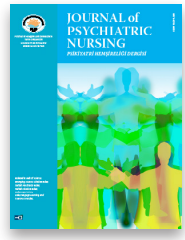
JOURNAL OF
PSYCHIATRIC NURSING

DOI: 10.14744/phd.2017.52724
J Psychiatric Nurs 2018;9(1):36-44



Original Article

Colleague violence in nursing: A cross-sectional study

Dilek Ayakdaş,[1] Hülya Arslantaş[2]

[1]Department of Psychiatric and Mental Health Nursing, İzmir Katip Çelebi University Atatürk Training and Research Hospital, İzmir, Turkey
[2]Department of Psychiatric and Mental Health Nursing, Adnan Menderes University Faculty of Nursing, Aydın, Turkey

Abstract

Objectives: This cross-sectional study aimed to determine colleague violence in nursing.

Methods: This study was performed on 1376 nurses, including 646 from a university hospital and 430 from a training and research hospital in Izmir province and 300 from a state hospital in Aydin province. Research data were collected using sociodemographic questionnaire and workplace psychological violence behavior assessment and development scale.

Results: The results showed that 44% of nurses were in the age range of 33–40 years, 89.5% were female, 55.8% were married, 46.6% had a bachelor's degree, 47% were working in university hospitals, 25.5% were working in internal medicine service, 45.7% had experience of 15 years or over, and 36.6% had an experience of 1–5 years. Further, 47% (n=366) of nurses had suffered lateral violence; 10.3% (n=38), 10.1% (n=37), 8.2% (n=30), 4.6% (n=17), 4.3% (n=15), 3.8% (n=14), and 3.2% (n=12) reported the reasons for colleague violence as jealousy, having a higher level of education, rivalry, being a beginner in the clinic, workload and patient density, differences in political views, and physical appearance, respectively. Also, 80.1% encountered mobbing behaviors the most, including humiliation and degradation. Moreover, 85.5% felt sorry and 84.1% worked harder in response to violent behavior.

Conclusion: Future studies should investigate the frequency, causes, effects, and characteristics of the violence that nurses commit against each other. They should also explore the influence of this violence on patient care activities and service quality.

Keywords: Colleague; nurse; violence.

Psychological violence in the workplace (mobbing) is a public health problem occurring at high rates. The World Health Organization (2014) published a report at the universal level with the aim of preventing and protecting people from violence.[1,2] Mobbing includes physical assault, temper outbursts among nurses, intergroup conflicts, and destructive behaviors such as intimidation and bullying. These nonphysical destructive behaviors are referred to as horizontal or lateral violence.[3–8] The violence in superior–subordinate relationship is also included in the definition of mobbing.[4–14]

Colleague violence in nursing can be in the form of criticizing constantly, engaging in insulting interpretations, applying pressure, humiliating, speaking and shouting loudly, blaming, pulling leg, and making a scapegoat.[7,8,11–13,15–17] Besides these, it also includes quarreling, abusing verbally, sneering interpretations, backbiting, complaining to superiors instead of talking directly to the person at fault, attributing everything that goes wrong to a nurse, making nurse a scapegoat, ignoring, acting in a sarcastic and ridiculous style, judging nurse's work in an accusatory manner, and staring until the end of communication.[7,8,11–13,15–17] Colleague violence in nursing can also appear as unreasonable criticism, rivalry, unnecessary jealousy, exclusion, assignment of work exceeding nurse's capacity or charge of unnecessary works, staying indifferent to what nurse says, and controlling nurse's behaviors.[7,8,11–13,15–17]

Nurses may suffer from physical and psychological health problems, conflicts in social relationships, substance abuse, social isolation and social phobia, and suicidal or self-injuri-

Address for correspondence: Dr. Hülya Arslantaş, Adnan Menderes Üniv. Hemşirelik Fak., Ruh Sağlığı ve Hast. Hem. ABD, 09100 Aydın, Turkey
Phone: +90 256 214 80 41 / 163 **E-mail:** hulyaars@yahoo.com **ORCID:** 0000-0002-3018-2314

Submitted Date: February 08, 2016 **Accepted Date:** September 06, 2017 **Available Online Date:** January 22, 2018

ous thoughts and behaviors on being exposed to violence by their colleagues working at the same level.[5,11,18–28] In addition, nurses also report other physical and psychological health problems including fear, anxiety, sadness, depression, frustration, irritability, insecurity, fatigue, headache, weight loss, chest pain, posttraumatic stress disorder, and decrease in their self-confidence, self-esteem, and empathic approach.[5,11,18–28] The effects of colleague violence in nursing include putting patient at risk, frustration about nursing, intention to leave the profession, sleep disorder, low morale, apathy, inconsistency, restlessness, burnout syndrome, hypertension, eating disorders, impaired interpersonal relationships, acting in a particular manner on being fired, absenteeism, and resignations in reaction.[5,11,18–28] Griffin[28] (2004) stated that nurses exposed to colleague violence feel depressed with lower energy and job satisfaction levels, and are prone to making mistakes because of being afraid to ask questions, resulting in poor-quality patient care. McKenna et al.[18] (2003) and Rowe and Sherlock[29] (2005) stated that colleague violence in nursing might lead to prolongation of nursing care for each patient and frequent personnel circulation between departments, affecting patient care negatively. Nurses exposed to colleague violence are reported to make mistakes in drug preparation and perform faulty treatment, harming patient health.[24,30] A reverse relationship exists between colleague violence and patient care quality. The safety and quality of patient care decrease as colleague violence increases.[6,19,31]

The incidence of colleague violence in hospitals ranges from 17.6% to 75%.[4,28,29,32–37] A study reported that 34% of student nurses were treated rudely, abused verbally, insulted, or criticized unfairly by other nurses, 3% were tired of official complaints, and 3% were verbally threatened.[8] Griffin[38] (2005) reported that 60% of new nurses were subjected to colleague violence and 20% of them wanted to leave their profession. Purpora[6] (2012) reported that 21.1% of nurses in California were subjected to colleague violence. Hillhouse and Adler[39] (1997) reported higher rates of burnout syndrome among nurses who had a conflict with other nurses. Magnavita and Heponiemi[40] (2011) conducted a study with 275 nurses and 346 nursing senior students to investigate violence in the workplace in Italy. They found that 34% of nursing students and 43% of nurses experienced physical or verbal violence. They reported a positive relationship between verbal violence and psychological problems in both nurses and nursing students. They also revealed that verbal violence was related to high job strain, low social support, and low institutional justice.

A majority of nurses are women having low self-esteem without autonomy. Also, the nursing profession requires high accountability and hence is vulnerable to control of other professional members. These two are the major reasons for colleague violence in nursing.[8,20,41] Also, nurses are subjected to colleague violence because they lack the following: the power to change in professional practices,[42] authority to make decisions alone in professional practices, control over their professional practices and autonomy but higher accountability in professional practices.[43] Violent people usually include authoritarian and mostly managerial nurses and supervisors. Also, they exploit other nurses by benefiting from their inadequacy.[8,41] Further, women have a higher number of interpersonal conflicts and disputes.[44] The aforementioned three factors also account for colleague violence in nursing.

It is essential for reducing colleague violence in nursing to promote team work in the working environment, prevent an oppressive relationship among subordinates, superiors, and those working at the same level, and maintain patient care according to the holistic approach model instead of the medical model. Moreover, implementation of preventive mental health practices (information, education, and counseling) to reduce violence through health units in the workplace, adoption of zero-tolerance policy on violence by all team members working at the institution, monthly meetings within the organization to discuss institutional problems, open communication within the organization, and provision of legal explanations about violence can help reduce colleague violence in nursing.[5]

The reasons and possible solutions for colleague violence in nursing need further exploration. This cross-sectional study was performed to investigate colleague violence in nursing to increase awareness of nurses in terms of protecting and maintaining the mental health of self and patients.

Research Questions

What is the frequency of nurses encountering colleague violence behaviors?

What are the effects of colleague violence on nurses?

What are the reactions of nurses subjected to colleague violence?

Materials and Method

Participants

The study was conducted in a university hospital and a training and research hospital located in Izmir province and a state hospital located in Aydın province to have a representation of every type of public hospital providing health services. The research data were collected between March and August 2013. The study sample consisted of 1376 nurses, including 646 from a university hospital and 430 from a training and research hospital in Izmir province and 300 from a state hospital in Aydin province. The sample was calculated using a G power analysis program, with 95% confidence interval, 5% alpha, and 80% power. The number of samples was calculated as 779 persons. The multiple-sampling method was used in the study. Each hospital was divided into six groups, including surgical clinics, internal medicine clinics, intensive care services, emergency rooms, operating rooms, and outpatient clinics. The number of participating nurses was determined as 366 from the university hospital, 243 from the education and research hospital, and 170 from the state hospital. These numbers were weighted against the total number of nurses in

the hospitals. The nurses included in the study sample were selected from the aforementioned groups using the simple random- sampling method. According to this method, nurses to be included in the sample were identified using the simple random number table. The nurses were informed about the study, and they participated voluntarily. The research data were collected using the questionnaire containing sociodemographic data and the workplace psychological violence behavior assessment and development scale. Yıldırım and Yıldırım (2007) developed and tested the validity and reliability of this scale.

Preapplication

All forms to be used in the study were applied to 10 nurses not included in the study to identify any unclear question in the questionnaire and also the duration of each questionnaire before starting the survey. The questionnaire was reviewed in the line of the feedback given by those 10 nurses, and the unrecognized expressions were corrected.

Data Collection Tools

Questionnaire containing sociodemographic data: It consisted of 11 questions, including 8 questions about the demographic characteristics of nurses and 3 questions about the cases of, and reasons for, psychological violence by their colleagues. The questions about the reasons for colleague psychological violence were open ended. The authors grouped the questions according to the responses given by nurses. The form was created by examining the studies on this subject.[45–47]

Workplace psychological violence behavior assessment and development scale (WPVBADS): This scale had three parts and a 6-point Likert-type answer system. These parts were "the frequency of encountering psychological violence behaviors at work," "the effects of situations of encountering psychological violence at work," and "the reactions of people who encounter psychological violence at work." The scale measured nurses' exposure to psychological violence at work in the last year. The first 2 parts of the scale consisted of 33 items, and the last part comprised 8 items. A percentage evaluation and total score could be obtained in the first part of the scale. Each question was valued between 0 and 5 points, and the lowest and highest scores to be taken from the scale were "'0"' and "'165," respectively. The second and third sections were expressed only using the percentage. The Cronbach's alpha of the scale was 0.93,[48] which was found to be 0.91 in the present study.

Statistical Analysis

The research data were analyzed using Statistical Package for Social Science 15.0 program (SPSS, IL, USA). Demographic characteristics of all nurses (n=779) were assessed in this study. However, data on violence consisted of the evaluation of 47% (n=366) of the participant nurses, who reported colleague violence, using WPVBADS.

Research Ethics

The study was approved by the ethics committee of Adnan Menderes University via noninvasive decision dated March 22, 2013, and numbered 90. Further, necessary permits were received from the hospitals included in the Public Hospitals Association. The participants signed the informed consent forms for participating in the study.

Results

The results showed that 43.9% of nurses were in the age range of 33–40 years, 89.5% were female, 55.8% were married, 46.3% had a bachelor's degree, 47.0% and 25.5% were working in a university hospital and internal medicine clinics, respectively, and also 36.6% and 45.7% had a working experience of 1–5 years and 15 years or over, respectively.

The distribution of cases of, and reasons for, colleague psychological violence in nursing was examined. The results showed that 47% (n=366) of the nurses reported at least one colleague psychological violence. In addition, 10.3% (n=38), 10.1% (n=37), 8.2% (n=30), 4.6% (n=17), 4.3% (n=15), 3.8% (n=14), and 3.2% (n=12) reported the reasons for colleague violence as jealousy, having a higher level of education, rivalry, being a beginner in the clinic, workload and patient density, differences in political views, and physical appearance, respectively. Further, 42.1% (n=154) reported that they were being subjected to violence for less than 1 year (Table 1).

Table 1. Distribution of cases of, and reasons for, colleague psychological violence in nursing (n=366)

Cases of, and reasons for, colleague psychological violence in nursing	n	%
Cases of being exposed to psychological violence		
Yes	366	47.0
No	413	53.0
Reasons for being exposed to psychological violence		
No, I do not know	146	39.9
Jealousy	38	10.3
Rivalry	30	8.2
Being a beginner in the clinic	17	4.6
Having a higher level of education	37	10.1
Differences in political views	14	3.8
Physical appearance	12	3.2
Workload and patient density	16	4.3
Other (ego, meticulousness)	58	15.8
Duration of psychological violence		
Less than 1 year	154	42.1
1 year	84	22.9
More than 1 year	128	35.2

As the first three cases of colleague psychological violence in nursing, 80.1% (n=293), 78.4% (n=287), and 75.1% (n=275) of the participant nurses reported an offensive and derogatory talk with them beside others, baseless rumors about them, and being accused of things for which they were not responsible, respectively (Table 2).

The results showed that 85.5% (n=313) of the participant nurses deeply felt sorry when they remembered the behavior, 81.7% (n=299) repeatedly recalled the behavior, and 81.1% (n=297) felt stressed and tired (Table 3). These were the first three effects on nurses exposed to psychological violence from colleagues at work.

Further, 84.1% (n=308), 81.9% (n=300), and 75.6% (n=277) of nurses reported working harder in a more planned manner, taking care of the work to avoid criticism, and trying to solve the problem by talking face to face with the person in question, respectively (Table 4). These were the first three reactions of nurses subjected to colleague psychological violence at work.

Discussion

This study was performed to investigate colleague violence in nursing. About half of the nurses participating in the study reported that they had experienced psychological violence from their colleagues. This result was important for showing the extent of colleague violence in nursing. The causes of colleague psychological violence in nursing were as follows: due to jealousy in about 1 in 10, raising their education level

Table 2. Distribution of cases of colleague psychological violence in nursing (n=366)

	Distribution of cases of encountering colleague psychological violence in nursing	n*	%
1	An offensive and derogatory talk with you beside others	293	80.1
2	Baseless rumors about you	287	78.4
3	Being accused of things for which you were not responsible	275	75.1
4	Criticizing and rejection of your decisions and suggestions	275	75.1
5	Indirect control on you and your work	272	74.3
6	Frequent interruptions when you are talking	269	73.5
7	Being humiliated in front of others	264	72.1
8	Underestimation of your works as worthless and unimportant	261	71.3
9	Being treated as if you were absent, and being ignored	244	66.4
10	Finding permanent flaws/errors in your works and work results	243	66.3
11	Being treated as if you were solely responsible for negative consequences of joint works	234	63.9
12	Not being notified of social meetings/events	222	60.6
13	Being assigned works exceeding your capacity	220	60.1
14	Not being given opportunity to show yourself	207	56.6
15	Being controlled by people in a lower position than you	205	56.0
16	Questioning of your honesty and reliability	198	54.1
17	Unable to get respond to your request to meet and speak	195	53.2
18	Continuous negative evaluations on your performance	195	53.2
19	Questioning of your professional competence in every work you do	180	49.2
20	Being forced to do something that negatively affects your self-confidence	179	48.9
21	Being exposed to verbal threat	172	47.0
22	Being exposed to pressure for leaving or changing your position	141	38.5
23	Being taken off the works under your responsibilities and giving them to people in a lower position than you	139	38.0
24	Intentional leave from the environment where you enter	128	35.0
25	Being subjected to behaviors such as punching table in front of you	107	29.2
26	Baseless rumors about your private life	97	26.5
27	Implication that you have mental disorder	95	25.9
28	Not responding to e-mails and phones you send	90	24.6
29	Blocking or prohibiting your colleagues from talking to you	90	24.6
30	Keeping the information, documents, and materials required for your work from you	81	22.1
31	Making/writing unjustifiable correspondences/reports about you	80	21.8
32	Damage to your personal property	31	8.4
33	Being exposed to physical violence	30	8.1

*Number increased because nurses selected more than one option.

Table 3. Distribution of the effects on nurses exposed to psychological violence from colleagues at work (n=366)

	Effects on nurses exposed to psychological violence from colleagues at work	n*	%
1	Feeling deeply sorry when being remembered the behavior	313	85.5
2	Recalling/living the behavior repeatedly	299	81.7
3	Feeling stressed and tired	297	81.1
4	Having conflicts with colleagues in the workplace	279	76.2
5	Feeling less of a commitment to the work	268	73.2
6	Having headaches	268	73.2
7	Not trusting anyone in the workplace	263	71.8
8	Having negative influences of colleague psychological violence on private life	259	70.7
9	Overeating or decrease in appetite	251	68.5
10	Suffering from gastrointestinal problems	231	63.1
11	Feeling alone	218	59.5
12	Thinking of being depressed	214	58.4
13	Feeling of crying	208	56.8
14	Cursing those who conduct these behaviors	207	56.5
15	Being afraid of coming to work, and not wanting to be at work	206	56.3
16	Experiencing fear that something bad will happen, even without a visible cause	191	52.2
17	Spending most of the time on topics that are not directly related to the work	191	52.2
18	Having chest pain and heart-throb	191	52.1
19	Feeling like being betrayed	188	51.3
20	Having difficulty concentrating on a work	188	51.3
21	Having fluctuations in blood pressure	188	51.3
22	Sometimes thinking about retaliation/revenge against people who exhibit counter-conduct	188	51.3
23	Feeling a reducing self-confidence and self-esteem	186	50.8
24	Often feeling guilty	169	46.2
25	Being extremely upset and easily frightened	167	45.6
26	Using alcohol, cigarettes, or drugs (substance)	156	42.6
27	Making business mistakes	139	37.9
28	Presenting a very busy image even though not doing anything	110	30.0
29	Acting slowly when something needs to be done	105	28.7
30	Doing nothing at work	102	27.8
31	Developing uncontrolled movements/tics	97	26.5
32	Receiving support from a psychological counselor due to the behavior being exposed to	91	24.8
33	Avenging the experienced violent behaviors by insulting other people	68	18.5

*Number increased because nurses selected more than one option.

Table 4. Distributions of the reactions of nurses subjected to colleague psychological violence at work (n=366)

	Nurses' reactions to psychological violence behaviors	n*	%
1	Working harder in a more planned manner	308	84.1
2	Taking care of the work to avoid criticism	300	81.9
3	Trying to solve the problem by talking face to face with the person in question	277	75.6
4	Thinking about changing the place of duty within the organization	264	72.1
5	Thinking seriously about resigning	237	64.7
6	Notifying the higher authority of the negative behaviors being exposed to	214	58.4
7	Thinking about applying to the judiciary against people who exhibit negative behaviors at work	138	37.7
8	Thinking about suicide from time to time	36	9.8

*Number increased because nurses selected more than one option.

and competition with their colleagues, beginner at the clinic, workload and patient density, differences in political opinions, and physical appearance.

Almost half of the nurses reported that they had been subjected to colleague violence, consistent with the findings of other studies.[8,38–40] Farrell[33] (2006) reported that 29% of verbal attacks experienced by nurses were from their colleagues. Purpora[6] (2012) reported that 21.1% of nurses were being subjected to violence by their colleagues. The factors causing the increase in colleague violence in nursing were the efforts to raise education level, lack of experience,[49,50] excessive workload and patient intensity,[2,51–53] desire to be successful, competition and jealousy, having different characteristics from other members of the group, racial and political reasons,[54–57] being a beginner at the clinic, and having no work experience.[20,28,58,59] Other studies reported few other reasons for experiencing psychological violence. This difference was probably because nurses might not have other options in their minds because open-ended questions were asked on this subject in the present study. This could be specified as one of the limitations of this study.

Freire[60] (1972) used the definition of horizontal violence to explain the conflict between the colonized African populations. He noted that the horizontal violence was a result of power imbalance between dominant and nondominant groups. When one group was more powerful than the other, the stronger group suppressed the values of the weaker group, resulting in an increase in torment/persecution toward the latter group. The weaker group might feel worthless on being forced by the stronger group to reject their values. Roberts (1983) combined the theory of torment/persecution with nursing to create an oppressed group model in nursing. In this model, nurses were the oppressed groups because of the domination of medicine and their gender. People experienced feelings of worthlessness and weakness when they were persecuted. The oppressed group internalized the beliefs and values of the dominant group, while accepting the restrictions imposed on them.[61] The nurses felt powerless to treat their colleagues in a defiant way. Instead of fighting oppressors, oppressed nurses accepted this as a norm of behavior. According to Roberts[41] (1983), the oppressed group model consisted of low self-esteem, self-hatred, and feeling of weakness. The fact that about half of the nurses suffered from colleague violence could be explained with the theory of oppression. Although the oppressed individuals felt angry toward oppressors, they did not express this directly. When they confronted the power figure, they were obedient, despite experiencing low self-esteem, and consequently hated themselves. The reason for suppressing anger against oppressors was that they could be destroyed if they attempted to defy. This fear was the basis of bowing before oppressors. Another reason was that the process of oppression continued due to the fear how and in what way the current situation would change. Lack of autonomy, excessive responsibility for accountability, control over nursing by other members of the profession,[5,8,20,35,41] and weakness were reported as the causes of oppression among nurses.[42] Nurses not being self-governing in general, lack of control over their professional practices, and the fact that they were not autonomous and their accountability was excessive also led to oppression.[43] Few other causes were as follows: people perpetrating violence were authoritarian, mostly administrative nurses and supervisors, exploiting the other parties' inadequacy;[5,7,41] a majority of nurses were women and the rifts between women were more common;[44] women were often less self-esteemed than men; and lower self-esteemed people easily got angry, failed to manage their anger, and made hard and sudden rebukes to others.[8] Low self-esteem, not having autonomy, and inadequacy also increased susceptibility to violence.[7] Although almost half of the nurses participating in the study were undergraduates, they experienced a high level of colleague violence owing to the aforementioned factors. In this study, the research data was only presented on a percentage basis when analyzing the findings, and comparative statistical evaluations were not carried out. These could be other limitations of the study.

Unlike other studies, 3.2% (n=12) of the nurses indicated physical appearance among the causes of colleague violence in the present study. They reported that they were fat and had physical disabilities. They also stated that the people around them always asked them to lose weight and ridiculed them. Expressions such as "you cannot do it" were used for those with physical disabilities. About half of the nurses experiencing colleague violence reported that they did not know the reason for the psychological violence perpetrated to them.

The present study also examined situations in which nurses encountered psychological violence behavior from their colleagues. About three fourths said they were spoken to in an insulting and degrading manner, ungrounded discourses were made about them, they were charged for the matters that they were not responsible for, and their decisions and proposals were criticized and rejected. A study carried out by Walrafen et al.[62] (2012) on 227 nurses demonstrated that 58.3% stated that they were insulted, 46% reported ungrounded discourses about them, and 28.6% said that they were given jobs that would damage their confidence. Further, 20% of the nurses reported that they were sabotaged by their friends. McKenna et al.[18] (2003) performed a study on 544 nurses and showed that 31% of nurses felt ignored, 17% faced concealment of materials from them, 23% had workload, 16% were humiliated and belittled, 34% were unfairly criticized, 17% experienced sexual violence, 4% received inappropriate racist comments, 3% were unfairly informed against to the upper office, and 3% were verbally threatened. Psychological violence behaviors toward nurses by their colleagues in other studies were stated as being spoken to in a humiliating and degrading manner in front of others, being treated in a humiliating manner in front of others, being charged for the matters that they are not responsible for,[12,22,59,62–65] being ignored, tasked with unnecessary works,[13,18,63] not informed of organized social meetings,[22,59–63] concealment of documents from them,

and being held responsible for the works that were over their capacity.[18,53,64–66]

In terms of the impacts of psychological violence behaviors in the workplace inflicted on nurses exposed to colleague violence in nursing, more than three fourths of them stated that they were deeply saddened when they recalled the behavior, they repeatedly recalled the behaviors done, and they felt stressed and tired. Three fourths reported that they had a conflict with their colleagues at the workplace, their work commitment decreased, they had headaches, and their out-of-work life was negatively affected. Less than three fourths stated that they had excessive eating desire or loss of appetite or gastrointestinal complaints. About half of them reported that they felt lonely, thought that they were in depression, felt like they wanted to cry, cursed the people who exhibited such behavior, were overly anxious, had chest pain and a heart attack, had fear of something going on for no apparent reason, experienced changes in blood pressure, thought to seek revenge against those who exhibited such behavior, had difficulty concentrating on a job, and used alcohol, cigarettes, or drug (substance). Complaints such as headache, tachycardia, stomach problems, bone pain, high blood pressure, sleep problems, physical complaints, concentration problems, anxiety, an inability to start an activity, social isolation, crying shifts, and appetite changes were also reported by individuals exposed to colleague violence in nursing.[24,27,63,66,67] An increase in clinical errors, a decrease in commitment to work, low self-esteem, depression, anxiety, sleep disturbances, memory disorders, and conflict with colleagues were reported as individual reactions to violent behaviors in other studies. In a study carried out by[59,68,69] McKenna et al. (2003) on 544 nurses, 41% stated that they lost their confidence in their friends and profession; 33% stated that they had anxiety and depression symptoms; 12% stated that they had headache, blood pressure, and other angina symptoms; 4% stated that they applied wrong treatment to the patients; and 4% stated that they were disappointed with the nursing profession. These complaints might negatively impact work continuity and workplace satisfaction, business performance, patient care outcomes, and health of the nurses. Further, absenteeism, fatigue, and lack of production might occur.

Regarding the reactions of nurses exposed to colleague violence in nursing to psychological violence behaviors, more than three fourths stated that they worked in a more planned manner and more diligently to avoid criticism. Furthermore, three fourths stated that they tried to resolve the injustice by talking face to face with the person concerned, contemplated to change the place of duty within the institution, and seriously considered to leave the work. Moreover, more than half of them stated that they reported the negative behavior to a higher authority. Also, nurses exposed to psychological violence from their friends experienced burnout syndrome, reported absenteeism, and even exhibited suicidal behavior.[19,68,70]

Conclusions and Recommendations

Approximately half of the participant nurses reported being exposed to at least one colleague violence. They mentioned the reasons for this exposure as jealousy, having a higher educational level, rivalry, being a beginner at the clinic, differences in political views, workload and patient density, and physical appearance.

Nurses stated that psychological violence behaviors they mostly encountered in nursing included an offensive and derogatory talk with them beside others and baseless rumors about them.

More than three fourths of the nurses reported that they were deeply saddened when they remembered the behavior and repeatedly recalled the behavior.

Regarding the reactions of nurses against psychological violence behaviors, more than three fourths of the nurses reported working harder in a more planned manner and taking care of the work to avoid criticism. Future studies should investigate the frequency, causes, effects, practitioners, and characteristics of the violence that nurses commit against each other. More importantly, they should explore how this type of violence reflects on patient care activities and service quality. Furthermore, statistical evaluations with significance values might help to evaluate the severity of colleague violence in nursing. Performing similar studies in private hospitals to compare the rates of colleague violence in nursing in public and private hospitals might also be helpful.

Limitations of the Study

This study had certain limitations such as a short duration of 1 year, statistical techniques used in the study, responses of nurses in the study sample to the scales within the scope of data collection tools, and resources available to them. In addition, the fact that nurses' reports of colleague violence are based on their declaration may have caused the actual research results to be more or less than the number of declarations. Another limitation might be that the research data were presented only in terms of the percentage values.

Funding

This study was a part of a Master's thesis of Dilek Ayakdaş conducted in the Department of Mental Health and Diseases of Adnan Menderes University Health Sciences Institute in 2014. The thesis was supported with the project code of ADÜ-BAP-ASYO-13016 within the scope of Adnan Menderes University Scientific Research Projects. The author thanks the Scientific Research Project Unit.

Conflict of interest: There are no relevant conflicts of interest to disclose.

Peer-review: Externally peer-reviewed.

Authorship contributions: Concept – H.A.; Design – H.A., D.A.; Supervision – H.A.; Materials – H.A., D.A.; Data collection &/or processing – D.A.; Analysis and/or interpretation – H.A., D.A.; Literature search – H.A., D.A.; Writing – H.A., D.A.; Critical review – H.A.

References

1. World Health Organization. Global status report on violence prevention. Geneva: 2014.
2. Martino di V. Workplace violence in the health sector: Relationship between work stress and workplace violence in the health sector. Geneva: 2003. Available at: http://www.who.int/violence_injury_prevention/violence/interpersonal/WVstresspaper.pdf. Accessed Feb 12, 2012.
3. Ditmer D. A safe environment for nurses and patients: Halting horizontal violence. Journal of Nursing Regulation 2010;3:9–14. [CrossRef]
4. Stanley KM, Martin MM, Nemeth LS, Michel Y, et al. Examining lateral violence in the nursing workforce. Issues Ment Health Nurs 2007;28:1247–65. [CrossRef]
5. Bloom EM. Horizontal violence among nurses. Experiences Responses and Job Performance 2014;247.
6. Purpora C, Blegen MA, Stotts NA. Horizontal violence among hospital staff nurses related to oppressed self or oppressed group. J Prof Nurs 2012;28:306–14. [CrossRef]
7. Hurley JE. Nurse-to-nurse horizontal violence: recognizing it and preventing it. Imprint 2006;53:68–71.
8. Leiper J. Nurse against nurse: how to stop horizontal violence. Nursing 2005;35:44–5. [CrossRef]
9. Duffy E. Horizontal violence: A conundrum for nursing. The Collegian 1995;2:5–17. [CrossRef]
10. Farrell GA. Aggression in clinical settings: nurses' views. J Adv Nurs 1997;25:501–8. [CrossRef]
11. Blanton BM, Lybecker C. Horizontal violence position statement. Available at: http://members.shaw.ca/raestonehouse/horizontal_violence_position_s. Accessed Sep 10, 2016.
12. Lewis MA. Nurse bullying: organizational considerations in the maintenance and perpetration of health care bullying cultures. J Nurs Manag 2006;14:52–8. [CrossRef]
13. Longo J, Sherman RO. Leveling horizontal violence. Nurs Manage 2007;38:34–7, 50–1. [CrossRef]
14. Hamlin L. Horizontal violence in the operating room. Br J Perioper Nurs 2000;10:34–42. [CrossRef]
15. King-Jones M. Horizontal violence and the socialization of new nurses. Creat Nurs 2011;17:80–6. [CrossRef]
16. Güven ŞD, Özcan A, Kartal B. Nevşehir 1. il merkezinde kamuya bağlı sağlık kuruluşlarında çalışan ebe ve hemşirelerin mobbing'e uğrama durumları. Balıkesir Sağlık Bilimleri Dergisi 2012;1:117–23.
17. Yildirim D. Bullying among nurses and its effects. Int Nurs Rev 2009;56:504–11. [CrossRef]
18. McKenna BG, Smith NA, Poole SJ, Coverdale JH. Horizontal violence: experiences of Registered Nurses in their first year of practice. J Adv Nurs 2003;42:90–6. [CrossRef]
19. Vessey JA, Demarco RF, Gaffney DA, Budin WC. Bullying of staff registered nurses in the workplace: a preliminary study for developing personal and organizational strategies for the transformation of hostile to healthy workplace environments. J Prof Nurs 2009;25:299–306. [CrossRef]
20. Randle J. Bullying in the nursing profession. J Adv Nurs 2003;43:395–401. [CrossRef]
21. Hastie C. Horizontal violence in the work place. Birth International. Protecting, supporting and promoting midwifery. Available at: https://birthinternational.com/article/midwifery/1371/. Accessed Dec 26, 2016.
22. Rosenstein AH, O'Daniel M. Disruptive behavior and clinical outcomes: perceptions of nurses and physicians. Am J Nurs 2005;105:54–64; quiz 64–5. [CrossRef]
23. Thomas SP. Horizontal hostility. Am J Nurs 2003;103:87–91.
24. Bigony L, Lipke TG, Lundberg A, McGraw CA, et al. Lateral violence in the perioperative setting. AORN J 2009;89:688–96; quiz 697–700. [CrossRef]
25. Friel A, White T, Hull A. Posttraumatic stress disorder and criminal responsibility. The Journal of Forensic Psychiatry, Psychology 2008;19:64–85. [CrossRef]
26. Sellers K, Millenbach L, Kovach N, Yingling JK. The prevalence of horizontal violence in New York State registered nurses. J N Y State Nurses Assoc 2009;40:20–5.
27. Tınaz P. İşyerinde Psikolojik Taciz (Mobbing). İstanbul: Beta Basım Yayım; 2006.
28. Griffin M. Teaching cognitive rehearsal as a shield for lateral violence: an intervention for newly licensed nurses. J Contin Educ Nurs 2004;35:257–63.
29. Rowe MM, Sherlock H. Stress and verbal abuse in nursing: do burned out nurses eat their young? J Nurs Manag 2005;13:242–8. [CrossRef]
30. Roche M, Diers D, Duffield C, Catling-Paull C. Violence toward nurses, the work environment, and patient outcomes. J Nurs Scholarsh 2010;42:13–22. [CrossRef]
31. Purpora, C. Horizontal violence among hospital staff nurses and the quality and safety of patient care. San Fransisco: University of California; 2010.
32. Farrell GA. Aggression in clinical settings: nurses' views-a follow-up study. J Adv Nurs 1999;29:532–41. [CrossRef]
33. Farrell GA, Bobrowski C, Bobrowski P. Scoping workplace aggression in nursing: findings from an Australian study. J Adv Nurs 2006;55:778–87. [CrossRef]
34. Johnson SL, Rea RE. Workplace bullying: concerns for nurse leaders. J Nurs Adm 2009;39:84–90. [CrossRef]
35. Simons S. Workplace bullying experienced by Massachusetts registered nurses and the relationship to intention to leave the organization. ANS Adv Nurs Sci 2008;31:E48–59. [CrossRef]
36. Sofield L, Salmond SW. Workplace violence. A focus on verbal abuse and intent to leave the organization. Orthop Nurs 2003;22:274–83. [CrossRef]
37. Ulrich BT, Lavandero R, Hart KA, Woods D, et al. Critical care nurses' work environments: a baseline status report. Crit Care Nurse 2006;26:46–50, 52–7.
38. Griffin M. Awareness of 'nurse on nurse' abuse helps resolve problem. AORN Management Connections 2005;1:3.
39. Hillhouse JJ, Adler CM. Investigating stress effect patterns in

hospital staff nurses: results of a cluster analysis. Soc Sci Med 1997;45:1781–8. [CrossRef]
40. Magnavita N, Heponiemi T. Workplace violence against nursing students and nurses: an Italian experience. J Nurs Scholarsh 2011;43:203–10. [CrossRef]
41. Roberts SJ. Oppressed group behavior: implications for nursing. ANS Adv Nurs Sci 1983;5:21–30. [CrossRef]
42. James G. Lost horizons and flat-earth thinking. N Z Nurs J 1987;80:19–22.
43. Dunn H. Horizontal violence among nurses in the operating room. AORN J 2003;78:977–88. [CrossRef]
44. Speedy S. Feminism and the professionalization of nursing. Aust J Adv Nurs 1986;4:20–8.
45. Whittington R, Shuttleworth S, Hill L. Violence to staff in a general hospital setting. J Adv Nurs 1996;24:326–33. [CrossRef]
46. Nolan P, Soares J, Dallender J, Thomsen S, et al. A comparative study of the experiences of violence of English and Swedish mental health nurses. Int J Nurs Stud 2001;38:419–26. [CrossRef]
47. Jackson D, Clare J, Mannix J. Who would want to be a nurse? Violence in the workplace--a factor in recruitment and retention. J Nurs Manag 2002;10:13–20. [CrossRef]
48. Dilek Y, Aytolan Y. Development and psychometric evaluation of workplace psychologically violent behaviours instrument. J Clin Nurs 2008;17:1361–70. [CrossRef]
49. Dilman T. Özel hastanelerde çalışan hemşirelerin duygusal tacize maruz kalma durumlarının belirlenmesi. [Yüksek Lisans Tezi]. İstanbul: Marmara Üniversitesi Sağlık Bilimleri Enstitüsü; 2007.
50. Yavuz H. Çalışanlarda mobbing (Psikolojik Şiddet) algısını etkileyen faktörler. [Yayınlanmamış Yüksek Lisans Tezi]. Isparta: Süleyman Demirel Üniversitesi; 2007.
51. Özen Çöl S. İşyerinde Psikolojik Şiddet: Hastane çalışanları üzerinde yapılan bir araştırma. Çalışma ve Toplum 2008;4:107–33.
52. Höel H. Cooper CL. Working with victims of work place bullying. In: Good Practice in Working with Victims of Violence. London: Jessica Kingsley; 2000.
53. Quine L. Workplace bullying in nurses. J Health Psychol 2001;6:73–84. [CrossRef]
54. Jasper M. The significance of the working environment to nurses' job satisfaction and retention. J Nurs Manag 2007;15:245–7. [CrossRef]
55. Davenport N, Schwartz R. İşyerinde duygusal taciz. İstanbul: Sitem Yayıncılık; 2003.
56. Tutar H. İşyerinde Psikolojik Şiddet. Ankara: BRC Basım; 2004.
57. Demir G, Bulucu GD, Özcan A, Yılmaz D, et al. Hemşirelerin mobbinge uğrama durumlarının belirlenmesi. Düzce Üniversitesi Sağlık Bilimleri Enstitüsü Dergisi 2014;4:1–5.
58. Hegney D, Plank A, Parker V. Workplace violence in nursing in Queensland, Australia: a self-reported study. Int J Nurs Pract 2003;9:261–8. [CrossRef]
59. Thobaben M. Horizontal workplace violence. Home Health Care Management and Practice 2007;20:82–3. [CrossRef]
60. Freire P. Pedagogy of the Oppressed. Harmonsdworth UK, Penguin; 1972.
61. Freire P. Pedagogy of the Oppressed. 20th-Anniversary ed. New York Continuum; 1993.
62. Walrafen N, Brewer MK, Mulvenon C. Sadly caught up in the moment: an exploration of horizontal violence. Nurs Econ 2012;30:6–12, 49; quiz 13.
63. Hecker TE. Workplace mobbing: A discussion for librarians. The Journal of Academic Librarian Ship 2007;33:439–45. [CrossRef]
64. Dumont C, Meisinger S, Whitacre MJ, Corbin G. Nursing2012. Horizontal violence survey report. Nursing 2012;42:44–9.
65. Edwards SL, O'Connell CF. Exploring bullying: Implications for nurse educators. Nurse Educ Pract 2007;7:26–35. [CrossRef]
66. Rutherford A, Rissel C. A survey of workplace bullying in a health sector organisation. Aust Health Rev 2004;28:65–72.
67. Gerardi D, Connell MK. The emerging culture of health care: from horizontal violence to true collaboration. Nebr Nurse 2007;40:16–8.
68. Vessey JA, Demarco RF, Gaffney DA, Budin WC. Bullying of staff registered nurses in the workplace: a preliminary study for developing personal and organizational strategies for the transformation of hostile to healthy workplace environments. J Prof Nurs 2009;25:299–306. [CrossRef]
69. Estryn-Behar M, van der Heijden B, Camerino D, Fry C, et al; NEXT Study group. Violence risks in nursing-results from the European 'NEXT' Study. Occup Med (Lond) 2008;58:107–14.
70. Ponce C. Is it lateral violence, bullying or workplace harassment? Massachusetts Nurse 2011;16–8.