Original Article

# The Antecedents of Horizontal Violence Among Nurses: A Qualitative Content Analysis Study

**Parisa Rasouli[1], Masoud Fallahi-Khoshknab[1], Narges Arsalani[2], Mohammadali Hosseini[1], Kian Norouzi Tabrizi[1]**

*[1]Department of Nursing, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran, [2]Department of Nursing, Iranian Research Centre on Aging, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran*

## Abstract

**Background:** Horizontal violence (HV) in healthcare settings refers to any type of violence among healthcare providers and is a serious challenge in nursing. Many different factors may put nurses at risk for HV. This study aimed to explore the antecedents of HV among nurses. **Materials and Methods:** This qualitative content analysis was conducted in 2022–2023. Participants were 15 nurses purposefully selected from five hospitals affiliated to Hamadan University of Medical Sciences, Hamadan, Iran. In-depth semistructured interviews were conducted for data collection. The main interview question was, "Have you ever experienced HV in your relationships with your colleagues?" Graneheim and Lundman's conventional content analysis was used for data analysis. **Results:** The antecedents of HV among nurses were grouped into two main categories, namely, nurses' personality traits and the violence-laden culture of nursing. The subcategories of specific personality traits were bullying personality and oppressed personality, and the subcategories of the violence-laden culture of nursing were managers' discriminatory and unjust behaviors and the tense work atmosphere of nursing. **Conclusions:** Nurses' personality traits, managers' discriminatory and unjust behaviors, and the tense work atmosphere of nursing are among the most important antecedents of HV among nurses. These factors can negatively affect nurses' physical, mental, emotional, and social health, reduce their job motivation, lead to their intention to quit nursing, and undermine care quality.

**Keywords:** *Horizontal, nurses, qualitative, research, violence*

## Introduction

Horizontal violence (HV), also known as lateral violence, is a significant challenge in various professions, including nursing.[1] In nursing, HV is defined as "hostile, aggressive, and harmful behavior by a nurse or group of nurses toward a coworker or group of nurses via attitudes, actions, words, and/or other behaviors".[2] Its most common types include nonverbal innuendo, verbal offenses, sabotage, scapegoating, backstabbing, breach of confidentiality, public criticism or humiliation, hindering career advancement, and isolation of a colleague.[3] HV prevalence and types vary in different contexts.[4] Although numerous studies have been conducted on HV prevalence during the past 30 years, there are still no reliable data on its prevalence.[5] A review study reported that HV has turned into a cultural norm in nursing, and 65–80% of nurses have experienced or witnessed it.[6] Another study showed that 94% of nurses had witnessed at least one HV episode during their practice.[7] Besides, a study on nurses in Iran found that 34.9% of them had experienced at least one HV episode per month.[8]

HV in nursing has numerous consequences that affect nearly 85% of nurses.[9] A study showed that of the 87.4% of nurses who were exposed to HV, 75% experienced physical and mental symptoms, 10% experienced posttraumatic stress disorder, and some young nurses decided to quit the profession.[10] HV may lead to destructive consequences such as job turnover, financial losses, and physical and mental problems.[11] It also negatively affects nurses' physical, mental, and social health[7] and performance, leading to job dissatisfaction, job burnout, job turnover, and low-quality care.[12] HV is also a significant contributor to fear of retaliation, disappointment, and job dissatisfaction.[7] HV episodes can cause discomfort for nurses, disturb their concentration and judgment, reduce

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***Address for correspondence:***
*Mr. Masoud Fallahi-Khoshknab, Department of Nursing, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.*
*E-mail: fallahi@uswr.ac.ir*

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their intraprofessional relationships, and endanger patient care.[2] These consequences can increase nurses' absence from work and intention to quit nursing,[10] thereby increasing the workload of the remaining nurses, reducing their job satisfaction, causing them irritability, and increasing the risk of further HV.[13,14]

A variety of factors can contribute to HV. The Pedagogy of the Oppressed states that oppressed people experience worthlessness, low self-esteem, and anxiety due to their perceived inferiority in a culture dominated by a powerful group of people. Nonetheless, their fear reduces their ability to appropriately show their anger. In addition, their fear and powerlessness cause them to express aggression and anger toward their own group members. These problems prevent groups from developing the necessary organization, unity, and integrity for power gain.[15] Moreover, power imbalance at work reduces nurses' self-esteem and ability to pay attention to their needs and causes them problems like suppressed anger and passive-aggressive communication.[16] These problems, together with a hierarchical culture, an ineffective managerial style, and a sense of personal insecurity, may eventually lead to HV.[6,11]

A study reported stressful work conditions, heavy workload, work group incoherence, nursing leaders' misuse of their authority, and a lack of coherent organizational policies to manage abusive behaviors as the most important contributing factors to HV in nursing.[17] A review study also introduced HV as a complex personal and interpersonal issue influenced by personal, organizational, and social factors.[5] Another study reported that heavy workload, occupational inferiority, and inequities among nurses due to a rigid hierarchical system in nursing as factors that may contribute to some negative emotions and HV.[18] Additionally, a study highlighted that most nurses are women who are inherently sensitive and emotional and may show extreme reactions even to trivial events, and hence, may show violent behaviors.[4] Although HV is still a major problem in nursing[19] and there are numerous studies on it, some aspects of the phenomenon are still unknown.[2,6] Therefore, further studies are necessary to explore its different aspects,[20] its contributing factors, and its prevention strategies.[21] Most studies on HV were conducted using quantitative designs, while qualitative designs may be more appropriate to obtain a clearer understanding of HV.[3,10,21] Therefore, this study was designed and conducted to address these gaps. This study aimed to explore the antecedents of HV among nurses.

## Materials and Methods

This qualitative content analysis study was conducted in 2022–2023 as a part of a PhD dissertation in Nursing Education. Conventional content analysis is used to understand and extract meanings, patterns, and concepts from textual data. In nursing, this approach is used when data are obtained from interviews, memories, written texts, or unstructured observations. It aims to extract meanings, identify patterns, categorize concepts, and develop a theory or a conceptual framework. It is a highly flexible approach to qualitative exploration and can be used in combination with other qualitative methods to acquire an in-depth knowledge about phenomena.[22] We used this approach to explore the contributing factors to HV among nurses through analyzing complex and semantic concepts in textual data.

Participants were 15 nurses purposefully selected from five hospitals affiliated to Hamadan University of Medical Sciences, Hamadan, Iran. Selection criteria were at least 1 year of nursing work experience and agreement to participate in the study. The first author collected the data through face-to-face interviews held in a private room at participants' workplaces. She had 24 years of clinical work experience, had received education about qualitative interviewing, and had prior experience in interview-based data collection. The following questions were used to start and continue the interviews: Can you explain one of your work shifts? Have you ever experienced HV in your relationships with your colleagues? Can you explain your experience of HV from colleagues? What were the effects of that experience on your personal and occupational life? Then, the interview proceeded to more specific questions based on the study aim. The following probing questions were also used to continue the interviews: Can you please explain more? Can you give a clear example? Moreover, participants were asked if they wanted to clarify their experiences further. The duration of the interviews was 30–75 minutes, with a mean of 42 minutes. All interviews were audio-recorded using a smartphone. Data collection was kept on to reach data saturation, defined as the point at which no new data are obtained from the interviews. Data saturation was achieved after 18 interviews.

Graneheim and Lundman's conventional content analysis was used for data analysis. The five steps of this method are immediate interview transcription, reading the interview transcript to gain a general understanding, determining meaning units and primary codes, categorizing the codes, and determining the latent content of the data.[23,24] After each interview, we listened to its audio file and transcribed it word by word. Then, we read the transcript line by line, determined key sentences and phrases as meaning units, condensed the meaning units, and coded them. Codes with semantic similarities were grouped into subcategories and categories. This process of data reduction was continued until the subcategories and main categories were adequately developed. The data were managed using the MAXQDA software (v. 10.0).

Lincoln and Guba's[25] criteria of credibility, dependability, confirmability, and transferability were employed to ensure trustworthiness. Credibility was ensured through prolonged engagement with the data, member checking, and sampling

with maximum variation. In member checking, several interview transcripts and their codes were provided to some participants to confirm the congruence between their experiences and the generated codes. Those codes that were not congruent with their experiences were revised. Three of the authors independently analyzed some interviews in order to ensure confirmability. Dependability was also ensured through inviting three external peers to approve the accuracy of data analysis. Moreover, transferability was ensured by providing a detailed description of participants' characteristics, sampling with maximum variation, providing quotations from participants' experiences in the findings, and accurately reporting the process of the study. The members of the research team reviewed the data and the findings and reached a consensus about the developed codes, subcategories, and categories.

### Ethical considerations

The Ethics Committee of the University of Social Welfare and Rehabilitation Sciences, Tehran, Iran, approved this study (code: IR.USWR.REC.1400.240). Participants were assured of data confidentiality, their access to the findings, and their latitude to voluntarily withdraw from the study. Verbal and written informed consent were obtained from all of them.

## Results

Participants were 15 nurses with an age range of 22–55 years and a mean(SD) clinical work experience of 18.66 (5.83) years. Most of them were female ($n$ = 12) and married ($n$ = 10) [Table 1]. The antecedents of HV among nurses were categorized into 35 codes, four subcategories, and two main categories. The categories were specific personality traits and the violence-laden culture of nursing [Table 2].

### Specific personality traits

Some specific personality traits of nurses may contribute to HV. The two subcategories of this category were bullying personality and oppressed personality.

#### *Bullying personality*

According to the participants, individuals who engage in bullying tend to create a false sense of superiority over others, usually feel jealous of their colleagues' abilities, create an unhealthy competition, and reduce cooperation in the workplace. They often focus on publicly undermining and humiliating others, which not only reduces their colleagues' self-esteem but also harms team spirit and efficiency. The other prominent behavioral characteristics of these individuals include a systematic ignorance of colleagues' needs and sensitivities, lack of empathy, ineffective interpersonal communication skills, reluctance to join groups, resistance to change, and aggressive and rude verbal and nonverbal behaviors. In occupational processes such as shift handover or patient transfer, these individuals may show inappropriate behaviors such as mistreatment or even physical violence. Their bullying behaviors violate professional and ethical rules, create a tense atmosphere and psychological insecurity in the workplace, negatively affect care quality, increase the risk of professional and clinical errors, disrupt interpersonal relationships, and reduce team cooperation and coordination.

*When I started my practice in the cardiac care ward, my senior colleague did not pay attention to me, considered himself superior to me, never helped me, and did not answer my questions. I had very bad feelings and had fear and anxiety about potential bad events. As I liked working in the cardiac care ward, I tolerated those problems. But, it was very difficult for me (p. 6).*

**Table 1: The characteristics of participants**

| Participant type | Age (years) | Gender | Work experience (years) | Educational level | Affiliated ward | Marital status | Interview duration (minutes) |
|---|---|---|---|---|---|---|---|
| Nurse | 32 | Male | 4 | Bachelor's | Intensive care unit | Married | 40 |
| Nurse | 46 | Female | 20 | Bachelor's | Intensive care unit | Single | 40 |
| Nurse | 30 | Female | 9 | Bachelor's | Intensive care unit | Single | 45 |
| Nurse | 28 | Male | 5 | Bachelor's | Emergency room | Married | 50 |
| Nurse | 26 | Female | 2 | Bachelor's | Internal medicine | Single | 45 |
| Nurse assistant | 50 | Female | 27 | Bachelor's | Emergency room and transplantation ward | Married | 40 |
| Nurse | 40 | Female | 16 | Bachelor's | Intensive care unit | Single | 45 |
| Nurse | 50 | Female | 24 | Bachelor's | Emergency room and transplantation ward | Married | 40 |
| Nurse | 40 | Female | 15 | Master's | Intensive care unit | Single | 45 |
| Nurse | 32 | Female | 10 | Master's | VIP | Married | 75 |
| Nurse | 32 | Female | 11 | Bachelor's | Hospital security | Married | 52 |
| Nurse | 33 | Male | 10 | Bachelor's | Hospital security | Married | 45 |
| Nurse | 46 | Female | 24 | Bachelor's | Nursing management | Married | 45 |
| Nurse | 45 | Female | 25 | Master's | Nursing management | Married | 50 |
| Nurse | 26 | Female | 6 | Master's | Internal medicine | Married | 45 |

**Table 2: The antecedents of horizontal violence among nurses**

| Codes | Subcategories | Categories |
|---|---|---|
| Having an imperious/commanding tone | Bullying personality | Specific personality traits |
| Feeling superior/pompous | | |
| Unauthorized intrusion into others' privacy | | |
| Imposing one's opinions on others | | |
| Imposing one's duties on others | | |
| Lack of empathy toward others | | |
| Anger and aggression to achieve a goal | | |
| Always considering oneself in the right | | |
| Unwarranted interference in others' affairs | | |
| Tendency to obey others; Submissiveness | Oppressed personality | |
| Poor communication skills | | |
| Low self-confidence | | |
| Fear and avoidance of conflict with others | | |
| Inability to defend one's rights | | |
| Being isolated; Social isolation | | |
| Inability to solve work and life problems | | |
| Low awareness of occupational rules and regulations | | |
| Lack of assertiveness | | |
| Managers' discriminatory behaviors and speech | Managers' discriminatory and unjust behaviors | Violence-laden culture of nursing |
| Injustice in the monthly work schedules of nurses | | |
| Unfair task allocation | | |
| Ignoring effective and capable employees | | |
| Inappropriate allocation of human resources to work shifts | | |
| Abuse of managerial authority | | |
| Low support and empathy among nurses | The tense work atmosphere of nursing | |
| Employment discrepancies with the same job description | | |
| Salary differences with the same job description | | |
| Shortage of human resources; Understaffing | | |
| High workload; Excessive work pressure | | |
| Absence of suitable reporting systems | | |
| Provision of ambiguous and challenging instructions | | |
| Inaccurate execution of job descriptions and role conflicts | | |
| Managers' limited competence in resolving conflicts among staff | | |
| Poor communication and management skills of nursing staff and managers | | |
| Ineffectiveness and inapplicability of organizational training | | |

*We have a talkative colleague who violates others' privacy and creates noise pollution in the ward. She is always aggressive and doesn't pay attention to others. These behaviors can cause violence and abhorrence, and hence, colleagues keep their distance from her (p. 1).*

### *Oppressed personality*

In the workplace, individuals with an oppressed personality often show fear, isolation, low self-esteem, poor communication skills, and inability to manage personal and professional problems. Their low self-esteem and limited social skills can reduce their ability to defend themselves and cope with stressful situations. On the other hand, they have limited work experience, professional skills, problem-solving skills, and limited social support. These characteristics, together with organizational factors such as ineffective leadership, organizational injustice, and a tense work atmosphere, reduce their ability to manage workplace pressures and conflicts, reduce their resilience, and put them at high risk for HV.

*One day, I requested an hourly leave at the beginning of the shift for some bank affairs. I arrived at the ward at 09.30 instead of 0.9:00. A junior colleague loudly shouted at me in front of colleagues, physicians, and patients, asking, "Is this the right time to attend the ward?" I felt deeply embarrassed and broke down in tears because I usually manage such situations calmly (p. 4).*

*At the beginning of my nursing practice, I mostly did evening and night shifts, and my colleague used to allocate one more patient to me and also allocate newly admitted patients to me. Moreover, I had to manage patient transfers. I thought it was a hospital rule and hence, I didn't complain for a long time in order not to experience any problem (p. 5).*

### Violence-laden culture of nursing

The organizational culture of nursing can also contribute to HV among nurses. The two subcategories of this category were managers' discriminatory and unjust behaviors and a tense work atmosphere of nursing.

#### *Managers' discriminatory and unjust behaviors*

The discriminatory and unjust behaviors of some managers are among the antecedents of HV in nursing. These behaviors include unfair patient allocation to nurses by head nurses, unjust monthly work schedules for nurses, unfair payments, lack of meritocracy, and inequities in evaluating or rewarding nurses' performance. These unfair behaviors can cause conflicts, occupational stress, and dissatisfaction for nurses, decrease their organizational commitment, reduce their trust in their managers, create a tense work environment, and lead to HV. On the other hand, managers' discriminatory behaviors and a lack of meritocracy can reduce nurses' job satisfaction, job motivation, and mental health, and negatively affect care quality. *We have a colleague who is a relative of our head nurse. She always takes the head nurse to her house by car.*

*Her monthly work schedule is determined based on her preferences, and she rarely has night or vacation shifts. Whenever we object, the head nurse says that we should not be preoccupied with others' work schedules. This behavior is discriminatory, but we can't do anything (p. 11).*

*When the head nurse arranges a better work schedule for a nurse without any reason, other nurses reduce their collaboration with that nurse (p 15).*

#### *Tense work atmosphere of nursing*

According to the participants, a stressful work environment, characterized by nurses' limited support for each other, heavy workload, staff shortage, and differences in salaries, can contribute to HV among nurses and negatively affect their retention in nursing. A toxic work environment and nurses' lack of support for each other reduce their positive interactions, increase interpersonal conflicts, and may contribute to psychological, verbal, and even physical HV in nursing. Moreover, employment differences, particularly in environments with inflexible hierarchical structures, can reduce nurses' job satisfaction, cause them a sense of discrimination and injustice, destroy professional relationships, and increase interpersonal conflicts. These problems may lead to job burnout, low job motivation, and negative reactions such as HV.

*Employment type influences salaries. I have a small monthly salary as a corporate nurse, while my colleague, who has the same work experience as I do, earns twice as much as I do. Although she is not responsible for this unequal payment, this causes problems such as concern, nervousness, hostility, and animosity (p. 3).*

*A major challenge involves rest periods during night shifts, where colleagues who are on duty from 03:00 onward must administer all medications. This imposes a heavy burden on them (P. 8).*

## Discussion

This study aimed to explore the antecedents of HV among nurses. These antecedents were organized into two main categories, namely, specific personality traits and the violence-laden culture of nursing.

The first category of the antecedents of HV among nurses was specific personality traits. The two subcategories of this category were bullying personality and oppressed personality. Some nurses with a bullying personality may be impolite and aggressive, impose their beliefs and duties on others, bully them, and cause HV. Managerial support for these nurses can reinforce their unprofessional behaviors. On the other hand, nurses with an oppressed personality, limited work experience, poor communication skills, low self-confidence, inability to defend themselves, and a sense of loneliness, isolation, and fear have a significant role in promoting HV in healthcare settings.

Bullying and HV in the workplace are determined by multiple factors, like limited professional experience, role conflicts, low self-confidence, low job satisfaction, heavy workload, insufficient managerial support, poor communication skills,[26] gender, age, educational level, and organization type.[10,27] Nurses' minor aggressive behaviors may serve as a precursor of bullying and severe aggression. Therefore, the effective management of these behaviors is essential to prevent HV.[3] Bullies are individuals who intentionally humiliate others and cause them physical or mental stress. They have a desire for advancement, low self-esteem, limited social competence, ineffective leadership styles, narcissistic personality, and a tendency to retaliate and promote cruelty and aggression.[28]

In agreement with our findings, a study showed that bullying at work had a significant relationship with sociodemographic characteristics such as age and work experience, and noted that nurses with a weaker internal source of control, lower psychological capital, and poorer coping with social norms were more at risk for bullying at work.[27] Another study found that demographic characteristics, personality traits, organizational culture, work characteristics, leadership style, and hierarchical structure were the significant predictors of bullying at work, and highlighted that bullying can negatively affect organizational outcomes and patient safety.[10] A concept analysis of nurse-nurse HV reported that the underlying causes of HV include a rigid hierarchical structure, role conflicts, low self-esteem, perceived inability, anger, and poor power structures.[29] The victims of bullying are often horrified, disturbed, rejected, humiliated, anxious, and neurotic, cannot claim their rights, and have low self-esteem.[30]

A significant contributing factor to HV among nurses in the present study was managers' discriminatory behaviors, including unfair task allocation, unjust monthly work schedules, and inequities in evaluating and rewarding nurses' performance. A study reported that nurses experience oppression and mistreatment mostly due to the characteristics of their work environment rather than their personal traits. This highlights that nursing managers need to involve nurses in decision-making and boost their self-esteem by valuing their competencies.[3] Another study found head nurses' perceived support, a good workplace atmosphere, and effective group activities as protective factors against HV in nursing.[31] Similarly, a study reported that the catalysts for HV were inappropriate work-related behaviors, such as conflicts over nursing care measures, and inappropriate work schedules, such as nonadherence to protocols, resource shortage, and heavy workload.[32] Nursing managers may also inadvertently facilitate HV through their tone of voice and expectations,[33] while their supportive attitudes toward nurses can strengthen nurses' mutual support for each other, foster a healthy workplace environment, and protect nurses against HV.[34]

A tense work atmosphere was another antecedent of HV in the present study. Findings showed that factors such as unsupportive work atmosphere, heavy workload, occupational stress, staff shortage, differences in nurses' employment status and salaries, and a hierarchical structure in nursing may lead to extreme fatigue, conflicts, aggression, and HV among nurses. Consistently, a review study showed that contextual factors such as resource shortage, heavy workload, and organizational failures can catalyze HV among nurses.[3] A rigid hierarchical system, poor professional position, and heavy workload may lead to inequities, negative feelings, and HV among nurses.[18] Moreover, a study revealed that factors such as heavy workload, anxiety, conflicts, and inequities in autonomy and authority, together with unstable work conditions due to rotating shifts and staff turnover, can contribute to HV among nurses.[35] Another study found that better work conditions, including effective interpersonal relationships, effective staff-centered leadership styles, and a positive organizational culture, may lower the risk of bullying in the workplace.[27] Heavy workload, nursing staff shortage, and stressful work conditions are among the most important antecedents of HV.[35] Therefore, the effective management of these problems is essential to prevent HV in nursing.

Some participants might have shared their experiences with caution due to organizational considerations. We attempted to reduce this limitation by creating a safe and private interview environment to help them freely share their experiences.

## Conclusion

This study suggests that the antecedents of HV among nurses are nurses' bullying personality, their oppressed personality, their managers' discriminatory behaviors, and their tense work atmosphere. These antecedents can negatively affect nurses' physical, mental, emotional, and social health, reduce their professional interest, undermine care quality, and lead to their intention to quit nursing. Study findings highlight that nursing managers need to employ effective strategies to identify the antecedents of HV and promote a positive organizational culture in healthcare settings to prevent HV among nurses. They need to implement educational programs for nurses to improve their understanding of HV, its contributing factors, and its prevention strategies, and strengthen their analytical, communication, stress and conflict management, and problem-solving skills. Given the significant contribution of staff shortage to HV, nursing managers need to use strategies to improve staffing levels in order to reduce HV in nursing. Other strategies to reduce HV in nursing may include improving nurses' personal and professional competencies, and developing an anonymous HV reporting system, clear policies for task allocation and performance evaluation, and efficient systems for early identification and management of interpersonal conflicts.

Most previous studies on HV used quantitative designs to address its consequences and did not provide in-depth data about its underlying causes. In the present study, we used a qualitative design to explore nurses' direct experiences regarding the antecedents of HV in Iran. The results of the study provided a clear understanding of the underlying causes of HV among nurses in the sociocultural context of Iran, and thereby made an innovative contribution to the recognition and understanding of HV in clinical settings.

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### Conflicts of interest

Nothing to declare.

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