

Workplace Bullying among Nurses at Selected Hospitals in Port-Said City

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ABSTRACT

Background: Workplace bullying is a universal issue that has negative effects on organizations, nurses, and patients as well; so, bullying should be handled effectively to reduce or avoid its potential negative impacts. **Aim:** The current study aimed to assess workplace bullying among nurses. **Subjects and Method: Design:** A descriptive design was applied in this study. **Settings:** The study was conducted in two hospitals affiliated to the Ministry of Health, now they are affiliated to the Universal Health Insurance in Port-Said Governorate, namely: El-Salam and El-Zhour. **Subjects :**The study sample was 142 nurses. **Tool** of data collection: data were obtained through Negative Acts Questionnaire-Revised (NAQ-R). **Results:** The results of the present study showed that 52.1% of the studied nurses were victims of work-related bullying and 40.8% of them were victims of person-related bullying, otherwise 42.3% of them weren't bullied through physically threatening behavior. **Conclusion:** Based on the results of the present study, it can be concluded that, more than one-third of the nurses were victims of workplace bullying and there was no statistically significant difference between workplace bullying and personal and job-related data. **Recommendation:** It was recommended to formulate work processes that nourish positive systems, justice, and respect; develop a formal procedure for reporting and investigating bullying, and develop a protocol for workplace bullying management.

keywords: Bullying, nurses, workplace bullying.

INTRODUCTION

Nowadays, the phenomenon of workplace bullying (WPB) is a matter of interest for practitioners and researchers as well. Also, rising concern about the traumatizing impact of workplace bullying has expanded due to the unfavorable consequence on the victim (Fabber, 2018). The concern of workplace bullying originated in Scandinavia in the 1980s. Later, during the 1990s, the concept of bullying or mobbing at work found resonance within considerable segments of European employees and academics as well. Bullying was defined as is an interpersonal incident that develops from a moveable interaction between at least two parties (Einarsen, Hoel, Zapf, & Cooper, 2011). Additionally, Leymann (as cited in Matsson & Jordan, 2021) defined WPB as a hostile and immoral communication, that is systematically directed by one or a few persons at most towards one person who is pressured into a helpless and defenseless status; these actions happen very frequently (at least once a week) and over a long interval (at least six months of duration), this leads to significant psychological, psychosomatic, and social suffering.

As indicated by Makarem, Tavitian-Elmadjian, Brome, Hamadeh, and Einarsen (2018), workplace bullying can be person-related that compromise conducts related to the target person, such as making insulting comments, extreme teasing, gossip or lies, persistent judgment, intimidation, or warnings; or work-related bullying which contains actions related to job tasks executed by the target person, as, giving unbelievable deadlines or unmanageable workloads, too much supervision, or distributing senseless tasks or no tasks. Similarly, Kwan, Tuckey, and Dollard (2020) categorized types of WPB into work-related bullying and person-related bullying. Meanwhile, bullying among nursing harms the individual nurse, work team, patient care, and consequently, the healthcare organization as a whole (Albishi & Alsharqi, 2018).

According to Hsieh, Wang, and Ma (2019) bullied nurses are more potential to suffer physical and mental health issues. As addressed by Perregrini (2019), bullying can create more stress for nurses with a stressful work environment, lead to low satisfaction, increased callouts on working days of the bully, depression, burnout, and turnover among nurses. Also, intent to leave, and harmful emotional and physical effects are consequences of workplace bullying (Parchment & Andrews, 2019). Additionally, nurse shortage is likely to be exacerbated by bullying; a bullying culture leads to a poor nurse work environment, increased risk to patients, decreased patient satisfaction, and greater nurse turnover, which costs the average hospital (Edmonson & Zelonka, 2019).

Moreover, bullying in the nursing profession is toxic to the health care climate (Berry, Gillespie, Fisher, Gormley, & Hayes, 2016). Hence, a protected working environment is a must for our nursing professionals for caring for their patients properly without suspicious concerning exposure to bullying or harassment (White, 2018).

Significance of the study

One of the most prevailing psychological and physical work-related affairs in healthcare organizations is WPB; it has destructive impacts on the bullied person and healthcare facilities, quality of care, and patient safety as well (Obeidat, Qan'ir & Turaani, 2018). Furthermore, Lewis-Pierre, Anglade, Saber, Gattamorta, and Piehl (2019) mentioned that the influence of WPB is multilevel; affecting patient safety and satisfaction, nursing retention and satisfaction, and provoking poor patient outcomes. Moreover, the American Nurses Association (ANA, 2017) reported that 50% of the nursing profession in the United States exposed to bullying in the workplace. As regards the prevalence of workplace bullying in the developing countries, ninety percent of the Jordanian nurses were being bullied (Al-Ghabeesh & Qattom, 2019), in other studies in Egypt, more than half of nurses exposed to workplace bullying in Zagazig (El-sayed, 2020), Damietta (Mosa, 2019), and Alexandria (Saad, 2018). Hence, healthcare leaders must manage WPB effectively. So, this study aims to assess workplace bullying among nurses at selected hospitals in Port-Said city.

AIM OF THE STUDY:

The current study aimed to assess workplace bullying among nurses.

Research objectives:

1. Assess workplace bullying among nurses in the study setting.
2. Determine the characteristics of the bullies.
3. Examine the relation between workplace bullying and personal and job-related data.

Research questions:

1. How prevalent is workplace bullying among nurses in the study setting?
2. What are the characteristics of the bullies?
3. Is there a relation between workplace bullying and personal and job-related data?

SUBJECTS AND METHOD:

A descriptive research design was used for the current study.

Settings:

The study was carried out at two hospitals that were affiliated to the Ministry of Health, now they are affiliated to the Universal Health Insurance in Port-Said Governorate, namely: El-Salam Hospital and El-Zhour Hospital.

Subjects:

The subjects included nurses providing direct patient care who are working in the study setting and worked for at least six months, using the following equation:

$$\text{Sample size } n = \frac{[DEFF * Np(1-p)]}{[(d2/Z21-\alpha/2*(N-1)+p*(1-p)]}$$

The final sample size **162** nurses at confidence level 95 %; 16 of the nurses were excluded to carry pilot study; so, only 146 nurses were included in the study. Four out of (146) nursing managers refused to participate, only 142 nurses participated in the study

Tool of data collection:

One tool was used to collect data for this study.

Negative Acts Questionnaire-Revised (NAQ-R).

This tool was used to measure the exposure to bullying in the workplace that was developed by Einarsen, Hoel, and Notelaers (2009), and the NAQ-R Arabic version was developed and adopted from Makarem et al., (2018) after obtaining their acceptance. It consists of two parts:

Part I: This part includes personal and job-related data, including hospital name, gender, age, marital status, level of education, department name, years of experience in nursing, years of experience in the present department, and mostly worked shift.

Part II: This part measures the exposure to bullying in the workplace; it consists of 31 items divided into three subscales. Work-related bullying consisted of seven items; person-related bullying consisted of 12 items; physically threatening behavior consisted of four items.

Moreover, a single-item measuring self-labelling of bullying victimization during the last six months; provides the respondent with a formal definition of workplace bullying on a five-point response category such as no; yes, but rarely; yes, now and then; and yes, several times per week; yes, almost daily. This was followed by seven items that measure

the experience of workplace bullying such as duration of experience, who the main perpetrator were, etc.

The Arabic version of the tool was revised with the English version by the researcher and a panel of experts and modified slightly; as the item 22 "threats of violence or physical abuse or actual abuse" was divided into two items one for the "threats of violence or physical abuse" and the other for the "actual violence or physical abuse". A self-instruction questionnaire was utilized for data collection.

Scoring system:

Negative Acts Questionnaire-Revised (NAQ-R) items were scored 5, 4, 3, 2, and 1, for the responses "daily", "weekly", "monthly", "now and then", and "never", respectively. Nurses with a score lower than 35 are not bullied, nurses with a score between 35 and 47 may be considered as being bullied occasionally, and employees who score 47 and above can be considered to be victims of workplace bullying or regularly bullied (Notelaers & Einarsen, 2012).

Validity:

The validity of the Arabic version of the Negative Acts Questionnaire-Revised was tested by the developers as the concurrent validity was assessed through examining Pearson's correlations between bullying symptoms of depression as measured by the Arabic version of the Beck Depression Inventory-II (BDI-II) and overall satisfaction with life as measured by the Arabic Satisfaction with Life Scale (SWLS); and it had good concurrent validity as indicated by significant correlations ($p < 0.05$) (Makarem et al., 2018). In addition, revision of the Arabic version of the Negative Acts Questionnaire-Revised was ascertained by a panel of eleven nursing experts to ensure face and content validity CVI was 0.95.

Reliability:

Cronbach's alpha coefficient was calculated to assess the reliability of the tool through its internal consistency. The reliability of the Arabic version of the Negative Acts Questionnaire-Revised was tested by the developers and it was 0.90 (Makarem et al., 2018) and it was assessed by the researcher, and it was 0.97.

Pilot study:

A Pilot study was carried out on 16 nurses who represent 10 % of the total sample from the studied hospitals of research work to test the applicability, feasibility, and

objectivity of the study tool before starting data collection and estimate the needed time to complete the questionnaire, and they were excluded from the original sample. The pilot study was conducted for seven weeks, 10 - 15 minutes was the time needed to complete the questionnaires by nurses.

Fieldwork:

The data were collected from nurses by the researcher after obtaining an official agreement from the medical and nursing directors of the studied hospitals. The questionnaire sheet was filled in by the nurses while they were on duty in the morning, and afternoon shifts, and after the purpose of the study was explained. Data were collected by the researcher five days per week in the morning shift and afternoon from 9 AM. to 8 PM, data were collected from two hospitals in parallel. A self-instruction questionnaire was utilized to collect the data related to exposure to workplace bullying using (NAQ-R). Data were collected from 27 January to 27 December 2020 with a pause from 15 March to 12 July because of COVID-19.

Ethical considerations:

Approval was taken from the research ethics committee of faculty of nursing, port-said university, and acceptance to use the NAQ-R from the authors of the questionnaire. Also, informed consent was obtained from nurses to participate in the study after explaining the purpose and the nature of the study. The studied nurses were informed that their participation is voluntary, and they have the right to withdraw from the study at any time. Ensuring the confidentiality of the information collected and anonymity is guaranteed.

Statistical Design:

Data entry and statistical analysis were done using SPSS 20.0 statistical software package. Data were presented using descriptive statistics in the form of frequency, percentages for qualitative data; means, and standard deviations for quantitative data. Categorical variables were compared using Chi-square test; Monte Carlo correction for chi-square when more than 20% of the cells have expected count less than 5. In addition, continuous variables were presented as mean \pm SD (standard deviation) for parametric data.

RESULTS:

Study results reveal that nearly three-quarters of the studied nurses were females, more than half of them under the age of 30 years old, and more than half of them were single. Regarding the nursing educational level of the studied nurses, more than two-thirds of them have a nursing technical institute as their basic education. Moreover, more than a quarter of the studied nurses worked in the emergency room, more than one-third of them had more than ten years' experience in nursing and more than half of them worked in the current department for less than five years. Furthermore, more than one-third of the studied nurses worked mostly in long day shift.

Table (1): portrays that more than half of the studied nurses (52.1%) were victims of work-related bullying and more than one-third of them (40.8%) were victims of person-related bullying. While only 42.3% of the studied nurses weren't bullied through physically threatening behavior. In relation to the overall exposure to workplace bullying, 42.3% of the studied nurses were victims of WPB, followed by 40.1% of them being bullied occasionally.

Table (2): reflects that 45.1% of the studied nurses reported that they were exposed daily to excessive monitoring of their work and 31% of them were being exposed daily to an unmanageable workload. Moreover, more than half of the studied nurses (53.5%) were from now and then being given tasks with unreasonable or impossible targets or deadlines.

Table (3): clarifies that more than one-third of the studied nurses (42.3%) stated that they were monthly exposed to persistent criticism of their work and effort followed by 41.5% of them reported that they monthly had key areas of responsibility removed or replaced with more trivial or unpleasant tasks. While more than half of the studied nurses (60.6%) mentioned that they experienced from now and then repeated reminders of their errors or mistakes.

Table (4): highlights that more than one-third of the studied nurses mentioned that they never experienced actual or threats of violence or physical abuse (47.9% & 45.8% respectively). Meanwhile, 35.9% of the studied nurses reported that from now and then they experienced being shouted at or being the target of spontaneous anger.

Table (5): represents that the overall mean of the total number of bullies stated by the studied nurses was (2.67 ± 3.41) with the highest mean score for the number of female bullies (1.91 ± 2.35) . While the lowest mean score for the number of male bullies (0.86 ± 1.45) .

Table (6): indicates that more than half of the studied nurses (54.2%) were bullied by nursing colleagues. Furthermore, more than one-third of the studied nurses (35.9%) were bullied by the hospital nurse director, followed by 31.0% of being bullied by the head nurse of the unit.

Table (7): delineates that there was no statistically significant difference between nurses' exposure to workplace bullying and their personal and job-related data.

Table (1): Workplace bullying among the studied nurses in the studied settings (N=142).

Workplace bullying domains	Workplace bullying					
	Not bullied		Bullied occasionally		Victims of WPB	
	No.	%	No.	%	No.	%
Work-related bullying	28	19.7	40	28.2	74	52.1
Person-related bullying	30	21.1	54	38.0	58	40.8
Physically threatening behavior	60	42.3	28	19.7	54	38.0
Overall	25	17.6	57	40.1	60	42.3

Table (2): Work-related bullying among the studied nurses in the studied settings (N=142).

Work-related bullying	Never		Now and then		Monthly		Weekly		Daily	
	No.	%	No.	%	No.	%	No.	%	No.	%
Someone withholding information which affects your performance	49	34.5	57	40.1	20	14.1	11	7.7	5	3.5
Being ordered to do work below your level of competence	32	22.5	62	43.7	27	19.0	14	9.9	7	4.9
Having your opinions and views ignored	17	12.0	59	41.5	38	26.8	15	10.6	13	9.2
Being given tasks with unreasonable or impossible targets or deadlines	43	30.3	76	53.5	11	7.7	3	2.1	9	6.3
Excessive monitoring of your work	20	14.1	49	34.5	6	4.2	3	2.1	64	45.1
Being exposed to an unmanageable workload	10	7.0	27	19.0	25	17.6	36	25.4	44	31.0
Pressure not to claim something which by right you are entitled to (e.g. sick leave, holiday entitlement)	44	31.0	62	43.7	18	12.7	3	2.1	15	10.6

Table (3): Person-related bullying among the studied nurses in the studied settings (N=142).

Person-related bullying	Never		Now and then		Monthly		Weekly		Daily	
	No.	%	No.	%	No.	%	No.	%	No.	%
Being humiliated or ridiculed in connection with your work	42	29.6	72	50.7	13	9.2	6	4.2	9	6.3
Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks	18	12.7	36	25.4	59	41.5	22	15.5	7	4.9
Spreading of gossip and rumors about you	33	23.2	37	26.1	49	34.5	18	12.7	5	3.5
Being ignored or excluded (being 'sent to Coventry')	80	56.3	46	32.4	12	8.5	2	1.4	2	1.4
Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life	31	21.8	73	51.4	25	17.6	10	7.0	3	2.1
Hints or signals from others that you should quit your job	83	58.5	47	33.1	6	4.2	3	2.1	3	2.1
Repeated reminders of your errors or mistakes	36	25.4	86	60.6	11	7.7	5	3.5	4	2.8
Being ignored or facing a hostile reaction when you approach	84	59.2	42	29.6	8	5.6	6	4.2	2	1.4
Persistent criticism of your work and effort	26	18.3	37	26.1	60	42.3	12	8.5	7	4.9
Practical jokes carried out by people you don't get on with	85	59.9	46	32.4	4	2.8	5	3.5	2	1.4
Having allegations made against you	79	55.6	52	36.6	8	5.6	1	0.7	2	1.4
Being the subject of excessive teasing and sarcasm	44	31.0	57	40.1	23	16.2	13	9.2	5	3.5

Table (4): Physically threatening behavior among the studied nurses in the studied settings (N=142).

Physically threatening behavior	Never		Now and then		Monthly		Weekly		Daily	
	No.	%	No.	%	No.	%	No.	%	No.	%
Being shouted at or being the target of spontaneous anger (or rage)	63	44.4	51	35.9	20	14.1	3	2.1	5	3.5
Intimidating behavior such as finger-pointing, invasion of personal space, shoving, blocking/ barring the way	60	42.3	43	30.3	25	17.6	11	7.7	3	2.1
Threats of violence or physical abuse	65	45.8	39	27.5	25	17.6	10	7.0	3	2.1
Actual violence or physical abuse	68	47.9	48	33.8	15	10.6	7	4.9	4	2.8

Table (5): Number of bullies according to the studied nurses over the last six months (N=142).

Number of bullies	Min – Max.	Mean ± SD.
Number of male bullies	0.0 – 10.0	0.86 ± 1.45
Number of female bullies	0.0 – 20.0	1.91 ± 2.35
Total No of bullies	0.0 – 30.0	2.67 ± 3.41

Table (6): Who bullied the studied nurses. (N=142).

Nurses bullied by:	Bullied		Not Bullied	
	No.	%	No.	%
Hospital nurse director	51	35.9	65	45.8
Head nurse of the unit	44	31.0	71	50.0
Nursing colleagues	77	54.2	38	26.8
Hospital director	10	7.0	105	73.9
Hospital managing director	13	9.2	102	71.8
Medical director of the unit	13	9.2	101	71.1
Resident Doctor	0	0.0	114	80.3

Table (7): Relation between nurses' exposure to workplace bullying and their personal and job-related data (N=142).

Personal and job-related data	Negative Acts Questionnaire-Revised (NAQ-R)							χ^2	P
	N	Not bullied (N = 25)		Bullied occasionally (N = 55)		Victims of WPB (N = 62)			
		No.	%	No.	%	No.	%		
Hospital's name									
El-Salam	120	18	15.0	48	40.0	54	45.0	3.626	0.163
El-Zhour	22	7	31.8	7	31.8	8	36.4		
Gender								0.596	0.742
Male	36	7	19.4	12	33.3	17	47.2		
Female	106	18	17.0	43	40.6	45	42.5		
Age								4.191	0.381
<30	74	13	17.6	32	43.2	29	39.2		
30-40	45	7	15.6	13	28.9	25	55.6		
>40	23	5	21.7	10	43.5	8	34.8		
Marital status								2.815	MC p = 0.902
Single	75	15	20.0	29	38.7	31	41.3		
Married	61	10	16.4	24	39.3	27	44.3		
widow	2	0	0.0	0	0.0	2	100.0		
Divorced	4	0	0.0	2	50.0	2	50.0		
Level of education								4.494	0.343
Nursing diploma	47	7	14.9	17	36.2	23	48.9		
Nursing technical institute	65	15	23.1	27	41.5	23	35.4		
Baccalaureate degree in nursing	30	3	10.0	11	36.7	16	53.3		
Department name								14.914	MC p = 0.348
Medical	12	4	33.3	3	25.0	5	41.7		
Surgical	14	4	28.6	5	35.7	5	35.7		
ICU	27	4	14.8	13	48.1	10	37.0		
OR	15	4	26.7	7	46.7	4	26.7		
Emergency	37	6	16.2	13	35.1	18	48.6		
NICU	23	1	4.3	9	39.1	13	56.5		
Burn	4	0	0.0	0	0.0	4	100.0		
PICU	10	2	20.0	5	50.0	3	30.0		
Years of experience in nursing								1.022	0.906
<5	53	8	15.1	23	43.4	22	41.5		
5-10	35	6	17.1	13	37.1	16	45.7		
>10	54	11	20.4	19	35.2	24	44.4		
Years of experience in the present department								5.461	0.243
<5	83	15	18.1	38	45.8	30	36.1		
5-10	34	5	14.7	10	29.4	19	55.9		
>10	25	5	20.0	7	28.0	13	52.0		
Mostly worked shift								4.370	MC p = 0.634
Morning	37	5	13.5	17	45.9	15	40.5		
Afternoon	9	3	33.3	2	22.2	4	44.4		
Night	29	7	24.1	11	37.9	11	37.9		
Long-day	67	10	14.9	25	37.3	32	47.8		

 χ^2 : Chi square test

MC: Monte Carlo for Chi-square test (more than 20% of the cells have expected count less than 5)

DISCUSSION

Regarding workplace bullying, the findings of the present study revealed that more than one-third of the studied nurses were victims of workplace bullying. This finding might be attributed to the fact that the hospital's culture didn't adopt zero-tolerance of bullying in addition; there is neither a policy against workplace bullying nor regular training as proactive measures to minimize bullying in the workplace. This finding is parallel to those of El-sayed (2020), in a study in Zagazig University, concluded that the majority of the studied nurses were exposed to bullying.

According to the results, more than half of the studied nurses were work-related bullying victims with daily exposure to excessive monitoring of their work and an unmanageable workload. The possible explanation is that the redesign of the hospital system accompanied by the application of the Universal Health Insurance that expose all healthcare givers specially nurses to unmanageable workload and excessive monitoring of their work through the continues controlling visits from the representatives of the Universal Health Insurance and the hospital administration and committees within the hospitals as well. Moreover, this finding was in accordance Ko et al., (2020) who studied 484 nurses from a large medical center in southern Taiwan and concluded that work-related bullying had the highest score and explain this as nursing as a profession is usually encountered heavily workload and extended work hours without equitable payment.

The current study found, more than one-third of studied nurses were victims of person-related bullying. This finding could be related to, increased workload and ineffective communication between nurses and managers as more than one-third of nurses stated that they were monthly exposed to persistent criticism of their work and effort and more than half of them experienced form now and then to repeated reminders of their errors. Similar findings were reported by Roy and Khan (2020) who conducted a study among 183 nurses in Bangladesh and concluded that most of the nurses were exposed to person-related bullying in the form of repeated reminders of mistakes and being ignored; and explained this as nurses usually face scarcity of resources, more complex cases, increased nursing shortage, and work stressors.

In the present study, more than one-third of studied nurses weren't bullied through physically threatening behavior as the least reported type of bullying. This might be

interpreted by; the new redesign of hospitals each unit is provided with security members for guarding the security which in turn might have an effect. In the same regard, Obeidat, Qan'ir, and Turaani (2018) conducted a study among 269 registered nurses in Jordan and mentioned that physically threatening behavior was the lowest stated type of bullying.

Concerning bullies' characteristics, the present study findings indicated the highest mean score for the number of female bullies; the highest percent of the studied nurses were bullied by nursing colleagues, followed by the hospital nurse director then the head nurse of the unit. This finding was consistent with Chatziioannidis, Bascialla, Chatzivalsama, Vouzas, and Mitsiakos (2018) who made a study to measure workplace bullying in 17 hospitals in Greece and reclaimed that the majority of the bullies were female, supervisor and senior colleagues. This was the same view of Al-Ghabeesh and Qattom (2019) studied nurses in Jordan and highlighted that the bullies were colleague nurses, but on the contrary, they found that the main bullies were male. In contrast with the previous finding, Hassan and Hassan (2021) who conducted a study for assessing bullying among 61 nurses who worked in Port Said and reported that the bullies were both male and female.

As regarding relation between nurses' exposure to workplace bullying and their personal and job-related data, the assessment of the present study showed no significant differences between workplace bullying and personal and job-related data (gender, age, marital status, educational level, department, years of experience in nursing and in the present department, and mostly worked shift). This might be because all nurses were exposed to the same changes in the hospital system accompanied by the application of the Universal Health Insurance. This result finding was supported by Hepburn, Daniel, and Onuoha (2020) who studied nurses' bullying experiences among all the registered nurses in the Island hospital and claimed that there was no significant relationship between the nurses' demographics and their experience of bullying. In disagreement with this finding, Homayuni, Hosseini, Aghamolaei, and Shahini (2021) studied 329 nurses who worked in both public and private hospitals in Iran and reported that there was a significant relationship between nurses' exposure to workplace bullying and their gender and different departments they worked in.

In addition, the study results highlighted that the studied nurses worked in El-Salam hospital who were victims of WPB were more than the others worked in el-Zhour

hospital this could be due to the nature of El-Salam hospital as a bigger hospital with diversity in departments & specializations and also more staff that cause more workload and more work-related stressors. Also, the percentage of male victims of WPB was higher than females, this might be explained as the male nurses are a minority in both hospitals and our culture is to be more dependent on males than females so they might experience more workload. Regarding marital status, the highest percent of nurse victims of WPB were the widow and divorced nurses because they are vulnerable groups who are at high risk of victimization in our social culture.

Moreover, nurses with a bachelor's degree were the higher percentage of being victims of WPB as they are supposed to be the more educational qualified nurses so they were exposed to more workload also they might be exposed to annoyance from the older nurses with less educational qualifications as they might see them as threatening to their positions. Nurses who worked in burn NICU emergency departments were the higher percentage of being victims of WPB this could be explained as these are critical departments with more work stressors and workload. Concerning mostly worked shifts, nurses who worked long-day shift were the highest percentage of victims of WPB because they worked more hours which expose them to more stressors.

CONCLUSION:

Based on the findings of the present study, it was concluded that more than one-third of the nurses were victims of WPB. Meanwhile, work-related bullying had the highest score of bullying types followed by person-related bullying followed by physically threatening behavior as the lowest type of bullying. Besides, half of the studied nurses were bullied by nursing colleagues and were bullied most by female bullies. Finally, there was no statistically significant difference between workplace bullying and personal and job-related data.

RECOMMENDATIONS:

For Hospital Administrators:

- Develop a formal procedure for reporting and investigating bullying.

For Nurse Managers:

- Create defined roles and responsibilities with a balanced workload.
- Formulate work processes that nourish positive systems, justice, and respect.
- Develop a work environment that permits trial and error without persistent criticism.

For Nurses:

- Report bullying incidents as a victim or witness.

For Nursing Faculties:

- Integrate workplace bullying concept into undergraduate and postgraduate nursing curricula.

For Further Studies:

- Further research is necessary to develop and disseminate protocol for workplace bullying management.

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التنمر في مكان العمل بين الممرضين في المستشفيات المختارة بمدينة بورسعيد

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الخلاصة

الخلفية: يعتبر التنمر في مكان العمل قضية عالمية لها آثار سلبية على المؤسسات والممرضين والمرضى أيضاً؛ لذلك، يجب التعامل مع التنمر بشكل فعال لتقليل أو تجنب آثاره السلبية المحتملة. صممت هذه الدراسة الوصفية لتقييم التنمر في مكان العمل بين الممرضين في المستشفيات المختارة بمدينة بورسعيد. وقد أجريت هذه الدراسة على 142 من الممرضين بمستشفيين تابعان لوزارة الصحة والآن تخضعان للتأمين الصحي الشامل بمحافظة بورسعيد. تم جمع البيانات من خلال استبيان الافعال السلبية-المنقح. أظهرت نتائج الدراسة أن 52.1% من الممرضين كانوا ضحايا للتنمر المرتبط بالعمل و 40.8% منهم كانوا ضحايا للتنمر المرتبط بالشخص، بينما 42.3% منهم لم يتعرضوا للتنمر المرتبط بالتهديد بالإيذاء الجسدي. بناءً على نتائج الدراسة الحالية. يمكن الاستنتاج أن أكثر من ثلث الممرضين كانوا ضحايا للتنمر في مكان العمل، علاوة على ذلك، فإنه لا يوجد فرق ذو دلالة إحصائية بين التنمر في مكان العمل والبيانات الشخصية والمتعلقة بالعمل. وأوصت نتائج الدراسة صياغة إجراءات العمل التي تغذي النظم الإيجابية والعدالة والاحترام، وتطوير إجراءات رسمية للإبلاغ عن التنمر والتحقيق فيه، وتصميم بروتوكول إدارة التنمر في مكان العمل.

الكلمات المرشدة : التنمر، الممرضين، التنمر في مكان العمل.