

Perceived Relationship Between Horizontal Violence and Patient Safety Culture Among Nurses [Letter]

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Dear editor

We are very impressed with the research entitled "Perceived Relationship Between Horizontal Violence and Patient Safety Culture Among Nurses". We see that this research has advantages, namely: 1) it is a pioneer study on the relationship between patient safety culture and horizontal violence in the nurse's workplace, which provides a new contribution to the factors that influence horizontal violence in the health care environment; 2) involve a representative sample, thus increasing generalizability to a wider population of nurses; 3) provide insight into the importance of patient safety culture and prevention of horizontal violence in the nurse's workplace, so that it can be used to develop effective interventions and strategies to improve patient safety culture and reduce horizontal violence in the health care environment.

However, we noticed that data collection was carried out using an online self-administered questionnaire, which contained limitations, namely: 1) data collection bias, because it was carried out without direct supervision, it was also difficult to detect honesty and understanding of the contents of the questionnaire; 2) interpretation bias, because measurements are carried out subjectively based on individual perceptions of nurses, thus allowing large variations and not always reflecting objective reality, because individual perceptions can be influenced by personal factors, experience, and specific contexts.

Therefore, we recommend that in future research, data collection is carried out using more objective methods,² such as: 1) direct interviews with nurses, which allows more specific questions to be asked, clarification obtained, and further exploration of experiences and views nurse; 2) direct observation of the dynamics in the nurse's workplace, because actions or situations that have the potential to trigger horizontal violence can be identified, as well as seeing how nurses interact and communicate with each other; 3) discussion groups, which can facilitate a wider exchange of ideas and experiences about patient safety culture and horizontal violence, because nurses can learn from each other, identify common problems, and seek better solutions.

It is hoped that the combination of the results of this study and further research in the future will produce more accurate information in order to build a better patient safety culture.

Disclosure

The authors report no conflicts of interest in this communication.

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