

**BULLYING OF NURSES AT THEIR WORKPLACE: A CROSS-SECTIONAL STUDY USING “NEGATIVE ACTS QUESTIONNAIRE-REVISED” (NAQ-R) QUESTIONNAIRE**  
**ŠIKANOVANIE SESTIER NA ICH PRACOVISKU: PRIEREZOVÁ ŠTÚDIA S POUŽITÍM „REVIDOVANÉHO DOTAZNÍKA NEGATÍVNYCH ČINOV“ (NAQ-R) DOTAZNÍKA**

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**ABSTRACT**

*Theoretical background:* In Croatia, bullying and violence against nurses are reported as unexpected and unwanted event, which is divided into verbal, physical, and material harm. As the event is not thoroughly elaborated, healthcare facilities are left with the possibility of defining their own way of managing unwanted events.

*Objective:* The aim of this research was to examine the presence of bullying among nurses. Specific goals focused on the following issue: to examine whether there is some difference in the occurrence of bullying among nurses considering their age, gender, level of education, and workplace.

*Research sample and methods:* Cross-sectional study. NAQ-R questionnaire was used. The scale consists of twenty-two items that measure exposure to bullying over the past six months.

*Results:* The study included 275 respondents, where 110 (40 %) said that they had been bullied at work. Younger respondents were pressured and exposed to unmanageable workloads. Male nurses were repeatedly reminded of errors, and allegations were made against them. Respondents with fewer years of work experience have experienced insults and reminders of errors. The graduates of the Master of Nursing were asked to do work below their level of competence and were given assignments with unreasonable deadlines.

*Conclusion:* There is observed an issue of bullying nurses at the Clinical Hospital Center Osijek. The difference has been noted regarding the nurses' age, gender, and level of education.

**Key words:** Nurses. Workplace bullying. NAQ-R. Nursing. Mobbing

**ABSTRAKT**

*Východiská:* V Chorvátsku je šikanovanie a násilie voči sestrami hlásené ako nežiaduca udalosť, ktorej dôsledkom je verbálna, fyzická a materiálna ujma. Keďže spôsob riešenia udalosti nie je dôsledne prepracovaný a jednotný, zdravotníckym zariadeniam je ponechaná možnosť zadefinovať si vlastný spôsob ich manažovania.

*Cieľ:* Cieľom tohto výskumu bolo zistiť prítomnosť šikanovania medzi sestrami. Číestkové ciele boli zamerané na nasledujúcu problematiku: preskúmať, či existuje rozdiel vo výskyte šikanovania medzi sestrami vzhľadom na ich vek, pohlavie, úroveň vzdelania a pracovisko.

*Výskumná vzorka a metódy:* Prierezová štúdia. Bol použitý dotazník NAQ-R pozostávajúci z dvadsiatich dvoch položiek, ktoré merajú vystavenie šikanovaniu za posledných šesť mesiacov.

*Výsledky:* Do štúdie bolo zaradených 275 respondentov, pričom 110 (40 %) uviedlo, že boli v práci šikanovaní. Mladší respondenti boli pod tlakom a vystavení nezvládnuteľnej pracovnej záťaži. Mužom - sestrami boli opakovane pripomínané chyby a boli voči nim vznášané obvinenia. Mladší respondenti s menšími pracovnými skúsenosťami zažili urážky a pripomínanie chýb. Absolventi magisterského štúdia ošetrovateľstva boli požiadaní o prácu pod úrovňou ich kompetencií a dostali zadania s neprimeranými termínmi.

*Záver:* V klinickom nemocničnom centre Osijek sa sleduje problém šikanovania sestier. Rozdiel bol zaznamenaný v súvislosti s vekom, pohlavím a úrovňou vzdelania sestier.

**Kľúčové slová:** Sestry. Šikanovanie na pracovisku. NAQ-R. Ošetrovateľstvo. Mobbing.

**INTRODUCTION**

In analyzing the types of psychological abuse, we can say that there is a specific situation in Croatia suitable for the development of many forms of unhealthy relationships in the workplace. Bullying and being bossed around by superiors are also largely present in Croatia. Insults, criticism, overload with work tasks, and being denied days off or annual leave is normal for people who, under difficult economic conditions, cannot leave their only possible place of work, especially when considering small urban areas with a high unemployment rate. As well as bossing, bullying exists among the associates of equal business positions (Poredoš et al., 2005). In Croatia, bullying and violence against nurses are reported as unexpected and unwanted event, which is divided into verbal, physical, and material. All healthcare institutions must report unexpected and unwanted events every three months to the Agency for Quality and Accreditation in Health Care and Social Welfare. As the event is not thoroughly elaborated by the Agency, healthcare facilities are left with the possibility of defining their own way of managing unwanted events, of recognizing and reporting them, and reducing risks, as

well as defining the efficiency of the application of corrective and preventive action.

The concept of bullying at the workplace refers to situations in which a nurse is subjected to negative and aggressive behavior at work, primarily psychological in nature, through humiliating, intimidating, or punishing (Leymann, 1996). According to Purpora et al. (Purpora et al., 2019), the victim cannot defend himself or herself over a longer period of time due to persistent bullying. Abuse exists in organizations that are characterized by a lacking leadership, organization and have a negative social climate (Sauer et al., 2017).

The World Health Organization (*WHO Global Status Report on Violence Prevention 2014*, n.d.) divides violence into physical, sexual, and psychological violence. According to Zapf and Einarsen (Zapf et al., 2005), psychological abuse in work life refers to hostile and unethical communication that is systematically directed by one or more persons mainly toward an individual who has been placed in a position in which he or she is helpless and cannot be defended. It is very common (at least once a week) and takes place over a longer period (at least six months). Any nurse can become a victim of bullying regardless of age, gender, appearance, and social status, degree of education, work, or occupation. The consequences of bullying can be catastrophic for the victim as well as for the collective (Jokić-Begić, et al., 2003).

The health profession, given its high responsibility for human life and health, is classified as a highly stressful profession. Extended work hours, shift and night work, responsibility in decision making, contact with patients and their families, and emotional exhaustion, contribute to increased morbidity of psychological disorders and psychosomatic illnesses (Phillips, 2020). Workplace bullying among nurses is increasing globally and occurs more frequently than among other professions (Yokoyama et al., 2016). The parallel hierarchy of leadership could also favor the emergence of bullying as nurses receive work tasks from doctors and superior nurses, which can result in frequent conflicts, such as disagreement, argument, and humiliation. Mental health care for employees, especially for very stressful occupations such as health care, justice, police, and others, is not a luxury but a professional obligation (Poredoš et al., 2005).

## OBJECTIVE

The aim of this research was to examine the presence of bullying among nurses. Specific goals focused on the following issue: to examine whether there is a difference in the presence of bullying among nurses considering age, gender, level of education, and workplace.

## RESEARCH SAMPLE

The nurses of the Osijek Clinical Hospital Center participated in the study. There are 1,323 nurses employed at the Center. We decided to include 20 % of the nurses in the study, due to vacations and sick leaves. Therefore, 275 nurses participated, 35 of which (12.7 %) were male nurses and 240 (87.3 %) were female nurses. Data was collected for four months.

## METHODOLOGY

The study was cross-sectional. As an instrument of the study, a questionnaire “Negative Acts Questionnaire – Revised” (NAQ-R) was used (Einarsen et al., 2009). The scale consists of twenty-two items that measure exposure to bullying over the past six months, divided into three subscales: work-related bullying (7 items), person-related bullying (12 items), and physical intimidation (3 items) (Einarsen et al., 2009).

The claims on the scale were based on Liker’s scale. If the respondent experienced at least two of twenty-two acts by colleagues, subordinates, or supervisors over the last six months, it can be said that the respondent was a victim of bullying at work (Einarsen et al., 2009).

Ethical permission was sought and gained for the study through Clinical Hospital Centre Osijek committee. Research was conducted in an ethical and responsible manner and is in full compliance with all the relevant codes. Respondents were acknowledged that they cannot be identified via the paper; and that we, as authors, have fully anonymized them.

Category data are represented by absolute and relative frequencies. Numerical data are described by the arithmetic mean and standard deviation. The differences of the category variables were tested by the  $\chi^2$  test. Differences of numeric variables between the two independent groups were tested by Mann-Whitney U test. Differences of numeric variables between three or more independent groups were tested by Kruskal-Wallis test. All values are

two-sided. The level of significance is set at  $\alpha = 0.05$ . For statistical analysis, statistical software MedCalc Statistical Software version 14.12.0 was used.

## RESULTS

The study participants ranged in age from 19 to 63 years. Mean was 38.9. The study included 275 respondents, 35 (12.7 %) male nurses and 240 (87.3 %) female nurses. More people of younger age work in conservative departments than in operative departments. Among eighteen respondents who do not work according to their level of education, nine (60 %) were nurses with a master's degree, and nine (12 %) with a bachelor's degree (Tab. 1).

The distribution of responses to the questionnaire showed that the respondents gave the most negative responses on the *Work-related bullying* subscale. Most of the respondents experienced withholding information (72 %), ignoring their opinions and views (70 %), and exposure to unmanageable workload (61 %). Concerning the claim "Pressure not to claim something which by right you are entitled to," 66 % of respondents answered that they did not experience it, which is the most positive answer to that subscale.

The *Physical Intimidation* subscale showed that 64 % of the respondents experienced being shouted at or were the target of spontaneous anger (or rage), while 91 % of respondents had not experienced a threat of violence.

The subscale *Person-Related Bullying* shows

that 68 % experienced gossip and rumors being spread about them, which was the most negative response. 64 % of respondents were not an object of excessive teasing and sarcasm.

Out of 275 respondents, 110 (40 %) had experienced bullying at work over the last six months.

The respondents who experienced bullying gave the following answers: 48 (43.6 %) stated that they were bullied by their immediate superiors, 40 (36.4 %) by other superiors/managers, 43 (39.1 %) by colleagues, 29 (26.4 %) by patients, students, or pupils, 8 (7.3 %) by subordinates and 8 (7.3 %) by others. Women were more often the perpetrators. Victims were most often bullied by one or two perpetrators.

In regard to age, statistical difference was found in two claims (Tab. 2).

Male nurses experienced criticism on the account of their work and were more supervised as opposed to female nurses. On the other hand, female nurses were sometimes exposed to an unmanageable workload. NAQ-R values according to gender have two significant differences on the *Person-Related Bullying* subscale: repeated reminders of your errors or mistakes ( $p = 0.042$ ) and having allegations made against you ( $p = 0.041$ ).

In relation to years of work experience, a difference was found in the two items on the *Person-Related Bullying* subscale (Tab. 3). The respondents with 0 to 5 years of service had never experienced intimidating behavior such as finger-pointing, invasion of personal space, shoving, or blocking the way ( $p = 0.017$ ).

**Table 1** Respondent's characteristics

Characteristics		Operative N (%)	Conservative N (%)	p*
Age	19 – 32	37 (28.9)	61 (41.5)	0.116
	33 – 50	57 (44.5)	58 (39.4)	
	51 and more	34 (26.6)	28 (19.1)	
Gender	Male	16 (12.5)	19 (12.9)	0.471
	Female	112 (87.5)	128 (87.1)	
Years of work experience	0 – 5	15 (11.7)	36 (24.5)	0.239
	6 – 20	51 (39.8)	57 (38.8)	
	21 – 44	62 (48.5)	54 (36.7)	
Level of education	High school	88 (68.8)	95 (64.6)	0.937
	Bachelor's degree	36 (28.1)	41 (27.9)	
	Master's degree	4 (3.1)	11 (7.5)	
	PhD	0 (0.00)	0 (0.00)	
Workplace according to level of education	Yes	120 (93.8)	137 (93.2)	0.534
	No	8 (6.2)	10 (6.8)	
Total		128 (100.0)	147 (100.0)	-

Legend: \* $\chi^2$  test

**Table 2** NAQ-R values for the subscale Work Related Bullying According to Age

Item	19 – 32		33 – 50		51 and more		p*
	Median	IQR (25-75 %)	Median	IQR (25-75 %)	Median	IQR (25-75 %)	
Someone withholding information which affects your performance	2	1 – 2	2	1 – 2	2	1 – 2	0.704
Being ordered to do work below your level of competence	2	1 – 3	2	1 – 2	2	1 – 2	0.477
Having your opinions and views ignored	2	1 – 2	2	1 – 2	2	1 – 2	0.634
Being given tasks with unreasonable or impossible targets or deadlines	1	1 – 2	1	1 – 2	1	1 – 2	0.268
Excessive monitoring of your work	2	1 – 2	1	1 – 2	1	1 – 2	0.074
Pressure not to claim something which by right you are entitled to	1	1 – 2	1	1 – 2	1	1 – 1	<b>0.018</b>
Being exposed to an unmanageable workload	2	1 – 3	2	1 – 2	1	1 – 2	<b>0.037</b>

**Table 3** NAQ-R values for the subscale Work related Bullying according to Years of Work

Item	0 – 5		6 – 20		21 – 44		p*
	Median	IQR (25-75 %)	Median	IQR (25-75 %)	Median	IQR (25-75 %)	
Being humiliated or ridiculed in connection with your work	2	(1 – 2)	2.00	(1 – 2)	2.00	(1 – 2)	0.241
Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks	2	(1 – 2)	1.00	(1 – 2)	1.00	(1 – 2)	0.364
Spreading of gossip and rumors about you	2	(1 – 2)	2.00	(1 – 2)	2.00	(1 – 2)	0.114
Being ignored or excluded	1	(1 – 2)	1.00	(1 – 2)	1.00	(1 – 2)	0.821
Having insulted or offensive remarks made about your person, your attitudes, or your private life	1	(1 – 2)	2.00	(1 – 2)	1.00	(1 – 2)	<b>0.023</b>
Hints or signals from others that you should quit your job	1	(1 – 1)	1.00	(1 – 1)	1.00	(1 – 1)	0.160
Repeated reminders of your errors or mistakes	2	(1 – 2)	2.00	(1 – 2)	1.50	(1 – 2)	<b>0.024</b>
Being ignored or facing a hostile reaction when you approach	1	(1 – 2)	2.00	(1 – 2)	2.00	(1 – 2)	0.989
Persistent criticism of your work and effort	1	(1 – 2)	1.50	(1 – 2)	1.00	(1 – 2)	0.669
Practical jokes carried out by people you don't get on with	1	(1 – 2)	2.00	(1 – 2)	2.00	(1 – 2)	0.461
Having allegations made against you	1	(1 – 2)	2.00	(1 – 2)	1.00	(1 – 2)	0.106
Being the subject of excessive teasing and sarcasm	1	(1 – 2)	1.00	(1 – 2)	1.00	(1 – 2)	0.209

According to the level of education, three statistically significant differences were found in the subscale of *Work-related Bullying* (Tab. 4). Regardless of the level of education, all respondents had experienced bullying, mostly by their immediate superiors. Nurses with a master's degree experienced bullying mostly by male perpetrators (66.7 %), while others were mostly by female perpetrators.

The results show that out of 275 respondents, twenty-four (9 %) respondents were not victims at all. Out of the 251 respondents who were victims of bullying, fourteen (5 %) had two negative acts that occurred occasionally in the last six months. A total of forty-five (18 %) respondents experienced three or more negative acts weekly or daily. Out of the forty-five respondents, ten felt that they were not



**Table 4** NAQ-R values for the subscale Work Related Bullying according to Level of Education

Item	High school		Bachelor`s		Master`s		p*
	Median	IQR (25-75 %)	Median	IQR (25-75 %)	Median	IQR (25-75 %)	
Someone withholding information that affects your performance	2	(1 – 2)	2	(1 – 3)	2	(1 – 2)	0.206
Being ordered to do work below your level of competence	2	(1 – 2)	2	(1 – 2.25)	2	(2 – 4)	<b>0.039</b>
Having your opinions and views ignored	2	(1 – 2)	2	(1.75 – 2)	2	(2 – 2)	0.180
Being given tasks with unreasonable or impossible targets or deadlines	1	(1 – 2)	2	(1 – 2)	2	(1 – 2.75)	<b>0.022</b>
Excessive monitoring of your work	1	(1 – 2)	2	(1 – 2)	2	(1 – 2)	0.374
Pressure not to claim something which by right you are entitled to	1	(1 – 2)	1	(1 – 2)	1	(1 – 1)	<b>0.041</b>
Being exposed to an unmanageable workload	2	(1 – 2)	2	(1 – 2)	2	(2 – 3)	0.159

bullied despite indicating that they had experienced three or more negative acts weekly or daily over the last six months. Half of the respondents were in the 19 to 32 years age group.

Cronbach's alpha for the original questionnaire is 0.90, or 0.96 between a person and work-related bullying, 0.89 between work-related bullying and physical intimidation, and 0.83 between person-related bullying and physical intimidation (Einarsen et al., 2009).

In this research, Cronbach's alpha is 0.95 for both work-related and person-related bullying, and 0.96 for physical intimidation. The correlation between the scales is very high: .88 between work-related bullying and physical intimidation, 0.94 between work-related and person-related bullying, and 0.93 between person-related bullying and physical intimidation.

## DISCUSSION

There are a few limitations of our study. The study investigated bullying among nurses who worked in one hospital in Croatia. In future research, we suggest the inclusion of all clinical hospital centers in Croatia. Also, only 20 % of nurses in the hospital were included in the study, resulting in a total of 275 nurses as respondents.

Our research showed that 40.01 % of the respondents were bullied. The study in Washington showed that 27.3 % of respondents were victims of bullying at work (Johnson et al., 2009), while in Massachusetts this figure was 21 % (Simons, 2008), in Korea 22.3 % (Jo et al., 2015), in Greece 30.2 % (Karatza et al., 2016), in Japan 22 % (Yun et al., 2014), in Israel 29 % (Ganz et al., 2015), in United

States 35 % (Parchment et al., 2019), as well as 10 % in a different study (El Ghaziri et al., 2019). The percentage of bullied respondents in international studies varies from 21 to 46 % (Simons, 2008). However, such comparisons should be taken with caution due to differences in the number of subjects and the time of conducting the research (Serafin et al., 2020).

There are similarities between our research and the research in Massachusetts. When asked about excessive monitoring of work, 4 % of the respondents in our research and 3.9 % in Massachusetts said they felt it daily. The difference is manifested in the issue of unmanageable workload; 6.55 % of the respondents in our research stated that this was occurring daily, as opposed to 10.6 % in Massachusetts (Simons, 2008). This research shows that 9 % of the respondents experienced having information withheld from them weekly and 4 % daily, while in California 10 % experienced having information withheld from them weekly (Jo et al., 2015).

The results of our research are alarming because 22 % of respondents had experienced two negative acts daily or weekly in the last six months, and 18 % had three or more negative acts daily or weekly in the last six months. In Japan, 17.2 % of nurses experienced two negative acts daily or weekly in the last six months (Yun et al., 2014), unlike 19.5 % in Korea (Nam et al., 2010), 21.1 % in California (Purpora et al., 2019), and 15.2 % in Italy (Giorgi et al., 2011) and South Korea (An & Kang, 2016). The best results were in the UK, where only 2.7 % of nurses experienced two or more negative acts in the last six months (Carter et al., 2013). What is even more worrying is that ten respondents from

our research believe they were not bullied even though they said they had experienced three or more negative acts daily or weekly in the last six months. This means that these negative acts are considered part of the job, that they need to adapt, and do not have the right to complain.

50 % of the respondents said the perpetrators were their immediate superiors. Nurses in charge of departments were listed as perpetrators and doctors as a source of bullying (Johnson et al., 2009). Similarly, research in the UK showed that 59 % of respondents reported being bullied by the nurses who were in charge of a department (El Ghaziri et al., 2019). Nurses show bad behavior towards their colleagues more often to reduce the degree of frustration in a hospital environment (Chang et al., 2021).

Our research showed that 29 % of the respondents were bullied by one person, while 71 % of respondents were bullied by two to ten perpetrators in the last six months. Research shows that the largest numbers of perpetrators were female. Traditionally, nursing is a female profession and nurses have a lower status than doctors and other healthcare staff (El Ghaziri et al., 2019).

This research has shown that person-related bullying is related to nurses who have fewer years of work experience, whereas work-related bullying is associated with younger nurses. However, numerous studies have shown that there is no such connection (Purpora et al., 2019; Yun et al., 2014). Work-related bullying is not different in terms of age and years of work experience. This can be explained by the lack of staff which results in numerous work tasks that must be done in the short term. Person-related bullying is associated with younger nurses and those with fewer years of work experience (Makarem et al., 2018).

Even 58 % of respondents in the age group from 19 to 32 were bullied by their colleagues, as confirmed by another research. In addition, nurses who have between 0 and 5 years of work experience were mostly bullied by their colleagues (72 %), as well as respondents who have between six and twenty years of work experience (49 %). Nurses with fewer years of work experience are bullied by colleagues with more work experience, and over time, as they gain more and more experience, they become abusers, creating a vicious circle (Houck et al., 2017).

Studies show that bullying also occurs among nurses who are highly educated and have many years of work experience, and not only those who

are just starting to work (Simons, 2008). This study shows a similar situation, where nurses with a master's degree experienced more negative acts than nurses with a bachelor's degree and nurses with a high school education. They have experienced the most amount of negative work-related acts. Nurses with a master's degree were equally bullied by their superiors and colleagues, while nurses with high school education were much more bullied by patients, pupils, and students. Patients, pupils, and students bullied nurses with high school education more often as they were in contact with nurses than other healthcare professionals more often. Nurse leaders must develop and implement effective bullying prevention to create a healthy work environment (Keller et al., 2016).

There is a statistically significant association between bullying at work and gender. Male nurses experienced significantly more work-related bullying than female nurses. However, according to this research, male nurses have experienced more person-related bullying. This phenomenon can be explained by the fact that women dominate the nursing profession whereas men are in the minority (Edmonson et al., 2019).

Work-related bullying is the most commonly reported form of bullying, confirmed also by other research (Purpora et al., 2019; Yun et al., 2014).

There are a few limitations to the study. The study investigated bullying among nurses who worked in one hospital in Croatia. In future research, it would be good to include all clinical hospital centers in Croatia. Also, only 20 % of nurses in the hospital were included in the study, resulting in a total of 275 nurses as respondents. Even though there are similarities with other research around the world, the situation in Croatia is very specific. There is a great shortage of nurses in Croatia, and they are exposed to high pressure due to large patient numbers daily, and too large numbers of tasks, they need to fulfill. The number of nurses per 100,000 inhabitants in Croatia in 2011 was 579. The EU average is 836 nurses per 100,000 inhabitants (Mihajlovic, 2014). Unfortunately, new figures about the number of nurses per 100,000 inhabitants are not available. Unofficial data is claiming that 2,000 nurses left Croatia since it joined the European Union. Also, data states that Croatia lacks 8,000 to 12,000 nurses.

## CONCLUSIONS

Based on the research and the results, the follow-

ing conclusions can be drawn. Bullying is present among male and female nurses. Nurses of younger age and nurses with less work experience are bullied more often. Male nurses are bullied more often than female nurses. Women are more often the perpetrators. Nurses with a master's degree are more often bullied than nurses with a lower level of education.

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