal violence. A study with newly graduated nurses' participants showed that horizontal violence is widespread across all healthcare settings, and 34% of the participants experienced overt forms of interpersonal conflict (Sheriden-Leos, 2008).

Horizontal violence and aggression are inter-group behaviors of the oppressed group. Some studies interchangeably use lateral violence when describing horizontal violence, which is described as the nurses' dissatisfaction directed inward towards themselves, others, and those less powerful than themselves (Roberts, DeMarco & Griffin, 2009).

Horizontal violence has a significant implication on new graduates' nurses, which negatively impacts the development of their full potential (Becher & Visovsky, 2012). Nurses with fewer years of experience report horizontal more violence compared to nurses with more years of experience. However, years of experience are not significant predictors of horizontal violence (Purpora, Blegen & Stotts, 2012).

A Korean study of 312 nurses working in hospitals and clinics found that intense workloads, inexperience, problem-solving skills, and carrying out full responsibilities of newly graduated nurses are factors that make newly graduated nurses vulnerable, and may expose them to horizontal violence. As a result, newly graduated nurses may have challenges to possess the coping strategies and skills to deal with such situations (Chang & Cho, 2016).

An Iranian study looked at 18 experienced nurses who committed workplace violence or witnessed it against new graduate nurses. The study illustrated that experienced nurses use different methods to isolate newly graduated nurses, such as ignoring, interrupting when new nurses speak, turning their back, gossiping, and whispering to others (Ebrahimi et al, 2017).

6.1.3 Consequences of horizontal violence on nurses and workplace environment

Horizontal violence is associated with the oppressed group, where there are unequal power relations. Studies showed that new nurse graduates are the highest group at risk of experiencing horizontal violence (Goff, 2018). Oppressed nurses feel devalued while the oppressive or powerful nurses value and promote their own attributes. Lack of pride and the feeling of low self-esteem are the consequences of being seen to have qualities of inferiority and abhorrence (Roberts, DeMarco & Griffin, 2009). Feeling powerless was described as feeling inadequate, incompetent in performing nursing duties, and unable to deliver the best of nursing care. It can cause ongoing adverse events and intraprofessional conflict. Isolation is one of the feelings nurses had that created difficulties in performing nursing tasks (Goff, 2018; Johnson, 2009).

It is stated that experienced nurses are often *"eating their young"* by withholding or providing incomplete information, gossiping, criticizing, and scapegoating (Goff, 2018).

A study on newly graduated nurses found that learning opportunity of more than a third of the participants was impaired due to such behaviors. They felt neglected and without appropriate support to complete their tasks (Sheriden-Leos, 2008). Withholding information is an action that falls under the context of horizontal violence, which has negative consequences and results in intraprofessional conflict. Such behaviors can harm the patient and the optimal health outcome (Goff, 2018). Acts of withholding information from others increases job dissatisfaction and results in a hostile work environment.

Nurses may experience occupational disappointment when facing any kind of workplace violence (Howerton Child & Sussman, 2017). According to Howerton Child & Sussman (2017), occupational disappointment may not play a significant role in nurses leaving their profession, but it affects the nurses' satisfaction with their career. Studies have shown a significant correlation between job satisfaction and ethical climate in workplace settings (Numminen et al, 2015).

Studies have also shown a correlation between horizontal violence/bullying and registered nurses' intention to leave the hospital organization. Also, cliques appeared to be an issue among nurses in the night shifts. Blaming and shaming nurses for creating a negative workplace environment were less frequent, yet the observation identified one nurse who was labeled as "*the problem*" or "*the complainer*" (Roberts, DeMarco & Griffin, 2009; Simons & Mawn, 2010). Another study found that nurses who had five years of experience or less resigned and found a new job because of bullying (Vessey et al, 2009).

Horizontal violence behaviors generally were not reported due to the fear of reprisal and being labeled. Studies showed that approximately half of the nurses interviewed identified fear as a barrier to reporting (Taylor, 2016). Nurses not reporting incidents of harmful behaviors extended beyond horizontal violence into more serious issues of not reporting medication errors because of the fear of being labeled and incompetent, and delays in medication administration. This puts the patients at a higher risk (Taylor, 2016; Pfeifer & Vessey, 2019).

Absence due to being out sick was 26% higher among the bullying victims compared to others. Of these, 16 % were self-certified sickness absences (Kivimäki, Elovainio & Vahtera, 2000). Work absences, anger, powerless ae reported due to experiencing

horizontal violence, and even suicidal thoughts have been reported (Becher & Visovsky, 2012).

The workplace environment can influence the behaviors of horizontal violence. For example, the hospital tolerance policy, stress due to staff shortage, workload and increased responsibilities, and the perpetrator's, and the victim's personality may affect horizontal violence (Goff, 2018).

A cross-sectional survey study showed that 40,1% of the nurses participated had experienced bullying in the past six months. Moreover, two-thirds (68%) of the participants witnessed colleagues being bullied (Sauer & McCoy, 2017). Another study found that 83% of the participants, after witnessing bullying behavior, did not act or respond to it when it occurred (Stagg et al, 2013). Studies found that peer verbal violence is the primary perpetrator in the healthcare setting (Unruh & Asi, 2018). According to Stagg (2013), bullying was experienced among nurses who worked in both magnet and non-magnet hospitals, and there was no significant difference between the groups. The mental and physical health of bullied nurses were significantly affected. Stress level (moderate or severe) also was high among nurses who experienced bullying compared to the nonbullied ones. 'Resilience is an adaptive process that people develop to manage stress and change in their life' (Sauer & McCoy, 2017, p. 1535). Studies showed a lower level of resilience between nurses who experienced bullying compared to those who did not (Sauer & McCoy, 2017; Vessey et al, 2009).

Horizontal violence behaviors damage the dignity of the nurse. Difficulties in achieving success at work is a challenge new graduate nurses encounter when experiencing horizontal violence in continual conflict in the workplace environment (Becher & Visovsky, 2012). Horizontal violence behaviors violate the fundamental human rights of mutual respect and undervalue the worth of others (Thobaben, 2007). Disrespectful behaviors among peers and incidents of verbal abuse are significant reasons and serious barriers in delivering safe care and keeping nurses in the profession (Sheriden-Leos, 2008). As a result, nurses leave their workplace and intend to leave the profession, which has a significant impact on the nursing shortage (Becher & Visovsky, 2012; Johnson, 2009). 'Can nursing afford to lose any more nurses because of LV?' is a question that arises due to the shortage of nurses (Sheriden-Leos, 2008).

Patient safety will be compromised as a result of nurse-nurse conflict and horizontal violence because the victim is not in his/her full competency to care for the patient. Such behaviors affect the entire healthcare environment (Becher & Visovsky, 2012). The effect of ongoing horizontal violence is progressive, and its impact can be severe on nurses. Low morale, low self-esteem, hypertension, depression, sleep deprivation, eating disorders, distress, anxiety, even suicidal thoughts, posttraumatic stress disorder, and absenteeism, as well as considering leaving the profession, are some of the results (Thobaben, 2007; Fontes et al, 2018; Sheriden-Leos, 2008; Vessey et al, 2009; Yun & Kang, 2018; Johnson et al, 2015).

Horizontal violence financial cost is significant due to work absenteeism from treatment for mental illnesses (depression, anxiety), resulting in a decrease in work performance and productivity, and increased turnover (Becher & Visovsky, 2012; Fontes et al, 2017; Laschinger & Grau, 2012). According to Sheridan-Leos (2008), the average turnover rate between nurses in the hospital setting was 8.4%. However, the voluntary turnover rate for first-year nurses was 27.1%. Previous research showed that high turnover is associated with a poor workplace environment. (Pfeifer &Vessey, 2019)

Nurses working in oppressive hierarchical workplaces are at a higher risk for facing horizontal violence (Purpora, Blegen & Stotts, 2012). This creates a negative work environment and significantly impacts the workplace structure and social culture (Becher & Visovsky, 2012). Tolerated negative behaviors develop to be accepted, which allows nurses to continue harming one another through self- and professional destructive behaviors (Thobaben, 2007; Luchman, 2015). Nurses reported being unfamiliar with workplace violence policies, and they did not have a definite sense of what behaviors are reportable (Taylor, 2016). A study showed that half of the horizontal violence incidents were left unreported (Sheriden-Leos, 2008).

A Korean study of 312 nurses working in hospitals and clinics showed that horizontal workplace violence correlated significantly with the effects on work outcomes. The study stated the adverse effects on the productivity of new nurses (Chang & Cho, 2016). Low job satisfaction, lack of autonomy, increased intent to leave, and less commitment to the job were reported due to early-career nurses' exposure to horizontal violence. Generalizing the results of the study may be difficult due to the small proportion of male

nurses. However, male nurses (77.8%) compared to female nurses (72.8%) have shown a higher prevalence of experiencing at least one type of violence. Nurse colleague perpetrators were the highest among all the other perpetrators (patient, patient's family, nurse manager, physician) of verbal abuse and bullying, which are the main two types of horizontal violence (Chang & Cho, 2016).

The negative correlation between verbal abuse/bullying and job satisfaction is significant. Both behaviors by nurse colleagues are associated with nursing burnout. Also, they have an antagonistic relationship with nurses' commitment to the workplace. When violence by nurses' peers was compared with other types of violence, the study shows it is the only major violence that has a significant relationship with a commitment to the workplace (Chang & Cho, 2016).

The intraprofessional conflict among nurses permits the oppressive group to maintain control, hindering others from challenging them. Conflict among nurses in the workplace and lack of support are reasons that negatively impact work satisfaction and nurses' performance, which is also the primary reason nurses leave the profession (Roberts, DeMarco & Griffin, 2009; Christie & Jones, 2014).

Some nurses believed that reporting does not result in positive change. Conflict avoidance and isolation are strategies nurses adapted to protect themselves from verbal abuse. The lack of bystander intervention is one of the reasons behind nurses' behaviors of witnessing horizontal violence and not intervening. The result is further isolating the victim and condoning the behavior in their silence (Taylor, 2016). Bystander intervention was never observed according to the study of 370 hours of observation. Workload and multiple tasks nurses need to complete are reasons to create a chaotic and unhealthy environment due to a lack of communication and issues of nurse-nurse relationship (Taylor, 2016). Victims of horizontal violence often avoid interacting with perpetrators to reduce and minimize further incidents. Therefore, the care provided to patients can be imperiled (Pfeifer &Vessey, 2019). All forms of horizontal violence, especially bullying, create extra expenses for hospitals and institutions associated with recruiting and training of replacement employees (Fontes et al, 2018).

6.2 Research Question 2: What Is the Role of the Institutions to Prevent and Reduce Such Behaviors?

6.2.1 Intervention

Horizontal violence behaviors can be controlled by supportive management and educational programs. Hospital cultures where nurses do not feel safe to express themselves and be able to complain due to fear of retaliation may result in a high turnover rate among nurses. Nurses experienced a lack of support when faced with horizontal violence behaviors (Goff, 2018). Studies showed that hospitals succeeded in pursuing action against negative behaviors, including discrimination based on race, color, sex, national origin, religion, age, disability, sexual orientation, yet achieved little success with pursuing behavioral complaints due to horizontal violence (Taylor, 2016).

The disconnect between nursing staff and administration increase the existence of horizontal violence among nurses. Lack of knowledge about horizontal violence in the context of existing organizational policies results in unchecked horizontal violence. Harmful behaviors remain unrecognized as problematic and reportable (Taylor, 2016). Nurses may not report horizontal violence actions due to being afraid of retaliation from the workplace administration. Also, nurses may not know the appropriate step for reporting horizontal violence even in the activation of "*no retaliation*" policy at the workplace (Becher & Visovsky, 2012; Goff, 2018). Another study found that most of the participants did not report bullying incidents due to unavailable written policy about bullying and similar behaviors (Vessey et al, 2009).

On the other hand, the lack of knowledge and lack of a clear definition of expected professional behaviors enhance the inability to recognize horizontal violence behaviors as problematic. Therefore, negative behaviors related to horizontal violence were tolerated. Nurses appeared to accept such unprofessional behaviors as a part of their job by minimizing their impact on intraprofessional communication, teamwork, and patient safety. (Taylor, 2016).

The authors believed that having an understanding of who the oppressed groups are among nurses could explain and predict the nurses' behavior. That may help to empower

the nurses and break the cycle of the oppression group, which keeps those nurses powerless in the workplace environment (Roberts, DeMarco & Griffin, 2009).

Passive-aggressive behavior and silencing are two tools used against oppressed nurses. Horizontal violence may also exist due to the inability of nurse managers to establish a supportive environment when dealing with negative behaviors of coworkers (Roberts, DeMarco & Griffin, 2009). However, due to the harmful nature of the oppression group's behavior, nurses may avoid dealing or acknowledging its existence. The first step for change is to decrease silencing among nurses by understanding the causes that have helped to perpetuate it. This action helps to raise awareness in liberating nurses from the oppressed status (Roberts, DeMarco & Griffin, 2009).

Administrators and managers must endeavor to resolve and uncover the cause of such behaviors, which may affect the nurses physically and mentally. Work productivity and patient care quality can also be improved when confronting inappropriate behaviors in the workplace (Roberts, DeMarco & Griffin, 2009; Laschinger & Grau, 2012). Research has suggested administrative intervention and its importance on nursing practice, specifically in keeping nurses in the workplace. Interventions can change the workplace culture. Altering horizontal violence is essential for nursing, and it is vital for workplaces due to its impact on retention (Roberts, DeMarco & Griffin, 2009). Immediate intervention and confrontation are methods leadership must use in case of any form of horizontal violence (Fontes et al, 2018). Managers being uneducated about horizontal violence and how to deal with such behaviors is one of the reasons they avoid any interventions. The liberation process includes different stages on the personal and organizational levels. With an emphasis on the group dynamic, a desire and ability to become actively involved can bring about change. Studies have shown that if managers understand the oppressed behavior, strategies could be implemented to deal with the nurses' behaviors (Roberts, DeMarco & Griffin, 2009).

Educating nurses about the dynamic of oppression, investigating and assessing the workplace's horizontal violence, intolerant attitudes towards incivility, and harmful behaviors for nurses who are unwilling to change are some of the strategies that must be followed to obtain healthy supportive workplace (Roberts, DeMarco & Griffin, 2009). Offering educational programs is integral to inform new graduate nurses about horizontal

violence. Understanding horizontal violence and its causes help new graduates to find their voice and report hostile behaviors (Roberts, DeMarco & Griffin, 2009; Embree, Bruner & White, 2013). Maintaining professional values in the workplace environment is the nurses' responsibility to attain a standard healthy work environment (Becher & Visovsky, 2012).

Nurse managers and leaders are in a unique position where they can detect, recognize, and prevent horizontal violence through support and educational channels. Trusting behaviors helps nurses' team to feel supported (Becher & Visovsky, 2012). Constructive feedback given from one nurse to another is essential to eliminate horizontal violence among nurses. Educational and training programs for professional development are essential to prevent horizontal violence. Seminars and formal education sessions raise awareness by defining, modifying, and reviewing the consequences of horizontal violence behaviors.

Cognitive staff training exercises are methods used to educate nurses about how to respond to horizontal violence acts (Becher & Visovsky, 2012). 'Cognition is the human process of obtaining, organizing, and using intellectual knowledge. Cognitive learning theories focus on art individual's understanding of the connections between cause and effect and between action and the consequences of that action' (Griffin, 2004, p. 259) After attending specialized staff training, 70% of staff nursing had changed their personal behaviors. Furthermore, before the training, 20% of the nursing staff had thought of leaving the profession before attending the program, but only 10% of them did so afterward. The study found that attending such programs increased the nurses' ability to identify (90%) and intervene (70 %) when bullying occurs (Stagg et al, 2013).

Strategies should be created for nurses that can use to recognize and manage horizontal violence. Change in the oppression of the social culture of workplaces is needed to recognize, address, and detect horizontal violence to evolve into a better quality of patient care (Purpora, Blegen & Stotts, 2012; Berry et al, 2016). Policy about congenial workplace relations and policies to deal with incidents of horizontal violence should be put in place for eliminating all forms of horizontal violence (Thobaben, 2007; Johnson, 2009).

Acknowledging and recognizing the structure and culture of the workplace and open discussion about horizontal violence should be addressed in staff meetings to raise awareness, knowledge, and break the silence surrounding it (Thobaben, 2007). Underreporting incidents of horizontal violence may be because of cynicism or distrust, which increases emotional exhaustion among nurses. Studies found that to ensure nurses reporting these incidents; nursing leaders must assure the nurses' safety. Nurses should not be punished or judged (Thobaben, 2007; Pfeifer & Vessey, 2019; Laschinger & Grau, 2012). Nurses must take action immediately when horizontal violence occurs by reporting to their supervisors. Encouraging nurses to report horizontal violence incidents and any workplace abuse or harmful behavior is ultimately the administration's responsibility. Nurses should keep a record of horizontal violence incidence and communicate them to managers and administrative supervisors without fear of negative consequences (Thobaben, 2007; Egues & leinung, 2013). Nurses who experience and report horizontal violence should be ensured that they are protected from facing reprisals (Egues & leinung, 2013). Organizations must provide the recourses needed for the horizontal violence victims to cope with the effects of such behaviors (Thobaben, 2007). A Korean study of 312 nurses working in hospitals and clinics found that the highest prevalence of horizontal violence among nurses occurred in medium-sized organizations. In contrast, small organizations had the lowest percentage (Chang & Cho, 2016).

Pfeifer & Vessey (2019) found that nursing managers and leaders must create ways to improve the workplace environment. Nursing leadership based on transparency, openness, and positive, supportive language when communicating with staff should be enforced to maintain nurses' phycological safety. Yun & Kang (2018) argued that authentic leadership had a positive relationship between leaders and nurses. The leader or manager's self-awareness and reflection, transparency, ethical perspective, and interpersonal abilities impact positively on the nurses' behavior.

A Finnish study on Finnish and Norwegian nurses found that supportive leaders in nursing settings significantly influence nurse-nurse collaboration and interpersonal relationships. Nurses with more work experience (11-19 years) had lower conflict management rates compare to those with a maximum of four years of experience (Ylitörmänen, Kvist & Turunen, 2019).

6.3 Chapter Summary

The core element of the findings in this study is to explore and describe some aspects of horizontal violence behaviors. The author uncovered four categories from the data collected.

By analyzing human behavior and how nurses may act and behave in the workplace setting, the author described the main points of such unexpectable behaviors. Low self-esteem, the desire to be in power as well as the unequal power experienced among nurses have a significant negative impact on nurses' physical and mental health. The misuse of power negatively impacts those who are in vulnerable positions such as newly graduated nurses and nursing students. Being novice and having little knowledge increase the chances for dominant nurses to practice horizontal violence behaviors. Anger, aggressive behaviors, feeling of isolation are some symptoms nurses experience when receiving bullying and horizontal behaviors. As a result, nurses feel unvalued, which increases job dissatisfaction and also increases the chance of nurses leaving the profession. The lack of support that nurses experience from their fellow peers, administration, managers, and supervisors may enhance horizontal violence acts. Lack of support also impacts the workplace environment and social structure negatively as those behaviors remain undetected or considered normal.

Proper and adequate intervention methods and organizational policies have a significant influence on reducing undesired behaviors among nurses. Nursing collaboration, clear definition of horizontal violence and bullying acts, and supportive administration are some of the methods that should be implemented to reduce such behaviors. Also, encouraging nurses to report horizontal violence incidents is essential to detect and deal with them; therefore, improving the interprofessional relationship between nursing staff.

7 DISCUSSION

The study explores and highlights some aspects of horizontal violence and its impact on the workplace environment. The four categories identify in the descriptive-human behavior- vulnerability- Consequences of horizontal violence on nurses and workplace environment - intervention- helped clarify the origin of horizontal violence and how it can emerge in the workplace. The study provided significant findings structured firstly with the understanding of human behaviors through analyzing the psychological aspect to understand the origin of such behaviors.

Almost all studies in this paper found that physical acts of horizontal violence rarely occurred compared to verbal and non-verbal acts. The minimization of the self, as well as the clinical areas, are some of the factors that predicted horizontal violence. Also, there is a strong relationship between horizontal violence and how nurses view themselves: horizontal violence increased when nurses' self-reflection as an oppressed group increased (Purpora, Blegen & Stotts, 2012). Nurses' critical examination of themselves, and reality is vital to reflect and understand one's behavior. Maintaining a healthy view of the self could increase the individual's ability to detect and address horizontal violence behaviors. Therefore, CST can be used through analyzing and criticizing the exiting conditions through reflection and taking actions. Educating nurses about expressing their thoughts not only liberate them from being oppressed but also, they gain the ability to challenge the social structure of the workplace.(Moony &Nolan, 2006) Applying CST enhance the nurses' ability to discover any constraints and inherent problems which impact the optimal interprofessional collaboration between nurses and the care provided. By discussing the correlation between the nurse's own self-esteem and self-reflection, the human needs theory could be applied as a tool to develop ways and channels to improve the nurses' psychological needs. By doing so, horizontal violence incidents may be recognized and discussed to resolve such behaviors among nurses. (Moony &Nolan, 2006)

Oppressed groups of nurses may believe that the only way to change and succeed is to be an oppressor and exert dominance. Therefore, nurses may alternate between the two statuses. The oppressed nurses are powerless and submissive and, therefore, silent, which creates anger and aggression towards the dominant ones. Intraprofessional conflict is the result of such behavior, which is the essence of horizontal violence among nurses. Such behavior keeps nurses away from developing a sense of unity to obtain a healthier

workplace culture and environment (Roberts, DeMarco & Griffin, 2009; Etienne, 2014). Nurses do not engage in horizontal violence behavior because of being an oppressed group.

Nevertheless, from the statistical numbers that are given about nurses experiencing horizontal violence (adding to that the unreported cases), it is evident that horizontal violence among nurses is higher when compared to other professions. That might confirm or at least have some credence the oppressed group theory of nurses and the use of unequal power among them (Johnson, 2009). 'fundamental to the ability of nurses to accomplish changes in health care is the achievement of empowerment, which is encompassed within critical social theory' (Moony &Nolan, 2006, p. 242) Studies showed that an empowered state could be achieved once nurses feel free to speak. They can feel their value, which projects on the value of others too. That increases the ethical climate at workplaces, which enhances a healthier environment (Roberts, DeMarco & Griffin, 2009; Numminen et al, 2015). Horizontal violence acts are an explanation of oppressed group behavior. (Goff, 2018)

Encouraging nurses to express their opinion with respect to others increase the self-worthiness and help nurses to value the contribution of others. Liberating nurses is the result of acknowledging the exitance of the oppression group. By analyzing the literature in this paper, it is clear that there is a correlation between the oppression theory and the Esteem stage in Maslow's hierarchy of needs. For example, individuals are more likely to be labeled under the oppressed group when their self-esteem level is low. The majority of the studies' samples were female nurses, which explains the findings of one of the studies about nurses being doubly oppressed because they are nurses and women. However, some of the nurses were male who experienced oppression behaviors and horizontal violence. The question here is that does equality between men and women or gender equality reduce oppression behaviors among nurses? No previous literature had discussed the impact of gender equality on reducing oppression and horizontal behaviors and improving the healthcare environment or the relationship between those components.

Although Maslow's pyramid discussed the psychological stages of human needs and their correlation with the human psychological health, Johnson (2009) argued that horizontal behaviors might not be a cause of psychological deficiencies, but rather nurses learn such

behaviors from each. Laschinger & Grau (2012) found a correlation between emotional exhaustion and poor physical health among nurses. Emotional exhaustion can be prevented and reduced through a supportive workplace environment. Nurses' psychological safety may be threatened when workplace bullying remains undetected, that prevents them from sharing their thoughts and ideas. As a result, they become introverted and disengage from their peers (Pfeifer &Vessey, 2019). When nurses feel included in the group, the sense of community and social structure may develop to maintain a healthy environment and optimal care provided in which results with less nurse-nurse conflict.

The misuse of power in the nursing setting developed an unequal work environment and enhanced hierarchy—the hierarchy where nurses felt oppressed and limited. Structural empowerment is one way to provide nurses with information, opportunities, recourses, and support. Such a form of empowerment is associated with lowering the levels of horizontal violence and destructive behaviors (Lachman, 2015; Becher & Visovsky, 2012). The interprofessional relationship among nurses can improve, and horizontal violence may decrease, when nurses recognize their own behaviors (Sheridan-Leos, 2008). CST is beneficial in expediting an open perspective of the social phenomenon and interactions in the workplace environment (Moony & Nolan, 2006) Engaging with destructive behaviors and incivility is a violation of the code of ethics in nursing. Such behaviors impact significantly on the intraprofessional relationship among nurses. Relationships with peers and other personnel should be based on mutual trust and respect in which decreases horizontal violence acts (Lachman, 2015).

Horizontal violence is witnessed and experienced by many of the nurses, especially new nurses (Simons & Mawn, 2010). Although newly graduated nurses experience more horizontal violence than those with experience, the studies have found no relationship between horizontal violence and age (Purpora, Blegen & Stotts, 2012; Unruh & Asi, 2018). Addressing issues with managers related to workload and workplace environment newly graduated nurses face is essential to ensure that those nurses are valued, and their voices are listened to. Therefore, it can improve the new graduates' perception of the community of the workplace. Leaders must encourage newly graduated nurses to professionally address horizontal violence behaviors (Laschinger & Grau, 2012; Berry et al, 2016). Although newly graduated nurses are the most vulnerable towards horizontal violence and bullying, socializing into the culture of the workplace where such behaviors are accepted

might transfer them from victims to perpetrators. It happens when new nurses gain power and experience and integrate into the workplace environment. On the other hand, poor interaction and interprofessional relationship among nurses is the major reason for newly graduated nurses in leaving their first professional position (Vessey et al, 2009).

One of the findings of this study identified the consequences of horizontal violence on nurses, care receivers, and the healthcare environment as a whole. For example, nurses discussed the impact of horizontal violence on their decision to leave the current job and, eventually, the profession (Simons & Mawn, 2010). Almost all studies showed a significant relationship between horizontal violence and physical and psychological symptoms nurses experience. Yun & Kang (2018) observed that bullying was the primary reason related to the psychological health outcome of nurses. However, nursing turnover intentions did not directly influence bullying acts. Unlike other studies that used reported incidents of physical and psychological health symptoms as an indication of workplace bullying.

Fontes et al. (2018) and Sauer & McCoy (2017) found a higher probability of turnover intention among younger nurses. A significant increase of burnout accompanied by other symptoms was also shown among nurses in their first three years of practice. Stress and workload are associated with horizontal violence behaviors. Laschinger & Grau (2012) found that when the workload is moderate, it resulted in nurses completing their tasks with less pressure; therefore, they are unlikely to develop an intrapersonal conflict with each other. Besides, nurses who experience horizontal violence also experience stress from those aggressive behaviors, which resulted in that the victims constantly alter their behavior to prevent experiencing further violence (Vessey, DeMarco & DiFazio, 2011; Berry et al, 2016). For example, bullying occurs both overtly and covertly, which gives possibilities for others to be involved with the perpetrator or to be witnesses and bystanders. The impact of bullying and horizontal violence acts is not only on the targeted individual but also on the entire work culture and environment of the organization (Chang & Cho, 2016; Christie & Jones, 2014). Such behaviors have an adverse effect on the workplace environment, which may increase errors and affect the care provided to patients (Sevilla-Zeigen, 2016; Pfeifer & Vessey, 2019).

Although previous literature defined workplace violence and precisely horizontal/lateral violence, those behaviors were not mentioned in the nursing setting, hospitals, and healthcare organizations. The absence of a clear definition of horizontal violence is problematic, resulting in conflicts and misinterpretation at both the organizational level and among nurses. Having an unclear definition of horizontal violence or poorly worded policies in organizations decreased the ability to detect and report undesired behaviors. The ambiguity of those behaviors is a factor that enhances aggressive behaviors among nurses. As a result, those behaviors become norms of and considered acceptable in the social structure and culture of the workplace. Lack of clear and legal definition to describe horizontal acts implies no intelligible understanding of such behaviors. Healthcare organizations must consider horizontal violence and workplace bullying as an occupational hazard and should conduct legal actions and laws to address undesired behaviors (Johnson et al, 2015; Berry et al, 2016). All type of horizontal violence should be identified, presented, and dealt with it firmly. Occupational health personnel should provide nursing staff knowledge to recognize and stop negative behaviors. Nurses who feel powerless can be encouraged to find their voice, identify and resolve such behaviors. Also, it is evident that nurses in the educational setting should prepare new graduates to address any form of horizontal violence to prevent and raise awareness about this phenomenon. Besides, occupational personnel can provide support for nurses who are oppressed in their workplaces (Simons & Mawn, 2010; Etienne, 2014; Pfeifer & Vessey, 2019).

Managers should address all workplace violence and bullying behaviors, not only the ones that affect patient safety but also the nurses' psychological and physical well-being. However, understanding the difference between harassment and destructive behaviors of horizontal violence may overlap in which results with managers facing difficulties identifying horizontal behaviors. Addressing nurse-nurse interprofessional conflict as an occupational health and safety issue is essential to protect nurses from developing psychological and physical problems, reducing most symptoms of unwanted behaviors (Johnson et al, 2015; Smith, Morin & Lake, 2017). Initiating support programs for new nurses enhances the psychological safety of those nurses. Those programs influence the nurses' confidence and competency positively. Workplace culture, therefore, will be influenced where new nurses feel confident to share their thoughts and discuss new ideas (Pfeifer &Vessey, 2019). Empowering and liberating nurses happen by promoting nursing

education. The educators' role plays a critical intervention in encouraging novice nurses to challenge the social structure and think critically. Development and professional growth are aspects associated with the application of CST in nursing education (Moony & Nolan, 2006).

Policy change within the healthcare organization is one method to help nurses obtain acknowledgments about horizontal violence behaviors. Educational seminars and campaigns that discuss the adverse effects of horizontal violence and bullying are vital to raising nurses' awareness about the phenomenon. Such sessions should include all personnel (Johnson et al, 2015; Pfeifer &Vessey, 2019). Nurses reported that education about horizontal violence and bullying is pivotal to recognize and respond to bullying (Stagg et al, 2013). Zero tolerance for horizontal violence and antibullying programs are essential to reduce it among nurses; however, it is not enough. The culture and social structure of workplaces should not have a negative impact on individuals who are giving or receiving care (Purpora, Blegen & Stotts, 2012; Egues & leinung, 2013; Kivimäki, Elovainio & Vahtera, 2000).

Ameliorating or eliminating horizontal behaviors is essential; for example, in bullying, that happened when nurses started to write about and report bullying acts. One of the studies tested cognitive rehearsal as a method to reduce and deal with the negative impacts of horizontal violence (Griffin, 2004). 'A strategy that conceptually employs the use of cognition and automatic thoughts is cognitive rehearsal' (Griffin, 2004, p. 259). Most of the studies mentioned that nurses did not have a proper understanding or definition of horizontal behaviors leaving nurses experiencing incivility and unwanted behaviors. Many nurses connected those behaviors to the workplace environment as a "normal" acceptable behavior or as a part of the work culture (Simons & Mawn, 2010; Stagg et al, 2013; Milton, 2009; Taylor, 2016; Vessey, DeMarco & DiFazio, 2010).

It is essential to consider the workplace culture in term of preventing workplace bullying and horizontal violence behaviors. Friendship-oriented organizations have a major impact on bullying in workplaces. Trust and respect as fundamental aspects of communication are pivotal. Therefore, mutual communication decrease intraprofessional conflict among nurses. Adapting effective communication skills could limit such conflicts (Yun &Kang, 2018; Fontes et al, 2018; Ylitörmänen, Kvist & Turunen, 2019; Thobaben, 2007). It is

evident that a healthy work environment is correlated with effective and improved communications among nurses. Therefore, communication influences workplace setting positively and creates a healthy environment (Sevilla-Zeigen, 2016). Professional, personal, and well-being benefits could be obtained through high relationship-oriented leadership (Fontes et al 2018). Studies have shown that reconstructing the culture of the workplace may guarantee the psychological safety of nurses and repair unhealthy work environment (Pfeifer & Vessey, 2019).

The nurses' understanding of their own self could help in recognizing and identifying undesired behaviors in themselves and others. Educating both administrators and nursing staff about this phenomenon could provide strategies to prevent further negative behaviors (Simons & Mawn, 2010; Pfeifer & Vessey, 2019). The ethical responsibility of healthcare organizations must ensure a clear policy to address any behavior or practice that violates the Code of Ethics (Lachman, 2015). According to Vessey, DeMarco & DiFazio (2011), there is a limited number of organizations that have policies specific to bullying and horizontal violence.

Questions raised when conducting the study, how can nurses care for others when they do not care for each other? How can nurses provide optimal care when the workplace environment enhances low self-esteem and worthiness.

8 CONCLUSIONS

Horizontal violence continues to be a major problem in the health care environment. The first step to understand and detect horizontal violence acts is through understanding human behavior, which begins with projecting the person's own behaviors. Improving the culture of the workplace through empowering nurses and encouraging them to feel free to express themselves is essential to maintain a healthy work environment. Ensuring the psychological safety of nursing staff should be a fundamental task for leaders and managers to maintain productivity, optimal care outcomes, and prevent burnout and absenteeism. Implementing changes in the social structure of the workplace is essential to protect and support oppressed nurses.

Although many organizations have implemented zero-tolerance strategies and policies to address horizontal violence behaviors, such acts continue to impact nurses, patients, and the workplace environment as a whole. Intervention starts when nurses understand that horizontal violence acts undermine the essence of nursing values and violates the Nurse Code of Ethics. Leaders and managers play an important role in creating and ensuring a positive ethical climate (Numminen et al, 2015; Ebrahhimi et al, 2017). Also, intervention is required at all personal, professional and organizational levels due to the complexity of the phenomenon. Many studies provided some solutions to detect and overcome horizontal violence. Educational sessions and campaigns for nurses about the horizontal violence phenomenon are some examples to uncover the adverse effects on nurses and healthcare settings and create methods and strategies to deal with its consequences.

8.1 Recommendations

Some literature mentioned that some nursing schools started to educate students about horizontal violence and to prepare them for the workforce. Educational campaigns and group workshops should be administered to increase the awareness of horizontal violence behaviors among nursing students. By doing so, newly graduated nurses may become confident to address and report incivility and undesired behaviors. Workplaces should clarify to nursing students and newly graduated nurses their policies related to workplace violence, specifically horizontal violence behaviors. New nurses should be encouraged to report and address such behaviors without the fear of losing their position or being

excluded. Further studies should be conducted to investigate if gender equality in the healthcare setting has an impact on horizontal violence and bullying among nurses. Also, does stress due to the pandemic crisis increase horizontal violence behaviors, or do nurses overcome their intrapersonal conflicts and become more empathetic towards each other? Such questions may be answered through further studies to obtain a full comprehension of the horizontal violence phenomenon.

8.2 Limitations of the study

Although the study explored and highlighted a complex phenomenon, the major limitation of this qualitative study is that it was not designed with in-depth interviews in which could provide prolonged engagement in the field. The reason is due to the short period of time required to complete the study.

REFERENCES

Becher, J. & Visovsky, C. (2012) Horizontal Violence in Nursing. *MEDSURG Nursing*. [Online] 21(4), Available from: [Accessed on 2nd March 2020]

Bambi, S., Guazzini, A., Piredda, M., Lucchini, A., De Marinis, M.G., & Rasero, L. (2018) Negative interactions among nurses: An explorative study on lateral violence and bullying in nursing work settings. *Journals of Nursing Management*. [Online] 27 (4), 749-757. Available from PudMed database [Accessed 20th January 2020]

Berry, P.A., Gillespie, G.L., Fisher, B.S., Gormley, D., & Haynes, J.T. (2016) Psychological Distress and Workplace Bullying Among Registered Nurses. *The online Journal of Issues in Nursing*. [Online] 21(3) [Accessed on 9th February 2020]

Blackstone, S., Salami, B., Cummings, G.G. (2017) Organizational antecedents, policy and horizontal violence among nurses: An integrative review. *Journal of Nursing Management*. [Online] 26(8), 972- 991. Available from https://doi.org/10.1111/jonm.12623 [Accessed on 25th January 2020]

Bloom, EM. (2018) Horizontal violence among nurses: Experiences, responses, and job performance. *Nurse Forum*. [Online] 54 (1), 77-83. Available from PudMed database [Accessed 24th January 2020]

Chang, H.E. & Cho, S-H. (2016) Workplace Violence and Job Outcomes of Newly Licensed Nurses. *Asian Nursing Research*. [Online] 271-276. Available from: http://dx.doi.org/10.1016/j.anr.2016.09.001 [Accessed on 7th March 2020]

Christie, W., Jones, S. (2013) Lateral Violence in Nursing and the Theory of the Nurse as Wounded Healer. OJIN: The Online Journal of Issues in Nursing. [Online] 19(1). [Accessed on 7th February 2020]

Ebrahimi, H. Hassankhani, H., Negarandeh, R., Jeffery, C. & Azizi, A. (2017) Violence against new graduated nurses in clinical settings: A qualitative Study. *Nursing Ethics*. [Online] 24(6), 704-715. Available from: [Accessed on 7th March 2020]

Egues, A.L. & Leinung, E.Z. (2013) The Bully Within and Without: Strategies to Address Horizontal Violence in Nursing. *Nursing Forum*. [Online] 48(3) Available from: [Accessed on 9th March 2020]

Embree. J.L., Bruner, B.A. & White, A. (2013) Raising the level of Awareness of Nurse-to-Nurse Lateral Violence in a Critical Access Hospital. Nurse Research and Practice. [Online] Availabel from: doi: 10.1155/2013/207306 [Accessed on 21st March 2020]

Etienne, E. (2014) Exploring Workplace Bullying in Nursing. *Workplace Health & Safety*. [Online] 62(1), 6-11. Available from: https://doi.org/10.1177/216507991406200102 [Accessed on 14th March 2020]

Fontes, K.B., Alarcao, A.C.J., Santana, R.G., Pelloso, S.M. & Carvalho, M.D. (2018) Relationship between leadership, bullying in workplace and turnover intention among nurses. *Journal of Nursing Management*. [Online] 27(2), 1-8. Available from: DOI: 10.1111/jonm.12708 [Accessed on 11th March 2020]

Graneheim, U.H., Lundman, B. (2004) Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*. [Online] 24,105-112 [Accessed on 19th February 2020]

Goff, J.A. (2018) *Intraprofessional Conflict among Registered Nurses in Hospital Nursing: A Phenomenological Study of Horizontal Violence and Bullying*, PhD thesis. NOVA Southeastern University, Florida. [Accessed on 2nd February2020]

Griffin, D. (2004). Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. *The Journal of Continuing Education in Nursing*, 35(6), 257-263.

Howerton Child, R.J. & Sussman, E.J. (2017) Occupational Disappointment: Why Did I Even Become A Nurse? Journal of Emergency Nursing. [Online] 43(6), 545-552. Available from: doi: 10.1016/j.jen.2017.06.004. [Accessed on 12th March 2020]

Johnson, S.L. (2009) International Perspective on Workplace Bullying among Nurses. International Nursing Review. [Online] 56(1), 34-40. Available from: doi: 10.1111/j.1466-7657.2008.00679.x. [Accessed on 10th March 2020]

Johnson, A.L., Boutain, D.M., Tsai, J.H-C. & Castro, A.B. (2015) An Investigation of Organizational and Regulatory Discourses of Workplace Bullying. Workplace Health & Safety. [Online] 63(10), Available from: DOI: 10.1177/2165079915593030. [Accessed on 19th March 2020]

Kivimäki, M., Elovainio, M., Vahtera, J. (2000) Workplace bullying and sickness absence in hospital staff. *Occupational & Environmental Medicine*. [Online] 57(10), 656-660. Available from: doi: 10.1136/oem.57.10.656 [Accessed on 3rd March 2020]

Kuokkanen, L., & Leino-Kilpi, H. (2008) Power and empowerment in nursing: Three theoretical approaches. *Journal of Advanced Nursing*. [Online] 31(1), Available from google scholar [Accessed on 7th February 2020]

Lachman, V.D. (2015) Ethical Issues in the Disruptive Behaviors of Incivility, bullying, and Horizontal/Lateral Violence. *Urology Nursing*. [Online] 35(1), Available from: http://web.a.ebscohost.com.ezproxy.ar-cada.fi:2048/ehost/pdfviewer/pdfviewer?vid=5&sid=7805c0d8-36ef-4b2b-9c24-021bdd5b38c7%40sessionmgr4007 [Accessed on 19th March 2020]

Laschinger, H.K., Grau, A.L. (2012) The influence of personal dispositional factors and organizational resources on workplace violence, burnout, and health outcomes in new graduate nurses: A cross-sectional study. *International Journal of Nursing Studies*. [Online] 49(3), 282-291. Available from: https://doi.org/10.1016/j.ijnurstu.2011.09.004 [Accessed on 19th March 2020]

Lewis, N.P. & Zhong, B. (2011) The Personality of Plagiarism. *Journalism & Mass Communication Educator*. [Online] 66(4), 325-339. Available from: https://doi.org/10.1177/107769581106600403 [Accessed on 20th March 2020]

Merriam-Webster.com Medical Dictionary, Merriam-Webster, "Graduate nurse." [Online] Available from: https://www.merriam-webster.com/medical/graduate%20nurse. [Accessed on 9th February 2020]

Mills, C.B., Keller, M., Chilcutt, A., & Nelson, M.D. (2018) No Laughing Matter Workplace Bullying, Humor Orientation, and Leadership Styles. *Workplace Health & Safety*. [Online] 67(4), 159-167. Available from:

https://doiorg.ezproxy.arcada.fi:2443/10.1177/2165079918811318 [Accessed on 15th April 2020].

Milton, C.L. (2009) Leadership and Ethics in Nurse-Nurse Relationships. *Nursing Science Quarterly*. [Online] 22(2), 116-119. Available from: [Accessed on 11th March 2020]

Mooney, M., Nolan, L. (2005) A Critique of Freire's Perception on critical social theory in nursing education. *Nurse Education Today*. [Online] 26, 240-244. [Accessed on 10th February 2020]

Numminen, O., Leino-Kilpi, H., Isoaho, H. & Meretoja, R. (2015) Ethical Climate and nurse competence- newly graduated nurses' perception. Nursing Ethics. [Online] 22(8), 845-859. Available from: doi: 10.1177/0969733014557137. [Accessed on 14th March 2020]

Onwuegbuzie, A. J., Leech, N. L., & Collins, K. M. (2012). Qualitative Analysis Techniques for the Review of the Literature. *The Qualitative Report*. [Online] 17(28), 1-28. Available from https://nsuworks.nova.edu/tqr/vol17/iss28/2/ [Accessed on 20th February 2020]

Pfeifer, L.E. & Vessey. J.A. (2017) An Integrative Review of Bullying and Lateral Violence Among Nurses in Magnet Organizations. *Policy, Politics, & Nursing Practice*. Online] 18(3), 113-124. Available from: DOI: 10.1177/1527154418755802 [Accessed on 5th April 2020]

Pfeifer, L.E., Vessey. J.A. (2019) Psychological Safety on the healthcare team. *Nursing management*. [Online] 50(8), 32-38. [Accessed on 5th February 2020]

Purpora, C., & Blegen (2012) Horizontal Violence and the quality and safety of Patient Care: A conceptual Model. *Nursing Research and Practice*. [Online] Available from PubMed

Purpora, C., Blegen, M.A., Stotts, N.A. (2012) Horizontal Violence Among Hospital Staff Nurses Related to oppressed Self or Oppressed Group. *Journal of Professional Nursing*. [Online] 28 (5), 306-316. Available from: doi: 10.1016/j.profnurs.2012.01.001 [Accessed on 8th February 2020]

Roberts, S.J. (2015) Lateral Violence in Nursing: A review of the Past Three Decades. *Nursing Science Quarterly*. [Online] 28 (1), 6-41. Available from SAGE database [Accessed 25th January 2020]

Roberts, S.J., DeMarco, R. & Griffin, M. (2009) The effect of oppressed group behaviours on the culture of the nursing workplace: a review of the evidence and interventions for change. *Journal of Nursing Management*. [Online] 17, 288-293. Available from: DOI: 10.1111/j.1365-2834.2008.00959.x [Accessed on 2nd March 2020]

Rooddehghan, Z., ParsaYekta, Z., Nasrabadi, A.N. (2015) Nurses, the Oppressed Oppressors: A Qualitative Study. *Global Journal of Health Science*. [Online] 7 (5), 239-254 Available from PubMed, [Accessed on 4th February 2020]

Sauer, P.A. & McCoy, T.P. (2017) Nurse Bullying: Impact on Nurses' Health. *Western Journal of Nursing Research*. [Online] 39(12), 1533-1546. Available from: DOI: 10.1177/0193945916681278 [Accessed on 12th March 2020]

Sevilla-Zeigen, N. (2016) *A Grounded Theory Approach to Healthy Work Environment: Its Impact on Nurses, Patient Safety, and Significance in Healthcare Settings*. [Online] PhD thesis. University of San Diego, California. [Accessed on 1st February 2020]

Sheridan-Leos, N. (2008) Understanding Lateral Violence in Nursing. *Clinical Journal of Oncology Nursing*. [Online] 12(3), 399-403. Available from: [Accessed on 11th March 2020]

Simons, S.R. & Mawn, B. (2010) Bullying in the Workplace- A Qualitative Study of Newly Licensed Registered Nurses. AAOHN Journal. [Online] 58(7), 305-311. Available from: doi: 10.3928/08910162-20100616-02 [Accessed on 14th March 2020]

Smith, J.G., Morin, K.H., Lake, E.T (2017) Association of the Nurse Work Environment with Nurse Incivility in Hospital. *Journal of Nursing Management*. 26(2), 219-226. Available from: doi: 10.1111/jonm.12537 [Accessed on 2nd April 2020]

Stagg, S.J., Sheridan, D.J., Jones, R.A. & Speroni, K.G. (2013) workplace bullying: the effectiveness of a workplace program. *Workplace health & safety*. [Online] 61(8) 333-338. Available from: doi: 10.3928/21650799-20130716-03[Accessed on 14th March 2020]

Taylor, R. (2016) Nurses' Perception of Horizontal Violence. *Global Qualitative Nursing Research*. [Online] 3(9), 1-8. Available from: DOI: 10.1177/2333393616641002 gqn.sagepub.com [Accessed on 2nd March 2020]

Thobaben, M. (2007) Horizontal Workplace violence. *Home Health Care Management & Practice*. [Online] 20(1), 82-83. Available from: DOI: 10.1177/1084822307305723 [Accessed on 7th March 2020]

Townsend, M. (2014) *Psychiatric mental health nursing: Concepts of care in evidence-based practice*. [Online] Available from https://ebookcentral-proquest-com.ezproxy.arcada.fi:2443/lib/arcada-ebooks/detail.action?docID=1776176&query=Psychiatric+mental+health+nursing+%3A+Concepts+of+care+in+evidence-based+practice ProQuest Ebook Central.

Unruh, L. & Asi, Y. (2018) Determinants of Workplace Injuries and Violence Among Newly Licensed RNs. *Workplace Health & Safety*. [Online] 66(10), 482-492. Available from: [Accessed on 14th March 2020]

Vessey, J.A., DeMarco, R. & DiFazio, R. (2010) Bullying Harassment, and Horizontal Violence in the Nursing Workplace- the State of the Science. *Annual Review of Nursing Research*. [Online] Available from: [Accessed on 13th March 2020]

Vessy, J.A., DeMarco, R.F., Gaffney D.A. & Budin, W.C. (2009) Bullying of Staff Registered Nurses in The Workplace: A Preliminary Study for Developing Personal and Organizational Strategies for The Transformation of Hostile to Healthy Workplace

World Health organization. (2002) Framework guidelines addressing workplace violence in the health sector. [Online] Available from https://www.who.int/violence_injury_prevention/violence/interpersonal/en/WVguidelinesEN.pdf?ua=1 [Accessed 4th February 2020]

World Health organization. (2002) World Report on Violence and Health. [Online] Available from: https://www.who.int/violence_injury_prevention/violence/world_report/en/summary_en.pdf [Accessed on 2nd February2020]

Yale Poorvu Center for Teaching and Learning (2020) What is Plagiarism.[Online] Available from: https://poorvucenter.yale.edu/writing/using-sources/understanding-and-avoiding-plagiarism/what-plagiarism [Accessed on 28th February]

Ylitörmänen, T. Kvist, T. & Turunen, H. (2019) Perceptions on nurse-nurse collaboration among registered nurses in Finland and Norway. *Scandinavian Journal of Caring Science*. [Online] 33(3), 731-740. Available from: doi: 10.1111/scs.12669 [Accessed on 14th March 2020]

Yun, S. & Kang, J. (2018) Influencing Factors and Consequences of Workplace Bullying among Nurses: A Structural Equation Modeling. *Asian Nursing Research*. [Online] 12(1), 26-33. Available from: doi: 10.1016/j.anr.2018.01.004 [Accessed on 14th March 2020]

APPENDIX

1. Becher, J. & Visovsky, C. (2012) Horizontal Violence in Nursing. *MEDSURG Nursing*. [Online] 21(4), Available from: [Accessed on 2nd March 2020]
2. Berry, P.A., Gillespie, G.L., Fisher, B.S., Gormley, D., & Haynes, J.T. (2016) Psychological Distress and Workplace Bullying Among Registered Nurses. *The online Journal of Issues in Nursing*. [Online] 21(3) [Accessed on 9th February 2020]
3. Chang, H.E. & Cho, S-H. (2016) Workplace Violence and Job Outcomes of Newly Licensed Nurses. *Asian Nursing Research*. [Online] 271-276. Available from: http://dx.doi.org/10.1016/j.anr.2016.09.001 [Accessed on 7th March 2020]
4. Christie, W., Jones, S. (2013) Lateral Violence in Nursing and the Theory of the Nurse as Wounded Healer. OJIN: The Online Journal of Issues in Nursing. [Online] 19(1). [Accessed on 7th February 2020]
5. Ebrahimi, H. Hassankhani, H., Negarandeh, R., Jeffery, C. & Azizi, A. (2017) Violence against new graduated nurses in clinical settings: A qualitative Study. *Nursing Ethics*. [Online] 24(6), 704-715. Available from: [Accessed on 7th March 2020]
6. Egues, A.L. & Leinung, E.Z. (2013) The Bully Within and Without: Strategies to Address Horizontal Violence in Nursing. *Nursing Forum*. [Online] 48(3) Available from: [Accessed on 9th March 2020]
7. Embree. J.L., Bruner, B.A. & White, A. (2013) Raising the level of Awareness of Nurse-to-Nurse Lateral Violence in a Critical Access Hospital. Nurse Research and Practice. [Online] Availabel from: doi: 10.1155/2013/207306 [Accessed on 21st March 2020]
8. Etienne, E. (2014) Exploring Workplace Bullying in Nursing. *Workplace Health & Safety*. [Online] 62(1), 6-11. Available from: https://doi.org/10.1177/216507991406200102 [Accessed on 14th March 2020]
9. Fontes, K.B., Alarcao, A.C.J., Santana, R.G., Pelloso, S.M. & Carvalho, M.D. (2018) Relationship between leadership, bullying in workplace and turnover intention among nurses. *Journal of Nursing Management*. [Online] 27(2), 1-8. Available from: DOI: 10.1111/jonm.12708 [Accessed on 11th March 2020]

10. Goff, J.A. (2018) *Intraprofessional Conflict among Registered Nurses in Hospital Nursing: A Phenomenological Study of Horizontal Violence and Bullying*, PhD thesis. NOVA Southeastern University, Florida. [Accessed on 2nd February 2020]
11. Griffin, D. (2004). Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. *The Journal of Continuing Education in Nursing*, 35(6), 257-263.
12. Howerton Child, R.J. & Sussman, E.J. (2017) Occupational Disappointment: Why Did I Even Become A Nurse? Journal of Emergency Nursing. [Online] 43(6), 545-552. Available from: doi: 10.1016/j.jen.2017.06.004. [Accessed on 12th March 2020]
13. Johnson, S.L. (2009) International Perspective on Workplace Bullying among Nurses. International Nursing Review. [Online] 56(1), 34-40. Available from: doi: 10.1111/j.1466-7657.2008.00679.x. [Accessed on 10th March 2020]
14. Johnson, A.L., Boutain, D.M., Tsai, J.H-C. & Castro, A.B. (2015) An Investigation of Organizational and Regulatory Discourses of Workplace Bullying. Workplace Health & Safety. [Online] 63(10), Available from: DOI: 10.1177/2165079915593030. [Accessed on 19th March 2020]
15. Kivimäki, M., Elovainio, M., Vahtera, J. (2000) Workplace bullying and sickness absence in hospital staff. *Occupational & Environmental Medicine*. [Online] 57(10), 656-660. Available from: doi: 10.1136/oem.57.10.656 [Accessed on 3rd March 2020]
16. Lachman, V.D. (2015) Ethical Issues in the Disruptive Behaviors of Incivility, bullying, and Horizontal/Lateral Violence. *Urology Nursing*. [Online] 35(1), Available from: http://web.a.ebscohost.com.ezproxy.arcada.fi:2048/ehost/pdfviewer/pdfviewer?vid=5&sid=7805c0d8-36ef-4b2b-9c24-021bdd5b38c7%40sessionmgr4007 [Accessed on 19th March 2020]
17. Laschinger, H.K., Grau, A.L. (2012) The influence of personal dispositional factors and organizational resources on workplace violence, burnout, and health outcomes in new graduate nurses: A cross-sectional study. *International Journal of Nursing Studies*. [Online] 49(3), 282-291. Available from: https://doi.org/10.1016/j.ijnurstu.2011.09.004 [Accessed on 19th March 2020]

18. Milton, C.L. (2009) Leadership and Ethics in Nurse-Nurse Relationships. *Nursing Science Quarterly*. [Online] 22(2), 116-119. Available from: [Accessed on 11th March 2020]
19. Mooney, M., Nolan, L. (2005) A Critique of Freire's Perception on critical social theory in nursing education. *Nurse Education Today*. [Online] 26, 240-244. [Accessed on 10th February 2020]
20. Numminen, O., Leino-Kilpi, H., Isoaho, H. & Meretoja, R. (2015) Ethical Climate and nurse competence- newly graduated nurses' perception. Nursing Ethics. [Online] 22(8), 845-859. Available from: doi: 10.1177/0969733014557137. [Accessed on 14th March 2020]
21. Pfeifer, L.E., Vessey. J.A. (2019) Psychological Safety on the healthcare team. *Nursing management*. [Online] 50(8), 32-38. [Accessed on 5th February 2020]
22. Purpora, C., & Blegen (2012) Horizontal Violence and the quality and safety of Patient Care: A conceptual Model. *Nursing Research and Practice*. [Online] Available from PubMed
23. Purpora, C., Blegen, M.A., Stotts, N.A. (2012) Horizontal Violence Among Hospital Staff Nurses Related to oppressed Self or Oppressed Group. *Journal of Professional Nursing*. [Online] 28 (5), 306-316. Available from: doi: 10.1016/j.profnurs.2012.01.001 [Accessed on 8th February 2020]
24. Roberts, S.J., DeMarco, R. & Griffin, M. (2009) The effect of oppressed group behaviours on the culture of the nursing workplace: a review of the evidence and interventions for change. *Journal of Nursing Management*. [Online] 17, 288-293. Available from: DOI: 10.1111/j.1365-2834.2008.00959.x [Accessed on 2nd March 2020]
25. Sauer, P.A. & McCoy, T.P. (2017) Nurse Bullying: Impact on Nurses' Health. *Western Journal of Nursing Research*. [Online] 39(12), 1533-1546. Available from: DOI: 10.1177/0193945916681278 [Accessed on 12th March 2020]
26. Sheridan-Leos, N. (2008) Understanding Lateral Violence in Nursing. *Clinical Journal of Oncology Nursing*. [Online] 12(3), 399-403. Available from: [Accessed on 11th March 2020]
27. Simons, S.R. & Mawn, B. (2010) Bullying in the Workplace- A Qualitative Study of Newly Licensed Registered Nurses. AAOHN Journal. [Online] 58(7),

305-311. Available from: doi: 10.3928/08910162-20100616-02 [Accessed on 14th March 2020]

28. Smith, J.G., Morin, K.H., Lake, E.T (2017) Association of the Nurse Work Environment with Nurse Incivility in Hospital. *Journal of Nursing Management*. 26(2), 219-226. Available from: doi: 10.1111/jonm.12537 [Accessed on 2nd April 2020]
29. Stagg, S.J., Sheridan, D.J., Jones, R.A. & Speroni, K.G. (2013) workplace bullying: the effectiveness of a workplace program. *Workplace health & safety*. [Online] 61(8) 333-338. Available from: doi: 10.3928/21650799-20130716-03[Accessed on 14th March 2020]
30. Taylor, R. (2016) Nurses' Perception of Horizontal Violence. *Global Qualitative Nursing Research*. [Online] 3(9), 1-8. Available from: DOI: 10.1177/2333393616641002 gqn.sagepub.com [Accessed on 2nd March 2020]
31. Thobaben, M. (2007) Horizontal Workplace violence. *Home Health Care Management & Practice*. [Online] 20(1), 82-83. Available from: DOI: 10.1177/1084822307305723 [Accessed on 7th March 2020]
32. Unruh, L. & Asi, Y. (2018) Determinants of Workplace Injuries and Violence Among Newly Licensed RNs. *Workplace Health & Safety*. [Online] 66(10), 482-492. Available from: [Accessed on 14th March 2020]
33. Vessey, J.A., DeMarco, R. & DiFazio, R. (2010) Bullying Harassment, and Horizontal Violence in the Nursing Workplace- the State of the Science. *Annual Review of Nursing Research*. [Online] Available from: [Accessed on 13th March 2020]
34. Vessy, J.A., DeMarco, R.F., Gaffney D.A. & Budin, W.C. (2009) Bullying of Staff Registered Nurses in The Workplace: A Preliminary Study for Developing Personal and Organizational Strategies for The Transformation of Hostile to Healthy Workplace Environments. Journal of Professional Nursing. [Online] 25(5), 299-306. Available from: doi:10.1016/j.profnurs.2009.01.022 [Accessed on 12th March 2020]
35. Ylitörmänen, T. Kvist, T. & Turunen, H. (2019) Perceptions on nurse-nurse collaboration among registered nurses in Finland and Norway. *Scandinavian Journal of Caring Science*. [Online] 33(3), 731-740. Available from: doi: 10.1111/scs.12669 [Accessed on 14th March 2020]

36. Yun, S. & Kang, J. (2018) Influencing Factors and Consequences of Workplace Bullying among Nurses: A Structural Equation Modeling. *Asian Nursing Research*. [Online] 12(1), 26-33. Available from: doi: 10.1016/j.anr.2018.01.004 [Accessed on 14th March 2020]