



The Relationship between Organizational Justice and Lateral Violence among Staff Nurses at Selected Hospital

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ABSTRACT

Background: Nurses who experienced fair treatment from their employers were inclined to demonstrate increased dedication, stronger trust in their organizations, higher job satisfaction, reduced intentions to leave, and exhibited positive and ethical conduct in their workplace. **Aim:** To explore the relationship between organizational justice and lateral violence among staff nurses. **Design:** Descriptive correlation design was used. **Setting:** The current study was carried out at multiple departments of Cairo University hospitals. **Sample:** A convenient sample of 100 staff nurses was selected from the aforementioned setting. **Tools.** Two tools were used: **Tool I:** Organizational Justice Scale among staff nurses that consists of two parts. First part: Nurses' personal data. Second part: Organizational Justice Scale. **Tool II:** Lateral Violence Scale among staff nurses. **Results:** 55% of the staff nurses had a low level of perceived organizational justice, and 41% of them had a high level of lateral violence. **Conclusion:** There was a statistically significant negative correlation between total nurses' perception of organizational justice and lateral violence. **Recommendations:** Providing training opportunities for nurse managers about fair management strategies for their staff nurses. Healthcare organizations should counter any form of lateral violence through regulations and disciplinary actions.

Keywords: Organizational Justice, Lateral Violence, Staff Nurses

Introduction:

In recent decades, there has been a significant rise in the recognition of how healthcare organizations should prioritize their treatment of staff nurses (Chegini et al., 2019). They proposed a shift in perspective where healthcare organizations should function as

platforms that support staff nurses, rather than viewing them solely as resources. This proposition is rooted in the understanding that how staff nurses are treated significantly impacts their reactions and behaviors. As a result, the concept of organizational justice (OJ) has gained significant attention among researchers and has become an

essential aspect of organizational behavior and theory (Akram et al., 2020).

The concept of organizational justice refers to staff nurses' perspective of their employers or organizations' behaviors, actions, and decisions and how they influence their own attitudes and behaviors at the workplace. OJ is concerned with all aspects of workplace behavior, including salary, access to training, and gender equality. It is based on equity theory, which states that staff nurses make fairness evaluations based on how much they give (input) against how much they get back (output) (Haghighinezhad et al., 2019). Moreover, Hashish, (2020) described organizational justice as nurses' perceptions of how healthcare organizations treat them fairly or unfairly. It is a critical component of organizational performance and a major contributor to nurse work satisfaction. Numerous studies on organizational justice have revealed that fairness perception has a variety of emotional, attitudinal, and behavioral consequences (Lee & Rhee, 2023).

OJ encompasses three primary elements: distributive, procedural, and interactional justice. Distributive justice focuses on the equitable distribution of resources and workload among nurses. Procedural justice relates to the fairness of the implementation of rules, regulations, laws, and policies within the organization. Interactional justice revolves around the quality of professional communication between nurses and managers in daily activities, as well as how nursing managers

provide nurses with information regarding procedures and work matters (Ranto et al., 2022).

The exploration of organizational justice holds significant value in the nursing profession, particularly in the realm of nursing management. However, how nurses perceive organizational justice has a potential impact on various organizational outcomes, including the perception of respect, trust, staff absenteeism, staff turnover, job satisfaction, quality of coworker relationships, and performance (Ayalew & Dubey, 2017). On the other hand, the failure of managers and organizations to treat nurses fairly may lead to increased dissatisfaction, frustration, and perceptions of injustice within the workplace (Umar & Shahzad, 2017).

In the workplace, inadequate organizational justice has been identified as a psychosocial stressor that poses a risk to the health and well-being of nurses (Elovainio & Helkama, 2016). Perceptions of low organizational justice have been found to be predictive of various negative outcomes, including the development of depression (Hany et al., 2020). On the other hand, high organizational justice can serve as a valuable resource in the psychosocial work context. As high organizational justice has been demonstrated to mitigate stress symptoms associated with shift work and fixed-term employment (Heponiemi et al., 2017; Ranto et al., 2022). Moreover, high organizational justice fosters nurses' feelings of trust, which can help counteract the negative effects of stress as the expression of different forms of workplace violence (Mengstie, 2020).

Lateral violence (LV) refers to harmful behavior exhibited by one peer towards another, which diminishes their worth, disrespects them, and denies their basic human rights (Vessey & Williams, 2021). This behavior can manifest in various ways, including nonverbal actions such as ignoring a peer, verbal behavior like making sarcastic remarks or engaging in gossip, and even physical acts like pushing or throwing objects. According to the definition provided by (Labour, 2021), LV can also occur vertically within a hierarchical structure when a manager or person in authority engages in violent behavior toward subordinates in lower positions (Vessey & Williams, 2021).

El-Sayed, Fakhry & Abed-Aleem, (2021) defined lateral violence as encompassing various negative behaviors such as unkindness, discourtesy, sabotage, divisiveness, infighting, lack of cohesiveness, and unconstructive criticism. LV goes beyond mere rudeness or incivility and frequently involves subtle or hidden acts rather than direct physical aggression (Vidal-Alves et al., 2021). When LV takes on a covert form, it becomes particularly challenging to recognize, making it difficult for victims to seek help or support within their workplace (Cardoza, 2022).

LV also known as horizontal violence, occurs among individuals at the same level or within the same workplace. It refers to hostile and aggressive behaviors displayed by employees toward their peers (Bloom, 2018). Rather than overtly hostile actions, lateral aggression is often manifested through psychologically harmful behaviors, such

as spreading rumors or making negative remarks about colleagues. Nonverbal cues, verbal insults, undermining actions, sabotage, internal conflicts, scapegoating, betrayal of confidence, and broken promises are commonly observed forms of lateral violence. Additionally, it may involve demeaning or criticizing a coworker in front of others, deliberately withholding promotion opportunities, or excluding and isolating a group member from participating in activities or celebrations (Cardoza, 2022).

Whether LV was communicated verbally or nonverbally, it encompasses hostility exhibited through conflicts, oppositions, or thoughts and principles of resistance. Verbal harassment specifically refers to the persistent annoyance or engagement in aggressive behavior using unwanted or undesirable verbal methods (Licea, 2020). Moreover, it can also encompass situations where an individual utilizes their authority or coercion in a manner that instills a sense of threat in the victim (Attia, Abo Gad & Shokir, 2020). Repeated instances of hostile or violent behavior from someone in a position of administrative power can lead to emotional or psychological harm and the occurrence of distressing recurrent actions inflicted by one individual upon another (Mohamed, Higazee & Goda, 2018).

LV has significant physical and psychological effects on nurses, leading to various negative outcomes. Nurses who experience such violence may encounter emotional imbalances, heightened anxiety, irritability, insomnia, psychological depression, and even hard physical

trauma. Some nurses may exhibit milder negative psychological impacts like fear, anxiety, and a reduced self-perceived health status (**Zhang et al., 2018**). Additionally, the consequences of lateral violence extend to reduced job satisfaction and performance, substandard care, diminished quality of life, high nurse turnover rates, absenteeism frequency, burnout, and decreased productivity (**Jiao et al., 2015**).

Examples of LV encompass various behaviors that are indicative of undervaluing individuals, obstructing their learning opportunities, emotional neglect, nonverbal expressions like eye-rolling, verbal manifestations such as making rude or demeaning comments, actions such as refusing to assist with challenging care issues, acts of sabotage like withholding vital information, displaying disinterest, excessive criticism, scapegoating, engaging in gossip, forming exclusive cliques, intentionally excluding others, intimidation, and humiliation (**Babiarczyk et al., 2020**). The most prevalent types of verbal aggression perpetuated by other nurses were identified as anger, judgment, criticism, and condescension (**Parrish, 2019**).

Nurses who receive fair treatment from their organizations tend to exhibit higher levels of commitment, trust in their organizations, job satisfaction, low turnover, and display positive behaviors toward their role (**Dajani and Mohamed, 2017**). Conversely, organizational injustice acts as a contributing factor to workplace violence (**Hany et al., 2020**). It is understandable that experiencing violence in the workplace has a

detrimental impact on job satisfaction and performance. Additionally, violence in healthcare settings can contribute to a shortage of healthcare workers and undermine the quality of healthcare services (**Seyrek & Ekici, 2017**). These consequences arise as a result of experiencing abuse in the workplace.

Significance of the study

Organizational justice and its relationship to workplace violence have not been extensively studied in the nursing field. Unfair treatment of staff nurses can lead to negative behaviors, such as leaving work early, taking excessive breaks, and verbal abuse. These behaviors lower staff performance and productivity. Moreover, Lateral violence, a significant issue in nursing, has not been thoroughly researched in terms of prevalence and occurrence.

Creating a healthy work environment is crucial for addressing and preventing violence among nurses. Lateral violence negatively affects workplace satisfaction, healthcare professional retention, and the quality of patient care. It has broader implications for healthcare organizations' overall functioning. **The American Psychiatric Nurses Association and the American Association of Critical Care Nurses, (2021)** have highlighted the substantial number of professional nurses who experience workplace violence. This type of violence is considered an occupational hazard that can originate from patients, their relatives, clients, as well as colleagues within the nursing profession.

Previous studies have demonstrated the detrimental effects of lateral violence on various aspects, including workplace satisfaction and the retention of healthcare professionals (Zhang, 2022). Furthermore, this type of violence negatively affects the psychological and physical health of nurses and has implications for the quality of patient care and health outcomes. Studying the consequences of lateral violence was important because it extends beyond the individuals directly involved and can have broader implications for the overall functioning of healthcare organizations.

Study Aim

The study aimed to explore the relationship between organizational justice and lateral violence among staff nurses.

Research questions

RQ1: What is staff nurses' perception level of organizational justice?

RQ2: What is staff nurses' perception level of lateral violence?

RQ3: What is the relationship between organizational justice and lateral violence among staff nurses?

Research design

A descriptive correlation design was utilized. This design was suitable for the study as it allows the description of variables and identifies the relationship that occurs naturally between and among them (Polit & Beck, 2017).

Setting

The study was conducted at surgical intensive care units (ICUs), emergency departments, medical units, and cardiac ICUs at Cairo University hospitals, which are affiliated with the Ministry of Higher Education and Scientific Research.

Sample

The study employed a convenience sampling method to recruit staff nurses who voluntarily agreed to participate. The total sample size consisted of 100 nurses out of (117) who met the following inclusion criteria:

- 1- Staff nurses with a minimum of one year of experience. This criterion aimed to ensure that nurses gained an adequate level of familiarity and sufficient exposure to the healthcare environment.

Tools of data collection

Two tools were used to collect the study data as follows:

Tool I: Organizational Justice Scale among staff nurses: This tool consisted of two parts:

Part 1: Nurses' Personal data sheet: it included nurses' age, gender, marital status, place of residence, years of experience, work unit, and educational qualifications.

Part 2: Organizational Justice Scale: It was developed by Moorman, (1991) and modified by researchers to assess nurses' perception regarding organizational justice. It consisted of 18 items that were divided into three dimensions: distributive

justice (6 items), procedural justice (6 items), and interactional justice (6 items).

Scoring system: Nurses' responses were rated on a five-point Likert Scale, ranging from "Strongly Disagree" to "Strongly Agree" with corresponding values of 1 to 5 respectively. The total score was obtained by summing all dimensions and the higher scores indicate a higher perception level of organizational justice based on the following cut-off points:

- Low perception of organizational justice < 60%
- Moderate perception of organizational justice 60%-75%
- High perception of organizational justice > 75

Tool II: Lateral Violence Scale among staff nurses.

This valid and reliable scale was developed by Winchester Medical Center, (2011) to assess lateral violence levels (LV) among staff nurses. The scale consisted of 16 items as one dimension.

Scoring system: Nurses' responses were scored on a five-point Likert Scale, ranging from 1 "never" to 5 "always". The total score was obtained by summing all items' scores and the higher scores indicate a high level of lateral violence based on the following cut-off points:

- High level of lateral violence: More than 75%
- Moderate level of lateral violence: 50%-75%.
- Low level of lateral violence: Less than 50%

Validity and reliability:

The organizational justice scale was reviewed by a panel of five nursing professors from Nursing Administration and Psychiatric Nursing specialties from the Faculty of Nursing Cairo University. These experts were requested to assess various aspects of this scale, including the coverage of content, wording, clarity, length, and overall appearance. Professors' feedback and recommendations were carefully considered, and necessary modifications were made. This process involved correcting any grammatical errors that were identified and rephrasing certain sentences to enhance clarity and comprehension.

The reliability of the organizational justice scale was determined by Cronbach's alpha coefficient for the independent variable, the calculated reliability score was 0.92. Regarding the lateral violence scale, it was adopted from Winchester Medical Center (2011), and its reliability score was 0.76.

Pilot study:

In order to ensure the effectiveness and relevance of the study scales, a pilot study was carried out on 10% of the entire study nurses. The data collection scales were not modified after the pilot study. Therefore, the findings obtained from the pilot study were included in the overall results of the main study.

Ethical considerations:

Research ethical considerations were carefully addressed in this study. Official written ethical approval was obtained from the Scientific

Research Ethics Committee of the Faculty of Nursing, Cairo University (Ethical Approval No. 00026458, February 21, 2023). Participation in the study was entirely voluntary, and participants indicated their consent by checking a box on the questionnaire. Prior to obtaining their acceptance to participate, a clear explanation of the nature and purpose of the study was provided to the participants. They were given the opportunity to decline or agree to participate, with the assurance that their information would be treated confidentially and solely used for research purposes.

Procedure:

After the Ethical approval was obtained, an official agreement was obtained from the medical and nursing directors of the departments to conduct the study. Data collection of the study was started at the beginning of December 2022, and completed by the end of February 2023. The investigators attended different departments (surgical ICU, emergency department, medical unit, and cardiac ICU affiliated to Cairo University hospitals.). The investigators first explained the aim of the study to all staff nurses in the previously mentioned setting. The nurses were interviewed during the rest period and the investigators reassure them that the information collected will be preserved confidentially and used only for the purpose of the research. Each nurse was interviewed to fulfill the study scales after explaining how they fulfill the scales. It took 15-20 minutes to be completed.

Statistical design:

The collected data were coded and entered into the Statistical Package for the Social Sciences (SPSS), version 20.0, for analysis. Descriptive statistics, including frequency distribution, percentage, mean, and standard deviation, will be utilized. The statistical analysis will include the Pearson correlation test and ANOVA test, with a significance level of 0.05 (P-value) for all analyses.

Results

Table (1) displays that more than half (56%) of the staff nurses were in the age group 30-<40. The highest percentage of them (66%, 43%) were married and had a bachelor degree in nursing respectively. Finally, more than half (53%) of the staff nurses had 5 to <10 years of experience in the nursing profession.

Figure (1) reveals that the highest percentage (64%) of the staff nurses were female, while the lowest percentage (36%) of them were male.

Table (2) shows that staff nurses had a low perception level of total organizational justice dimensions (42.93%). However, the highest mean percentage (45.97%) was for the dimension of interactional justice followed by (43.13%) for the procedural justice dimension. While (39.70%) mean percentage for the distributive justice dimension.

Figure (2) illustrates that more than half (55%) of the staff nurses had a low perception level of organizational justice, while 16 % of them had a high perception level of organizational

justice. However, 29% of them had a moderate perception level of organizational justice.

Table (3) displays that the staff nurses had a moderate level of lateral violence based on the total mean percentage (64.75%).

Figure (3) shows that 41% of the staff nurses had a high level of lateral violence, while 31% and 28% of them had a low or moderate level of lateral violence, respectively.

Table (4) illustrates that there was a negative statistically significant correlation between total nurses' perception of organizational justice and lateral violence, where $r = -0.28$ at $p = 0.02$. It implicated that the lower organizational justice, the greater the lateral violence.

Table (5): shows that there was a highly statistically significant difference between nurses' age and educational level and total perception of lateral violence.

Table (1) Distribution of the staff nurses according to personal data (n=100)

Personal Data	No.	%
Age		
21 years - < 30	22	22.0
30 years - < 40	56	56.0
40 years- < 50	20	20.0
50 years- < 60	2	2.0
Marital status		
Single	20	20.0
Married	66	66.0
Widow	7	7.0
Divorced	7	7.0
Educational level		
Technical diploma in nursing	27	27.0
Associate technical diploma	30	30.0
Bachelor's degree in nursing	43	43.0
Experience in nursing		
<1	0	0.0
1- <5	14	14.0
5- <10	53	53.0
10-15	21	21.0
16-20	7	7.0
21-25	4	4.0
> 26	1	1.0

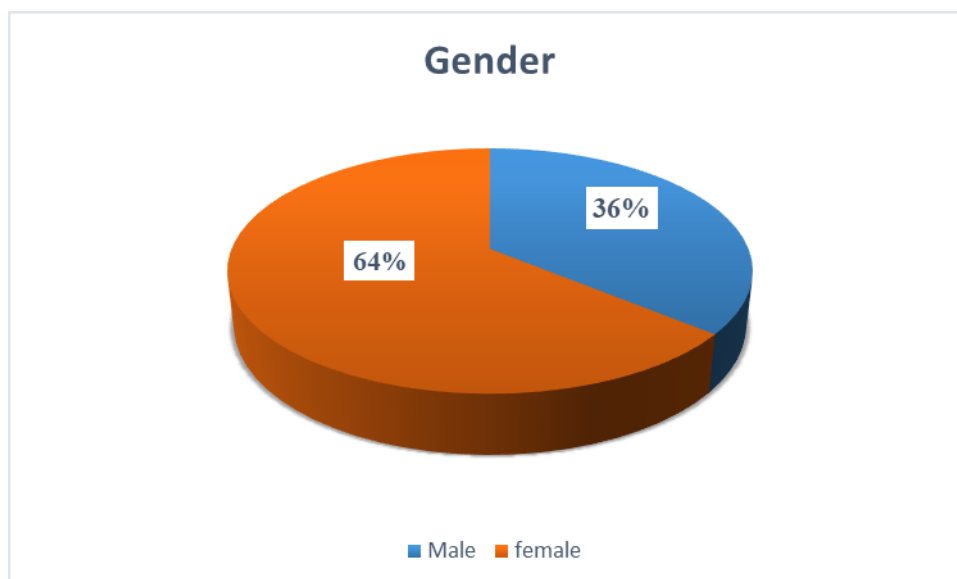


Figure (1) Distribution of the staff nurses according to their gender (n=100)

Table (2): Mean and Mean percentage of staff nurses' perception of organizational justice dimensions (n=100).

Organizational justice dimensions	Minimum	Maximum	Mean	SD	Mean%
Distributive Justice	6	24	11.91	0.64	39.70
Procedural Justice	6	27	12.94	0.75	43.13
Interactional justice	6	30	13.79	0.87	45.97
Total organizational justice	18	81	38.64	9.16	42.93

*Low perception < 60% - Moderate perception 60%-75% - High perception > 75

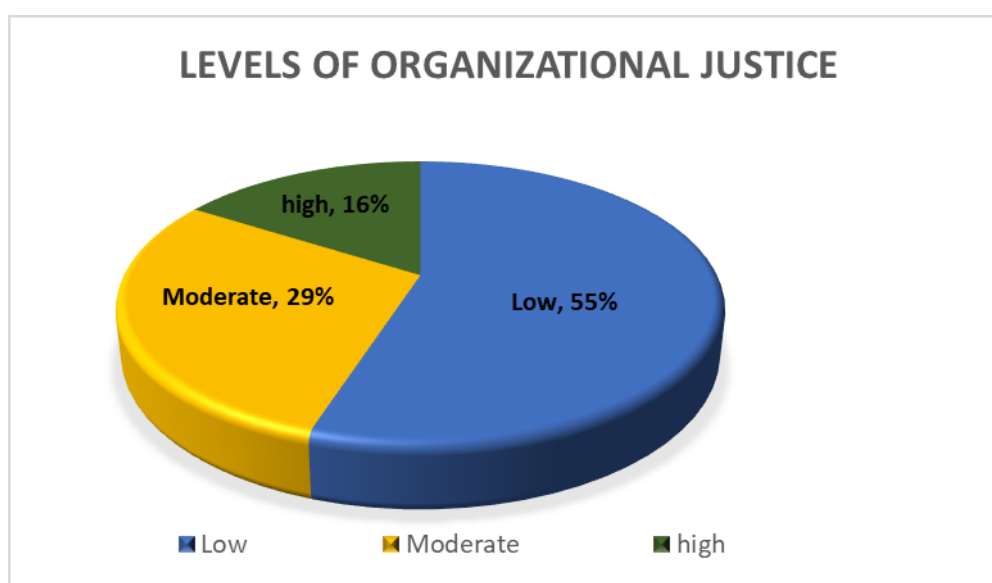


Figure (2) Distribution of the staff nurses' perception levels related to organizational justice (n=100).

Table (3) Mean and Mean percentage of staff nurses' perception of lateral violence (n=100).

Items	Never		Rarely		Sometimes		Often		Always	
	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
1. Harshly criticizing someone without having heard both sides of the story.	1	1	21	21	28	28	39	39	11	11
2. Belittling or making hurtful remarks to or about coworkers in front of others.	2	2	22	22	26	26	37	37	13	13
3. Raising eyebrows or rolling eyes at another coworker.	1	1	24	24	28	28	34	34	13	13
4. Complaining of a coworker to others instead of attempting to resolve a conflict directly with that person.	1	1	21	21	28	28	40	40	10	10
5. Pretending not to notice a coworker struggling with the workload.	1	1	21	21	31	31	37	37	10	10
6. Discouragement because of lack of positive feedback.	1	1	22	22	27	27	40	40	10	10
7. Avoid talking about work mistakes because of fear of retaliation.	1	1	27	27	25	25	36	36	11	11
8. Hesitation to ask questions for fear of ridicule from colleagues.	1	1	28	28	22	22	39	39	10	10
9. Feeling bad about myself because of my interactions with coworkers.	1	1	23	23	28	28	39	39	9	9
10. Poor interactions with certain coworkers cause physical symptoms such as inability to sleep, headaches, and abdominal pain.	1	1	23	23	26	26	39	39	11	11
11. Impulsivity and a lack of communication between work colleagues.	2	2	30	30	24	24	23	23	21	21
12. Violence is perceived as a means to achieve goals.	2	2	31	31	19	19	23	23	25	25
13. Insult, yelling, and shouting between work colleagues.	3	3	28	28	26	26	23	23	20	20
14. Refusal of colleagues' opinions to degrade them.	9	9	26	26	25	25	23	23	17	17
15. Sabotage of colleagues' work to put them in trouble.	16	16	29	29	34	34	17	17	4	4
16. Stealing colleagues' ideas.	15	15	35	35	26	26	20	20	4	4
Total mean± SD	51.80 ± 13.89									
Mean %	64.75%									

*High level: More than 75% - Moderate level: 50%-75% - Low level: Less than 50%

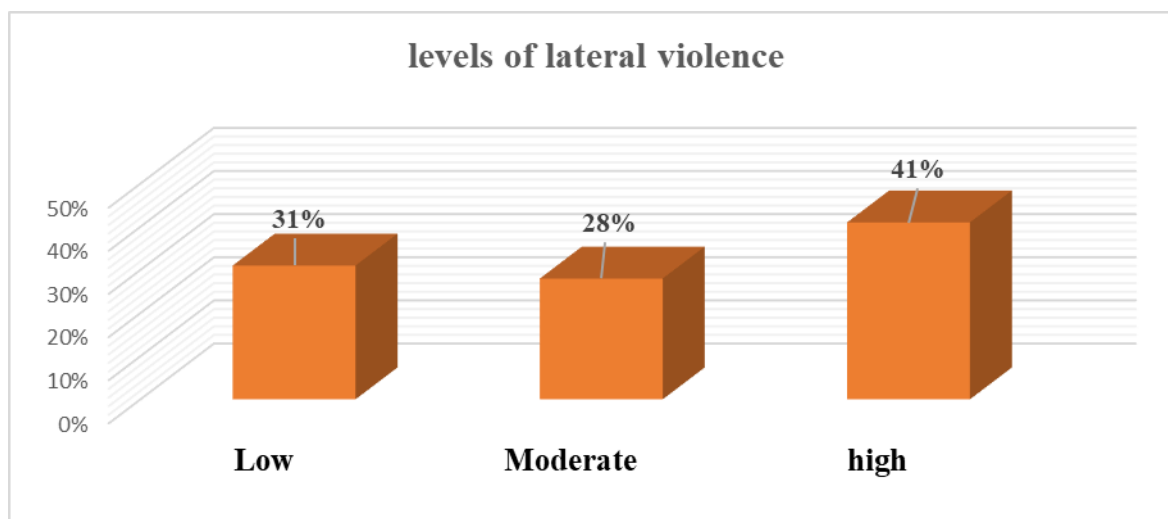


Figure (3) Distribution of the staff nurses' perception levels related to lateral violence (n=100).

Table (4): Correlation between total nurses' perception of organizational justice and lateral violence (n=100).

Variables	Organizational justice	
	r	P
Lateral violence	-0.28	0.02*

*Significant at p-value<0.05 -**p ≤ 0.001

Table (5): Correlation between total nurses' perception of organizational justice and lateral violence according to their personal data (n=100).

Personal data		Organizational justice	lateral violence
Age	r	0.14	-0.25
	P	0.25	0.009**
Gender	t	1.3	0.46
	P	0.18	0.64
Marital status	t	0.30	0.42
	P	0.54	0.21
Experience in nursing	r	0.08	0.002
	P	0.52	0.98
Educational level	r	-0.14	0.47
	P	0.23	0.0001**

*Significant at p-value<0.05

Discussion

Maintaining organizational justice is crucial for fostering the growth and well-being of both the organization and its staff. Nevertheless, violence poses a significant obstacle to the nursing profession and healthcare organizations, impeding their ability to cultivate a healthy work environment (**American Association of critical care nurses 2021**).

The findings of the current study indicated that over three-fifths of the surveyed staff nurses were female. Regarding age, more than half fell within the age range of 30 to less than 40 years. Additionally, slightly less than half of the staff nurses held a bachelor's degree in nursing. These findings differ from those of a study conducted by **El-Sayed, Fakhry & Abed-Aleem, (2021)**, which examined the correlation between work environment and horizontal violence among staff nurses at Port-Said General Hospitals. As the study reported that more than half of the participants were aged between 20 and 35 years, with an average age of 34.5 ± 10.02 years, and over two-thirds of the staff nurses held a nursing diploma and were married. In terms of experience, approximately half of the nurses had 1 to 15 years of nursing experience, with an average duration of 15.7 ± 10.3 years.

Regarding the total mean percentage of total organizational justice dimensions, the results of the current study indicated that the surveyed staff nurses had a low perception level of total

organizational justice dimensions. As well, the current study also described that interactional justice and procedural justice had the highest mean percentages among the surveyed staff nurses, while distributive justice had the lowest mean percentage. These outcomes align with the findings of a study conducted by **Metwally, et al., (2018)**, where they reported that nurses had the highest mean percentage for interactional justice compared to the other aspects of organizational justice. The agreement is further supported by **Abu Auf, Bakr, and Shrief, (2019)**, who also found that the mean percentage for interactional justice was higher than that for procedural justice and distributive justice, consistent with the present study.

In contrast, the findings of the present study contradict those of **Sun, et al., (2023)**, as they reported that the highest mean percentage of staff nurses' perceptions regarding organizational justice was attributed to distributive justice, while the lowest mean scores were associated with interactional justice. From the perspective of the researchers, these disparities in findings could be attributed to the head nurses' fair and respectful treatment of staff nurses, as well as their transparent allocation of resources, which may have positively influenced perceptions of interactional justice. However, nurses might have felt that there was an unfair distribution of incentives, an inequity between their efforts and salaries, personal biases from superiors, and a lack of involvement in decision-making processes

related to their work, all of which could have negatively impacted perceptions of distributive justice.

In terms of organizational justice levels, the findings of the present study revealed that slightly over half of the surveyed staff nurses had a low perception of organizational justice. A lower level of organizational justice could be associated with detrimental outcomes such as increased stress and compromised psychological well-being among nurses. These results contradicted those of **Zahran and Eldossoqi, (2021)**, who examined the impact of organizational justice perception on job burnout among nurses and reported that their respondents exhibited moderate levels of organizational justice.

Furthermore, this finding aligns with the research conducted at Ain Shams University hospitals by **El-Naggar, (2019)**, who reported that staff nurses exhibited a low perception of organizational justice. From the investigator's standpoint, the low perception of organizational justice can have significant and tangible impacts on various organizational outcomes, including the perception of respect and trust, absenteeism and staff turnover rates, job satisfaction and quality of coworker relationships, performance levels, commitment at work, psychological distress, and safety incident reporting.

Regarding the total mean percentage of lateral violence scale, the results of the current study indicated that the surveyed staff nurses had a moderate level of total lateral violence scale. as well, the current study results stated that the

highest percentage of surveyed staff nurses often experienced various lateral violence behaviors. These included instances of choosing to complain about a coworker to others instead of directly addressing conflicts, feeling demoralized due to a lack of positive feedback, experiencing physical symptoms like sleep difficulties, headaches, and abdominal pain as a result of poor interactions with certain coworkers, and someone was harshly criticized without hearing both sides of the story. However, these findings contradict the research conducted at Port-Said general hospitals by **El-Sayed, Fakhry & Abed-Aleem, (2021)**, who reported a minority never experienced or witnessed such incidents.

These findings contrast with the research conducted by **Attia, Abo Gad & Shokir, (2020)**, who found that less than half of staff nurses felt demoralized due to a lack of constructive criticism (feedback) and never discussed their mistakes out of fear. Furthermore, more than one-third of staff nurses experienced occasional physical symptoms such as sleep difficulties, headaches, and abdominal pain due to poor interactions with specific coworkers. Similarly, **Shorey & Wong, (2021)** revealed that over half of the nurses either experienced or witnessed incidents of raising eyebrows or rolling eyes directed at coworkers.

According to the investigator's viewpoint, lateral violence can have various negative effects on individuals. These include diminished confidence or self-esteem, increased anxiety, psychological distress, and sleep disturbances. Additionally, it can manifest in physical symptoms

like weight fluctuations, hypertension, and irritable bowel syndrome. Moreover, it has the potential to drain nurses of their enthusiasm and passion for their profession.

The results of the current study indicated that slightly over one-third of the surveyed staff nurses exhibited a high level of lateral violence. These findings were consistent with Attia, Abo Gad & Shokir, (2020), who reported that the majority of respondents (84% or $n = 890$) experienced a severe level of workplace lateral violence towards authorities. On the other hand, 16% ($n = 167$) of the respondents had a low level of workplace lateral violence towards authorities.

Regarding the association between organizational justice and lateral violence, the present study demonstrated a significant negative correlation between these two factors among the surveyed staff nurses. This implies that as organizational justice decreases, the incidence of lateral violence tends to increase. This finding aligns with the research conducted by Hany, Hassan & Badran, (2020), who concluded that there is a strong negative relationship between overall organizational justice and workplace violence behavior among staff nurses.

According to the investigator's viewpoint, detrimental workplace relationships can disrupt group dynamics and create an atmosphere of psychological strain, ultimately resulting in burnout, higher staff turnover rates, and adverse patient outcomes. Staff nurses who have encountered lateral violence may encounter

challenges in achieving success in their new work environment.

Regarding the correlation between the study variables and personal data of the surveyed staff nurses, the study findings showed that there was a highly statistically significant difference between nurses' age and educational level and total perception of lateral violence. This result is in disagreement with the study done by Blackstock, Salami, Cummings, (2018) who stated the presence of a strong relationship between total lateral violence and participants' gender. Along the same line, this result is matching with the study done by Peng, (2022) who mentioned that no statistically significant predictor of the studied staff nurses' demographic characteristics and total lateral violence except their age, years of experience, and educational level.

According to the investigator's viewpoint, Age and educational level have a positive effect on the experience of nurses, which helps them to solve work problems, make decisions properly, and helps them to resolve conflicts, which reduces violent behaviors among nurses.

Conclusion

Based on the findings of the current study, it can be inferred that slightly over half of the surveyed staff nurses had a low perception of organizational justice. Additionally, slightly more than one-third of the staff nurses reported experiencing a high level of lateral violence. The study also revealed a statistically significant

negative correlation between organizational justice and lateral violence among staff nurses.

Recommendations:

Drawing from the insights of the present study, the following suggestions are proposed:

- 1- Providing training opportunities for nurse managers about fair management strategies for their staff nurses.
- 2- Healthcare organizations should counter any form of lateral violence through regulations and disciplinary actions.
- 3- Conduct periodic meetings between nurse managers and staff nurses to discuss their work problems and share in creating solutions for them.
- 4- Constant educational programs for nurses to increase their awareness about their rights, and how to protect them against any violations.
- 5- Further research studies are needed to explore the factors that contribute to the prevalence of lateral violence.

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