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The phenomenon of workplace bullying among nurses

Katarzyna Tomaszewska

orcid.org/0000-0002-2129-9107

Department of Nursing, Institute of Health Protection, The State Higher School of Technology and Economics in Jarosław

Bożena Majchrowicz

orcid.org/0000-0003-3203-1407

Department of Nursing, Institute of Social and Health Sciences, Polish State School of Eastern Europe in Przemyśl

Karolina Norek

Graduate Collegium Masoviense - Higher School of Health Sciences in Żyrardów

Introduction The problem of workplace bullying, which carries several pathologies, is becoming a more and more common phenomenon in the work environment. Regardless of the form of aggression or its causes in the workplace, it always significantly affects the employee, causing a number of consequences, ranging from health and psychological to social and professional. **The aim of the study** was to assess the prevalence of workplace bullying among nurses. **Material & methods:** The study involved 120 nurses, including 110 women and 10 men. The survey was conducted anonymously, with the consent of the respondents. A proprietary questionnaire was used as the research tool and the NAQ questionnaire was used to assess the workplace bullying phenomenon. A diagnostic survey was used as the research method. **Results:** In the studied group, the presence of workplace bullying was found in more than half of the nursing staff (54.2%), so it occurred more often than it was absent, but no statistically significant differences were found between the number of respondents affected or not by workplace bullying ($p=0.180$), it was therefore found that this problem was as common as its absence. Moreover, it was shown that among the respondents with the shortest work experience, workplace bullying was the least frequent. **Conclusions:** Workplace bullying among nursing staff is a common phenomenon, while respondents with longer work experience are more exposed to these activities. Workplace bullying activities are rarely applied to people with higher education, but to a greater extent they are related to the competences, and therefore directed at work, rather than at the private sphere.

Keywords: nursing staff, workplace bullying, mobbing, problem, scale.

Introduction

Awareness of the existence of workplace bullying in the work environment is growing, so that it is not a taboo subject, thus becoming the subject of many scientific papers and the subject of research. In modern nursing, in addition to individual tasks, there is a need for cooperation and collaboration in the nursing team. The formation of standards of conduct by managers is also significantly important. By doing so, the environment is integrated, preventing divisions and conflicts. Safe working conditions and a healthy environment are a guarantee of satisfaction in performing one's duties and satisfying the first level of needs in Maslov's hierarchy. Employees in the health care sector are exposed to several stressors related to the mission of protecting and saving life and health. The phenomenon of workplace bullying, therefore, is an extremely important threat to nursing, ruining its foundations embedded in interaction and cooperation to help others [1].

Workplace bullying is a repetitive phenomenon over time, these are not incidental cases of negative interactions, but actions that are repeated and last for a long time. The persistence of the phenomenon is a critical aspect, causing devastating aspects in the psycho-physical zone of the victim. High frequency of workplace bullying causes that the organism does not have the possibility to regenerate the effects of intense stressors, and the duration of the phenomenon exhausts the defense forces of the persecuted [2]. The existence of workplace bullying can be established when the phenomenon lasts for at least six months, with a repetition at least once a week and results in health consequences for the victim. It should be noted that the perception of workplace bullying is subjective, depending on individual sensitivity. In addition, aggressive actions may differ in the scale of the threat. In the case of workplace bullying, in the absence of any reaction aimed at solving the conflict, the intensity of the form of the conflict escalates in direct proportion to its duration. In Poland, workplace bullying is considered as an irrational, unethical activity, taking into account the goals of the organization. The action taken by superiors or co-workers, consisting of repeated, prolonged, and unjustified harassment of the employee. This action is subjecting the victim to economic, social and psychological violence in order to humiliate, intimidate and reduce the ability to defend oneself. This phenomenon is experienced subjectively, but at the same time can be confirmed intersubjectively: it is a multi-phase process in which the mobber uses methods of manipulation ranging from subtle to drastic, causing social isolation of the victim, self-deprecation, a sense of powerlessness, harm and rejection by employees, resulting in stress and mental and somatic diseases [3].

In most global studies, the health care sector is recognized as an occupational group exposed to bullying at the highest level. Employees in this sector are a group that includes people with

often extreme views, attitudes, or value systems. This results in frequent conflicts which, with poor management systems and insecurity caused by the constant restructuring of health care facilities, can turn into a schematized form of psychological violence. The constantly changing, ambiguous regulations associated with the restructuring of health care facilities, the hierarchical system of management, and the uncertainty of losing one's job significantly contribute to this phenomenon [4]. The groups among health care workers in which mobbing occurs most frequently are doctors and nurses. In hospital practice, it manifests itself mainly through humiliating subordinates, hindering their careers, and preventing the path of promotion [5]. The effects of mobbing are multidimensional and complex depending on the intensity of the mobbing, the duration as well as the individual's ability to cope with stress and their psychological resilience [6]. Generalizing, the effects of mobbing can be divided into those that affect the individual, as well as those that result in changes in the organization and those that affect social influence. From the perspective of the individual, the effects of mobbing cause a number of somatic and psychological dysfunctions in the victims of mobbing [7].

The aim of the study is to assess the frequency and extent of workplace bullying among nurses.

Material and methods

The study included 120 nurses working in a hospital in Podkarpackie province. There were 110 women (91.7%) and 10 men (8.3%) with the length of service from at least 1 year to more than 31 years. The respondents had different levels of education, from medical high school or medical college to university studies in nursing at the bachelor's and master's level. Individuals participating in the study were randomly selected. Each participant gave voluntary consent to the study. Each subject was also informed of the purpose of the study and that anonymity would be maintained. Consent to conduct the study on the premises of Centrum Medyczne Sp. z o.o. was obtained from the institution's management. The study was conducted in the months of October - December 2020. In the studied group of 120 nurses there were 110 women - 91.7% and 10 men - 8.3%. The length of service of 64 respondents - 53.3% was from 1 to 10 years, the length of service of another 21 people - 17.5% was defined as 11-20 years, 25 people - 20.8% as 21-30 years and the remaining 10 - 8.3% as 31 years or more. Of the total number of respondents, most had a bachelor's degree - 50 (41.7%) or a master's degree - 37 (30.8%). After high school medical school there were 20 people - 16.7% and after medical school there were 13 - 10.8%.

The research method used in this study was a diagnostic survey. The research technique was the survey technique, and the research tool - a standardized questionnaire to assess the phenomenon of mobbing - NAQ. The questionnaire consisted of 22 statements, describing the interactions of the respondents with their co-workers. The respondents could agree or disagree with a given statement by specifying the frequency of a given interaction on a five-point scale - from never, through occasional, monthly, weekly, to daily. The responses were scored in that order on a scale of 1 to 5, with higher scores indicating more frequent interaction.

The NAQ questionnaire made it possible to determine the occurrence of bullying in the group of people studied. Bullying was identified in the case of a person who responded to at least 2 of the 22 statements from the list, that a given interaction with co-workers, happens to him weekly or more often. In addition to the general assessment of the intensity of the mobbing phenomenon in the sample, an attempt was also made to assess whether the described mobbing phenomenon is directed more towards work or the personal sphere. Work-related statements included 12 out of 22 - i.e., 1, 2, 3, 4, 10, 11, 13, 16, 17, 18, 19, and 21. Personal-related statements included 9 out of 22 - i.e., 5, 6, 7, 8, 9, 12, 14, 15, and 20. Question 22 related to threats of physical violence or actual physical abuse was omitted from this classification. The scores obtained in the category of evaluation of bullying directed at work and in the personal sphere were presented as mean scores from 1 to 5 points. Similarly, the overall scale score was also assessed.

Statistical analysis The results obtained in the study were statistically analyzed using Statistica 13.1 software from StatSoft. Data of qualitative and quantitative type were analyzed. Pearson's chi-square test was used to evaluate the association between variables of qualitative type. Spearman's rank correlation test was used to evaluate the association between variables of qualitative type. The differences between the numerical values in two groups were evaluated with the Mann-Whitney U test, and between the results obtained in the same group but concerning different spheres - with the Wilcoxon signed-rank test. The level of statistical significance was taken as $p<0.05$.

Results

The following table shows the exact frequency with which respondents experienced the interactions shown in the 22 statements of the NAQ questionnaire. Respondents were least likely to agree with statements related to aspects of being taken away from their autonomy, being intimidated, receiving signals from others advising them to leave work, being ignored or received with hostility, being made fun of, being pressured not to demand something they have a right to, being subjected to excessive harassment or sarcasm, or being threatened with physical

violence or actual abuse. It was slightly more common for respondents to be the victim of withholding information that affects their performance at work, to be humiliated or ridiculed in connection with work, to be ignored or excluded, to receive unkind or offensive remarks about their person, attitude, or private life, to hear shouting anger or rage, be reminded of mistakes or errors, be ignored, be constantly criticized for mistakes or errors, be given ridiculous tasks or impossible goals and deadlines, be made unfounded accusations, or be overly controlled in their work. Even more frequently, respondents had work assigned to them that was below their level of competence, and rumors or gossip about them were brushed off. In contrast, they were most likely to indicate exposure to excessive workload (Table 1).

Table 1. Frequency with which respondents experienced the interactions shown in the 22 statements.

Statement	Never 1 pts.	Occassionally 2 pts.	Every month 3 pts.	Every week 4 pts.	Every day 5 pts.	Average [pts.]
Withholding information that affects your performance at work	41 34,2%	44 36,7%	15 12,5%	13 10,8%	7 5,8%	2,18
Being humiliated or ridiculed in connection with work	56 46,7%	44 36,7%	8 6,7%	9 7,5%	3 2,5%	1,83
Delegating work that falls below your level of competence	34 28,3%	47 39,2%	19 15,8%	14 11,7%	6 5,0%	2,26
Taking away responsibility	65 54,2%	38 31,7%	12 10,0%	2 1,7%	3 2,5%	1,67
Spreading rumors or gossip about you	25 20,8%	38 31,7%	24 20,0%	23 19,2%	10 8,3%	2,63
Being ignored, excluded or boycotted about you	38 31,7%	45 37,5%	18 15,0%	15 12,5%	4 3,3%	2,18
Receiving unkind or offensive comments about your person, attitude or personal life	53 44,2%	44 36,7%	13 10,8%	10 8,3%	0 0,0%	1,83
Being yelled at, showing anger or rage	42 35,0%	42 35,0%	23 19,2%	8 6,7%	5 4,2%	2,10
Intimidation taking the form of: finger pointing, invasion of personal space, pushing or blocking/obstructing your way	93 77,5%	21 17,5%	4 3,3%	1 0,8%	1 0,8%	1,30
Signals from others advising you to leave your job	73 60,8%	38 31,7%	5 4,2%	4 3,3%	0 0,0%	1,50
Being constantly reminded of your mistakes or errors	51 42,5%	44 36,7%	16 13,3%	8 6,7%	1 0,8%	1,87
Being ignored or having a hostile reaction to you	55 45,8%	43 35,8%	9 7,5%	12 10,0%	1 0,8%	1,84
Constantly criticizing your mistakes or errors	43 35,8%	46 38,3%	17 14,2%	9 7,5%	5 4,2%	2,06
Being ignored or receiving you with hostility	59 49,2%	34 28,3%	12 10,0%	14 11,7%	1 0,8%	1,87
Being "joked" at by people with whom you are not on good terms	79 65,8%	31 25,8%	4 3,3%	6 5,0%	0 0,0%	1,48
Being given unreasonable tasks or impossible goals and deadlines	56 46,7%	39 32,5%	16 13,3%	7 5,8%	2 1,7%	1,83

Making unfounded accusations against you.	54 45,0%	42 35,0%	15 12,5%	9 7,5%	0 0,0%	1,83
Excessive scrutiny of your work	36 30,0%	51 42,5%	20 16,7%	7 5,8%	6 5,0%	2,13
Being pressured not to ask for what you are entitled to (e.g., sick leave, vacation)	69 57,5%	28 23,3%	16 13,3%	5 4,2%	2 1,7%	1,69
Being subjected to excessive harassment or sarcasm	67 55,8%	22 18,3%	15 12,5%	12 10,0%	4 3,3%	1,87
Exposure to excessive workloads	18 15,0%	21 17,5%	18 15,0%	22 18,3%	41 34,2%	3,39
Threats of physical violence or actual physical abuse of you	104 86,7%	8 6,7%	5 4,2%	3 2,5%	0 0,0%	1,23

Source: own.

The responses of the respondents to the following statements were ranked in descending order. In this way, it was shown which of the phenomena, associated with mobbing, occur in the surveyed professional group most often, and which are least often. In first place, was the exposure to excessive workload, followed by spreading rumors or gossip about the respondent, ordering work below the level of competence, ignoring, excluding or boycotting about him, hiding information that affects their performance at work, and excessive control over the work performed. Last in descending order were problems such as threats of physical violence or actual physical abuse of the respondent, intimidation, taking the form of: finger pointing, invasion of private space, pushing or blocking/obstructing the way, being made "jokes" by people with whom they are not on good terms, and receiving signals from others advising them to leave the job (Table 2).

Table 2. Nurses' experiences of workplace bullying, ranked in order of most frequent to least frequent.

Statmeent	Rank
Exposure to excessive workload	22
Spreading rumors or gossip about you	21
Being assigned work below your level of competence	20
Being ignored, excluded or boycotted about you	19
Withholding information that affects your performance at work	18
Excessively controlling the work you do	17
Yelling, displaying anger, or rage	16
Constantly criticizing mistakes or errors	15
Constantly reminding you of your mistakes or errors	13
Being ignored or received with hostility	13
Being the object of excessive nagging or sarcasm	13
Being ignored or having a hostile reaction to you	11
Receiving unkind or offensive comments about your person, attitude or personal life	10
Being given unreasonable tasks or impossible goals and deadlines	10
Being humiliated or ridiculed in connection with work.	8
Making unfounded accusations against you.	8
Being pressured not to ask for something you are entitled to (e.g., sick leave, vacation time)	6
Taking away your responsibilities.	5
Signals from others advising you to leave your job.	4
Being "played" by people you don't get along with	3

Intimidation in the form of finger pointing, invasion of personal space, pushing or blocking/obstructing the way	2
Threats of physical violence or actual physical abuse.	1

Source: own.

The presence of bullying was found in the study group of nurses in 65 people - 54.2%. It occurred more often than it was absent. There were no statistically significant differences between the number of people who were and were not mobbed $p=0.180$. Therefore it can be argued that the problem was as common as its absence.

On a scale of 1 to 5 points, the overall severity of bullying in the study occupational group was determined at an average of 1.93 points. ± 0.57 points, the least at 1 point, and the most at 3.86 points. Thus, the dimension of the described phenomenon was at a moderate level in the studied group, the average of about 2 points indicates the occurrence of various types of adverse events, interactions usually occasional (Table 3).

Table 3. Overall assessment of the severity of bullying in the study group of nurses on a percentage scale.

The phenomenon of workplace harassment	Basic descriptive statistics							
	Number	Average	Median	Minimu m	Maximu m	First quartile	Third quartile	Standard deviatio n
[1-5 pts.]	120	1,93	1,84	1,00	3,86	1,52	2,25	0,57

Source: own.

It was shown that in the group of nurses with the shortest work experience, the mobbing actions occurred the least often, they were found in 43.8% of the respondents. In the group of nurses with work experience of at least 11 years, these activities were found among 66.1% of the people. This time the difference between the frequency of mobbing behaviors among nurses from two groups proved to be statistically significant ($p=0.014$). The analysis of the frequency with which bullying was found among nurses with different levels of education did not provide statistically significant findings that the education of the subjects was a factor influencing the frequency of bullying behaviors against them ($p=0.323$).

Bullying actions overall were rated on a five-point scale with a mean score of 1.93. ± 0.57 points. Two types of mobbing behaviors were distinguished according to the purpose of their action - i.e. mobbing directed at the private sphere or the professional sphere. Bullying aimed at the private sphere of the professional group was assessed at an average level of 1.9 pts. ± 0.68 points, with scores ranging from 1 to 4.22 points. The phenomenon of mobbing, directed at the professional sphere of the respondents was assessed at the average level of 2.02 points. ± 0.59 points, and the obtained results ranged from 1 to 4 points. Thus, mobbing

activities were more often directed to the work than to the private sphere of the respondents. This relationship was statistically significant ($p=0.005$).

Table 4. Overall assessment of the severity of bullying in the surveyed group of nurses on a percentage scale.

The phenomenon of workplace harassment [%]	Basic descriptive statistics							
	Number	Average	Median	Minimum	Maximum	First quartile	Third quartile	Standard deviation
Directed at private sphere	120	1,90	1,72	1,00	4,22	1,44	2,28	0,68
Directed at work sphere	120	2,02	2,00	1,00	4,00	1,67	2,33	0,59
Total	120	1,93	1,84	1,00	3,86	1,52	2,25	0,57
<i>p</i>					Z=2,79 p=0,005			

Z-score of the Wilcoxon signed-rank test; p-level of test probability

Source: own.

Discussion

The main objective of this study was to assess the frequency and extent of bullying among nurses. A review of medical literature was also performed to verify whether the results obtained in the study were reflected in available scientific publications.

Kunecka, Kamińska et al [3] in their study determined the scale of mobbing among the nursing staff. The analysis included 1578 nurses employed in Szczecin's hospitals. The results obtained by the authors of the study indicated that mobbing is a common phenomenon in the studied professional group, and the most frequently indicated mobber was the superior (40.0% of respondents). The authors also stressed that this state of affairs may indicate an imperfection of human resources management processes among the nursing staff. Similarly, in our study, the presence of bullying was found in the studied group of nurses in more than half of them (54.2%), so it was more common than absent. The prevalence of bullying, among 120 Jordanian ED nurses, was also investigated by Al-Ghabeesh and Qattom, Jordan [8]. Of all respondents, the majority of them (90.0% of respondents) reported workplace bullying, with nurses with less experience working in the ED being more likely to report it relative to other staff. In addition, more than half of the respondents who reported harassment (61.7% of individuals) noted a significant decrease in their productivity, cognitive responsiveness, appropriate communication, and safe and competent care. The study authors noted that despite the respondents' reporting of bullying, the measures taken to prevent it were inadequate.

The aim of the study by Zdziebło and Kozłowska was to assess the scale and forms of mobbing among 198 randomly selected nurses, taking into account their education, length of service and place of work. The authors' analysis showed that 40.4% of the respondents experienced aggression at work, the scale of the phenomenon was also found to be related to education (82.2% of the staff had higher education), length of service and place of work (74.0% of the nurses worked in surgical wards). As bullies, most of the respondents (83.0% of people) identified their superiors, with 57.3% among nurses and 23.2% among doctors, as many as 87.6% of the staff also reported health problems related to bullying, and most of them (80.5% of respondents) said that bullying negatively affected their work efficiency. Most bullying activities were reported in the group of people with short work experience, i.e., up to 5 years (36.5% of the respondents), and least often among nurses with work experience of 6-10 years (19.5% of the respondents), but there was no statistically significant dependence of the variation in the scale of this phenomenon depending on the length of service ($p=0.1116$). In the author's study, on the other hand, a group of nursing staff with the shortest work experience of up to 10 years and those with work experience of over 10 years were separated, and it was found that in the group of respondents with the shortest work experience, mobbing actions occurred least often, as they were found in 43. The difference between the frequency of mobbing behavior among the respondents of the two groups was statistically significant ($p=0.014$), unlike the results of the cited publication. The most frequent forms of mobbing to which the respondents from Kielce were exposed included. The most frequent forms of mobbing that the nurses in Kielce were exposed to included: constant criticism of work (69.5% of the respondents), work overload (39.0% of the respondents), loud warning and shouting (37.8% of the personnel), public ridicule (37.8% of the personnel), isolating the victim by not noticing their presence (34.2% of the nurses), spreading rumors (32.9% of the respondents), threat of dismissal from work (30.5% of the respondents) and, to a lesser extent, assignment of tasks below qualifications and verbal insults and physical attacks, such as beating and pushing. Similarly, in the self-reported survey, the top forms of workplace bullying were exposure to excessive workload, spreading rumors or gossip, assigning work below the level of competence, ignoring, excluding or boycotting, withholding information that affects performance at work, and excessive control over the work performed, and, to a lesser extent, problems such as A smaller percentage reported problems, i.e., threats of physical violence or actual physical abuse, intimidation, i.e., finger pointing, invasion of personal space, pushing or blocking/obstructing the way, being made fun of by people with whom one is not on good terms, and being told by others to leave the job [4].

Negative workplace behavior in relation to nurses, on the example of selected teaching hospitals, was also considered by Kunecka in her study. The NAQ questionnaire was used to analyze the phenomenon of bullying among the respondents. The results of the study showed that the occurrence of negative behaviors in the workplace of nurses, belonged to a common phenomenon, as it affected 78.7% of respondents, while the rest (34.3% of people) acquiesced to bullying victimization. During the analysis carried out, attention was also paid to the relationship between the level of education of the respondents and the frequency of occurrence of such behaviors, as they were more often and more intensively found among those with the highest level of education. On the other hand, the analysis of the frequency with which mobbing was found among nurses with different levels of education did not provide statistically significant conclusions that the respondents' education was a factor influencing the frequency of mobbing behaviors ($p=0.323$), so the results were not consistent with the conclusions of the cited publication. Moreover, Kunecka emphasized that high level of negative behaviors in the nurses' workplace, because of the consequences it has on the process and quality of provided services, should induce to implement changes in the management process in order to reduce or eliminate them [9].

Kamińska, Gaworska-Krzemińska et al in their work paid attention to the issue of consequences related to the phenomenon of mobbing in the work environment of nurses. After their analysis, the authors deduced that the greatest consequences of mobbing actions are undoubtedly borne by the victim, as they lose their psychological balance, which can lead to a state of doubt, lack of motivation to work, and even a nervous breakdown. However, apart from the victim, the consequences of mobbing are also borne by the family, because situations that occur at work are very often transferred to the family, resulting in a crisis in maintaining proper relations between its members. The consequences of bullying at work are also felt by the employer, because in a company where bullying is used, employees do not want to work, and therefore the hospital incurs costs related to benefits and health insurance, staff turnover, recruitment, and training of new employees. In our study, the phenomenon of mobbing, directed to the private sphere of the surveyed professional group was assessed at an average level of 1.9 points ± 0.68 points, and the obtained results ranged from 1 to 4.22 points, while mobbing activities directed to the professional sphere of the respondents were assessed at an average level of 2.02 points ± 0.59 points, The results ranged from 1 to 4 points, therefore the actions were more often directed at work than at the private sphere of the respondents, and this relation was statistically significant ($p=0.005$). Kamińska, Gaworska-Krzemińska et al. stressed that regardless of the causes and forms of mobbing, workplace harassment causes many negative

effects both for the victim and his/her family, but also for the witnesses of this phenomenon and ultimately for the whole society [9].

The problem of lateral or horizontal violence towards nursing staff and healthcare organizations was described by Bouret and Liners Brett [11] in their article. In their paper, the authors defined lateral violence as aggression by a nurse against a nurse, expressed in both implicit and explicit forms, and the purpose of their study was to analyze male nursing staff's experiences of lateral violence in the workplace. Social role theory formed the basis of the analysis, as it helped to explain the unique challenge men face in nursing, a profession traditionally dedicated to women. The study included 15 participants and assessed the frequency with which bullying actions were directed at men and women. The analysis showed that gender was not a differentiating factor in the incidence of the phenomenon, because it was found with similar intensity among all subjects ($p>0.05$). Similarly, in our study the use of mobbing against women was found in 53.6% of the respondents, while against men in 60.0% of the respondents, so the difference was insignificant ($p=0.699$). In a quantitative, cross-sectional study, the authors identified the impact of workplace harassment on nursing staff employed in selected Greek public hospitals. They conducted the study using the Negative Acts Questionnaire on a convenience sample of 841 participants employed by five Greek hospitals in the 1st Attica Regional Health Authority. One third of the respondents admitted to having been psychologically harassed at work in the past 6 months. The results also show the value of support from family and friends in dealing with workplace harassment [12]. A literature review by Václavíková and Kozáková indicates that bullying is a frequently studied phenomenon, especially over the past ten years. General nurses are a group particularly vulnerable to bullying. Bullying nurses exhibit serious physical and mental health disorders. Higher levels of anxiety and depression have been reported. As a result of bullying, job performance decreases, morbidity increases, and nurses' personal lives are disrupted. Bullying is a society-wide negative phenomenon that affects the professional and personal lives of individuals, has a negative impact on the health of individuals, and at the same time has a negative impact on the operations of organizations. Prevention seems to be the most effective way to prevent bullying [13]. The aim of another study by the same authors was to determine the prevalence of bullying of nurses and its effects on health in a selected medical institution in a group was 84 nurses. The updated Negative Action Questionnaire (NAQ-R) and General Health Questionnaire-28 (GHQ-28) were used. 10.50% of the nurses had encountered bullying. Bullying targeted work-oriented and nurse-oriented areas. The most common descriptor of bullying is assignment of tasks below the level of competence. Nurses describing the occurrence of workplace bullying

were more likely to report feelings of constant tension, nervousness, and pressure. The occurrence of workplace bullying can affect the health and cause psychological and social problems for nurses [14].

Results

Work bullying among nurses is a common phenomenon. Nurses with longer work experience are more exposed to mobbing. The bullying activities among nurses are more related to the scope of their competence, so they are directed directly to work than to the private sphere.

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Katarzyna Tomaszewska, PhD

e-mail: tomka8@wp.pl