journal homepage: http://kont.zsf.jcu.cz
DOI: 10.32725/kont.2022.023

KONTAKT / Journal of nursing and social sciences related to health and illness

Original research article

Workplace mobbing and intimidation among Slovenian hospital staff nurses: A pilot study

Ajda Plos [1,2], Mirko Prosen [2], Maša Černelič-Bizjak [2] *

[1] *Health Education Center, Health Center, Grosuplje Ljubljana, Slovenia*
[2] *University of Primorska, Faculty of Health Sciences, Department of Nursing, Izola, Slovenia*

Abstract
Introduction: Intimidation and mobbing are forms of violence that are of increasing concern in the workplace. The aim of this study was to investigate the presence of these phenomena among nursing staff in Slovenian hospitals.
Methods: 436 nurses participated in the cross-sectional pilot study, including 226 registered nurses, 175 nursing assistants, and 32 nurses with master's degrees. Participants completed a valid research instrument related to negative workplace actions, self-related health status, and social support.
Results: Results showed that 35.4% of nurses experienced intimidation at work, and 5.9% of nurses experienced mobbing. Half of them were 36 to 50 years old; the majority were female (96.2%). They reported systematic and continuous experiences of intimidation at least once a week over the last six months, and poor self-reported health status ($p < 0.001$). The most common form of inappropriate intimidating behavior was the spreading of rumors. Women and superiors more commonly perform mobbing. Support from the social environment had no protective effect ($p > 0.05$).
Conclusions: Research has shown a high prevalence of intimidation among nurses. Certainly, prevention is the most effective means of addressing bullying, which is a particularly important message for all. The research provides a starting point for developing and adapting future occupational health policies and interventions.

Keywords: Health Evaluation; Intimidation; Mobbing; Nurses; Social Support

Introduction

Negative acts of intimidation are defined as situations in which, over an extended period of time, a person feels that he or she is the target of negative actions and is in a situation in which it is difficult to resist these actions (Einarsen et al., 2009). If he or she experiences these situations regularly, at least once a week over a period of six months (Leymann, 1996), we refer to this as mobbing. Although the phenomenon of mobbing is well documented, there is no universally accepted definition of what it really is. Mobbing is most commonly understood as psychological terror in the workplace, with incidents occurring at least once a week over a six-month period (Difazio et al., 2019; Ganz et al., 2015; Giorgi et al., 2016; Kozáková et al., 2018). Workplace mobbing refers to behaviors such as verbal harassment, aggressive words, sarcasm, slander, or social isolation that are repeatedly directed at a specific person over a period of time (Einarsen, 2000). These behaviors are often covert, long-lasting, and intentional. In environments where the actions described are accepted as something permissible, there is a possibility that acts of mobbing will also be tolerated (Bambi et al., 2018).

Workplace mobbing occurs in all professions, including healthcare, where the occurrence of mobbing is often influenced by excessive stress and high responsibility – which have a great impact on nurses' work in healthcare facilities (Sayılan and Aydın, 2020). Nurses are the healthcare group most vulnerable to mobbing (Carter et al., 2013) and are more likely to experience verbal and psychological violence (Clark, 2019). This type of mobbing can be perpetrated by colleagues, patients and their families, and other visitors to healthcare facilities (Somani et al., 2015).

Mobbing affects both the victim's personal life and work relationships, leads to a deterioration of the work climate and employee dissatisfaction, and consequently to a decline in the quality of care and the reputation of the institution (Stergiannis, 2019). It also poses a serious problem for patient safety and health (Clark, 2019). Nurses exposed to mobbing are more likely to suffer from depression and anxiety (Kozáková et al., 2018), which can be accompanied by a variety of symptoms, from feelings of dissatisfaction, depersonalization, emotional exhaustion, and sleep problems to severe physical symptoms such as headaches, back pain, and malaise (Hartin et al., 2019; Šimić et al., 2015). It can affect the victim so much that it also manifests as post-traumatic stress disorder (Brečko,

* **Corresponding author:** Maša Černelič-Bizjak, University of Primorska, Faculty of Health Sciences, Polje 42, 6310 Izola, Slovenia; e-mail: masa.cernelic@fvz.upr.si
http://doi.org/10.32725/kont.2022.023
Submitted: 2022-07-06 • Accepted: 2022-09-26 • Prepublished online: 2022-09-27
KONTAKT 24/3: 225–232 • EISSN 1804-7122 • ISSN 1212-4117

2014; Šimić et al., 2015) and even suicidal ideation (Yildirim and Yildirim, 2007). Workplace mobbing leads to decreased motivation, lack of concentration, professional errors and absenteeism (Ayakdaş and Arslantaş, 2018; Clark, 2019), poorer organizational climate (Stergiannis, 2019), is associated with low morale and dissatisfaction at work, and brings unrest to the work process (Cangöl et al., 2018). Absenteeism due to mobbing is not uncommon (Karatza et al., 2016). Staff turnover is also increasing (Difazio et al., 2019; Stergiannis, 2019), which can reduce the quality of care to the point of increasing patient mortality (Meires, 2018; Stergiannis, 2019).

Selič et al. (2012) note that the most common negative and undesirable actions in nursing are verbal attacks related to work assignments, withholding important work information, yelling at victims, disrespectful communication, and assigning work tasks that are beyond or below the victim's competencies. The targets of mobbing are often younger nurses with less experience in the workplace (Anusiewicz et al., 2019). Nurses who are less vulnerable to mobbing are those with more clinical skills (Al-Sagarat et al., 2018). In nursing, more mobbing occurs where staff must act quickly due to sudden changes in a patient care plan (e.g., emergency and surgical activities). Bullying can then occur, with the attackers sometimes using the pretext of doing so for the benefit of the patient (Görgülü et al., 2014).

Research (Anusiewicz et al., 2019) shows that nurses experience a variety of types of workplace violence due to the physically demanding and stressful nature of their work, as well as the high expectations placed on them by the organization, other staff, visitors, and users of health care facilities. A better understanding and recognition of the problem of intimidation and mobbing in nursing would allow for the adaptation of interventions that contribute to the provision of quality health care and, consequently, to the creation of positive work experiences in an environment where such behaviours have been identified.

The purpose of the pilot study was to explore the experience of intimidation and mobbing among nurses in Slovenian hospitals, to determine the impact of these negative actions on health, and to examine the presence of social support as a protective factor in this regard. The main purpose is to inform people about the existence of mobbing and to draw attention to the need to take action when you see negative actions.

Materials and methods

Design

A pilot study, based on a descriptive, cross-sectional research design was used to explore the presence of intimidation and mobbing among hospital nurses, and to prepare the foundations for a large-scale study on a representative sample.

Sample

A convenience sample was used for the study. Inclusion criteria were: employment in nursing, work in a hospital, and informed consent to voluntarily participate in the study. 692 subjects provided informed consent to participate in the study, but 256 of these were excluded because they did not meet the inclusion criteria of employment in nursing in a hospital. The final sample included 436 individuals aged 21 to 35 years, approximately half of whom were in the 21- to 35-year age group (n = 223, 51.2%), and 48 (11%) were men. Approximately half (52.2%) were graduate nurses and 40.4% were nurse technicians. Most were employed in the department of internal medicine (29.7%) and were permanent employees (93.6%) (Table 1). The average length of service was 14.8 years. The shortest length of service was 1 year and the longest 42 years. All respondents (Caucasian origin) lived in Slovenia.

Table 1. Frequencies and percentages of the survey participants by gender, age, education, type of employment, and region of employment (n = 436)

Characteristics	*n*	%
Gender		
Male	48	11.1
Female	386	88.9
Age group (years)		
20	3	0.7
21–35	223	51.2
36–50	152	34.9
51 ≤	58	13.2
Highest education level		
Nurse assistant	175	40.4
Registered nurse – RN	226	52.2
Master of nursing – MSN	32	7.4
Area of work		
Emergency activity	56	12.9
Intensive care unit	58	13.3
Surgical service with departments and activities	52	12.0
Internal medicine service with departments and activities	129	29.7
Gynecological and obstetrical service	23	5.3
Employment status		
Anesthesiology Service	7	1.6
Pediatric Service	23	5.3
Other	87	20.0
Temporary position	23	5.3
Permanent	408	93.6
Other	5	1.2

Instruments

Empirical data were collected using a battery of questionnaires.

Socio-demographic information – The survey included the following socio-demographic data: age, gender, level of education, area of work, and employment status (Table 1).

Negative Acts Questionnaire – Revised; NAQ-R; (Einarsen et al., 2009) – NAQ-R is a standardized questionnaire. It includes 22 different types of undesirable and negative behaviors that range from indirect and subtle acts – such as gossip – to direct negative acts – such as threats or physical abuse, with respondents being asked to assess if they experience these elements daily, weekly, monthly, sometimes, or never. The answers should reflect the previous six months. In the second part of the questionnaire, respondents answered a question about the frequency of intimidation, and two additional items, i.e., who intimidated them, and how many people (by gender) intimidated them. In the past, the questionnaire has been widely used to study mobbing in nursing (Al-Ghabeesh and Qattom, 2019; Al-Sagarat et al., 2018; Karatza et al., 2016; Nwaneri et al., 2016; Sauer and McCoy, 2017). Permission to use the questionnaire was obtained from the author and his research team (Einarsen et al., 2009). The Slovenian translation was performed according to the author's recommendations, with

a reverse translation in which a native English speaker participated. In our sample, the internal consistency coefficient (Cronbach alpha) was 0.96.

Social support – Following other studies and authors (Kliem et al., 2015), we asked participants how much social support they had. They answered the statement "I have at least one close and secure relationship that helps me when I am under stress" on a 5-point Likert scale (1 – not at all true, 5 – completely true).

Self-rated health (SRH) (Idler and Benyamini, 1997) – SRH is one of the most frequently used indicators in in epidemiological, clinical and social research (Kananen et al., 2021). Participants were asked to evaluate their general health status using a 5-point scale (1 – very good to 5 – very poor) with the question: "How would you rate your health at the moment?"

Data collection

The survey was conducted between June and July 2020, after the initial closure due to COVID-19.

Data were collected online using the open-source application 1KA (2017). The Nurses and Midwives Association of Slovenia was asked to help distribute the invitation to participate in the survey. The URL link to the survey was sent to 12,041 e-mail addresses of association members who subscribed to e-news. The invitation to participate was also posted to closed groups on Facebook, which brings together healthcare professionals. All participants were informed about the purpose, objective, and duration of the survey before it began. Participation was voluntary, anonymous and in accordance with general data protection rules. This study was conducted in accordance with the guidelines of the Declaration of Helsinki. The Commission for Scientific and Research Work, Faculty of Health Sciences, University of Primorska (No. 011544-609-65/2020), approved all procedures.

Analysis of the data

The data obtained were analysed using the software IBM SPSS, version 25.0 (IBM Corp., 2017). Results were analysed using descriptive methods. The significance of differences in selected indicators for various groups was determined by the Kruskal–Wallis test for multiple independent groups, and the Mann–Whitney *U* test was used for two independent groups. The normality of data distribution was evaluated using the Kolmogorov–Smirnov test, and the reliability was checked with the Cronbach coefficient. *P*-values < 0.05 were considered statistically significant (Polit and Beck, 2017).

Results

Assessing the prevalence of intimidation and mobbing in nursing

Of the 436 participants, the majority (64.1%) reported that they had never experienced intimidation in the workplace. 35.4% of participants experienced workplace intimidation (Table 2). Among them, there were more women (82.7%). More than half of these participants were between 21 and 35 years old (54.7%), all of them had a university degree (graduate nurse), an average length of employment of 14.19 years (SD = 10.94 years), and permanent employment (93.0%). Most of them (24.4%) worked in internal medicine departments.

5.9% of the participants experienced mobbing at least once a week or daily. Of these, eight participants reported experiencing mobbing almost daily (1.8%, *n* = 8). Most of them were women (96.2%), half were between 36 and 50 years old, 38.5% were younger (21 to 35 years old), and 11.5% were over 51 years old. 12 people (46.2%) answered that their highest level of education was as nursing technicians, 10 were graduate nurses, and 4 were master nurses. The majority of them work in the internal medicine department (*n* = 10), followed by "other" department (*n* = 6), emergency department (*n* = 4), intensive care unit (*n* = 2), surgical department (*n* = 2), and pediatric department (*n* = 2). On average, the respondents had 15.88 years of work experience (SD = 9.65 years). The 25 participants in this group were permanently employed.

Analysis of the differences between the responses of subjects exposed to intimidation or mobbing

We analysed participants' responses to the NAQ questions; comparing the responses of those who experienced intimidation in the workplace with those who experienced mobbing. Statistically significant differences were found for all responses (Table 3).

Perpetrators of intimidation and mobbing in the workplace

We asked participants to indicate who was the perpetrator of the intimidation/mobbing. The most common perpetrators of intimidation were direct supervisors (30.6%) while the most common perpetrators of mobbing were colleagues in the same job (29.5%) – Table 4.

The importance of social support and general health status

The results showed that, on average, participants experiencing intimidation reported less social support, but further analysis did not show statistically significant differences ($p = 0.115$) between the two groups, so it cannot be argued that social support is a protective factor in intimidation (Table 5).

We were interested in the self-rated health status of the participants (Table 6). The results showed statistically significant differences in self-rated health between those who experienced intimidation and those who had not experienced any negative acts. Repeating the analysis between those who experienced intimidation and those who experienced mobbing revealed that these differences are not statistically significant. Thus we can conclude that the intimidation already experienced leads to a worse self-assessment of health (Table 6).

Table 2. Analysis of NAQ results on the frequency of experiencing intimidation and mobbing (*n* = 435)

Variable	*n*	%
Experiencing intimidation	128	35.4
Females/Males	105/22	82.7/17.3
Nurse assistant	49	38.6
Registered nurse – RN	70	55.1
Master of nursing – MSN	8	6.3
Experiencing mobbing	26	5.9
Females/Males	25/1	96.2/3.85
Nurse assistant	12	43.2
Registered nurse – RN	10	38.5
Master of nursing – MSN	4	15.4
Do not experience intimidation / mobbing	281	64.6

Legend: n – number; % – percentage.

Table 3. Average score for each item on the NAQ scale, and comparison of responses of participants subjected to intimidation or bullying

	Questions	Subject's experience	*n*	M	SD	*U*	*p*
1.	Someone withholding information which affects your performance	Intimidation	128	2.50	1.03	886.0	<0.001
		Mobbing	25	3.52	1.26		
2.	Being humiliated or ridiculed in connection with your work	Intimidation	128	2.63	0.93	826.0	<0.001
		Mobbing	26	3.69	1.12		
3.	Being ordered to do work below your level of competence.	Intimidation	127	3.02	1.41	1003.0	0.001
		Mobbing	26	4.04	1.28		
4.	Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks	Intimidation	127	2.55	1.28	1153.5	0.012
		Mobbing	26	3.38	1.60		
5.	Spreading of gossip and rumors about you	Intimidation	128	3.22	1.20	766.0	<0.001
		Mobbing	26	2.52	1.32		
6.	Being ignored or excluded	Intimidation	127	2.35	1.15	574.5	<0.001
		Mobbing	26	4.00	1.20		
7.	Receiving insulting or offensive remarks about your person (i.e., habits and background), attitudes, or private life	Intimidation	128	2.48	1.05	282.0	<0.001
		Mobbing	26	4.46	0.76		
8.	Being shouted at or the target of spontaneous anger	Intimidation	128	2.72	1.04	1018.0	0.001
		Mobbing	26	3.58	1.27		
9.	Intimidating behaviour such as finger-pointing, invasion of personal space, shoving, blocking/ barring the way	Intimidation	127	1.90	1.04	940.5	<0.001
		Mobbing	26	3.04	1.54		
10.	Hints or signals from others that you should quit your job	Intimidation	128	1.74	0.96	834.0	<0.001
		Mobbing	26	2.92	1.41		
11.	Persistent criticism of your errors and mistakes	Intimidation	128	2.31	1.03	584.0	<0.001
		Mobbing	26	3.77	1.11		
12.	Being ignored or facing a hostile reaction when you approach	Intimidation	128	1.92	0.90	521.5	<0.001
		Mobbing	26	3.65	1.29		
13.	Persistent criticism of your work and effort	Intimidation	128	2.27	1.05	808.0	<0.001
		Mobbing	26	3.62	1.42		
14.	Having your opinions and views ignored	Intimidation	128	2.61	1.12	640.0	<0.001
		Mobbing	26	4.08	1.13		
15.	Practical jokes carried out by people you don't get on with	Intimidation	128	2.39	1.07	571.0	<0.001
		Mobbing	26	4.00	1.20		
16.	Being given tasks with unreasonable or impossible targets or deadlines	Intimidation	128	2.22	1.16	1074.5	<0.001
		Mobbing	26	3.15	1.49		
17.	Having allegations made against you	Intimidation	128	1.92	0.90	718.0	<0.001
		Mobbing	25	1.92	0.90		
18.	Excessive monitoring of your work	Intimidation	128	4.42	1.16	571.5	<0.001
		Mobbing	26	4.08	1.20		
19.	Pressure not to claim something which by right you are entitled to (e.g. sick leave, holiday entitlement, travel expenses)	Intimidation	128	2.32	1.32	1107.5	0.005
		Mobbing	26	3.31	1.64		
20.	Being the subject of excessive teasing and sarcasm	Intimidation	128	2.34	1.07	494.5	<0.001
		Mobbing	26	4.08	1.13		
21.	Being exposed to an unmanageable workload	Intimidation	128	3.13	1.32	1062.5	0.003
		Mobbing	26	3.96	1.15		
22.	Threats of violence, or physical abuse or actual abuse	Intimidation	128	1.45	0.83	1077.0	0.001
		Mobbing	26	2.19	1.30		

Legend: N – number; M – average; SD – standard deviation; *U* – Mann–Whitney *U*-test; *p* – statistical significance.

Table 4. Perpetrators of workplace intimidation and mobbing

Identity of the perpetrator	Subject's experiencing intimidation (n = 127) n (%)	Subject's experiencing mobbing (n = 26) n (%)	All subjects (experiencing any negative acts) (n = 153)
Immediate supervisor	62 (31.3)	12 (27.3%)	74 (30.6%)
Other superiors / managers	44 (22.2)	11 (25.0%)	55 (22.7%)
Co-worker	39 (29.7)	13 (29.5%)	52 (21.5%)
Subordinates	16 (8.1)	5 (11.4%)	21 (8.7%)
Users / patients / students	29 (14.6)	1 (2.3%)	30 (12.4%)
Other	8 (4.0)	2 (4.5%)	10 (4.1%)

Legend: n – number; % – percentage.

Table 5. Presence of social support

Parameter	Group	n	M	SD	U	p
Presence of social support	Do not experience intimidation	281	3.19	0.972	19660.0	0.115
	Experience intimidation	153	3.05	0.996		

Legend: N – number; M – average; SD – standard deviation; *U* – Mann–Whitney *U*-test; *p* – statistical significance.

Table 6. Comparison of self-rated health status according to the experience of bullying and mobbing

Parameter	Group	n	M	SD	U	p
Presence of social support	Do not experience negative acts	281	1.96	0.84	15668.5	<0.001
	Experience intimidation	154	2.38	0.89		
	Experience intimidation	128	2.36	0.88	1520.5	0.463
	Experience mobbing	26	2.50	0.95		

Legend: N – number; M – average; SD – standard deviation; *U* – Mann–Whitney *U*-test; *p* – statistical significance.

Discussion

This pilot study describes the problem and prevalence of intimidation and mobbing among nurses in a hospital setting. Negative acts of intimidation are defined as situations in which, over a long period of time, a person feels that he or she is the target of negative acts and is in a position where it is difficult to defend him or herself against them (Einarsen et al., 2009). If he or she experiences these actions regularly – at least once a week over a period of six months (Leymann, 1996) – this can be characterised as mobbing.

In the study, mobbing was identified in 5.9% of the nursing staff. A more detailed analysis showed that the victims of mobbing were predominantly women (96.2%), aged 36 to 50 years, with an average of 15.88 years of service. Half of them were nurse assistants and almost half were graduate nurses. In addition, intimidation was recognized in 35.4% of nursing staff. The victims of intimidation were mostly women (82.7%), slightly younger, and all with a higher level of education. Individuals who experienced mobbing and intimidation reported poorer health and well-being compared to those who did not experience negative actions. Social support did not have a protective effect. Previous research also confirms that the impact of mobbing on nurses' physical health translates into increased rates of illness (Myers et al., 2016). Victims of mobbing are more prone to tension headaches, gastrointestinal and appetite disorders, and excessive use of alcohol, cigarettes, and other addictive substances. In addition, blood pressure changes, chest pain, and palpitations have been reported (Difazio et al., 2019; Durmus et al., 2018).

The observed prevalence of intimidation and mobbing in nursing is comparable to findings from foreign studies, particularly those from Central and Southern European countries, where the incidence of mobbing is higher than in Northern European countries (Johnson, 2017). For example, a Greek study found that 30.2% of workers were subjected to intimidation at work (Karatza et al., 2016) and 34% in northern Italy (Bortoluzzi et al., 2014). A fairly high incidence of mobbing is found in Portugal, where it is experienced by12.5% of workers (Norton et al., 2017). A high incidence of mobbing was observed in the United Kingdom, where as many as 19% of 500 participants experienced negative violent behavior (Carter et al., 2013). The percentage of nurses exposed to mobbing daily is 4.7%, weekly – 6.1%, monthly – 8.9%, occasionally – 10%, and rarely – 24.8% (Al-Sagarat et al., 2018). Similar to previous studies, mobbing is more common among women than their male counterparts in nursing (Pai et al., 2018). The most frequent perpetrators are colleagues and supervisors, which has also been confirmed by other studies (Ayakdaş and Arslantaş, 2018).

The results also show that employees in nursing most often experience negative behaviors or inappropriate actions, such as spreading rumors about the participant (victim) and gossip. This type of violence has been frequently highlighted as a problematic issue in other research (Berry et al., 2016; Chipps and McRury, 2012; Nwaneri et al., 2016; Simons and Mawn, 2010; Vogelpohl et al., 2013). The authors (Berry et al., 2016; Nwa-

neri et al., 2016) note that this type of negative behavior is concerning because it directly and indirectly impacts the victim's career path and can also affect their personal life. Physical violence was a rarely mentioned form of violence, and this is also consistent with findings from previous studies. In gender-dominated occupations, violence and intimidation occur in more subtle ways. Manipulation, strategies to interfere with communication (ignoring, disregarding the victim's views), and attacks that undermine both workplace relationships and the victim's social status are used (Salin and Hoel, 2013).

Because of long-term nursing staffing shortages, we anticipated that the study would reveal both uncontrollable workloads and work assignments below competency levels. The results obtained confirmed our assumptions. Assignment of work below the competency level was also found to be negative in foreign studies (Chipps and McRury, 2012; Purpora et al., 2012; Vogelpohl et al., 2013).

The primary responsibility for reducing the risk of workplace intimidation and mobbing lies with hospital management by providing a safe work environment, respecting competencies, and ensuring sufficient numbers of staff (Al-Sagarat et al., 2018; Durmus et al., 2018). Intimidation and mobbing are insidious acts that nurses at all levels should recognize, label as inappropriate, and address accordingly. By understanding the impact of such actions on ineffective teamwork, professional stratification, and the most dangerous consequence – worsening patient care outcomes – nurses can be empowered to address the underlying issues in their profession (Difazio et al., 2019; Johnson, 2018).

The study has some limitations. A random sample was used and participants were informed beforehand about the purpose of the study. It is possible that individuals experiencing these acts chose to participate because they were attracted to the subject. On another note, the cultural context of these two acts should be considered, as well as the perception of nursing and nurses (including women's role and position) within a society.

Conclusions

Intimidation in the workplace is considered an extreme work stressor associated with psychological and physical stress. We found that intimidation among nurses in a hospital setting is a serious problem experienced by more than one-third of participants. The implications are concerning because staff shortages in Slovenia are already a major challenge. Intimidation/mobbing and related poor relationships and absenteeism are only the end result. Organizations should take steps to curb the occurrence of intimidation, ensuring that victims are protected and perpetrators severely punished. To help eliminate mobbing and the intimidation of nurses in the workplace, as well as to systematically deal with bullying, it is important to emphasise the importance of healthy relationships as part of the mandatory health and safety training that all workers should regularly renew. Considering that people often react with guilt, it is important to point out that a witness of bullying who does not intervene when unwanted actions happen is also responsible for not stopping the actions. That is, by doing nothing, he or she makes the situation worse. The second step would be to undoubtedly react to any negative action that we observe.

Ethical aspects and conflict of interests

The authors have no conflict of interests to declare.

Mobbing a zastrašování mezi zdravotními sestrami slovinského nemocničního personálu: pilotní studie

Souhrn

Úvod: Zastrašování a mobbing jsou formy násilí, které vzbuzují na pracovišti stále větší obavy. Cílem této studie bylo prozkoumat přítomnost těchto jevů mezi ošetřovatelským personálem ve slovinských nemocnicích.

Metodika: Průřezové pilotní studie se zúčastnilo 436 sester, z toho 226 registrovaných sester, 175 zdravotnických asistentů a 32 sester s magisterským vzděláním. Data byla získána pomocí dotazníku, který se týkal šikany a mobbingu na pracovišti, zdravotního stavu účastníků výzkumu a sociální podpory.

Výsledky: Výsledky ukázaly, že 35,4 % sester zažilo v práci zastrašování a 5,9 % sester zažilo mobbing. Polovině z nich bylo 36 až 50 let; většinu tvořily ženy (96,2 %). Uváděli systematické a nepřetržité zkušenosti se zastrašováním alespoň jednou týdně během posledních šesti měsíců a špatný zdravotní stav podle vlastního hodnocení ($p < 0{,}001$). Nejčastější formou nevhodného zastrašujícího chování bylo šíření fám. Ženy a nadřízení provádějí častěji mobbing. Podpora ze sociálního prostředí neměla ochranný efekt ($p > 0{,}05$).

Závěr: Výzkum prokázal vysokou prevalenci zastrašování mezi sestrami. Prevence je jistě nejúčinnějším prostředkem k řešení šikany, což je zvláště důležité poselství pro všechny. Výzkum poskytuje výchozí bod pro rozvoj a přizpůsobení budoucích opatření a intervencí v oblasti ochrany zdraví při práci.

Klíčová slova: hodnocení zdraví; mobbing; sociální podpora; zastrašování; zdravotní sestry

References

1. 1KA (2017). 1KA. Ljubljana: Faculty of Social Sciences, Ljubljana.
2. Al-Ghabeesh SH, Qattom H (2019). Workplace bullying and its preventive measures and productivity among emergency department nurses. Isr J Health Policy Res 8: 44. DOI: 10.1186/s13584-019-0314-8.
3. Al-Sagarat A, Qan'ir Y, AL-Azzam M, Obeidat H, Khalifeh A (2018). Assessing the impact of workplace bullying on nursing competences among registered nurses in Jordanian public hospitals. Nurs Forum, pp. 304–313. DOI: 10.1111/nuf.12253.
4. Anusiewicz CV, Shirey MR, Patrician PA (2019). Workplace bullying and newly licensed registered nurses: an evolutionary concept analysis. Workplace health & Safety 67(5): 250–261. DOI: 10.1177/2165079919827046.
5. Ayakdaş D, Arslantaş H (2018). Colleague violence in nursing: A cross-sectional study. J Psychiatr Nurs 9(1): 36–44. DOI: 10.14744/PHD.2017.52724
6. Bambi S, Foà C, De Felippis C, Lucchini A, Guazzini A, Rasero L (2018). Workplace incivility, lateral violence and bullying among nurses. A review about their prevalence and related factors. Acta BioMed 89(Suppl. 6–5): 51–79. DOI: 10.23750/abm.v89i6-S.7461.
7. Berry PA, Gillespie GL, Fisher BS, Gormley D, Haynes JT (2016). Psychological distress and workplace bullying among registered nurses. Online J Issues Nurs 21(3): 8. DOI: 10.3912/OJIN.Vol21No03PPT41.
8. Bortoluzzi G, Caporale L, Palese A (2014). Does participative leadership reduce the onset of mobbing risk among nurse working teams? J Nurs Manag 22(5): 643–652. DOI: 10.1111/jonm.12042.
9. Brečko D (2014). Say no to mobbing: coping with psychological and emotional violence. Ljubljana: Planet GV, 139 p.
10. Cangöl E, Sögüt S, Özmen S (2018). Mobbing and Its Effects on Nurses Working at the Hospitals. Health Sciences Research in the Globalizing World, pp. 223–230.
11. Carter M, Thompson N, Crampton P, Morrow G, Burford B, Gray C, Illing J (2013). Workplace bullying in the UK NHS: a questionnaire and interview study on prevalence, impact and barriers to reporting. BMJ Open 3(6): e002628. DOI: 10.1136/bmjopen-2013-002628.
12. Chipps EM, McRury M (2012). The development of an educational intervention to address workplace bullying: A pilot study. J Nurses Staff Dev 28(3): 94–98. DOI: 10.1097/NND.0b013e31825514bb.
13. Clark CM (2019). Fostering a Culture of Civility and Respect in Nursing. J Nurs Regul 10(1): 44–52. DOI: 10.1016/S2155-8256(19)30082-1.
14. Difazio RL, Vessey JA, Buchko OA, Chetverikov DV, Sarkisova VA, Serebrennikova NV (2019). The incidence and outcomes of nurse bullying in the Russian Federation. Int Nurs Rev 66(1): 94–103. DOI: 10.1111/inr.12479.
15. Durmus SC, Topcu I, Yildirim A (2018). Mobbing Behaviors Encountered by Nurses and their Effects on Nurses. Int J Caring Sci 11(2): 905–913.
16. Einarsen S (2000). Harassment and bullying at work: A review of the Scandinavian approach. Aggress Violent Behav 5(4): 379–401. DOI: 10.1016/S1359-1789(98)00043-3.
17. Einarsen S, Hoel H, Notelaers G (2009). Measuring exposure to bullying and harassment at work: Validity, factor structure and psychometric properties of the Negative Acts Questionnaire-Revised. Work Stress 23(1): 24–44. DOI: 10.1080/02678370902815673.
18. Ganz FD, Levy H, Khalaila R, Arad D, Bennaroch K, Kolpak O, et al. (2015). Bullying and its prevention among intensive care nurses. J Nurs Scholarsh 47(6): 505–511. DOI: 10.1111/jnu.12167.
19. Giorgi G, Mancuso S, Fiz Perez F, Castiello D'Antonio A, Mucci N, Cupelli V, Arcangeli G (2016). Bullying among nurses and its relationship with burnout and organizational climate. Int J Nurs Pract 22(2): 160–168. DOI: 10.1111/ijn.12376.
20. Görgülü N, Beydağ KD, Şensoy F, Kıyak M (2014). The effects of mobbing (bullying) on health employes. Procedia Soc Behav Sci 152: 503–509. DOI: 10.1016/j.sbspro.2014.09.196.
21. Hartin P, Birks M, Lindsay D (2019). Bullying in Nursing: Is it in the Eye of the Beholder? Policy Polit Nurs Pract 20(2): 82–91. DOI: 10.1177/1527154419845411.
22. IBM Corp (2017). IBM SPSS Statistics for Windows. Armonk, NY: IBM Corp.
23. Idler E, Benyamini Y (1997). Self-Rated Health and Mortality: A Review of Twenty-Seven Community Studies. J Health Soc Behav 38(1): 21–37. DOI: 10.2307/2955359.
24. Johnson SL (2017). Workplace Bullying in the Nursing Profession. Special Topics and Particular Occupations, Professions and Sectors, pp. 1–31. DOI: 10.1007/978-981-10-5154-8_14-1.
25. Kananen L, Enroth L, Raitanen J, Jylhävä J, Bürkle A, Moreno-Villanueva M, et al. (2021). Self-rated health in individuals with and without disease is associated with multiple biomarkers representing multiple biological domains. Sci Rep 11(1): 1–14. DOI: 10.1038/s41598-021-85668-7.
26. Karatza C, Zyga S, Tzlaferi S, Prezerakos P (2016). Workplace bullying and general health status among the nursing staff of Greek public hospitals. Ann Gen Psychiatry 15: 7. DOI: 10.1186/s12991-016-0097-z.
27. Kliem S, Mößle T, Rehbein F, Hellmann DF, Zenger M, Brähler E (2015). A brief form of the Perceived Social Support Questionnaire (F-SozU) was developed, validated, and standardized. J Clin Epidemiol 68(5): 551–562. DOI: 10.1016/j.jclinepi.2014.11.003.
28. Kozáková R, Bužgová R, Zeleníková R (2018). Mobbing of nurses: prevalence, forms and psychological consequences in the moravian-silesian region. Ceskoslovenska Psychologie 62(4): 316–329.
29. Leymann H (1996). The content and development of mobbing at work. Eur J Work Organ Psychol 5(2): 165–184.
30. Meires J (2018). Workplace Incivility. The Essentials: Using Emotional Intelligence to Curtail Bullying In the Workplace. Urol Nurs 38(3): 150–153. DOI: 10.7257/1053-816X.2018.38.3.150.
31. Myers G, Côté-Arsenault D, Worral P, Rolland R, Deppoliti D, Duxbury E, et al. (2016). A cross-hospital exploration of nurses' experiences with horizontal violence. J Nurs Manag 24(5): 624–633. DOI: 10.1111/jonm.12365.
32. Norton P, Costa V, Teixeira J, Azevedo A, Roma-Torres A, Amaro J, Cunha L (2017). Prevalence and determinants of bullying among health care workers in Portugal. Workplace Health Saf 65(5): 188–196. DOI: 10.1177/2165079916666545.
33. Nwaneri AC, Onoka AC, Onoka CA (2016). Workplace bullying among nurses working in tertiary hospitals in Enugu, southeast Nigeria: Implications for health workers and job performance. J Nurs Educ Pract 7(2): 69–78. DOI: 10.5430/jnep.v7n2p69.
34. Pai DD, Sturbelle ICS, dos Santos C, Tavares JP, Lautert L (2018). Physical and psychological violence in the workplace of healthcare professionals. Texto Contexto Enferm 27(1): e2420016. DOI: 10.1590/0104-07072018002420016.
35. Polit DF, Beck CT (2017). Essentials of nursing research: appraising evidence for nursing practice. Philadelphia: Lippincott Williams and Wilkins, 625 p.
36. Purpora C, Blegen MA, Stotts NA (2012). Horizontal violence among hospital staff nurses related to oppressed self or oppressed group. J Prof Nurs 28(5): 306–314. DOI: 10.1016/j.profnurs.2012.01.001.
37. Salin D, Hoel H (2013). Workplace bullying as a gendered phenomenon. J Manag Psychol 28(3): 235–251. DOI: 10.1108/02683941311321187.
38. Sauer PA, McCoy TP (2017). Nurse bullying: Impact on nurses' health. West J Nurs Res 39(12): 1533–1546. DOI: 10.1177/0193945916681278.
39. Sayılan AA, Aydın A (2020). Mobbing among healthcare workers: A review of research findings and methods of struggling. J Hum Sci 17(1): 185–193. DOI: 10.14687/jhs.v17i1.5364.

40. Selič P, Nassib A, Makivić I (2012). Razširjenost trpinčenja na delovnem mestu: študija primera. Obzornik zdravstvene nege 46(2): 113–126.
41. Šimić N, Rupić L, Gregov L, Nikolić M (2015). Suočavanje i percepcija mobinga kod medicinskih sestara različite dobi i radnog iskustva. Sigurnost 57(4): 305–318.
42. Simons SR, Mawn B (2010). Bullying in the workplace – a qualitative study of newly licensed registered nurses. AAOHN J 58(7): 305–311. DOI: 10.3928/08910162-20100616-02.
43. Somani R, Karmaliani R, Farlane JM, Asad N, Hirani S (2015). Prevalence of bullying/mobbing behaviour among nurses of private and public hospitals in Karachi, Pakistan. Int J Nurs Educ 8(2): 235–239. DOI: 10.5958/0974-9357.2015.00111.7.
44. Stergiannis P (2019). Mobbing against nurses: a serious problem that has to be solved. J Health Res 5(3): 84–85. DOI: 10.12681/healthresj.20998.
45. Vogelpohl DA, Rice SK, Edwards ME, Bork CE (2013). New graduate nurses' perception of the workplace: Have they experienced bullying? J Prof Nurs 29(6): 414–422. DOI: 10.1016/j.profnurs.2012.10.008.
46. Yildirim A, Yildirim D (2007). Mobbing in the workplace by peers and managers: mobbing experienced by nurses working in healthcare facilities in Turkey and its effect on nurses. J Clin Nurs 16(8): 1444–1453. DOI: 10.1111/j.1365-2702.2006.01814.x.