
THE RELATIONSHIP BETWEEN WORK ENVIRONMENT AND HORIZONTAL VIOLENCE AMONG STAFF NURSES AT PORT SAID GENERAL HOSPITALS

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Abstract

Background: violence is considered one of the main challenges in nursing profession and all health sector organizations and might hinder them achieving such health work environment. **Aim:** the present study aimed to assess the relationship between work environment and horizontal violence among staff nurses at Port-Said general hospitals. **Subjects and Method: Design:** A descriptive correlational research design was used. **Setting:** port-said general hospital, El-Zhour general hospital and port-fouad general hospital. **Subjects:** A sample of 300 staff nurses working in above mentioned settings. **Tools:** Data were collected using two tools: Revised Nurse Work Index and Nursing Horizontal Violence Scale. **Results:** The study revealed that about three quarters 74.7% of nurses perceived their practice environment as average favorable environment, Slightly less than half of the sample reported that never exposure to horizontal violence. **Conclusion:** There was positive statistically significant correlation between horizontal violence and work environment and its subscales except working relationships between nurses and doctors' subscale. **Recommendations:** Establishing and enforcing implement restricted ethical behaviors policies and procedures are very crucial to maintain zero tolerance environments related to horizontal violence.

Key words: Horizontal violence, Staff nurses, Work environment.

INTRODUCTION

Creating healthy and safe work environment for health care providers is a major concern for healthcare employers (Pierre, 2014). Hence, Healthy work environment is imperative for ensuring patient safety, staff satisfaction, retention, and organization's financial viability (American association of critical care nurses, 2021). According to the Occupational Safety and Health Act (Aujla, 2012) organizations have a crucial responsibility in protecting their employees and in creating healthy work environment beyond basic moral principles

Work environment could be defined as nurses' perceptions about various aspects of their work climate (Vessey, Demarco & Difazio, 2010). Akien, et al., (2001) conceptualized environment to be composed of five dimensions of: Nurse Participation, nursing foundation for quality of care, collegial nurse physician relation, nurse managers' ability, leadership and support, and staffing, and resources adequacy.

Every healthcare provider needs a positive work environment for his security and comfort. Healthy work environment considered an important element for achieving satisfaction of all workers in health sector, for effective employment and retention, and for providing a good healthcare for patient and all customers, while reaching a condition of health work environment; it is often challenged to think differently about culture, traditions and daily behaviors at work, Changing work environment and its implement requires hard work and more time, also needs a complete plan or strategy that includes physical, cultural, social and job design conditions (American association of critical care nurses, 2021).

Longo and Sherman, (2007) asserted that undesirable environmental workplace interactions may disturb employee's performance, producing a work climate of frustration and conflicts that lead to burnout, turnover, low quality of care that may be in an image of hostility from staff nurse toward another of her colleague which named horizontal violence.

There are different names for horizontal violence, including lateral violence, horizontal hostility, bullying, aggression, and incivility (Attia, Abo Gad and Shokir, 2020) . (Labour.gov.on.ca. 2021) defined vertical-horizontal violence as a "violence by an individual takes place vertically when manager in authority performs violence against his subordinates at lower positions".

Horizontal violence, also known as lateral violence, takes place among employees working in the equal levels or same places. Horizontal violence is considered as hostile and aggressive attitude by worker or team toward others (Bloom, 2018). The most common indicators of horizontal aggression are not acts of obvious hostility but less affected psychologically aggressive actions, such as dissemination of tales about and giving bad expressions to colleagues. Also nonverbal innuendos, verbal affronts, undermining behaviors, sabotage, infighting, scapegoating, backstabbing, lack of keeping confidentiality, and destroyed assurances are common manifestations. Practices of horizontal violence may also contain belittling or criticizing another worker in the presence of others, delaying or hiding an opportunity for promotion, and separating or isolating one member of the group from engaging in activities or celebrations (Taylor, 2016).

Horizontal violence can be verbal or nonverbal. Hostility is "appeared in conflict, opposition, or resistance in thought or principle". Verbal harassment is "to annoy obstinately" or "to produce a nasty or aggressive behavior, particularly by unwanted or undesirable verbal manner" (Bartholomew, 2006). Additionally, when an individual applies or uses authority or coercion in a way that causes the victim to sense occurrence of a threat (Attia, Abo Gad & Shokir, 2020). Monotonous hostile or violent behavior from an individual in administrative authority that resulted in emotional or psychological damage and recurrent unpleasant activities caused to person by another one (Thobaben, 2007).

Significance of the study:

Consequences of horizontal violence was identified in nursing literature for more than 20 years, however that violence stated from large time but it still have a gap in the research with the practice of nursing and occurrence among nursing personnel. The American Psychiatric Nurses Association (American association of critical care nurses 2021), stated that large number of professional nurses suffering from violence in the workplace which considered an occupational hazard that may occurred by patients, relatives or any other clients adding to them their colleagues. However, an interest has developed concerning the importance of creating and sustaining healthy work environment and its reflection on violence among nurses. Struggling violence and hostile attitudes are become an important role that must done by victims especially nursing staff through recognize standards and rules that direct nursing practice in work environment

and feel empowered to take actions against horizontal violence. Accordingly there is a need to understand the relationship between work environment and horizontal violence (Randle, 2003).

AIM OF STUDY:

This study aim to:

Assess the relationship between work environment and horizontal violence among staff nurses at Port Said general hospitals through:

Research objective:

- 1- Assessing work environment as reported by staff nurses at Port Said general hospitals.
- 2- Identifying horizontal violence among staff nurses at Port Said general hospitals.
- 3- Finding out The relationship between work environment and horizontal violence among staff nurses at Port Said general hospitals.

Research Question:

- 1- What is the work environment as reported by staff nurses at Port Said general hospitals?
- 2- Is there horizontal Violence among staff nurses at Port Said general hospitals?
- 3- Is there a relationship between work environment and horizontal violence among staff nurses at Port Said general hospitals?

SUBJECTS AND METHOD :

The technical design includes research design, setting, subjects and tools of data collection.

Study design:

Descriptive correlational research design was used to detect the relation between work environment and horizontal violence.

Study Setting:

The present study was carried out in the main three governmental hospitals; namely Port-Said General Hospital, Port-Fouad General Hospital and El-Zehour General Hospital in Port-Said governorate affiliated to the ministry of health.

- Port Said General Hospital:

The total hospital force is 171 staff nurses and bed capacity 157 bed.

- Port-Fouad General Hospital:

The total hospital force is 75 staff nurses and bed capacity 144 bed.

- El-Zehour General Hospital:

The total hospital force is 86 staff nurses.and Bed capacity 69 bed.

Study subjects:

The subjects of the study included all available staff nurses working in the previous mentioned settings and have at least one year of experience The sample size was 300 staff nurse out of the total study population that included 332 nurses

Tools Of Data Collection

Data of this study was collected using two different tools. These included Revised Nurse Work Index (NWI-R) and Nursing Horizontal Violence Scale.

Tool (I): Revised Nurse Work Index (NWI-R)

This tool consists of two parts:

Part 1: Self-administered questionnaire sheet: It included questions to collect data related to nurses' personal and job characteristics as age, educational level, staff nurses' experience years practice in nursing.

Part 2: Revised Nurse Work Index (NWI-R)

This scale was developed by Aiken and Patrician (2008) to measure the nurses' work environment. It consists of 28 items using a 3-point Likert type scale response ranging from "Agree" to "Disagree", covering five subscales namely: nurse participation (8 items), nursing foundation for quality of care (9 items), collegial nurse physician relationship (3 items), nurse manager ability, leadership and support (4 items) and staffing and resource adequacy (4 items).

Scoring system

Work climate score were computed by summing items, 3-point likert-scale of: agree (3), sometimes (2), disagree (1) whereas the minimum score was 28, while the maximum score obtainable was 84. These scores were then transformed to percent equivalents of

raw score. Nurses that scored $\geq 70\%$ were grouped as having high quality work environment, 40-69%, average quality work environment, and $< 40\%$, low work environment.

Tool (II): The horizontal violence Scale

This scale was developed by Winchester medical center (2011), to measure horizontal violence among nurses; it has included 12 items aimed to determine the occurrence with which nurse's observer HV. Also the occurrence of HV assessed through Likert scaleranging from never (1) to daily exposures to horizontal violence (6).

Tools Validity:

The intended tools of data collection were revised by the researcher and got supervisor's approval as the tool was previously translated into Arabic, and used on Egyptian and tested for its validity, and applicability

Reliability of study tools:

Cronbach alpha coefficient was calculated to assess the reliability of the tools through their consistency (0.76)

Pilot study:

A pilot study was carried out on "6" staff nurses and "24" staff nurses who represented 10% of the total sample, from El-Homeate hospital and El-Nasser hospital. The purpose of the pilot study was to test the applicability and feasibility of the study tools. Also it served to estimate the time needed to fill-in the questions, in addition to finding out any obstacles and problems that might interfere with data collection. The subjects who shared in the pilot study were excluded from the study subjects and completion of tools took 20-30 minutes for each tool.

Field work:

The data were collected from all staff nurses in the study settings using the questionnaire sheets. This process of data collection was carried out in the period from Mid June 2015 to end June 2016. The study tools were distributed to the selected subjects in their work setting by the researcher. Data were collected by the researcher from staff nurses in the morning shift and their nurses at five days per week in three shifts. While night shift, the questionnaires were obtained during the morning shift after explaining the objectives of the study and how to complete the tool. Some of the participants filled in the

questionnaire sheets at the time of distribution, while others fixed another time to fill them. Data were collected by the researcher over 4 month's period.

(III) ADMINISTRATIVE DESIGN:

An official letter from the faculty dean of nursing will be sent to managers of previous mentioned hospitals to take formal agreement to carry out the study.

Ethical Consideration:

A brief explanation of the aim of the study was given to director, head nurses, and staff nurses in the study, stressing on confidentiality of the collected information to be familiar with the importance of their participation and it is only for the purpose of the study to take their formal agreement for included in the study. And they were informed about their right to refuse or to withdraw at any time.

(IV) STATISTICAL DESIGN:

Statistical Analysis of the Data

Statistical Analysis:

Data analysis was performed using IBM SPSS statistical software version 22. The data were explored. Descriptive statistics with mean, median and standard deviation (SD) for continuous variables and frequency for categorical variables were analyzed. Qualitative variables were compared using qui square test (X^2) as the test of significance and independent, (r) test was used to identify the relationship between two variables. The p-value is the degree of significance. A significant level value was considered when the p-value ≤ 0.05 and a highly significant level value was considered when the p-value ≤ 0.001 , while the p-value > 0.05 indicates non-significant results.

RESULTS:

Table (1): Slightly more than half of the study subjects (58.7%) aged between 20 to 35 years with the mean $34.5 \pm 10.02\%$ years. In addition, more than two thirds of staff nurses (67.3%) had nursing diploma. While, the least percentage (0.6%) had master degree. Concerning, marital status the highest percentage (67.0%) were married. While, the least percentage (0.7%) were divorced. Finally, It was found that about half had nurses of (52.7%) had 1 to 15 years' experience in nursing the with the Mean score 15.7 ± 10.3 years.

Table (2): Demonstrates an average favorable work environment as reported by studied staff nurses in relation to all the five subscales (nurse participation, nursing

foundation for quality of care, nurse manager ability, leadership and support, staffing and resource adequacy and collegial nurse- physician relationship) .Generally, regarding total score of all subscales, 74.7% of studied staff nurses reported an average favorable work environment.

Table (3): About two fifths of staff nurses have faced and exposed to sometime severely criticizing someone without having listen to both sides of the story and never complaining about co-workers about another members as a replacement for trying to manage the clash with that person using open clear discussion (41.0% & 41.7% respectively), More than one third (39.3%) never experienced or witnessed making hurtful remarks to or about co-workers in front of others, More than half of nurses (51.0%) never experienced or witnessed raising eyebrows or rolling eyes at another co-worker, and more than two fifths (44.3%) imagining to not to notice a co-worker.

Table (4): As table illustrated less than half of nurses reported that they are sometime touched or dispirited due to low constructive criticism "feedback", also they never have a communication with co-workers. Moreover, less than two fifths sometime had physical symptoms such as inability to sleep, headaches, and abdominal pain because of poor interactions with certain co-workers.

Table (5): As table shows less than half of staff nurses were some time observed horizontal violence from unlicensed assistive personal, Supervisors, Physicians, and also another healthcare professionals, and physical therapists. Moreover, less than two fifths some time observed negative behaviors from housekeeping, security, secretarial, maintenance.

Table (6): It was found that there was positive statistically significant correlation between horizontal violence and work environment and its subscales (Nurse participation, Nursing foundation for quality of care, Efficiency and lead managers of nursing and support nurses, and The adequacy of human resources and sources) except Working relationships between nurses and doctors subscale.

Table (1): Personal and job characteristics among studied staff nurses (N= 300)

Characteristics	No	%
Age (years)		
Less than 20	2	0.7
20 – 35	176	58.7
36 – 50	102	34.0
More than 50	20	6.7
Min – Max	19 – 60	
Mean ± SD	34.5 ± 10.02	
Gender		
Male	38	12.7
Female	262	87.3
Work time		
Min – Max	6.00 - 12.00	
Mean ± SD	8.34 ± 2.84	
Marital status		
Single	86	28.7
Married	201	67.0
Widow	11	3.7
Divorced	2	0.7
Qualification		
Diploma	202	15.7
Technical institute	48	67.3
Bachelor	47	16.0
Master	2	0.6
Hospital		
Port -Said General	109	36.3
Port -Fouad General	98	32.7
Elzohor General	93	31.0
Department		
General department	131	44.7
Critical department	169	56.3
Experience in nursing (year)		
1 – 15	158	52.7
16 – 30	113	37.7
More than 30	29	9.7
Min – Max	1 – 42	
Mean ± SD	15.7 ± 10.3	
Experience in unit (year)		
1 – 15	230	76.7
16 – 30	65	21.7
More than 30	5	1.7
Min – Max	1 – 36	
Mean ±SD	10.5 ± 8.0	

Table (2): Total score of work environment among studied nurses at Port-Said general hospitals (N= 300)

Work environment	High		Average		Low	
	No	%	No	%	No	%
Nurse participation	19	6.3	186	62.0	95	31.7
Nursing foundation for quality of care	26	8.7	218	72.7	56	18.7
Nurse manager ability, leadership and support	0	0.0	229	76.3	71	23.7
staffing and resource adequacy	0	0.0	161	53.7	139	46.3
collegial nurse physician relationship	144	48.0	132	44.0	24	8.0
Total score	13	4.3	224	74.7	63	21.0

Table (3): Reported frequency of horizontal violence among staff nurses within the last year at Port Said General Hospitals (N= 300)

	Never		Once		Sometimes		Monthly		Weekly		Daily	
	No	%	No	%	No	%	No	%	No	%	No	%
Harshly criticizing someone without having heard both sides of the story	114	38.0	42	14.0	123	41.0	12	4.0	2.0	0.7	7.0	2.3
making hurtful remarks to or about co-workers	118	39.3	49	16.3	113	37.7	5	1.7	6.0	2.0	9.0	3.0
Raising eyebrows or rolling eyes	153	51.0	34	11.3	92	30.7	9	3.0	5.0	1.7	7.0	2.3
Pretending not to notice a co-worker struggling with his or her workload	133	44.3	37	12.3	104	34.7	9	3.0	3.0	1.0	14.0	4.7
Total	129	42.86	38	12.92	108	36.16	10	3.2	5	1.54	10	3.32

Table (4): Reported frequency of horizontal violence among staff nurses within the last year at Port Said General Hospitals (N= 300)

Answer these questions from your perspective point of view	Never		Once		Sometimes		Monthly		Weekly		Daily	
	No	%	No	%	No	%	No	%	No	%	No	%
Feeling of discouragement due to lack positive feedback	77	25.7	37	12.3	142	47.3	12	4.0	7	2.3	25	8.3
hesitated to ask questions for fear I'd be ridiculed	132	44.0	44	14.7	110	36.7	4	1.3	2	0.7	8	2.7
I've left work feeling bad about myself because of interactions with co-workers	128	42.7	55	18.3	92	30.7	7	2.3	8	2.7	10	3.3
Having physical symptoms like inability to sleep, headaches, and abdominal pain because of poor interactions with certain co-workers	92	30.7	36	12.0	115	38.3	10	3.3	4	1.3	43	14.3
Total	116	38.36	43	14.46	111.	37.06	7.0	2.44	5	1.66	18	5.98

Table (5): Frequency of observing healthcare workers exhibiting the negative behaviours among the staff nurses within the last year at Port- Said general hospitals (N= 300)

How often have you observed the following categories of Health care providers practicing negative behaviors?	Never		Once		Sometimes		Monthly		Weekly		Daily	
	No	%	No	%	No	%	No	%	No	%	No	%
a -Unlicensed assistive personal (nurses' aides)	104	34.7	48	16.0	132	44.0	1	0.3	5	1.7	10	3.3
b -Supervisors (directors, managers, educators, charge nurses)	94	31.3	42	14.0	147	49.0	3	1.0	4	1.3	10	3.3
c -Physicians	105	35.0	44	14.7	132	44.0	4	1.3	2	0.7	13	4.3
d -Others	115	38.3	43	14.3	127	42.3	4	1.3	1	0.3	10	3.3
e -Other staff (such as housekeeping, security, secretarial, maintenance)	110	36.7	46	15.3	115	38.3	10	3.3	3	1.0	16	5.3
Total	106.	35.2	45.0	14.86	130.0	43.52	4.0	1.44	3	1	12	3.9

Table (6): Correlation between work environment and horizontal violence among staff nurses at Port-Said general hospitals (N= 300)

Work environment	Horizontal violence	
	R	p-value
Nurse participation	0.294	0.000**
Nursing foundation for quality of care	0.141	0.01*
Efficiency and lead managers of nursing and support nurses	0.369	0.000**
The adequacy of human resources and sources	0.322	0.000**
Working relationships between nurses and doctors	0.089	0.13
Total mean of work environment	0.316	0.000**

* $p \leq 0.05$ ** $p \leq 0.001$

DISCUSSION:

Creating health and safe work environment for health care providers is a major responsibility of healthcare organization (Pierre, 2014). Moreover; Healthy work environment had many positive results on patient safety, staff satisfaction, retention, and organization's status in markets. However, violence is considered one of the major challenges facing nursing profession and health care organizations and might hinder them achieving such health work environment (American association of critical care nurses 2021).

This study was conducted to assess the relationship between work environment and horizontal violence among staff nurses at Port-Said general hospitals, the study was conducting on 300 staff-nurses more than half of them aged between 20 to 35 years with the mean age $34.5 \pm 10.02\%$ years, more than two thirds of staff nurses had nursing diploma and married, and about half of nurses had 1 to 15 years' experience in nursing the with the mean score 15.7 ± 10.3 years.

Concerning the total score of work environment scale among studied nurses in Port-Said general hospitals. It was found that less than half of staff nurses were moderately satisfied with their work. This finding was matching with (Curtis, Bowen, & Reid, 2007). The finding of this study revealed that about half of staff nurses reported that they never experiencing or witnessing violence behaviours' as raising eyebrows or rolling eyes at another co-worker, while the minority (2.3%) of them reported experiencing or witnessing harshlycriticizing someone without having heard both sides of the story daily

within the last twelve month. The current study finding is not in the same line with (Alyileili, & Chadwick, 2013) who reported that, more than half of nurses never exposed to harshly judged or criticized.

As well, the current study finding illustrated that more than two fifths of staff nurses never experiencing or witnessing irritable with a co-workers within the last twelve month. Also, slightly less than two fifths of nurses reported that, they never experienced belittling or making hurtful remarks to or about co-workers most of nurses indicated that they had experienced horizontal violence, and they reported that this occurred frequently, as much as daily.

Mendez, (2011) in his study on nurses reported that all nurses recognized horizontal violence in their work experiences; some had witnessed these negative behaviors between other nurses while other participants had been targets for it. Moreover, Sheridan-Leos, (2008) conducts a study on 511 nurses and found that 31% of respondents reported being exposed to negative behavior as bullying at work place. Thomas and Burk, (2009) mentioned that the most negative behavior the nurses exposed to is experiencing statements that were rude, abusive, humiliating or involved unjust criticism. Otherwise, Alyileili and Chadwick, (2013) noticed that, 48.0% of nurses never experienced sworn, shouted or yelled at them.

As regard to the effect of horizontal violence among the staff nurses within the last 12 months at their workplace, it was found that less than half of nurses sometime felt dispirited due to decreased constructive criticism "feedback", and never talk about things that considered as a mistakes due to the feeling of terror. Furthermore, more than two fifth of them never wavered to question due to feeling of terror, they would be derided sensation as negative related to themselves due to communications with co-workers, and more than one third sometimes had physical symptoms such as inability to sleep, headaches, and abdominal pain because of poor interactions with certain co-workers.

This finding was reported by many study, as horizontal violence can results in reduction in confidence or self-esteem (Bartholomew, 2006), anxiety, and sleeping disorders (Sheridan-Leos, 2008). Physical symptoms, such as weight gain or loss, hypertension and irritable bowel syndrome (Rowell, 2006). Moreover, Thomas and Burk, (2009) found that continued exposure to the horizontal violence behaviors drains nurses of their enthusiasm for the professions.

Additionally, it was found that staff nurses never have wavered to question due to terror. Also, less than half of nurses reported that they were never haven't talk regarding things that they believe it was a mistake or error. This finding congruent with (Smith, Andrusyszyn and Spence Laschinger, 2010) who stated that nurses haven't talk daily related to they thought. Concerning healthcare workers exhibiting the negative behaviors, moreover the common committers of horizontal violence considered to be supervisors, nurses' aids, physicians, other services such as housekeeping, security, secretarial, maintenance.

In this regard, Mendez, and Therese, (2011) mentioned that none of the nurses included in his study reported that horizontal violence was related to coercion among healthcare providers. The occurrence of Tension between medical doctors and staff nurses may lead to strengthen these negative behaviors like violence. Moreover Top managerial authority and their practices may be a directive approach toward anger and negative feelings of the workers. In addition to, Alyileli, and Chadwick, (2013) reported that healthcare workers exhibiting the negative behaviors was as following more than one third of doctors, about one fifth of supervisors, less than one fifth registered and staff nurses, minorities administrative staff, housekeeping staff, and assistant nurses.

Also, Bloom, (2018) reported that, the majority of the nurses reported horizontal violence from a peer or fellow nurse. Physicians and manager/administrators were also identified as exhibiting this type of behavior. Other health care providers and relatives of patients also were displaying at this attitude, patients were found to participate in these behaviors and a small percentage reported that others were responsible.

In relation to correlation between work environment and horizontal violence. It was found that there was a statistically significant positive correlation between total score of work environment and horizontal violence. Moreover, a statistically significant correlation was found between horizontal violence and 4 subscale of work environment as nurse participation, nursing foundation for quality of care, efficiency and head managers of nursing and support nurses, the adequacy of human resources and sources.

Longo and Sherman, (2007) clarified that negative workplace relationships can disrupt group activity, producing a climate of psychological pressure that can lead to burnout, increased staff turnover, and poor patient outcomes. In addition to Thomas and

Burk, (2009) who asserted that the novel employed staff nurses have experiencing horizontal violence that may face a difficulty in achieving success in their new workplace.

CONCLUSION

The study concluded that, an average favorable work environment as reported by studied staff nurses. Slightly less than half of the sample reported that never exposure to horizontal violence. There was a statistically positive significant correlation between horizontal violence and total score of work environment. As well, strongly statistically significant correlation between horizontal violence and subscales of work environment as nurse participation, efficiency and head managers of nursing and support nurses, and the adequacy of human resources, except Working relationships between nurses and doctors subscale.

RECOMMENDATIONS

Based upon the finding of the study, the following can be recommended:

Hospital management

- Establishing and enforcing implement restrictly ethical behaviors policies and procedures is very crucial to maintain zero tolerance environments related to HV.
- Fostering organizational culture that create respectful work environment is a main responsibility of healthcare organization.
- Orient Managers need to be able to about identify the indicators of horizontal violence.

Training

- Health care organizations should implement various educational strategies to educate nurses and raise their awareness of problems of HV.
- Educational sessions on horizontal violence & organization's rules must be presented in the stage of staff orientation.

Education and nursing faculties

- Courses related work environment and HV should be designed and integrated in under-graduates curriculum.
- Increase awareness of nurses regarding ethical obligation to the nursing profession and patients is very essential to deal with unethical conduct.

Research

- Future research about factors elevating the rate horizontal violence and programs and strategies on how to overcome it.

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العلاقة بين بيئة العمل والعنف الأفقي بين طاقم التمريض بمستشفيات العامة ببورسعيد

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الخلاصة

الخلفية: يعتبر العنف من التحديات الرئيسية في مهنة التمريض وجميع مؤسسات القطاع الصحي وقد يعيق تحقيق الاهداف المرجوه فى بيئة العمل الصحي. الهدف: هدفت الدراسة الحالية إلى تقييم العلاقة بين بيئة العمل والعنف الأفقي بين طاقم التمريض في المستشفيات العامة ببورسعيد. التصميم: تم استخدام تصميم بحث وصفي ارتباطي. المكان: العمل بمستشفى بورسعيد العام ومستشفى الزهور العام ومستشفى بورفؤاد العام. العينة: عينة من 300 ممرضة تعمل في الأماكن المذكورة أعلاه. الأدوات: تم جمع البيانات باستخدام أداتين: مؤشر عمل الممرضات المعدل ومقياس العنف الأفقي للتمريض. النتائج: كشفت الدراسة أن حوالي ثلاثة أرباع 74.7% من الممرضات يرون أن بيئة عملهم بيئة مواتية متوسطة ، وأقل قليلاً من نصف العينة أفادوا بأنهم لم يتعرضوا أبداً للعنف الأفقي. الخلاصة: توجد علاقة ارتباط موجبة ذات دلالة إحصائية بين العنف الأفقي وبيئة العمل ومقاييسها الفرعية ما عدا علاقات العمل بين الممرضات والممرضات ونطاق الأطباء. التوصيات: إن وضع وتنفيذ سياسات وإجراءات السلوك الأخلاقي المقيدة أمر بالغ الأهمية للحفاظ على بيئات عدم التسامح المتعلقة بالعنف الأفقي.