

Nurses' Experiences Of Horizontal Hostility: A Study Of Public Sector Hospitals Of Pakistan

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Abstract

This study explored the phenomenon of horizontal hostility among female nurses working in public sector hospitals in Pakistan. Forms or behavioral tendencies and outcomes of horizontal hostility have been identified in the context of a developing country where females are oppressed and discriminated against at both social and organizational levels. A qualitative descriptive approach was used to explore the incidence and prevalence of horizontal hostility in the healthcare sector. Nurses shared their real-life experiences related to the forms and outcomes of horizontal hostility. In-depth information was collected through semi-structured interviews with twenty participants. We explored gossip, backbiting, negative comments, telling false stories, teasing and avoiding, verbal abuse, and non-verbal negative gestures as forms or behavioral tendencies of horizontal hostility. Intention to leave and poor quality of patient care were identified as outcomes of this distressing issue. This study provides insights into the forms or behavioral tendencies of horizontal hostility confirmed the incidence and prevalence of this phenomenon in healthcare settings in Pakistan.

Keywords: Horizontal hostility, gossip, verbal abuse, intention to leave.

Background:

The workplace environment is influenced by various variables. The concept of horizontal hostility affects the workplace environment and results in counterproductive work behaviors. The phenomenon of horizontal hostility discusses unpleasant and belligerent conduct of females towards each other regarding gender issues or to individuals of the identical minority or ethnic group related to minority issues (White, Schemitt & Langer, 2006). Bartholomew (2006) defined the phenomenon of horizontal hostility, also known as lateral hostility, as intimidating behavior among individuals sharing equal power in the organizational hierarchy, intended to diminish, degrade, control, or influence a person or group. This hostile behavior completely negates the perception and importance of solidarity. Wilson et al. (2011) described horizontal hostility as hostile behaviors that diverge from explicit behavioral tendencies to more secret behaviors. Explicit behaviors include power struggle between females, sabotage (where relevant facts and figures are purposefully reserved), contentious behavior, verbal comments that are hurtful, eye-rolling instead of answering a query or rude, and belittling. Secret behaviors include failure to honor confidence, trust, and privacy.

According to oppression theory, women and other minority groups are dominated by the values of others in society. Due to lack of power, they express their anger within and treat their oppressed peers with violence and hostility. Nowadays, the term horizontal hostility describes the way women target other women who seem to be prominent due to professional success (Friere, 2003). Hamlin (2000) argues that horizontal hostility among nurses occurs due to lack of empowerment in their profession. They manifest lateral violence toward their peers and towards recruits with the least power. Nurses are oppressed as their profession is controlled by external sources or dominated by physicians and administrators, disregarded by nurse managers, and lacks empowerment and control over their professional activities (Woelfle & McCaffrey, 2007). Rooddehghan, Yekta & Nasrabadi (2015) argued that oppression and submissiveness mention a sequence of circumstances that are resulting from professional dissatisfaction, favoring physicians over nurses, and discrimination between nursing personnel. Shortage of nurses and increased burden of patient care caused occupational dissatisfaction, with other reasons such as demotivation, unsuitable social status, job-related burnout, workload, and unequal income.

Horizontal hostility or nonphysical intergroup conflict is prevalent in the nursing profession and is expressed as covert or overt behaviors of hostility. It has potentially distressing consequences such as high turnover rates among nurses, increased ailment, decreased quality of patient care, and decreased productivity (Bloom, 2019). Tee, Ozcetin & Russell-Westhead (2016) described horizontal hostility as a noticeable multifaceted and multicultural problem resulting in substantial psychological outcomes for both nursing recipients and patients in the healthcare sector. Moreover, horizontal hostility and bullying behaviors in healthcare not only affect nursing

professionals and their workplace however, these negative behaviors potentially affect staffing which is a significant concern. An and Kang (2016) found the highest occurrence of bullying behaviors in hierarchy-oriented cultures where there is regard for power, obedience, directive, stability, and strictness exists. Strong work teams tied with strong leadership abilities and management support have a negative relationship with horizontal hostility (Giorgi et al., 2016; Purpora & Blegen, 2015; Yeun & Han, 2016; Yokoyama et al., 2016). On the contrary, conflict among work teams results in higher incidences of horizontal hostility, burnout, skepticism, and turnover intentions. Horizontal hostility intrudes communication among critical elements of teamwork. It interrupts the collective decision-making and discussion of important health information which has a direct connection with poorer patient care outcomes and increased errors in medical practice (Quine, 2001; Hughes, 2003).

Nevertheless, in Pakistan, the demand for nurses is still greater than their supply in the healthcare sector. The one primary cause for the shortage of nurses in the healthcare sector is the stigmas attached to this noble profession. Generally, the nursing profession is considered as an opportunity for low status or less privileged class (Chauhan, 2014). The quality of healthcare services can suffer greatly when nurses, who are already under a great deal of burden, experience horizontal hostility (Saqib et al., 2017). In Pakistan, a few research studies have been conducted to highlight the issue of workplace violence (Shahzad & Malik, 2014), incivility (Saqib et al., 2017), and verbal abuse (Cassum, 2014) experienced by nurses in the healthcare setting. Therefore, the main objective of this research study is to explore the phenomenon of horizontal hostility amongst nursing professionals working in public sector hospitals by identifying its forms or behavioral tendencies and outcomes in the context of a developing country like Pakistan. Nurses need a healthy and peaceful work environment to exercise their basic and professional rights, need freedom of thoughts and discourse, and maintain their dignity and self-respect.

Methods

Study Setting

Three large public sector hospitals were purposively selected for qualitative data collection. In these hospitals, the number of patients has been increasing over years, and the burden of patient care has increased as the lower middle class and lower class cannot afford expensive private medical care. These hospitals provide medical care to patients in all disciplines. The study was carried out in public sector hospitals of three main cities of Pakistan including Lahore, Islamabad, and Faisalabad. Nursing is reflected as one of the most thankless and underpaid professions. Nurse to patient ratio in Pakistan has turned to be impractical as the patient load in public sector hospitals increased many folds due to the population explosion.

Study Design

A qualitative descriptive approach was used to study the incidence and prevalence of the phenomenon of horizontal hostility among nurses in the healthcare setting. More specifically,

nurses were asked to share their views and experiences regarding hostility, jealousy, and violent behaviors from their colleagues and other staff. Qualitative research provides in-depth understanding and deeper knowledge on how participants describe their situations and interpret their real-life experiences. Thus letting them contribute to the body of knowledge (Denzin & Lincoln, 1994; Rosenthal, 2016). The qualitative descriptive approach is appropriate in providing truthful descriptions of perceptions and the experiences of the study participants on the phenomenon under study (Sandelowski, 2010). Study participants were able to express their feelings, emotions, and experiences in their own words because of the flexible nature of the method used (Hesse-Biber & Leavy, 2010). In this study, the significance of the researcher's reflexivity was also taken into consideration. According to the concept of reflexivity, meanings within a specific phenomenon, setting, and context are conveyed highlighting the significance of using the researcher's reflection, thinking, and understanding as major evidence (Finlay & Gough, 2008). After each interview, researchers read the collected information to make rectifications, impressions, and explanations. This resulted in richer and in-depth meanings regarding the personal, moral, and abstract structures of the research questions asked (Carolan, 2003).

Data Collection

Data were collected from twenty female nurses working in three public sector hospitals between January to March 2019. Semi-structured interviews were conducted to explore the perceptions and real-life experiences of nurses. An interview guide was finalized before conducting interviews. In qualitative interviews, a broad question is asked at the beginning with probes used to extend thinking on experiences. Interview questions focused on nurses' observations, perceptions, and experiences of hostile and violent behaviors associated with horizontal hostility at the workplace and the impact of these behaviors on their clinical practice and quality of healthcare. The interviews were conducted in the native language for the understanding of the respondents. Researchers tape-recorded and transcribed the interviews each day and supplemented them with field notes. Purposive sampling was used for data collection from respondents with expert opinions to accomplish research objectives. Nurses who observed or experienced horizontal hostility at their work setting having different designations were included in the sample.

Demographic factors such as designation, age, marital status, department, and the number of years worked were considered for the selection of participants for the present study to attain a deep understanding of the behavioral tendencies of horizontal hostility among nurses. The different designations of nurses who were selected in this study were chief nursing superintendent, head nurse, charge nurse, and junior nurse. For recruitment purposes, the researcher obtained a list of competent nurses working in three public sector hospitals in the selected cities. Potential participants were provided with necessary information about the study including the study aim, and its voluntary and confidential nature. The researcher asked for their willingness to participate through verbal communication. Potential participants provided their consent through face-to-face or telephone contact. Appointments were then booked for in-depth interviews with nurses at dates

and times suitable for them to avoid work interruptions. Formal permission for data collection was obtained from Medical Superintendents and Chief Nursing Superintendents of all selected public sector hospitals.

Table 1: Sample Demographics

City	
Lahore	7(35%)
Islamabad	7(35%)
Faisalabad	6(30%)
Designation	
Chief Nursing Superintendent	1(5%)
Head Nurse	7(35%)
Charge Nurse	6(30%)
Junior Nurse	6(30%)
Marital Status	
Married	15(75%)
Single	5(25%)
Department	
Administration	1(5%)
Gynae	5(25%)
OT (Operation Theatre)	4(20%)
Medical	3(15%)
OPD (Outdoor Patient Department)	3(15%)
Emergency	4(20%)
Qualification	
BSc Nursing	13(65%)
MSc Nursing	3(15%)
FSc and Nursing Diploma	4(20%)
Work Experience	
1-10 years	5(25%)
11-20 years	4(20%)
21-30 years	7(35%)
Above 30 years	4(20%)

Data Analysis

Researchers started data analysis by exploring the transcripts through multiple readings. Because of this process, researchers familiarize themselves with qualitative data which is directed to the emergence of insights and appropriate themes (Braun & Clarke, 2006). The thematic framework analysis approach proposed by Braun and Clarke (2006) was used for data analysis. This approach is one of the flexible, efficient, and highly utilized method for qualitative data analysis. This thematic analysis has been grouped into six segments including familiarization with the data, coding, generating initial themes, reviewing themes, naming and defining themes, and writing up (Braun & Clarke, 2006). By using this data analysis method, researchers explored transcripts through multiple readings and identified, organized, and coded essential data. These themes reflected the perceptions, observations, and experiences of respondents.

Results:

Gossip: Gossip refers to conversations or chats spreading rumors and sharing information about the personal or private life of others in a negative way. Gossip represents one of the most common unethical behaviors observed and experienced by nurses in the workplace. The respondents complained that their colleagues do not respect their privacy. Nurses gossip about others' personalities, work, and family issues negatively. One of the respondents revealed that:

Conflicts among nurses are very frequent. Gossips, teasing, backbiting, negative comments, and eye-rolling are the common unethical behaviors that I observed amongst other females in the workplace. My colleagues gossip about others' work life as well as personal life to distort their image.

If someone is eligible for promotion, the other females will try to undermine her success through indirect aggression tactics. Gossips are used to spread rumors to create misunderstandings and misrepresent other person's work and personality in the work setting. One of the respondents reported that:

The main reason for conflict between females in the workplace is jealousy and discontent. Due to jealousy of responsibilities and opportunities of other females, they spread rumors to misrepresent the image of others.

Moreover, almost all respondents expressed their concerns related to leg-pulling and politics prevailing at their workplace. Another reason identified for gossip is that the nursing staff in public sector hospitals belongs to two religions, Muslims and Christians. Conflicts or unethical behavior also occur due to favoritism based on religion. One of the respondents complained that:

Muslim head nurses do not favor their religious fellows at the workplace. But Christian head nurses favor their fellows in terms of facilitation of duties at the workplace. Easy tasks and duties are

assigned to Christian nurses as compared to Muslim nurses. In case of leave, they facilitate their religious fellows.

Conflicts and unethical behavior amongst nurses depend on the situation. If someone is angry, she will express her anger through such intimidating behaviors. Gossips are the indirect aggression tactics amongst females in every institution in Pakistan. Therefore, these aggressive behaviors are also present amongst nursing professionals who are considered low status and less privileged. Instead of supporting and helping each other, female nurses express their frustration by inflicting hostility toward each other. Morality, values, and ethics are deeply rooted in social and cultural contexts.

When I started my job, the work environment was quite good. People did not use such indirect tactics against others. People used to respect and help each other. Staff from the new generation is creating more issues. This is due to a lack of moral education, training, and respect for others. The people who consider themselves superior to others due to education or status, they mostly involve in such negative behaviors to emasculate other person's successes.

Backbiting: Backbiting refers to the spiteful talk about someone to attack the character or reputation in his/ her absence. Along with gossip, backbiting is another most common unethical behavior amongst nursing professionals in the workplace. One of the respondents revealed that:

My relationship with colleagues is good. Conflict arises but we try to settle down. We happened to work with both good and bad people at the workplace. I avoid conflicts with others. Backbiting and gossips are common unethical behaviors that I observed among females at the workplace.

The reason for this indirect behavior is also jealousy and discontent. Nurses use hateful conversations about their colleagues to express their feelings of resentment. One respondent serving as head nurse shared her experience as:

The work environment in this hospital is quite unsatisfactory. One of my junior colleagues who wants to become head nurse mostly expresses her frustration through backbiting about me destroying my work, image, and personality.

Another respondent expressed her feelings of being indirectly targeted by her colleagues through backbiting to change her duty from OPD. She told that:

My colleagues exhibit such behavior due to jealousy to misrepresent my image as my qualification level is higher as compared to other nursing professionals and paramedical staff.

Especially, females are jealous of the achievement of restricted positions that some competent and highly qualified females have been able to acquire. Moreover, jealousy also comes out of the responsibilities and opportunities that other females can receive in the work setting. One respondent also complained about spiteful talks by her colleagues about her family and expressed her feelings as:

Once I was on leave as my husband returned to Pakistan from Qatar. One of my colleagues arrived at my home at 11 pm to confirm his arrival. One of my supervisors told me about backbiting by my colleagues about me. Our duty is very tough but such people find time to indulge in such activities.

Negative Comments: Negative comments refer to statements or remarks to express opposition or resistance towards others. It includes criticism about work, personality, and the private life of others negatively. The individuals who express this behavior lack positive or affirmative qualities such as interest, enthusiasm, and optimism. One of the respondents expressed her view that when a subordinate raises a voice against injustice or favoritism at the workplace, she is commented on as unethical and immoral (batameez) by seniors. One of the respondents revealed that:

Nurses attack coworkers indirectly by negative remarks about their work, personality, character, and family life to make them sad and upset. In tension, when our personal life and character are attacked by other male and female colleagues, we cannot perform well and are unable to provide quality patient care. These negative comments are mostly from female colleagues.

In Pakistan, the nursing profession has mostly been overlooked and this has resulted in a dire shortage of nurses and paramedics in the country. In the workplace, most of the conflicts arise due to the unpredictable staffing and scheduling of nursing professionals. They pay less attention to coworkers' family issues and deny help and cooperation regarding duty arrangements. Due to a shortage of staff, nurses are overburdened and also perform many non-nursing tasks. When they are overworked and tense, they express their anger through hostile behaviors at the workplace. One of the respondents from Gynae Emergency revealed that:

Backbiting, gossips, telling false stories and negative comments are very common unethical behaviors expressed by nurses at the workplace. Some days ago, one of my senior and my junior colleague had a conflict due to a duty arrangement. They negatively commented on each other's personality and character which is highly immoral. The remarks they speak out about each other cannot be quoted.

Some of the respondents had good work experience with other female nurses in the hospital setting and reported that when females are frustrated due to work and family issues, they express their feelings of distress by targeting each other. Another main reason reported for this intimidating behavior is jealousy. One head nurse shared her experience as:

I always try to solve issues of my staff by myself but sometimes, I feel helpless and request the chief nursing superintendent to make decisions to settle conflicts. My colleagues and subordinates used to negatively comment on my work to make me upset and falsify my performance.

Another respondent shared her experience of being targeted by her colleagues and told that:

I am well dressed, well-educated, and belong to a well-off family. That's why other colleagues target me due to jealousy and discontent. They negatively comment on my personality and family background.

Another respondent complained about her senior who used to negatively comment on her personality and work in Punjabi. This victim was pressurized and pressed down by a senior staff nurse in the Gynae department. She expressed her feelings as:

I was performing my duty in the Gynae department. The attitude of my senior colleague was very harsh toward me as compared to others. She used to change my duty from OPD to other wards. I worked under her seniority for 13 years. One day she negatively commented on me in Punjabi as *teri bari lambe zaban ae* (you are blunt and outspoken). After that day, I decided to be blunt and outspoken. She also threatened me with physical abuse.

Telling False Stories: Individuals make false stories about others to provide inaccurate information or false explanation, especially for a dishonest purpose. They create false descriptions, specifically to avoid being punished or embarrassed such as scapegoating or blaming others for mistakes. Almost all the respondents were of the view that at their workplace, nurses make false stories about others to create misunderstandings to undermine their success and to distort their personality and work. The main causes explored for this dishonest behavior are jealousy and confrontation. One of the respondents revealed that:

In public sector hospitals, nurses belong to two religious communities. Nurses from the Muslim and Christian communities may eat and work together to show no discrimination or favoritism. But in reality, they are dishonest and involve in leg-pulling and scapegoating. They indirectly attack and target others to misrepresent their personality and work by making false stories. Nurses even forward fake complaints about each other to higher authorities.

Moreover, another respondent reported that:

I was Christian and converted to Islam before marriage. I have to face too many issues at the workplace.

At the workplace, conflicts among females arise because of jealousy of many different things such as jealousy of others' positions or jealousy of certain relationships. The competent females experience hostility from others due to the opportunities and recognition they receive from a well-done job. Females are not only jealous of opportunities of other females but they are also jealous of their juniors who are competent and perform their duties well. One of the respondents expressed her grievances as being targeted by a senior colleague who used to forward her fake complaints to the administration to undermine her success. She expressed her feelings as:

My explanation was called by the Director for not performing duty properly and for being absent. It was disappointing for me. In fact, I was not absent and was performing my duty well. I had to

go to the washroom for some time. My senior colleague forwarded fake complaints to the administration to distort my image and performance.

Colleagues make false stories about the competitive staff by providing inaccurate facts and deceive by giving a false idea about them. Another respondent reported that:

A senior nurse in Gynae OPD changed my duty. I was on leave for ten days due to family issues. I had a friendly relationship with her but due to the third person's created misunderstandings, she did so.

Teasing and Avoiding: Teasing refers to the behavior where individuals laugh at others or make jokes about them to annoy, embarrass or upset them. Nurses' emotions especially anger and frustration impact the conflicts they have with other women at the workplace. Almost all the respondents had observed and experienced teasing and avoiding at the workplace. One of the respondents revealed that:

Pakistan is a developing country where females are dominated by males and they exhibit intimidating behaviors to express their displeasure due to the social, cultural, and organizational dominance. In the workplace, we are dominated by physicians and administrators and do not enjoy the freedom of expression. Nurses tease and ignore their coworkers to express their feelings of jealousy and resentment.

In public sector hospitals, nurses are overburdened because of a shortage of staff. Another respondent reported that:

If a nurse has to serve 40-50 patients at a time, her attitude changes while talking to others. She becomes rude and unethical towards her colleagues. She has to attend to the patient and attendants also. She ignores others and expresses hostile reactions to others.

Conflicts arise due to nurses' family issues and unpredictable staffing and scheduling resulting in indirect aggression. If someone has to attend to her child or other family member and is unable to receive any relaxation at the workplace, she becomes stressed and annoyed. One respondent told that:

Duty issues create irritation and frustration among nursing professionals. If a nurse did not attend patient of a colleague, conflicts arise. This frustration is expressed through avoiding and practical jokes carried out about each other at the workplace. Nurses also taunt each other regarding their personality and family issues.

Another respondent revealed that

We have leaves granted by the hospital. The conflict arises on the leave issue. My colleagues tease each other and make practical jokes about others' job performance. These behaviors also arise due to jealousy.

Most of the respondents were of the view that they avoid conflicts and stressful situations at the workplace. They feel satisfied when they have good friendly relationships with coworkers. One respondent expressed her feelings as:

I get early promotion as compared to my colleagues. I am being taunted and ignored when I request or speak to them. I avoid conflicts and try to help and cooperate with others.

Another respondent was also of the view that she always tries to avoid aggressive and tense situations with other female colleagues. She is serving as head nurse and told that:

In my ward, I don't allow my staff to inflict hostility towards each other. I have created a helpful and cooperative environment in my ward. I avoid conflicts and always try to help others. But when conflicts arise, they tease and ignore to annoy each other.

Verbal Abuse: Verbal abuse refers to the insulting and harsh language directed toward a person to undermine his/ her dignity and respect, regarded as a form of hostility and aggression. Some of the respondents had observed and experienced verbal abuse at their workplace from colleagues as well as patients. Conflicts among nurses are very common and frequent. According to the code of conduct, nurses should behave ethically in the workplace. On the other hand, when conflicts arise, the situation leads to verbal abuse and snide remarks about each other. One respondent revealed that:

Conflicts arise between colleagues. Verbal abuse, taunting, and avoiding have also been observed. It seemed that they will physically abuse themselves after some time.

The victim of verbal abuse experiences shouting or impulsive anger from colleagues. Another respondent revealed that:

One of my colleagues shouted at me due to a conflict regarding duty arrangements. She tried to bend my arm and threatened me with physical violence. The Hospital administration transfers her to another ward to avoid confrontation and hostility.

At times, females face conflicting situations not instigated by feelings of jealousy or by being threatened. Rather because of routine interface with difficult coworkers. These females are nasty having unpleasant personalities. As nurses are educated, they mostly express their anger through indirect aggression instead of physical abuse. Many respondents were of the view that they happen to work with individuals having both good and bad personality characteristics. Some staff members are renowned for aggressive and unethical behavior and others try to avoid confrontation with them. One respondent revealed that:

In emergency one colleague verbally abused me and negatively commented about my personality and work. Her remarks were very harsh and intolerable to me. She is renowned for such unethical behavior. Most of the nurses try to avoid conflicts with her.

Non-Verbal Negative Gestures: These non-verbal negative gestures involve eye-rolling in response to a question, walking with heavy feet, and making derogatory faces. These non-verbal behaviors describe indirect aggression or hostility amongst females. Most of the respondents had observed and experienced non-verbal negative gestures at the workplace. One of the head nurses complained about her juniors walking with heavy feet and eye-rolling in response to a question. Conflicts with coworkers arise due to leave matters. She revealed that:

My junior colleagues argue with me on matters of leave. In reality, I sanction leave based on justice and rules. All staff members have the right to avail of leaves and I do not favor anyone. I want to work honestly. As a result, my juniors make derogatory faces and walk with heavy feet to press down my personality.

According to the code of conduct, nurses are not allowed to be aggressive in the workplace. In conflicting situations, they express their negative emotions indirectly by making insulting gestures. Another respondent revealed that:

Some people have irritating personalities and it is very difficult to satisfy them. They always complain about others and indulge in such negative behaviors to express aggression indirectly. As they cannot express their frustration verbally, they make non-verbal negative gestures to insult others.

Most of the head nurses have observed and experienced these non-verbal negative gestures from their junior staff. Another respondent serving as the head nurse told that:

The junior nursing staff has a low tolerance level. I have observed and experienced eye-rolling, making derogatory faces, and walking with heavy feet amongst junior nursing staff as an indirect way to inflict hostility towards seniors and each other. The junior staff has low tolerance levels. Most of the conflicts arise due to duty arrangements and unmanageable workload. Helping and cooperating are very rare.

Outcomes of Horizontal Hostility:

Low Quality of Patient Care: Most of the respondents revealed that hostility, injustice, and stress at the workplace result in poor quality of patient safety and healthcare. Nurses want to undermine the achievements of their colleagues through unethical or intimidating behaviors. Most of the conflicts arise on duty issues, unjust favors to others, or when someone has to attend an emergency at home and is not able to get leave from the hospital. Their personal and workplace issues are not considered important by the administration and senior doctors. One of the respondents revealed that:

We also happened to work with male colleagues but their behavior is not friendly and cooperative with us. Moreover, we become stressed when both male and female colleagues behave unethically

and attack our character and personal life. We cannot perform well and are unable to provide quality patient care. These distressing negative behaviors are mostly from female colleagues.

All the senior respondents who are serving as head nurses were of the view that the provision of a peaceful and cooperative work environment is mandatory to provide patient safety and quality health care. They do not allow their juniors to inflict hostility towards each other and try to maintain a friendly environment in their respective wards. In public hospitals, poor patients are very helpless and they come from far areas. Sometimes, they do not have money to buy something to eat. The moral and official duty of nursing staff is to help and facilitate such poor and helpless patients. One respondent shared her experience as:

I have served in the UK for five years. There, patients receive higher attention and love from both nursing staff and doctors. In that country, the nursing staff is being provided with the best facilities and a peaceful work environment. They do not experience any kind of hostility or discrimination at the workplace. In Pakistan, we happen to work in a hostile and unsatisfactory work environment which affects the quality of patient care.

Intention to Leave: Stress and the burden of patient care has also caused some respondents to decide about quitting their job. Head nurses feel overburdened due to administrative tasks and excessive documentation. Nurses also experience hostility from patients. These patients not only behave unethically but also forward fake complaints about nurses to higher administration. One respondent shared her experience as:

I decided to quit the job due to the attitude of the administration for not considering my point of view related to a patient's complaint. In reality, I attended to the patient and tried to satisfy her.

The unethical behavior of colleagues at the workplace is a major distressing issue. The victim becomes so frustrated and tense that she decides to quit the job. One of the respondents decided to quit her job due to the hostile behavior of her colleagues. She was so depressed that she destroyed her degrees and certificates into pieces. She told that:

I become stressed and physically ill due to the mistreatment of my colleagues. I decided four times to quit this job due to hostility, discrimination, and injustice. Two times hospital administration called me back and two times I joined back.

Discussion:

This study focuses on the mistreatment of nurses from within their ranks and provides evidence across public sector hospitals from three main cities of Pakistan. This study contributes to the literature by exploring forms or behavioral tendencies of horizontal hostility in the context of a developing country. This exploratory study is seemingly uncommon and indicates the significance of this research to the administration and nurse leaders of these public sector hospitals. Nurses shared their experiences and observations related to forms and outcomes of horizontal hostility. A

healthy and peaceful work environment is needed to end the victimization of the nursing staff. The incidence and prevalence of horizontal hostility in the healthcare setting are confirmed and gossip, backbiting, negative comments, telling false stories, teasing and avoiding, verbal abuse, and non-verbal negative gestures are explored as to its forms. These findings of the study are consistent with the research of other scholars (Lorber, 1994; Pipher, 1994; Chesler, 2001; Heim & Murphy, 2001; Simmons, 2002; Tanenbaum, 2002; Coloroso, 2003; Wilson 2010) who have identified a list of implicit attitudes referred to horizontal hostility or indirect aggression in other countries. Nurses working in different public sector hospitals provided a powerful and consistent description of interpersonal conflicts as well as behavioral forms of horizontal hostility. These stories depict the reality and culture of the healthcare setting in public sector hospitals. Hospital administration is not solely responsible to address horizontal hostility rather contribution of the nursing profession to horizontal hostility also requires to be examined. In magnet organizations, nursing strategic goals are successfully aligned to improve patient care outcomes. Therefore, less horizontal hostility has been noted in magnet organizations (Sellers et al. 2012, Budin et al., 2013). The amount of horizontal hostility present may vary with the environment and the present study identifies that experiences of individuals are common in public sector hospitals. Organizational culture intensifies horizontal hostility, realized by the administration but not addressed, designing a negative workplace. Organizational culture can extend horizontal hostility by permitting offender behaviors (Hutchinson et al., 2006). In this study, nurses described their work cultures in just this way. When horizontal hostility is ingrained within an organization, nurses work within the prevailing power differences, resulting in feelings of oppression. Workplace cultures were described by nurses as having distinct power and powerlessness. Co-workers inflicted horizontal hostility due to informal power. Nurses were unable to change or challenge the prevailing power imbalance. These feelings of powerlessness along with fear of possible retaliation were reported by Dumont et al. (2012). He found that horizontal hostility was related to workplace stress experienced by nurses and highlighted the role of nurse managers and administrators in promoting intimidation and horizontal hostility. Good nurses avoid conflicts, do not challenge the current situation, and live in fear within cultures where oppression is the norm (Dong & Temple 2011). This study also described the poor quality of patient care and intention to leave as outcomes of horizontal hostility, reflecting findings of previous research studies in other countries (Embree & White 2010, Srabstein & Leventhal 2010, Vassey et al. 2010, Laschinger 2014). In this study, multiple forms of horizontal hostility were described by nurses and provided a range of meanings associated with horizontal hostility. Interventions are required to change health care culture instead of concentrating only on reducing peer-to-peer or lateral violence.

Conclusion:

The present study provides insights into the forms and outcomes of horizontal hostility in the public sector hospitals of Pakistan. Pakistan is a developing country where the nursing profession is considered preferred by leftovers. The present study is the first study to highlight the issue of horizontal hostility in public sector hospitals in Pakistan. Organizational culture plays a pivotal

role in the incidence of hostility in the healthcare setting. To address this distressing issue, the incidence and prevalence of this phenomenon need to be understood by the administration and nurse managers. Nurse managers should adopt new evidence-based interventions which may reduce stress, oppression, and hostility in the nursing profession. A peaceful and healthy workplace is needed to improve the quality of patient care and to solve the issue of nurses' turnover. Furthermore, professional nursing organizations such as Pakistan Nursing Council and local healthcare organizations should adopt a zero-tolerance policy for hostility and bullying behaviors in the healthcare setting.

Practical Implications:

Horizontal hostility should be addressed by nurse managers within the healthcare organizations as well as the nursing profession itself. They are responsible for addressing horizontal hostility through individual and organizational interventions. Nurse managers should develop a culture of individual accountability and enhance professionalism through their leadership abilities. The existence and prevalence of horizontal hostility should be identified and recognized by managers and understand how staff describes horizontal hostility. Timely action should be taken when it happens and failure to address horizontal hostility may be regarded as tolerance. Nurse managers are also stimulated to think about their leadership and managerial capabilities and need to find out their role in reducing and finally eradicating horizontal hostility in the healthcare setting. Nurses should be provided with educational programs and training about horizontal hostility and to discuss their experiences through open forum opportunities. In public sector hospitals, an environment should be developed where nurses can openly discuss their experiences regarding horizontal hostility and convey their stories voluntarily. A review of literature for interventional studies may help nurse leaders to provide evidence for the most effective ways to address horizontal hostility.

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