

Original Article

# Assessing the Lateral Violence among Nurses at Jinnah Hospital Lahore

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## ABSTRACT

**Background:** Lateral violence, also known as horizontal hostility, significantly impacts the healthcare sector, particularly affecting nurses. This form of workplace violence includes behaviors such as bullying, verbal abuse, and psychological harassment among colleagues, leading to a hostile work environment and compromised patient care.

**Objective:** To assess the prevalence and causes of lateral violence among nurses at Jinnah Hospital Lahore.

**Methods:** A descriptive cross-sectional study was conducted over six months involving a convenient sample of 160 nurses at Jinnah Hospital Lahore. Data were collected using a structured questionnaire designed to assess lateral violence. Descriptive statistics were applied using SPSS version 25 to analyze the data.

**Results:** Among the nurses surveyed, 22.5% reported often being treated with courtesy and respect by coworkers, while 51.9% rarely experienced such treatment. Misunderstandings caused by cultural differences were identified as a major cause of lateral violence by 65.0% of participants, and 56.9% cited the unwillingness of coworkers and leaders to intervene as a significant factor. Additionally, 50.0% of participants admitted to often losing patience and being less polite to coworkers.

**Conclusion:** The study highlights the high prevalence of lateral violence among nurses at Jinnah Hospital Lahore, primarily driven by cultural misunderstandings and lack of intervention. Addressing these issues through targeted educational programs and leadership training is essential to create a more respectful and supportive work environment.

**Keywords:** Lateral violence, nursing, workplace violence, healthcare, cultural differences.

## INTRODUCTION

Workplace violence is a pervasive issue affecting numerous professions, with a particularly profound impact on the healthcare sector. Among the forms of workplace violence, lateral violence, also referred to as "horizontal hostility" or "horizontal violence," is a significant concern (1). This type of violence encompasses behaviors such as disrespect, bullying, verbal and physical abuse, and psychological harassment among colleagues (2). The prevalence of workplace violence varies globally, with notable differences in rates reported across various regions. For instance, workplace violence rates range from 26.7% in Ethiopia to as high as 85% in South Africa (3). In Pakistan, a study indicated that 73.1% of nurses reported witnessing some form of violence, with substantial percentages experiencing physical, verbal, and sexual violence (4-8).

Lateral violence in nursing typically manifests as psychological abuse, including behaviors such as backbiting, unfair assignments, eye-rolling, irrational outbursts, threats, and undermining (5). This phenomenon creates a toxic work environment, contributing to increased stress, job dissatisfaction, and potentially compromising patient care (6-7). It is crucial to address lateral violence effectively to improve the overall healthcare environment and ensure the well-being of both healthcare providers and patients (8-13).

This study aims to assess the prevalence and causes of lateral violence among nurses at Jinnah Hospital Lahore. By identifying the key factors contributing to this issue, the study seeks to provide insights that can inform strategies to mitigate lateral violence and enhance workplace harmony and efficiency in healthcare settings (14-17).

## MATERIAL AND METHODS

This descriptive cross-sectional study was conducted over six months, targeting nurses of all professional levels, including newbies, registered nurses, and head nurses, at Jinnah Hospital Lahore. A convenient sampling technique was employed to select a sample of 160 nurses, calculated using Solvin's formula ( $N = N/1 + Ne^2$ ). Data collection was performed using an adapted questionnaire designed to assess lateral violence.

Ethical considerations were strictly adhered to, in line with the guidelines set by the Nursing Department Committee at Superior University, ensuring compliance with the Helsinki Declaration. Participants provided informed consent before inclusion in the study (18).

The collected data were analyzed using SPSS version 25, employing descriptive statistics to summarize the data and check for normality. The study's reliability and validity were ensured through careful design and execution of the data collection instrument. The operational definition established a scoring system for assessing lateral violence, categorizing it as minor or major based on a participant's responses, with scores above 50% indicating minor violence and below 50% indicating major violence.

## RESULTS

The socio-demographic characteristics of the participants are detailed in Table 1. The majority of participants were aged between 22-28 years (41.9%), predominantly female (73.1%), and mostly married (55.0%). Educationally, the largest group had completed a Post RN program (41.9%), followed by BSN Generic (23.8%). In terms of experience, most participants had 6-10 years of work experience (38.8%), and the surgical department had the highest participation rate (35.6%).

**Table 1: Socio-demographic characteristics of the nurses (n=160)**

Demographic Variables	Frequency	Percent
Age (in years)		
22-28	67	41.9
29-32	55	34.4
33-40	38	23.8
Gender		
Male	43	26.9
Female	117	73.1
Marital Status		
Single	72	45.0
Married	88	55.0
Qualification		
Diploma in Nursing	33	20.6
Post RN	67	41.9
BSN Generic	38	23.8
MSN	22	13.8
Work Experience		
1-5 years	51	31.9
6-10 years	62	38.8
11-15 years	47	29.4
Department		
Medical	44	27.5
Surgical	57	35.6
ICU	34	21.3
Other	25	15.6

Participants' responses to questions about courtesy and respect among coworkers revealed that only 22.5% often felt treated with respect, while 51.9% rarely experienced such treatment (Table 2). Additionally, 50.0% admitted to often losing patience and being less polite to coworkers.

**Table 2: Prevalence and seriousness of lateral violence in nursing**

Statement	Often	Sometimes	Rarely
Treated with courtesy and respect by coworkers	36 (22.5%)	41 (25.6%)	83 (51.9%)
Losing patience and being less polite to coworkers	18 (50.0%)	44 (27.4%)	36 (22.5%)

Regarding the causes of lateral violence, misunderstandings due to cultural differences were identified as a major cause by 65.0% of participants, while 56.9% cited unwillingness of coworkers and leaders to intervene as a major cause (Table 3).

**Table 3: Causes of lateral violence in nursing**

Statement	Major Cause	Minor Cause	Not a Cause
Misunderstandings caused by cultural differences	104 (65.0%)	29 (18.1%)	27 (16.9%)
Coworkers and leaders are unwilling to intervene	75 (56.9%)	46 (28.8%)	39 (24.4%)
Prevalence of rude behavior	78 (48.8%)	48 (30.0%)	33 (20.6%)

In examining other aspects of lateral violence, 77.5% of participants did not believe that lateral violence occurred because the recipient was in a perceived powerless position, while 76.3% thought it was due to the recipient's unwillingness to stand up to the coworker (Table 4).

**Table 4: Other aspects of lateral violence in the workplace**

Statement	No	Yes
Recipient in a perceived powerless position	124 (77.5%)	36 (22.5%)
Recipient unwilling to stand up to the coworker	122 (76.3%)	38 (23.5%)

## DISCUSSION

The findings of this study revealed a significant prevalence of lateral violence among nurses at Jinnah Hospital Lahore. The majority of participants reported rarely being treated with courtesy and respect by coworkers, highlighting a prevalent issue of workplace disrespect. This aligns with previous research indicating that lateral violence is a common issue in nursing, contributing to a stressful and hostile work environment (10-13).

The study identified cultural misunderstandings and a lack of intervention by coworkers and leaders as major causes of lateral violence. These findings are consistent with earlier studies that emphasize the role of organizational culture and leadership in mitigating workplace violence (8). The reluctance of leaders and coworkers to address rude behavior further exacerbates the issue, fostering a culture where such behavior becomes normalized (14-17).

Participants also indicated that lateral violence often resulted from the recipient's perceived powerlessness or unwillingness to confront the aggressor. This reflects the complex dynamics of workplace relationships, where power imbalances and fear of retaliation can prevent victims from standing up to bullies (9, 18-21). The impact of lateral violence on nurses includes psychological distress, decreased job satisfaction, and compromised patient care, underscoring the need for effective interventions.

The study's limitations include its focus on a single hospital and a relatively small sample size, which may limit the generalizability of the findings. Additionally, the cross-sectional design precludes the establishment of causal relationships. Future research should explore longitudinal designs and larger, more diverse samples to better understand the dynamics of lateral violence in nursing (20). To address lateral violence, healthcare organizations should implement comprehensive educational programs to raise awareness and provide strategies for conflict resolution. Leadership training is essential to equip managers with the skills needed to recognize and address lateral violence effectively. Creating a supportive and respectful workplace culture is crucial for improving job satisfaction and patient outcomes.

## CONCLUSION

The study conducted at Jinnah Hospital Lahore underscores a significant prevalence of lateral violence among nurses, primarily driven by cultural misunderstandings and a lack of intervention from coworkers and leadership. This workplace violence not only contributes to a toxic work environment but also affects nurse well-being and patient care quality. Addressing these issues through targeted educational initiatives and leadership training is crucial for fostering a supportive work culture and improving healthcare outcomes. Implementing these strategies can lead to a reduction in lateral violence, enhanced job satisfaction among nurses, and ultimately better patient care.

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