Psychological Health of Female Nurses: An Exploration of Organizational and Individual Factors of Horizontal Hostility

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Abstract

Horizontal hostility is a distressing issue that negatively affects the psychological health of nursing professionals. Nursing is considered less privileged, and nurses are oppressed and frustrated due to organizational hierarchy and unsatisfactory work environments. To understand and address this issue, an insight into the factors contributing to horizontal hostility among nursing staff working in developing countries is limited, giving rise to the need to develop a comprehensive framework.

We applied qualitative descriptive approach for data collection and analysis. Study setting included three public sector hospitals situated in main cities of Pakistan. Purposive sampling was used. Semi-structured interviews were conducted and data was collected from twenty respondents. Participants included Chief Nursing Superintendent, Head Nurses, Charge Nurses, and Junior Nurses. Interviews were audio-recorded and transcribed for extraction of themes. Interpretive approach was used to explore themes and categories.

The participants shared their real-life experiences regarding the hostile behaviors of their colleagues. Data analysis revealed individual and organizational level antecedents and outcomes of horizontal hostility among nurses. We find that horizontal hostility exists among nursing professionals, resulting in turnover intentions and low-quality patient care. Oppression and workplace stress have been explored at the individual level, while gender discrimination and lack of administrative support are recognized as organizational level causes of horizontal hostility.

To inhibit horizontal hostility, individual and organizational level antecedents need to be addressed. The study of horizontal hostility is essential to truthfully address this issue inside the social formation of public sector hospitals in the best interest of patient safety and care. By understanding the causes, dimensions, and outcomes of horizontal hostility, nurse managers and administrators can provide a peaceful work environment to nursing professionals with a zero-tolerance policy for this distressing issue.

Key Words: Horizontal Hostility, Oppression, Gender Discrimination, Workplace Stress, Quality of patient care, Lack of Administrative Support, Intention to leave, Public Sector Hospitals, Female Nurses.

1. BACKGROUND

Aggressive behavior among individuals working at the same place and sharing equal power in the organizational hierarchy that may intend to degrade or control a peer or a group is known as horizontal or lateral hostility[1]. A few negative behaviors considered within the domain of horizontal violence may be as calling demeaning names, use of absurd expressions, speech tone, or gestures to degrade or tease them, demeaning their concerns, propelling them or throwing things.[2] Scholars defined horizontal hostility among nurses as violence directed toward their peers through words, actions, and behaviors. Horizontal hostility negatively impacts the psychological

[1] Nadia Noor, Dr. Farida Faisal, and Dr. Yasmeen Ahmed, "Horizontal Hostility: A Concept Analysis," PAKISTAN LANGUAGES AND HUMANITIES REVIEW 6, no. 4 (December 31, 2022): 1–11, https://doi.org/10.47205/plhr.2022(6-iv)01. See also 1. Kathleen Bartholomew, Ending Nurse-to-Nurse Hostility: Why Nurses Eat Their Young and Each Other (Marblehead, MA: HCPro, 2006).

[2] Karis Campion, "'You Think You're Black?' Exploring Black Mixed-Race Experiences of Black Rejection.," Ethnic and Racial Studies 42, no. 16 (August 5, 2019): 196–213, doi: https://doi.org/10.1080/01419870.2019.1642503. See also Elizabeth M. Bloom, "Horizontal Violence among Nurses: Experiences, Responses, and Job Performance," Nursing Forum 54, no. 1 (January 2019): 77–83, doi: https://doi.org/10.1111/nuf.12300.

health of the nurses[3] and results in increased stress, communication barriers and concentration difficulties.[4] Horizontal hostility is a conspicuous multidimensional problem ingrained in diverse cultural values and norms and results in significant psychological aftermaths for patients and nursing recipients in the healthcare setting. Furthermore, horizontal hostility not only effects nurses and quality of patientcare, but such negative behaviors potentially affect staffing which is a significant concern.[5]

Horizontal hostility may be derived from the contribution of various contextual and environmental factors enculturing throughout the organizational hierarchy that remain invisible.[6] The contextual factors may include organizational culture and climate. The environmental factors may cover hospital affairs, nursing role in healthcare quality, practice environment, manager's ability and staffing resources, oppressive working conditions[7] and organizational culture.[8] Laissez-faire leadership style, and low job control, bullying and incivility in health care organizations.[9] Due to the escalation of behaviors to horizontal hostility, it is difficult for policymakers to decide which behaviors are worthy of being identified as the distressing issue of horizontal hostility. Furthermore, it becomes difficult for organizational leaders to handle the etiology of horizontal hostility and its negative effect on the nursing profession.[10]

[3] Breanne A. Krut et al., "The Impact of Horizontal Violence on the Individual Nurse: A Qualitative Research Study," Nurse Education in Practice 54 (2021): 103079, doi:10.1016/j.nepr.2021.103079.
[4] Noor et al. 2022
[5] LaToya Lewis-Pierre et al., "Evaluating Horizontal Violence and Bullying in the Nursing Workforce of an Oncology Academic Medical Center," Journal of Nursing Management 27, no. 5 (2019): 1005–10, doi:10.1111/jonm.12763.
[6] Sheila, Bukola Salami, and Greta G. Cummings, "Organisational Antecedents, Policy and Horizontal Violence among Nurses: An Integrative Review," Journal of Nursing Management 26, no. 8 (November 2018): 972–91, doi:https://doi.org/10.1111/jonm.12623.
[7] See supra note 6
[8] Yuseon An and Jiyeon Kang, "Relationship between Organizational Culture and Workplace Bullying among Korean Nurses," Asian Nursing Research 10, no. 3 (July 21, 2016): 234–39, doi:10.1016/j.anr.2016.06.004.
[9] John Rodwell and Defne Demir, "Oppression and Exposure as Differentiating Predictors of Types of Workplace Violence for Nurses," Journal of Clinical Nursing 21, no. 15–16 (August 13, 2012): 2296–2305, doi:10.1111/j.1365-2702.2012.04192.x.
[10] Colette M Clarke et al., "Bullying in Undergraduate Clinical Nursing Education," Journal of Nursing Education 51, no. 5 (2012): 269–76.

An amalgam of various definitions, terms, and challenging theoretical concepts has made it difficult for the victims to validate their experiences of horizontal hostility.[11] At the same time, it has become a puzzle for policymakers and researchers to recognize, comprehend and delineate the issue of horizontal hostility.[12] The leadership role is critical for recognizing and eliminating horizontal hostility and bullying behaviors from all administrative levels. This can be helpful to establish a peaceful and healthy work environment where patient safety and quality of patient care are witnessed.[13] Therefore, a comprehensive research study is needed to identify and understand the individual and organizational factors of horizontal hostility to establish a peaceful work environment contributing to quality healthcare.

Pakistan's healthcare system seems to be underprivileged and quite compromised for being a developing country. It still faces a lack of nursing professionals contributing to the high quality of patient care in public sector hospitals.[14] In Pakistan, the patriarchal social structure favors dominating and oppressive attitudes against women's autonomy and independence. Moreover, males dominate hierarchical structures in work organizations.[15] Stereotypes regarding the nursing profession, shortage of staff, poor administration, insufficient medical equipment, and support are the reasons for the incidence of horizontal hostility resulting in psychological distress, poor professional care, conflicts with colleagues, and compromised patient care.[16] In Pakistan, a

[11] LARS JOHAN HAUGE, ANDERS SKOGSTAD, and STÅLE EINARSEN, "The Relative Impact of Workplace Bullying as a Social Stressor at Work," Scandinavian Journal of Psychology 51, no. 5 (October 2010): 426–33, doi:10.1111/j.1467-9450.2010.00813.x.

[12] Martha Griffin, "Teaching Cognitive Rehearsal as a Shield for Lateral Violence: An Intervention for Newly Licensed Nurses," The Journal of Continuing Education in Nursing 35, no. 6 (2004): 257–63, doi:10.3928/0022-0124-20041101-07.

[13] See supra note 5

[14] "Nursing in Pakistan: Handle with Care," The Express Tribune, December 7, 2014, https://tribune.com.pk/story/801156/nursing-in-pakistan-handle-with-care.

[15] Rozina Karmaliani et al., "Violence against Women in Pakistan: Contributing Factors and New Interventions," Issues in Mental Health Nursing 33, no. 12 (December 10, 2012): 820–26, doi:10.3109/01612840.2012.718046.

[16] Saima Hamid et al., "Ethical Issues Faced by Nurses during Nursing Practice in District Layyah, Pakistan," Diversity & Equality in Health and Care 13, no. 4 (January 2016): 302–8, doi:10.21767/2049-5471.100068.

research study was conducted to point out the problem of workplace violence. It was found the issue of incivility among healthcare employees in the form of work related and non work related gossips.[17] Cassum found verbal abuse as the main distressing issue for nurses in the healthcare setting.[18] A healthy and peaceful work environment is necessary for nurses where they have freedom of thought, can exercise their professional and fundamental rights and discourse to retain their self-respect and dignity.[19]

In Pakistan's healthcare work settings, female nurses face hostility, bullying, and mistreatment. In most of the cases, females inflict psychological hostility against each other. Therefore, the antecedents and adverse outcomes impacting female's work performance need to be investigated. So, this research study aims to explore the incidence and prevalence of horizontal hostility in nursing profession through identification of its causes and consequences in the local context of Pakistan. Moreover, this study aims to develop a research framework to understand this distressing issue in the healthcare setting.

2. LITERATURE REVIEW

Friere presented the concept of 'horizontal violence' in Oppression theory to delineate the oppressed behaviours of minorities and other ethnic groups in developing countries.[20] Because of oppression and feelings of powerlessness, they behave violently and hostilely with their peers to express their anger. Inability of the oppressed and helplessness are the contributing factors for this

[17] Shahnawaz Saqib et al., "Workplace Incivility, Service Spirit and Gossips at Workplace: Perception of Nurses Working in Public Sector Hospitals of Pakistan," Future of Marketing and Management IX, no. 3 (2017): 319–34.
[18] Laila Akber Cassum, "Verbal Violence at Work Place: A Reality from Pakistani Context," Journal of Nursing Education and Practice 4, no. 8 (May 19, 2014): 20–25, doi:10.5430/jnep.v4n8p20.
[19] Cynthia Horton Dias and Robin M. Dawson, "Hospital and Shift Work Influences on Nurses' Dietary Behaviors: A Qualitative Study," Workplace Health & Safety 68, no. 8 (August 10, 2020): 374–83, doi:10.1177/2165079919890351.
[20] Paulo Freire, Pedagogy of the Oppressed (Harmondsworth, Middlesex: Penguin Education, 1970).

hostile behavior.[21] Now a days, horizontal hostility describes hostile behavior of females towards other females who are competent and look like to be conspicuous because of professional growth and success. Horizontal hostility should be discussed as per power relations among females as it describes power as dominance among females. The researchers argued that the feminist movement for identification and provocation of male dominance does not pronounce that men only oppress women, and women's behavior towards other women can never be desperate, assuming that women are habitually exempted from male racist norms, attitudes, and action. Male domination should be kept in mind as the main enemy.[22]

Nurses who inflict hostility toward their colleagues may have developed such nuisance echo in their attitude due to several factors.[23] These may include emotions of helplessness or contempt for others in their profession and low self-esteem.[24] Nurses experience civilized oppression in their profession and it is defined as 'psychological, physical or spiritual distress experienced by another individual because of misuse of authority or power'.[25] Nursing is considered oppressed, and nurses are oppressed due to a lack of empowerment and control over their professional activities.[26] Overall, nursing profession is predominated by either external means such as administrators and physicians or internally marginalized by nurse managers.[27] Horizontal hostility negatively affects

[21] Joy Butler, David P Burns, and Claire Robson, "Dodgeball: Inadvertently Teaching Oppression in Physical and Health Education," European Physical Education Review 27, no. 1 (April 23, 2020): 27–40, doi:10.1177/1356336x20915936.
[22] Sabine Hark and Paula-Irene Villa, View Large The Future of Difference: Beyond the Toxic Entanglement of Racism, Sexism and Feminism (Verso, 2020).
[23] Cecelia L. Crawford et al., "An Integrative Review of Nurse-to-Nurse Incivility, Hostility, and Workplace Violence," Nursing Administration Quarterly 43, no. 2 (2019): 138–56, doi:10.1097/naq.0000000000000338.
[24] Joy Longo and Rose O. Sherman, "Leveling Horizontal Violence," Nursing Management 38, no. 3 (March 2007): 34–37, doi:10.1097/01.numa.0000262925.77680.e0.
[25] Mary Madeline Rogge, Marti Greenwald, and Amelia Golden, "Obesity, Stigma, and Civilized Oppression," Advances in Nursing Science 27, no. 4 (2004): 301–15, doi:10.1097/00012272-200410000-00006.
[26] Kyla F. Woodward, "Individual Nurse Empowerment: A Concept Analysis," Nursing Forum 55, no. 2 (April 31, 2019): 136–43, doi:10.1111/nuf.12407.
[27] See supra note 12

the psychological health and well-being of nurses. Rather than enthusiasm for such dedicated healthcare professionals, the unsafe work environment creates stress with psychological, physical, and organizational level outcomes.[28] Dissatisfaction, low motivation, negative work behaviors, intention to leave, reduced commitment, and enhanced stress all depict horizontal hostility and ultimately impact patient care, which is the real goal of nursing.[29] Sprigg, Niven & Dawson operationalized employee well-being in terms of employees' psychological health as a part of general well-being and work engagement.[30] Organizational success and performance are greatly influenced by employee well-being.[31]

Physical or psychological abuse was reported as the primary level stress factor that greatly contributed to workplace stress in nursing. Moreover, McKenna et al. reported that horizontal hostility among nurses instigates moderate or severe stress levels resulting in both physical and psychological consequences for them.[32] It has been examined perceived incidence and severity of horizontal hostility among nurses and found it as the key antecedent of stress and tension at work setting.[33] Psychologically violent behaviors occur recurrently and at times intensely in nursing profession.[34] Attacks on personality and professional status were found as common hostile

[28] See supra note 11.
[29] See supra note 24
[30] Christine A. Sprigg et al., "Witnessing Workplace Bullying and Employee Well-Being: A Two-Wave Field Study.," Journal of Occupational Health Psychology 24, no. 2 (2019): 286–96, doi:10.1037/ocp0000137.
[31] Arnold B. Bakker, Danyang Du, and Daantje Derks, "Major Life Events in Family Life, Work Engagement, and Performance: A Test of the Work-Home Resources Model.," International Journal of Stress Management 26, no. 3 (2019): 238–49, doi:10.1037/str0000108.
[32] Brian G. McKenna et al., "Horizontal Violence: Experiences of Registered Nurses in Their First Year of Practice," Journal of Advanced Nursing 42, no. 1 (April 18, 2003): 90–96, doi:10.1046/j.1365-2648.2003.02583.x.
[33] Karen M. Stanley et al., "Examining Lateral Violence in the Nursing Workforce," Issues in Mental Health Nursing 28, no. 11 (November 2007): 1247–65, doi:10.1080/01612840701651470.
[34] D. Yıldırım, "Bullying among Nurses and Its Effects," International Nursing Review 56, no. 4 (November 9, 2009): 504–11, doi:10.1111/j.1466-7657.2009.00745.x.

behaviors that resulted in severe depression. Bloom found increased responsibility and stress as the main antecedent of horizontal hostility in hospital setting.[35]

Klinner & Walsh described the numerous unfortunate consequences of discriminatory practices including helplessness, psychological stress and frustration. These adverse feelings result in negative work behaviors and inhibit individuals from career development and professional goal achievement.[36] Rice et al. argued that nurses experience moral and psychological distress as they feel incompetent or their nursing practices are considered objectionable by their colleagues. Nurses refer to the psychological group, who traditionally experience discrimination, strive for fight against it to attain fair treatment and social justice.[37] Social injustice and discrimination motivate individuals to reveal distraction, poor performance, retaliatory behaviors, humiliation, aggression, tension, conflict, low commitment and turnover. Lorber and Savic identified appreciation and recognition, praise and encouragement from supervisors, education possibilities and opportunities for promotion significant factors contributing to the satisfaction of nursing staff.[38] Flinkman et al. described lack of opportunities for career progression[39] and Rehman et al. highlighted perception of organizational politics as the main cause of intention to leave.[40] Nurses

[35] See supra note 2.

[36] Nicole S. Klinner and Gianfranco Walsh, "Customer Perceptions of Discrimination in Service Deliveries: Construction and Validation of a Measurement Instrument," Journal of Business Research 66, no. 5 (2013): 651–58, doi:10.1016/j.jbusres.2012.06.008.

[37] Courtney J. Rice et al., "A Novel Mouse Model for Acute and Long-Lasting Consequences of Early Life Stress," Endocrinology 149, no. 10 (October 19, 2008): 4892–4900, doi:10.1210/en.2008-0633.

[38] Mateja Lorber and Brigita Skela Savič, "Job Satisfaction of Nurses and Identifying Factors of Job Satisfaction in Slovenian Hospitals," Croatian Medical Journal 53, no. 3 (2012): 263–70, doi:10.3325/cmj.2012.53.263.

[39] M. Flinkman et al., "Explaining Young Registered Finnish Nurses' Intention to Leave the Profession: A Questionnaire Survey," International Journal of Nursing Studies 45, no. 5 (2008): 727–39, doi:10.1016/j.ijnurstu.2006.12.006.

[40] Saqib Rehman, Aman Ullah, and Muhammad Ali Hamza, "The Impact of Human Resource Development (HRD) Practices on Job Satisfaction and Intent to Leave: Moderating Role of Perception of Organizational Politics (Pop)," International Journal of ADVANCED AND APPLIED SCIENCES 8, no. 1 (August 2020): 50–57, doi:10.21833/ijaas.2021.01.007.

were dissatisfied from their job when their skills and competencies were not utilized according to their qualifications and specializations.[41]

Researches has described that at healthcare workplace, conflicts arises due to the problems related to respect and burden, increased levels of stresses because of work conditions, responsibilities' refusal and problematic determination of duties that results in embarrassment in staff.[42] Dissimilar education levels, discriminations and injustice, confrontational behavior to leadership, complicated and unsatisfactory work environs, absence of essential space and various cooperating teams of professionals also result in conflicts, stress and dissatisfaction. McCormack argued that behaviors related to horizontal hostility perhaps not be understood or dispirited by organizational leaders and mangers. Institutional norms may promote horizontal hostility or bullying behaviors and institutional stress is positively correlated with bullying behaviors and horizontal hostility.[43]. Therefore, support is required at all administrative levels and from nurse leaders in healthcare setting and nursing schools to understand and eradicate bullying behaviors and horizontal hostility to make sure patient safety through establishing a healthy work environment.[44]

3. METHODS

Qualitative research is an exploratory process which allows a researcher to compare, copy, contrast and classify the object of study to rationalize a social phenomenon. To study incidents and human behavior, qualitative research is conducted in natural settings. It produces descriptive data in form of words or images instead of numbers. In qualitative research, respondents share their opinions

[41] René Schwendimann et al., "Factors Associated with High Job Satisfaction among Care Workers in Swiss Nursing Homes – A Cross Sectional Survey Study," BMC Nursing 15, no. 37 (June 6, 2016): 1–10, doi:10.1186/s12912-016-0160-8.

[42] Sheri Price and Carol Reichert, "The Importance of Continuing Professional Development to Career Satisfaction and Patient Care: Meeting the Needs of Novice to Mid- to Late-Career Nurses throughout Their Career Span," Administrative Sciences 7, no. 2 (2017): 17–30, doi:10.3390/admsci7020017.

[43] Hannah M. McCormack et al., "The Prevalence and Cause(s) of Burnout among Applied Psychologists: A Systematic Review," Frontiers in Psychology 9, no. 16 (October 16, 2018): 1897, doi:10.3389/fpsyg.2018.01897.

[44] See supra note 5

and real life experiences and observations. Researchers are concerned explicitly with understanding how things happen. Therefore, the researcher attempts to understand multiple realities of life.

In the present study, a qualitative descriptive approach was applied. Qualitative research is used to better and thoroughly understand a phenomenon.[45] (Kim, Sefcik & Bradway, 2016). In healthcare and nursing studies, qualitative descriptive studies are usually used to describe the nature of the poorly defined phenomenon as understood by participants in light of their perceptions and experiences. Generally, researchers continue with an objective point of view and explore the phenomenon in its natural state.[46] According to Erlingsson and Brysiewicz, the content analysis represents a flexible thoughtful method that identifies and summarizes meaning units, creates codes and categories through constant comparisons of original data to create a comprehensive depiction, and establishes patterns in the results.[47] The research philosophy for the qualitative study is social constructivism, which represents a different worldview and stresses the need for individuals to search for the details of the situation to understand reality.

3.1 Study Population and Sampling

We conducted this research study in three large public sector hospitals from the main cities of Islamabad, Lahore, and Faisalabad. Each hospital has more than 300 nursing professionals. They have been performing their duties as junior, charge, and head nurses. The chief nursing superintendent of each hospital has been managing the nursing workforce. In these public sector

[45] Hyejin Kim, Justine S. Sefcik, and Christine Bradway, "Characteristics of Qualitative Descriptive Studies: A Systematic Review," Research in Nursing & Health 40, no. 1 (February 2016): 23–42, doi:10.1002/nur.21768.
[46] Mahin Naderifar, Hamideh Goli, and Fereshteh Ghaljaie, "Snowball Sampling: A Purposeful Method of Sampling in Qualitative Research," Strides in Development of Medical Education 14, no. 3 (2017): 1–4, doi:10.5812/sdme.67670.
[47] Christen Erlingsson and Petra Brysiewicz, "A Hands-on Guide to Doing Content Analysis," African Journal of Emergency Medicine 7, no. 3 (September 2017): 93–99, doi:10.1016/j.afjem.2017.08.001.

hospitals, the number of patients has been increased over the years since Pakistan's lower class and middle class cannot pay for expensive healthcare services of private hospitals. In these hospitals, health care is provided to patients in all medical fields and have been facing an acute shortage of nursing staff despite the increased burden of patient care. The sample size was twenty and respondents were selected from three hospitals. Data was collected from the respondents during their specific duty hours. In these hospitals, the number of nursing staff in Gynaecology, Medical, and operation theatre (OT) was higher because of the large number of patients. For qualitative research studies, data collection is recommended to the saturation point whereby additional interview data is collected, allowing insufficient new insights or data saturation to be reached.[48] We used purposive sampling for data collection. To accomplish research objectives, we selected respondents with expert opinions related to the phenomenon of horizontal hostility. Therefore, we included the female nurses serving at different designations who had experienced or observed horizontal hostility in their work setting. Data was collected through semi-structured interviews. Table 1 shows the demographics of the sample. Data was collected through face-to-face interviews with female nurses.

Potential participants provided their consent through face-to-face or telephonic contact. The participants were asked to share their experiences regarding the hostile behavior of colleagues in the hospital setting. An interview guide was finalized to explore in-depth information. In addition, follow-up questions were also asked for the participant's responses for further probing. Semi-structured interviews enabled the nurses to share their real-life experiences and opinions regarding the incidence of horizontal hostility in their natural work setting. We conducted all the interviews

[48] Mark Saunders, Philip Lewis, and Adrian Thornhill, Research Methods for Business Students (Harlow: Financial Times Prentice Hall, 2012).

in the participant's native language. The duration of an interview was 30 minutes to an hour. Data saturation was achieved after conducting 20 interviews, as no new facts and information were generating after.

4. DATA ANALYSIS

Researchers used an interpretive approach and content analysis to gain an in-depth and comprehensive understanding of the individual and organizational factors surrounding nurses and influencing their perceptions and experiences regarding horizontal hostility. Themes were extracted from qualitative data. Researchers used content analysis to quantify and analyze the presence, meanings, and relationships of certain words, concepts, and themes. These interviews were audio-recorded and transcribed for data analysis. Table 2 shows the categories, subcategories, and codes. Transcripts were scrutinized line-by-line to apprehend related ideas. These ideas were reflected as meaningful units and codes. Ideas having similar features were organized and clustered into categories consistent with their features. The condensation process involved summarizing texts by retaining essential meaning. Categories and subcategories were found to exhibit similar properties and dimensions. More comprehensive and explicit clusters of concepts were considered when subcategories were used to denote and supplement different features of the categories.

4.1 Antecedents of Horizontal Hostility

The themes explored as antecedents of horizontal hostility or indirect aggression amongst female nursing professionals are as follows:

4.1.1 Oppression:

Oppression is basically of two types, oppressed self, and oppressed group. Oppressed self is related to jealousy and low self-esteem, however oppressed group is related to negative beliefs of a person

about women in general and their behavior towards each other at the workplace that refutes their career success.

4.1.1.1. Social and Cultural Constraints

Most of the respondents were of the view that oppression and jealousy are the leading causes of resentment and hostility among nursing professionals. One respondent revealed that:

> *"In the social and cultural contexts of Pakistan, nursing professionals are considered marginalized or less privileged, and they are oppressed at both social and organizational levels. At home, they are dominated by males, and at hospitals, by doctors. They inflict hostility towards coworkers to express their feelings of helplessness."*

In Pakistan, the social, cultural, and patriarchal structure and gender differences deny the autonomy and empowerment of females. Consequently, they cannot make decisions regarding their work and family life. One respondent expressed her feelings as follows:

> *"Nurses inflict hostility as they are pressed down by males at home. Even they are earning, but are dominated by males in the family. They express their frustration experienced at home by engaging in such negative behaviors at the workplace."*

4.1.1.2.Professional Jealousy

Due to gender inequality, silence, nurturance, unassertiveness, emotional and, submissive behavior establish acceptable professional behaviors for females. When they feel jealous, helpless, and distressed, they inflict hostility toward colleagues to express negative emotions of anger and frustration. One of the respondents revealed that:

> *"At workplace, I observed gossips, backbiting, teasing, negative comments, and eye-rolling as the common unethical behaviors among other females. Telling false stories and scapegoating are also present. The conflicts arise due to professional jealousy and the personal problems of females. By expressing such negative behaviors, nurses indirectly attack others' work, personality, and character, which is highly immoral."*

4.1.1.3.Abuse and Harassment from Physicians

Nurses are not respected by both male and female doctors. One respondent also expressed her experience of being verbally abused by a doctor. The victim forwarded his complaint to the administration. After inquiry, that doctor was expelled from the hospital. He was a post-graduate student and had also served as a director earlier. She said:

> *"Once a senior nurse came to me and requested to arrange a vaccine for one person. I told her to send the person up to 12 pm as when the vaccine is open it can be used only for two hours. At 1:45 a person came and asked me about the vaccine with the reference of that nurse. I told him that the vaccine is not available. He said that your duty time is up to 2 pm. I answered that my duty time is up to 2 pm but the time for vaccination is up to 12 pm. He verbally abused me and the language he used was discourteous and unbearable for me."*

Some of the respondents also complained about sexual harassment from senior professors. One of the respondents shared her experience:

> *"I have served as principal of the nursing school. One day, one student complained about sexual harassment by a senior professor. He tried to trap the students by saying that he will pass them if they establish an illegal relationship with him. He used to call the students alone in his office."*

4.1.2. Workplace Stress:

4.1.2.1.Leave Issues

Most respondents revealed that their job is highly stressful, and colleagues and bosses both add to the stress at the workplace. Nurses are also responsible for looking after their families. They feel stressed when the administration does not consider their family problems important. One of the respondents revealed that:

> *"No leaves are granted to the nurses to attend an emergency at home. This results in frustration and enhances psychological distress among nurses. If a nurse is on leave, the administration will call her to join back and perform her duty that is highly stressful."*

4.1.2.2.Shortage of Staff

In public sector hospitals, along with oppression and jealousy, workplace stress has also been identified as the major cause of hostility and aggression amongst nursing professionals. Consequently, nurses feel depressed, and conflicts arise in the workplace. They are required to perform duties in multiple shifts such as morning, evening, and night duties. Nurses feel overburdened and excessive workload and shortage of staff have been identified as potential sources of stress in healthcare setting. In these hospitals, the number of patients has been increased over the years and staff feels overburdened as nursing professionals have not been recruited in the last five years. Another respondent said that:

> *"People retired and some left the job but the new staff has not been recruited. Due to shortage of manpower, the workload has been enhanced which affects moods and behavior of the staff and they feel depressed. Due to shortage of staff, we are unable to provide quality of patient safety and healthcare".*

4.1.2.3.Hostile Work Environment

A nursing professional's job is compassionate, and the workplace should be cooperative instead of hostile. One of the respondents was of the view that:

> *"Our work environment is stressful and hostile as our seniors highlight our minor mistakes instead of considering our point of view. Seniors and administration, both are non-cooperative and do not try to consider, listen or solve workplace issues".*

Nurses also complained about patients' and their families' unjustified and thankless behavior.

One respondent said that:

> *"I guided the patient properly but I was transferred to another ward due to an unjustified complaint. I was so stressed that I become aggressive with the nurse in charge and I had to take medicine for depression for two weeks. Patients, who come with reference, create more problems for us and threaten us about complaints to admin."*

4.1.2.4.Unmanageable Workload

In public sector hospitals, nursing staff is being exposed to unmanageable workloads. In addition to patient care, head nurses are also responsible for administrative assignments. For this purpose, no support staff is provided to them. Some staff members have left for higher studies. One of the respondents expressed her views as:

> *"The head nurse is responsible for managing 35-40 people at a time. They are also required to fulfill the requirements of doctors at the same time. Head nurses have to perform duty up to 2 pm but they leave from duty after completion of multiple tasks as all paperwork completion, provision of medicines for patients for the night, provision of dresses for patient's operation and bed sheets for the beds of patients in all wards and rooms."*

In this public sector hospital, head nurses feel overburdened and stressed as, in addition to patient care, they are also responsible for housekeeping and maintenance activities. Nursing professionals should focus on patient safety and healthcare quality but are also responsible for sanitary and electrical work in the ward. One respondent said:

> *"In most of the departments, employees are not performing their duties well. Storekeepers, electricians, plumbers and sanitary workers as well as other maintenance staff remain absent from their duty which results in delay of all kind of workload. Head nurses are answerable to hospital administration for in-time maintenance and repair of wards."*

Another respondent revealed that:

> *"I will not be asked about patient care and safety but would for sure be inquired about other maintenance activities. We are answerable from patient safety issues to the issues of sweepers which is highly stressful."*

4.1.2.5.Stress from Physicians

Nurses feel powerless being dominated by senior doctors since doctors do not consider the importance of nurses' issues and their point of view. Due to work overload, it is difficult for nurses to provide quality healthcare to patients. One of the respondents said:

> *"Colleagues and bosses add to stress due to their attitudes and behaviors. Important information is not provided to us by our female colleagues and administration both. Bosses add more to stress. They make the decision based on favoritism and nepotism."*

4.1.3. Gender Discrimination:

4.1.3.1.Gender Bias and Delayed Promotions

All the respondents believed males at their workplace discriminated against them. Both overt and covert systems of favoritism are practiced in public sector hospitals. One of the respondents revealed that:

> *"OT technicians, anesthesia technicians, sanitary and electric workers, and ward boys whose qualifications are matric or intermediate have been promoted to BS 16 and BS 17. On the other hand, with four years of nursing education and specialized training after intermediate, in their respective fields, the promotions of nursing professionals are delayed due to gender biasness."*

Nursing is considered a female profession by choice and priority, but male nurses also serve patients in public sector hospitals. Their proportion to the total nursing population is 3%- 4%. Overall, male and female nurses have high qualifications compared to other staff. The job structure of male and female nurses is the same. They get the same pay and benefits. However, most respondents complained about fewer promotional opportunities than males due to gender biases. One of the respondents expressed her views:

> *"Male nurses do not perform their duties well. They may visit other departments for their personal issues during working hours but they get early promotions as compared to female nursing professionals. They use their social network to gain benefits early."*

Most respondents believed that, unlike female nurses, the chief nursing superintendent has low control over them. Males get benefits early due to their gender influence. They use their references to gain favors at the workplace. One of the respondents said that:

> *"The administration is feared by male nurses. Mostly they do not perform their duties well but the administration cannot ask them about their quality of patient care, regularity, and punctuality. If they are inquired somehow, they misbehave with the administration."*

Nurses have no time to pursue their promotion cases as they have to be responsible for official and household duties. The nursing staff does not receive any appreciation and recognition for good

performance. Instead of recognition and encouragement, their minor mistakes are deliberately highlighted, and promotions are delayed. As one of the respondents said:

> *"If we have achieved 100 tasks successfully, we will not be appreciated but if a minor mistake occurs, the administration highlights it negatively to press us down. This frustrates competitive personnel."*

4.1.3.2.Disrespectful Behavior of Male Staff

One of the respondents complained about the non-cooperative and disrespectful behavior of male staff, including male nurses, OT boys, OT technicians, and ward boys. She expressed her grievances as:

> *"The personal life and character of female nurses are being negatively commented on by both male and female colleagues. Most of the comments from males are regarding figure, dressing, or personality."*

The disrespectful behavior of males is due to the gender imbalance in our society. One of the respondents said:

> *"Working with males means working with the mafia in the hospital as corruption prevails in the administrative departments of the hospital."*

4.1.4. Lack of Administrative Support:

4.14.1. Favoritism and Nepotism

All the respondents believed that hospital administration is highly non-cooperative overall since they neither try to solve workplace problems nor are interested in them. The Code of conduct issued by the Pakistan Nursing Council does not allow nurses to be hostile in the workplace. They are required to maintain a friendly and cooperative work environment. On the other hand, the workplace environment in public sector hospitals is entirely unsatisfactory and demotivating for nursing professionals. One of the respondents revealed that:

> *"Despite experience and qualification, nurses do not get timely promotions. They improve their professional qualification in addition to the basic four years of nursing training and specialization in their respective fields. They perform best to serve patients mostly poor and helpless ones but they are not respected at their workplace. Moreover, in other institutions, senior staff gets senior positions and respect but here, they lack both. For promotion or seniority, best performance and quality patient care are not considered as bench marks rather monopoly of favoritism and nepotism wins the race."*

Another reason for delayed promotions was the Ex-Nursing Superintendent, who only preferred her promotion from Basic Scale (BS) 20 to BS 21. The ACR's of other competent and eligible staff were not signed in time. Their promotion cases were delayed due to red-tapism. She did not favor the promotion of competent nurses in time. Another respondent said:

> *"I try to fulfill my duties in time. I am concerned about patient safety and care. In this public sector hospital, the work environment does not favor competitive or aspiring persons. We are not facilitated to perform our assigned tasks in the best possible way. If we do so, they will not let us do it again. Leg pulling and favoritism are very common."*

Another respondent expressed her views related to injustice and favoritism at the workplace. She said:

> *"I consider myself an ambitious person. During my duty hours at the workplace, I always try to attend to the patients with care and perform my duty with dedication. But the environment in this hospital is demotivating. People use reference and political authority to gain benefits such as hiring or official residence in hospitals. I serve my patients with care as OT is a critical place to work at. Still I cannot take my right of benefits based on my performance in terms of patient care and fulfillment of my duty."*

4.1.4.2. Lack of Basic Facilities

Moreover, patients also become aggressive as they are not treated to expectations or are stressed because of financial constraints. In developed countries, patients are treated with attention and care according to the prescribed patient safety standards. One respondent told that:

> *"In developed countries, peaceful work environment and the best facilities are provided to the healthcare employees where they respect each other's rights and privacy. They get the basic facilities of life with dignity regarding accommodation, salary, conveyance, and food."*

4.2. Consequences of Horizontal Hostility

4.2.1. Poor Quality of Patient Care

Most of the respondents were of the view that injustice, stress and hostility in healthcare setting contribute to poor quality of healthcare and patient safety. Most respondents considered themselves ambitious and tried to attend to the patients with care and diligently perform their duties. Patient safety and quality health care are their priorities during working hours. Nevertheless, they complained about the uncooperative and demotivating work environment that negatively affects the quality of patient care. Nurses become stressed, frustrated, and hostile due to injustice and the excessive burden of patient care. In developed countries, they are respected like doctors, but in Pakistan, they are treated discourteously. One respondent said:

> *"We are deprived of our rights in terms of promotions and other benefits. Patient safety and care are greatly affected by the hostility and stress at the workplace. In wards, 49 beds are available and the number of patients is around 100. Two staff nurses are unable to even provide medication to all patients. Due to the high difference in the nurse-patient ratio, patient safety and quality of healthcare are extremely affected. High number of associated attendants to the patients are another burden for the hospital and nurses as well. Nurses have to face an untoward burden to manage them also."*

Nurses inflict hostility towards their peers through intimidating behaviors to make them upset and undermine their achievements. Conflicts with colleagues mostly arise because of unjust favors to the others, duty issues or when someone is unable to get leave to attend an emergency at home. The administration and senior doctors do not consider their personal and workplace issues important. One respondent revealed that:

> *"At workplace, we also work with male colleagues but they are not friendly or cooperative. We feel psychological distress because of unethical behavior of both male and female colleagues who attack our character and personal life. These abusive behaviors negatively effect our performance and we are unable to provide quality patient care. Most of these abusive behaviors are from female colleagues'.*

4.2.2. Intention to Leave

Most of the respondents expressed their feelings about the decision to leave the job due to discrimination, hostility, and stress. Nursing professionals have been deprived of timely promotions and other related benefits. Some respondents left the job because of hostility, stress, and the burden of patient care. Head nurses also have to manage administrative staff and excessive documentation alongwith healthcare duties. Furthermore, patients are also a potential source of violence for nurses. They express their aggression by forwarding fake complaints to hospital administration about nurses.

> *"I resigned from my job due to the hostile attitude of my colleagues who forwarded fake complaints to the administration about me. But because of financial constraints, I joined back on request of the administration."*

Nurses also feel psychological distress because of violent and hostile bahaviors of colleagues. The victim was distressed and frustrated and ultimately decided to quit the job. Another respondent decided to quit the job because of spiteful talks about her personality and character. She tore her academic certificates and degrees into pieces because of depression. She said:

> *"Four times I decided to quit this job. I was depressed because of discrimination, injustice and hostile behaviors of my colleagues. Two times the hospital administration called me back and I joined back twice due to family pressures and financial stress. If I find a better opportunity, I will quit this job in less than a second."*

5. DISCUSSION

Most of the literature emphasizes organizational culture and organizational processes as the primary organizational factors contributing to prevalence of horizontal hostility in the nursing profession.[49] Examining the individual and organizational antecedents experienced and observed by nurses working at different designations would better highlight the in-depth and authentic facts. The present study explores the phenomenon of horizontal hostility among female nursing

[49] See supra note 8

professionals. An unhealthy work environment for nurses, less financial rewards, limited role in decision-making, and limited professional autonomy give rise to negative consequences regarding cooperation between doctors and nurses. Institutional norms and malpractices related to nursing professionals may promote horizontal hostility.[50]

The participants of the present study identified oppression and workplace stress as individual-level antecedents of horizontal hostility. The participants highlighted oppression and complained about a lack of respect and autonomy in their profession due to the dominance of doctors and administrators in the healthcare setting with compliance to the studies.[51] These findings are consistent with literature wherein oppressive and influential work conditions are identified as the leading cause of horizontal hostility.[52] Similarly, it has been identified nurses' oppressed self and oppressed group behaviors. The workplace is unsatisfactory for nurses, and they feel stressed due to the staff shortage, resulting in administrative assignments and the burden of patient care. In literature, workplace stress has been explored as an outcome of horizontal hostility.[53] Similarly, in the present study, workplace stress has been highlighted as the antecedent of belligerent conduct among nurses. This finding is consistent with the research of Bloom[54], who explored that workplace stress is the main antecedent of hostile behavior among nursing professionals in American hospitals.

[50] Espen Olsen, Gunhild Bjaalid, and Aslaug Mikkelsen, "Work Climate and the Mediating Role of Workplace Bullying Related to Job Performance, Job Satisfaction, and Work Ability: A Study among Hospital Nurses," Journal of Advanced Nursing 73, no. 11 (November 23, 2017): 2709–19, doi:10.1111/jan.13337.
[51] See supra note 21
[52] Christina Purpora and Mary A Blegen, "Job Satisfaction and Horizontal Violence in Hospital Staff Registered Nurses: The Mediating Role of Peer Relationships," Journal of Clinical Nursing 24, no. 15–16 (August 4, 2015): 2286–94, doi:10.1111/jocn.12818.
[53] Nadia Noor et al., "Discriminatory Practices and Poor Job Performance: A Study of Person-Related Hostility among Nursing Staff," Heliyon 9, no. 3 (March 2023): 1–12, doi:10.1016/j.heliyon.2023.e14351.
[54] See supra note 2

Gender discrimination and lack of administrative support have been identified as organizational-level antecedents of horizontal hostility. Nurses experience discrimination despite being highly professional and specialized in their respective fields. Nurses refer to the psychological group, who traditionally experience discrimination, and strive to fight against it to attain fair treatment and social justice (Daly J, Speedy S, Jackson, 2010; Blackstock et al., 2018). The participants highlighted delayed promotions and unjust treatment of administration based on gender discrimination. This study is the maiden study that highlights gender discrimination as the organizational antecedent of horizontal hostility. Participants complained about the uncooperative and unsupportive behavior of the administration. Despite hard work and best clinical practices, they received no appreciation or recognition. Behaviors related to horizontal hostility may not be understood or discouraged by organizational leaders and managers.[55] Bullying behaviors and institutional stress are positively correlated with horizontal hostility among nursing professionals.[56] Feelings of jealousy, helplessness, injustice, and stress result in negative emotions, and female nurses inflict hostility toward each other. It has been explored the damaging outcomes of horizontal hostility affecting the nursing workforce's satisfaction, retention, and physical and psychological health. To inhibit horizontal hostility, individual and organizational level antecedents need to be addressed. The study of horizontal hostility is essential to truthfully address this issue inside the social formation of public sector hospitals in the best interest of patient safety and care.

5.2. Recommendations and Implications

[55] See supra note 23
[56] See supra note 50

This study provides in-depth information about organizational and individual factors contributing to the incidence and prevalence of horizontal hostility among nurses. Horizontal hostility is a distressing issue affecting the workplace environment for women working in healthcare sectors. The need is to develop a healthy and peaceful workplace where instead of being hostile, they may cooperate and communicate with each other and look out for each other's best interests. For this purpose, oppressive social and cultural structures must be changed to address this distressing issue truly. Strategies devised for improvement of working conditions for nurses should include zero tolerance policy for workplace violence, promotions based on merit, appreciation, and recognition, a manageable workload. Moreover, nurses should be allowed to call out about hostility without fear of retaliation. This study provides a comprehensive understanding of horizontal hostility, its facets, antecedents, and its contribution in dissatisfaction and demotivation of competitive females working in the healthcare sector. It will help administrators and health department officials develop policies and strategies for provision of peaceful work environment to female nurses by preventing contributing factors to hostility in a developing country like Pakistan.

REFERENCES

An, Yuseon, and Jiyeon Kang. "Relationship between Organizational Culture and Workplace Bullying among Korean Nurses." *Asian Nursing Research* 10, no. 3 (July 21, 2016): 234–39. doi:10.1016/j.anr.2016.06.004.

Bakker, Arnold B., Danyang Du, and Daantje Derks. "Major Life Events in Family Life, Work Engagement, and Performance: A Test of the Work-Home Resources Model." *International Journal of Stress Management* 26, no. 3 (2019): 238–49. doi:10.1037/str0000108.

Bartholomew, Kathleen. *Ending Nurse-to-Nurse Hostility: Why Nurses Eat Their Young and Each Other*. Marblehead, MA: HCPro, 2006.

Bloom, Elizabeth M. "Horizontal Violence among Nurses: Experiences, Responses, and Job Performance." *Nursing Forum* 54, no. 1 (January 2019): 77–83. doi: https://doi.org/10.1111/nuf.12300.

Butler, Joy, David P Burns, and Claire Robson. "Dodgeball: Inadvertently Teaching Oppression in Physical and Health Education." *European Physical Education Review* 27, no. 1 (April 23, 2020): 27–40. doi:10.1177/1356336x20915936.

Campion, Karis. "'You Think You're Black?' Exploring Black Mixed-Race Experiences of Black Rejection." *Ethnic and Racial Studies* 42, no. 16 (August 5, 2019): 196–213. doi:https://doi.org/10.1080/01419870.2019.1642503.

Cassum, Laila Akber. "Verbal Violence at Work Place: A Reality from Pakistani Context." *Journal of Nursing Education and Practice* 4, no. 8 (May 19, 2014): 20–25. doi:10.5430/jnep.v4n8p20.

Clarke, Colette M, Deborah J Kane, Dale L Rajacich, and Kathryn D Lafreniere. "Bullying in Undergraduate Clinical Nursing Education." *Journal of Nursing Education* 51, no. 5 (2012): 269–76.

Crawford, Cecelia L., Frances Chu, Lorie H. Judson, Emma Cuenca, Ahlam A. Jadalla, Lisa Tze-Polo, Lina Najib Kawar, Cindy Runnels, and Roque Garvida. "An Integrative Review of Nurse-to-Nurse Incivility, Hostility, and Workplace Violence." *Nursing Administration Quarterly* 43, no. 2 (2019): 138–56. doi:10.1097/naq.0000000000000338.

Erlingsson, Christen, and Petra Brysiewicz. "A Hands-on Guide to Doing Content Analysis." *African Journal of Emergency Medicine* 7, no. 3 (September 2017): 93–99. doi:10.1016/j.afjem.2017.08.001.

Flinkman, M., M. Laine, H. Leino-Kilpi, H.-M. Hasselhorn, and S. Salanterä. "Explaining Young Registered Finnish Nurses' Intention to Leave the Profession: A Questionnaire Survey." *International Journal of Nursing Studies* 45, no. 5 (2008): 727–39. doi:10.1016/j.ijnurstu.2006.12.006.

Freire, Paulo. *Pedagogy of the Oppressed*. Harmondsworth, Middlesex: Penguin Education, 1970.

Griffin, Martha. "Teaching Cognitive Rehearsal as a Shield for Lateral Violence: An Intervention for Newly Licensed Nurses." *The Journal of Continuing Education in Nursing* 35, no. 6 (2004): 257–63. doi:10.3928/0022-0124-20041101-07.

Hamid, Saima, Rabia Kanwal, Mohammad Hamza Bajwa, Sadaf Khalid, and Henna Mubarak. "Ethical Issues Faced by Nurses during Nursing Practice in District Layyah, Pakistan." *Diversity & Equality in Health and Care* 13, no. 4 (January 2016): 302–8. doi:10.21767/2049-5471.100068.

Hark, Sabine, and Paula-Irene Villa. *View Large The Future of Difference: Beyond the Toxic Entanglement of Racism, Sexism and Feminism*. Verso, 2020.

HAUGE, LARS JOHAN, ANDERS SKOGSTAD, and STÅLE EINARSEN. "The Relative Impact of Workplace Bullying as a Social Stressor at Work." *Scandinavian Journal of Psychology* 51, no. 5 (October 2010): 426–33. doi:10.1111/j.1467-9450.2010.00813.x.

Horton Dias, Cynthia, and Robin M. Dawson. "Hospital and Shift Work Influences on Nurses' Dietary Behaviors: A Qualitative Study." *Workplace Health & Safety* 68, no. 8 (August 10, 2020): 374–83. doi:10.1177/2165079919890351.

Karmaliani, Rozina, Aneeta Pasha, Saima Hirani, Rozina Somani, Shela Hirani, Nargis Asad, Laila Cassum, and Judith McFarlane. "Violence against Women in Pakistan: Contributing Factors and New Interventions." *Issues in Mental Health Nursing* 33, no. 12 (December 10, 2012): 820–26. doi:10.3109/01612840.2012.718046.

Kim, Hyejin, Justine S. Sefcik, and Christine Bradway. "Characteristics of Qualitative Descriptive Studies: A Systematic Review." *Research in Nursing & Health* 40, no. 1 (February 2016): 23–42. doi:10.1002/nur.21768.

Klinner, Nicole S., and Gianfranco Walsh. "Customer Perceptions of Discrimination in Service Deliveries: Construction and Validation of a Measurement Instrument." *Journal of Business Research* 66, no. 5 (2013): 651–58. doi:10.1016/j.jbusres.2012.06.008.

Krut, Breanne A., Catherine M. Laing, Nancy J. Moules, and Andrew Estefan. "The Impact of Horizontal Violence on the Individual Nurse: A Qualitative Research Study." *Nurse Education in Practice* 54 (2021): 103079. doi:10.1016/j.nepr.2021.103079.

Lewis-Pierre, LaToya, Debbie Anglade, Deborah Saber, Karina A. Gattamorta, and Deborah Piehl. "Evaluating Horizontal Violence and Bullying in the Nursing Workforce of an Oncology Academic Medical Center." *Journal of Nursing Management* 27, no. 5 (2019): 1005–10. doi:10.1111/jonm.12763.

Longo, Joy, and Rose O. Sherman. "Leveling Horizontal Violence." *Nursing Management* 38, no. 3 (March 2007): 34–37. doi:10.1097/01.numa.0000262925.77680.e0.

Lorber, Mateja, and Brigita Skela Savič. "Job Satisfaction of Nurses and Identifying Factors of Job Satisfaction in Slovenian Hospitals." *Croatian Medical Journal* 53, no. 3 (2012): 263–70. doi:10.3325/cmj.2012.53.263.

McCormack, Hannah M., Tadhg E. MacIntyre, Deirdre O'Shea, Matthew P. Herring, and Mark J. Campbell. "The Prevalence and Cause(s) of Burnout among Applied Psychologists: A Systematic Review." *Frontiers in Psychology* 9, no. 16 (October 16, 2018): 1897. doi:10.3389/fpsyg.2018.01897.

McKenna, Brian G., Naumai A. Smith, Suzette J. Poole, and John H. Coverdale. "Horizontal Violence: Experiences of Registered Nurses in Their First Year of Practice." *Journal of Advanced Nursing* 42, no. 1 (April 18, 2003): 90–96. doi:10.1046/j.1365-2648.2003.02583.x.

Naderifar, Mahin, Hamideh Goli, and Fereshteh Ghaljaie. "Snowball Sampling: A Purposeful Method of Sampling in Qualitative Research." *Strides in Development of Medical Education* 14, no. 3 (2017): 1–4. doi:10.5812/sdme.67670.

Noor, Nadia, Dr. Farida Faisal, and Dr. Yasmeen Ahmed. "Horizontal Hostility: A Concept Analysis." *PAKISTAN LANGUAGES AND HUMANITIES REVIEW* 6, no. 4 (December 31, 2022): 1–11. doi:10.47205/plhr.2022(6-iv)01.

Noor, Nadia, Saqib Rehman, Yasmeen Ahmed, Muhammad Sarmad, and Rashid Mehmood. "Discriminatory Practices and Poor Job Performance: A Study of Person-Related Hostility among Nursing Staff." *Heliyon* 9, no. 3 (March 2023): 1–12. doi:10.1016/j.heliyon.2023.e14351.

"Nursing in Pakistan: Handle with Care." *The Express Tribune*, December 7, 2014. https://tribune.com.pk/story/801156/nursing-in-pakistan-handle-with-care.

Olsen, Espen, Gunhild Bjaalid, and Aslaug Mikkelsen. "Work Climate and the Mediating Role of Workplace Bullying Related to Job Performance, Job Satisfaction, and Work Ability: A Study among Hospital Nurses." *Journal of Advanced Nursing* 73, no. 11 (November 23, 2017): 2709–19. doi:10.1111/jan.13337.

Price, Sheri, and Carol Reichert. "The Importance of Continuing Professional Development to Career Satisfaction and Patient Care: Meeting the Needs of Novice to Mid- to Late-Career Nurses throughout Their Career Span." *Administrative Sciences* 7, no. 2 (2017): 17–30. doi:10.3390/admsci7020017.

Purpora, Christina, and Mary A Blegen. "Job Satisfaction and Horizontal Violence in Hospital Staff Registered Nurses: The Mediating Role of Peer Relationships." *Journal of Clinical Nursing* 24, no. 15–16 (August 4, 2015): 2286–94. doi:10.1111/jocn.12818.

Rehman, Saqib, Aman Ullah, and Muhammad Ali Hamza. "The Impact of Human Resource Development (HRD) Practices on Job Satisfaction and Intent to Leave: Moderating Role of Perception of Organizational Politics (Pop)." *International Journal of ADVANCED AND APPLIED SCIENCES* 8, no. 1 (August 2020): 50–57. doi:10.21833/ijaas.2021.01.007.

Rice, Courtney J., Curt A. Sandman, Mohammed R. Lenjavi, and Tallie Z. Baram. "A Novel Mouse Model for Acute and Long-Lasting Consequences of Early Life Stress." *Endocrinology* 149, no. 10 (October 19, 2008): 4892–4900. doi:10.1210/en.2008-0633.

Rodwell, John, and Defne Demir. "Oppression and Exposure as Differentiating Predictors of Types of Workplace Violence for Nurses." *Journal of Clinical Nursing* 21, no. 15–16 (August 13, 2012): 2296–2305. doi:10.1111/j.1365-2702.2012.04192.x.

Rogge, Mary Madeline, Marti Greenwald, and Amelia Golden. "Obesity, Stigma, and Civilized Oppression." *Advances in Nursing Science* 27, no. 4 (2004): 301–15. doi:10.1097/00012272-200410000-00006.

Saqib, Shahnawaz, Sharjeel Saleem, Mohsin Bashirffi, and Arfan Ali. "Workplace Incivility, Service Spirit and Gossips at Workplace: Perception of Nurses Working in Public Sector Hospitals of Pakistan." *Future of Marketing and Management* IX, no. 3 (2017): 319–34.

Saunders, Mark, Philip Lewis, and Adrian Thornhill. *Research Methods for Business Students*. Harlow: Financial Times Prentice Hall, 2012.

Schwendimann, René, Suzanne Dhaini, Dietmar Ausserhofer, Sandra Engberg, and Franziska Zúñiga. "Factors Associated with High Job Satisfaction among Care Workers in Swiss Nursing Homes – A Cross Sectional Survey Study." *BMC Nursing* 15, no. 37 (June 6, 2016): 1–10. doi:10.1186/s12912-016-0160-8.

Sheila, Bukola Salami, and Greta G. Cummings. "Organisational Antecedents, Policy and Horizontal Violence among Nurses: An Integrative Review." *Journal of Nursing Management* 26, no. 8 (November 2018): 972–91. doi:https://doi.org/10.1111/jonm.12623.

Sprigg, Christine A., Karen Niven, Jeremy Dawson, Samuel Farley, and Christopher J. Armitage. "Witnessing Workplace Bullying and Employee Well-Being: A Two-Wave Field Study." *Journal of Occupational Health Psychology* 24, no. 2 (2019): 286–96. doi:10.1037/ocp0000137.

Stanley, Karen M., Mary M. Martin, Yvonne Michel, John M. Welton, and Lynne S. Nemeth. "Examining Lateral Violence in the Nursing Workforce." *Issues in Mental Health Nursing* 28, no. 11 (November 2007): 1247–65. doi:10.1080/01612840701651470.

Woodward, Kyla F. "Individual Nurse Empowerment: A Concept Analysis." *Nursing Forum* 55, no. 2 (April 31, 2019): 136–43. doi:10.1111/nuf.12407.

Yıldırım, D. "Bullying among Nurses and Its Effects." *International Nursing Review* 56, no. 4 (November 9, 2009): 504–11. doi:10.1111/j.1466-7657.2009.00745.x.

Table 1: Demographics of the Sample:

No	Age	Designation	Qualification	Experience	Department
1	33Years	Charge Nurse	BSc Nursing	10 Years	OT
2	45 Years	Charge Nurse	BSc Nursing	22 Years	OT
3	44 Years	Charge Nurse	BSc Nursing	19 Years	Surgery
4	54 Years	Head Nurse	FSc & Nursing Diploma	30 Years	OT
5	56 Years	Head Nurse	FSc & Nursing Diploma	32 Years	ENT
6	29 Years	Junior Nurse	BS Nursing	7 Years	Gynae
7	58 Years	Head Nurse	Matric & Nursing Diploma	30 Years	Gynae
8	44 Years	Charge Nurse	BSc Nursing	17 Years	Gynae
9	56 Years	Head Nurse	FSc & Nursing Diploma	30 Years	Gynae
10	57 Years	Head Nurse	MSc Nursing	35 Years	Medical
11	55 Years	Chief Nursing Superintendent	FSc & Nursing Diploma	35 Years	Administration
12	48 Years	Head Nurse	BSc Nursing	25 Years	ENT
13	45 Years	Head Nurse	MSc Nursing	21 Years	Emergency
14	37 Years	Charge Nurse	BSc Nursing	13 Years	OPD
15	27 Years	Junior Nurse	MSc Nursing	6 Years	Paeds
16	30 Years	Junior Nurse	BSc Nursing	7 Years	Neurology
17	50 Years	Head Nurse	BSc Nursing	25 Years	Surgery
18	25 Years	Junior Nurse	BSc Nursing	2 Years	Paeds
19	35 Years	Charge Nurse	BSc Nursing	12 Years	Medical
20	30 Years	Charge Nurse	BSc Nursing	23 Years	Medical

Table 2: Codes, Subcategories and Categories

Codes	Subcategories	Categories
Nursing profession is considered less privileged	Oppression	
Feelings of jealousy and low self-esteem		
Domination by the physicians		
Expression of powerlessness, anger and frustration		
Abuse and harassment by physicians		**Antecedents of Horizontal Hostility**
Overt and covert system of favoritism	Gender Discrimination	
Early promotions of males		
Use of influence and references by males to gain favors		
Males as mafia at workplace		
Uncooperative and disrespectful behavior from male staff		
Colleagues and bosses as sources of stress	Stress	
Stressed when family issues are not considered important		
Burden of patient care due to shortage of staff		
Minor mistakes are highlighted		
Criticism by doctors and administration		
Uncooperative administration	Lack of administrative Support	
Unsatisfactory and demotivating work environment		
Administrative issues like injustice, influence and bribes		
No appreciation and recognition for outstanding performance		
Insufficient funds for nurses		
Stressed and frustrating workplace	Poor quality of patient care	**Outcomes of Horizontal Hostility**
High nurse to patient ratio		
Violence from patients		
Unethical behavior from both male and female colleagues		
Discrimination and hostility	Intension to leave	
Workplace stress and burden of patient care		
Unsatisfactory work environment		
Administrative assignments		