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Original research article

Intimidation and bullying in nursing: experiences, responses, and consequences

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Abstract
Introduction: The shortage of nursing staff is a major problem in an ageing population. One of the reasons for leaving the profession is an unsupportive working environment, including bullying. The aim of this study is to gain an in-depth insight into nurses' perceptions of workplace bullying.
Methods: A qualitative descriptive interpretive method was used. A semi-structured interview was used to collect data. Nine nurses from all levels of healthcare participated in the study. Thematic analysis of qualitative data was used to analyse the data.
Results: Respondents described in detail their views on bullying in nursing and their personal experiences. Data analysis identified five themes: (1) causes of workplace bullying, (2) experiences of workplace bullying, (3) characteristics of perpetrators and victims, (4) ways of responding to and coping with bullying, and (5) consequences of workplace bullying. This study provides a comprehensive examination of nurses' perceptions of workplace bullying, underscoring its pervasiveness in healthcare settings. It underscores the imperative for organisational interventions to mitigate its impact.
Conclusion: To improve conditions in healthcare and reduce bullying, it is necessary to implement organisational changes that focus on zero-tolerance policies, staff education, and improved staff relations.

Keywords: Lateral violence; Mobbing; Nurse; Work environment

Introduction

Research indicates that terms such as intimidation, bullying, and mobbing are often used interchangeably in literature and practice. However, it is important to distinguish between them. In the context of workplace dynamics, intimidation can be defined as any act or behaviour that is intended to create fear, coercion, or psychological pressure on an individual, often in a manner that undermines their confidence or ability to perform (Einarsen et al., 2020; Johnson, 2021). Bullying refers to repeated negative acts of intimidation directed towards individuals over a prolonged period of time, making it difficult for the victim to defend themselves (Einarsen et al., 2020). Such behaviour may manifest in various forms, including persistent criticism, exclusion from team activities, or the dissemination of damaging rumours. Conversely, mobbing is defined as a form of psychological terror in the workplace, characterised by systematic and frequent incidents occurring at least once a week over a period of six months (Difazio et al., 2019; Einarsen et al., 2020; Johnson, 2021).

Nursing is among the professions with the highest levels of workplace bullying and mobbing (Hartin et al., 2020; International Council of Nurses, 2017; Johnson, 2021). Research has examined both phenomena (Hartin et al., 2020; Johnson 2021; Meires, 2018), but despite their significance, they are often overlooked and under-reported (Al Omar et al., 2019; O'Connell et al., 2019). Nursing bullying was first described in 1909, suggesting it has deep roots in the profession (Hartin et al., 2020; Meires, 2018). In fact, some surveys suggest that a large proportion of nurses are bullied at least once in their careers, whether they work in the private or public sector (Difazio et al., 2019). According to a pilot study conducted in 2020, 35.4% of nurses in Slovenia experience some sort of intimidation, bullying, or mobbing (Plos et al., 2022). The experience of negative acts not only affects the victims and those around them, but also the organisation where bullying takes place and, indirectly, everyone who enters the healthcare system (Al-Ghabeesh and Qattom, 2019; Kozáková et al., 2018).

Most people need healthcare at different times in their lives, so bullying in healthcare has an indirect impact on the population as a whole (Johnson, 2021). Bullying leads to a concerning reduction in the quality of nursing care, increased professional errors, longer patient bed times, more falls, and higher mortality rates (Al-Ghabeesh and Qattom, 2019; Anusiewicz et al., 2020; International Council of Nurses, 2017;

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Meires, 2018; Stergiannis, 2019). The presence of bullying in nursing has been associated with higher staff turnover, more sick leave, and lower work productivity (Bloom, 2019).

For many years, Slovenia has been facing a severe shortage of nurses due to unfavourable working conditions and a poor organisational climate. Nurses are reluctant to work in organisations with poor working conditions and staff relations, where there is a lack of encouragement and frequent bullying (Maze, 2020). In Slovenia, the Employment Relations Act mandates that employers take necessary measures to prevent all forms of workplace violence (Uradni list RS, 2013). The key to preventing negative behaviour is to regulate the most complex behaviours, such as bullying. Given that bullying can sometimes be perceived as socially acceptable, it is imperative to implement and strictly enforce a zero-tolerance policy to prevent such incidents from being normalized (Edmonson and Zelonka, 2019).

Materials and methods

Aim

The study aimed to gain insight into nurses' perceptions of workplace bullying. The specific objectives were:

1. To explore and document nursing staff's personal experiences with workplace bullying.
2. To identify and analyse the characteristics of workplace bullying perpetrators and victims within the nursing profession.
3. To examine the various strategies and responses employed by nursing staff in dealing with incidents of bullying.
4. To investigate and understand the underlying causes of workplace bullying as perceived by healthcare workers.

Design

The study used a qualitative descriptive interpretive method to gain insight into the individual's thinking, behaviour, and understanding (Smythe, 2012). This method was chosen because of its direct relevance to the studied phenomenon and its ability to achieve the research objectives. The method described is a qualitative data interpretation technique used to comprehend complex experiences and phenomena in nursing. The descriptive interpretive method is flexible and allows for practical conclusions to be drawn without compromising methodological integrity. It involves collecting, analysing, processing, interpreting, and presenting data obtained in the study (Elliott and Timulak, 2021; Thompson Burdine et. al., 2021). The method originated in nursing research and has since been adopted in other social science fields (Pringle-Nelson, 2023).

Sample

Potential participants were invited to participate in the study through social networks and targeted closed groups of healthcare professionals. These platforms were selected based on their accessibility and the potential to engage individuals with pertinent experiences. Upon responding to the invitation, participants were informed about the purpose, objectives, and process of the study.

The study employed a purposive sampling method, focusing on nursing staff who had experienced workplace bullying. To be included in the study, participants were required to have encountered bullying characterised by negative acts of intimidation over a prolonged period that made it difficult for them to defend themselves. To ensure the relevance and timeliness of the data, the experiences in question were required to have occurred within the 12 months prior to the interview. Ten nurses who met the criteria consented to participate in the study. Prior to their participation, all the subjects provided written consent. The consent form provided comprehensive details regarding the purpose, objectives, process, potential risks and benefits, confidentiality measures, anticipated duration of the interview, option to interrupt the interview, option to refuse to answer certain questions, and the possibility of receiving feedback on the study findings. This ensured that participants were fully informed and that their participation was voluntary, in accordance with the ethical standards that govern such research.

One interview was excluded due to inappropriate content. The study included nine participants, with a mean age of 34 years (range: 26–48). Eight participants were registered nurses, while one was a secondary nurse. Four participants worked at the primary level, two at the secondary level, and three at the tertiary level of healthcare. On average, participants had 11.6 years of experience in the nursing field.

Data collection

Data were collected in December 2023 using in-depth, semi-structured interviews, which lasted up to 35 minutes. In this format, the researcher prepares guiding questions before the interview and formulates and asks sub-questions during the interview. (Creswell and Creswell, 2017). The main interview focused on the experience of bullying at work (e.g., characteristics of the perpetrator and the victim, triggers for bullying, impact of bullying on the workplace). The interviews were conducted via Zoom, without the presence of a third party. Data collection continued until the study reach saturation, meaning no new significant information was emerging. At the beginning of the interview, respondents provided some basic demographic information. The initial questions in the content section were general to develop the narrative. However, during the interview, questions related to workplace bullying were explored in greater depth. Some of the questions asked were:

- "How do you perceive workplace bullying?"
- "Can you describe your most memorable experience of intimidation?"
- "How does experiencing workplace bullying impact work performance?"
- "In your opinion, what are the causes of workplace bullying?"

The interviews were recorded and transcribed verbatim from dialect speech to standard Slovenian.

Data analysis

The obtained data was analysed using the thematic analysis method, which involves examining the details, links, and differences between data (Kiger and Varpio, 2020). Thematic analysis was conducted by reading the texts multiple times to gain a better understanding of the experience of bullying and mobbing among nurses. Important themes were identified through open coding of the interviews, and the data were coded line by line. Several measures were taken to ensure the trustworthiness of the study, whereby the focus was on the criteria of credibility, transferability, reliability, and confirmability (according to Bryman (2016)). The themes and sub-themes were decided through discussion among all the authors. The research process was documented in detail to ensure traceability and transferability. Fig. 1 displays the most commonly used words and phrases from the interviews.

Fig. 1. Cross-referencing terms: intimidation, bullying, and mobbing

Results

Data analysis identified five themes: (1) causes of workplace bullying, (2) experiences of workplace bullying, (3) characteristics of perpetrators and victims, (4) ways of responding to and coping with bullying, and (5) consequences of workplace bullying. Details of the themes are shown in Table 1.

Causes of workplace bullying

The theme "causes of workplace bullying" is directly related to the fact that respondents were consistent in their descriptions of the causes of bullying. All mentioned the environment and unfavourable working conditions as the main risk factors for bullying in the organisation. Poor management, protocols that exist *only on paper*, and unclear or undefined duties among employees are seen as the causes of a bullying environment. Bullying is linked to rigid hierarchies in the organisation, which encourage divisions between professions and occupational groups. They state that much depends on the manager's competence in terms of communication skills and in establishing and maintaining good relationships and the level of quality of the work done.

They believe that bullying often happens in work environments with a weak morale, where attitudes towards intimidation are inappropriate, as bullying is tolerated, and reports are handled inappropriately or ineffectively. *"It happened that the head nurse got a certain complaint, and this complaint of course went to the head nurse of the hospital, but because they are friends, she brought the complaint back to her and said to her 'go ahead, solve it by yourself'. So, your hands are pretty much tied because they are all connected, and you can't do anything. Heads of departments are in a position of leadership for many years, even 10, 15, 20 years. You don't have much influence because they are all the same"* (smss-33). Two interviewees described how they believe that employees report bullying to those in charge, but that the reports are *swept under the carpet*. When asked what they considered to be the trigger for intimidation, all nine interviewees stated that it was related to the nature of the work and the inadequate performance of the organisation. Bullying may manifest when the victim highlights disagreements or irregularities within the organization, during times of stress, or due to understaffing. The latter was described by two participants as the main reason for the *vicious cycle of intimidation*, where unwanted negative actions occur. They see the situation as difficult to resolve without concrete action at the organisational level. Most of them believe that bullying occurs because of the nurse's role as a *link between the patient and the doctor*.

Table 1. Identified themes

Theme	Subthemes	Codes
Causes of workplace bullying	Cause of bullying	The issue originates from the perpetrator, related to the nature of the work and the inadequate functioning of the organisation
	Risk and protective factors	Risk factors related to the organisation's operations, environment and relationships, personal and organisational protective factors
Experiences of workplace bullying	Circumstances and forms of bullying	Acts of assault witnessed by others, frequency of occurrences, interference in the work process, interference with employment rights and career, violent non-verbal communication, verbal assaults and threats, personal assaults
	Experiencing bullying	Inability to control reactions, bullying as stress
Characteristics of perpetrators and victims	Personal characteristics, position and actions of the perpetrator	Negative character traits, feelings of superiority, health professionals, external individuals, abuse of position, lack of knowledge and empathy
	Personal characteristics and situation of the victim	Consistent at work, weak character, standing out, profession, subordinate position
Ways of responding to and coping with bullying	Active coping	Tendency to control the situation, controlled behaviour, wants to stop bullying
	Conservative behaviour	Appeasing the perpetrator, stepping back, avoiding conflict in front of patients, change in priorities
	Reasons for continuing to work in position despite being bullied	Strong support from colleagues, enjoyment of work, desire for knowledge, proximity to home, financial aspect
Consequences of workplace bullying	Consequences related to the victim's work and professional life	Negative impact on perception of profession and career, negative impact on performance of job duties
	Negative impact on health and private life	Negative impact on private life, physical consequences, mental consequences
	Problem-solving orientation	Education, general organisational policies, individual-oriented policies

"Patients always have rights. But the doctor is… you are beneath him. We are somehow in the middle, divided between the patient and the doctor. The patient is pressing to have his turn, the doctor says it's not urgent, now go out and talk him out of it" (dmsp-34).

The majority of interviewees believe that the trigger for intimidation often comes directly from the aggressor, either due to personal frustration or disrespect for nurses. It is noticeable that the interviewees also perceive circumstances that help to reduce the occurrence of bullying. They believe that bullying is less likely to occur in settings where the management is consistent in dealing with complaints, aims for good staff relations and respectful communication, and where the unit managers are professionally qualified to perform their role.

Experiences of workplace bullying

When asked about their experiences of being bullied, the interviewees stated that bullying among nursing staff is relatively common, *quite normal* and that such acts are openly visible and not concealed. Two of the interviewees described bullying as a *constant* part of the profession, to which witnesses of events tend not to respond.

All nine interviewees reported experiencing bullying as an unnecessary source of stress. A large proportion of them freeze during such incidents and are unable to maintain emotional control.

Most of them experienced bullying during the work process. Most interviewees reported attacks of a personal nature, with the perpetrator intending to discriminate against and humiliate the victim or interfere with the victim's autonomy and work responsibilities. Four interviewees described the perpetrator as using threats related to the victim's employment and career. Two interviewees reported experiencing discrimination related to their parental leave. In one instance, the interviewee's female supervisor gave her a low performance rating that prevented her from being promoted because she had taken maternity leave for most of the year. *"That means a woman giving birth to 3 children will be rated 3, and men, because they don't give birth, will be rated 5.OK. We are now in a situation where women are discriminating against other women, despite our efforts for equality"* (dmst-37). In the second case, the intimidation began when the interviewee told the department leader about her pregnancy. She then used inappropriate language and accused the interviewee of making an unwise decision by choosing to become pregnant, stating that there were already too many staff shortages in the department. The interviewee also stated that she was indirectly forced to work nights shortly after returning from maternity leave, because the department leader schedules her shifts predominantly in the afternoons. This scheduling arrangement resulted in her returning home after her children were already asleep, leaving her limited time in the morning to see them before taking them to the daycare. She also reported that superiors threatened her with termination for her frequent absences due to childcare. Additionally, her superiors repeatedly conducted unannounced home visits to check on her. The interviewee stated that the nature of the intimidation changed when her supervisor also became a mother.

The most common form of bullying experienced by the interviewees was verbal abuse in the form of insults, intimidation, and threats of violence, and in one case even death threats. Non-verbal acts were also repeatedly reported. In two instances, the perpetrators entered directly into the victim's personal space. One interviewee described a particularly traumatic event for her when, on the instructions of one physician, she forwarded a patient's sick note to his colleague, who did not sign it and sent it to the patient's employer. *"He stopped me in the middle of the corridor, at the entrance to the health centre, and entered my personal space… he stood above me, like 20 cm… and he said: 'That sick note didn't go through.' And I said: 'I did my job.' My voice was shaking because I was really, really afraid of him at that moment. And he basically pointed towards me as if he was going to smack me, like towards my forehead, maybe he stopped himself a centimetre from smacking me in the forehead. And he said: 'It's your fault for not having checked.' And he turned and walked away"* (dmsp-34).

Characteristics of perpetrators and victims

The interviewees reached a high degree of agreement on the characteristics of the perpetrator and the victim. According to them, health workers were the most frequent perpetrators, with nurses being more common than doctors and others. The perpetrators were seen as authoritative figures who took advantage of their superior position with *the support of colleagues in higher positions*. They are described as individuals who are skilled in manipulation, have a sense of superiority, and a tendency to impress those around them. The interviewees believed that perpetrators use bullying as a defence mechanism when they *feel endangered*. The interviewees describe them as lacking empathy and professional expertise. A large proportion of the interviewees also reported that the perpetrators bully due to their dissatisfaction or perceived failure in their personal lives. *"They have some big problems with themselves, distress, they are insecure. They just have some personal problems that they vent in a way that they intimidate others. Or some childhood trauma, mainly some problems of their own"* (dmst-32).

The interviewees describe the victims as non-confrontational, submissive, and helpful individuals who are prone to bullying. They also describe them as consistent individuals who are targeted by the attacker for pointing out irregularities. According to the interviewees, individuals in a subordinate position, such as new employees, are often targets of bullying. Many believe that victims of bullying stand out due to their appearance, personal characteristics, or age. Two interviewees noted that younger generations of nurses are more efficient in handling bullying and have a different perception of hierarchy compared to older generations. *"My generation and the generations before me still misinterpret what authority means…"* (dmst-37). It reflects a time when doctors were viewed with a high level of reverence and were afforded absolute respect, where the authority was rarely questioned. A large part of the interviewees also suggested that persons who are more sovereign in their speech and possess strong communication skills are more resistant to bullying.

Ways of responding to and coping with bullying

In terms of how interviewees handle bullying, they consistently reported seeking support from trusted colleagues, friends, and family when faced with such situations. Most of them attempt to stop the attacks through conscious and controlled behaviour. Additionally, a large proportion of respondents actively deal with attacks by setting boundaries for the perpetrator, which they consider a learnable skill. Two participants reported that speaking with a supervisor was an effective coping mechanism, while two others successfully confronted the perpetrator. *"It was particularly helpful not to let the person carry through with their action… In between I interrupted them and said, 'if I respect you then you respect me' and that I don't allow anyone to walk all over me and accuse me of things that I know I'm*

not guilty of. But when I am guilty, I will admit it. Then the act was interrupted. It did not continue" (dmss-27).

In addition to actively confronting bullying, seven respondents deal with it by avoiding conflict situations or changing priorities. *"It's not professional to address the violence someone is doing to you in front of a patient. You think, 'I'll just ignore them', and you move on"* (dmst-32).

Four interviewees moved from a workplace where they frequently experienced bullying to a workplace with a lower incidence of bullying. The reasons for staying in the workplace include a sense of mission and good relationships with colleagues. Additionally, practical reasons for staying in a job, such as proximity to home and financial aspects, were cited. *"What saves me is that I love this work, the dynamics of the work. And the pay, of course"* (dmst-32).

Consequences of workplace bullying

Interviewees have described how experiencing bullying in the workplace can have a negative impact on both their professional and private lives. The majority have stated that because of bullying they feel less satisfied with their work, which can sometimes lead to doubts about their choice of profession. According to the interviewees, reporting bullying is rare due to the belief that it makes the situation worse.

They report that experiencing bullying reduces their ability to perform well. They find it harder to concentrate, take longer to complete tasks, fear making mistakes, experience reduced self-confidence and increased self-doubt: *"It really took my confidence to the end. For example, when I was taking the temperature... I was thinking: 'Are you doing this right, is this really it? Come on, take it again, twice, so it's true.' I was doing everything in fear that I would forget something, do something wrong"* (smss-27). They also discuss their tendency to ruminate on past events.

Most individuals reported experiencing stress-related symptoms on both a physical and mental level. They expressed fear of returning to work and encountering the perpetrator again. The effects of the bullying included prolonged insomnia, persistent rumination about the event or potential scenarios, and physical symptoms such as stomach pain, loss of appetite, and diarrhoea. *"When I saw that I was being scheduled with this doctor, I felt sick to my stomach. Everything was manifesting itself on a physical level... it took me five years to stop being afraid of him"* (dmsp-34).

The interviewees suggest that bullying can be reduced through system-level interventions at the organisational level. In addition to clear reporting channels and a de facto zero tolerance of bullying, they believe that fostering good relations between colleagues, clear communication, and effective management of staff would reduce the incidence of bullying. They highlight the importance of education about effective communication, forms of bullying, and ways to take action. One interviewee suggests that education should also incorporate practical exercises, while two others highlight the importance of taking personal action through anonymous conversations and *self-development*.

Discussion

The aim of the study was to find out about nurses' experiences of workplace bullying, the characteristics of the perpetrators, what leads to bullying, and what nurses do when they are bullied. Similar to other research, we found that tolerance of bullying and ineffective leadership create favourable conditions for bullying to occur in the organisation (Anusiewicz et al., 2020; Hartin et al., 2020; Shorey and Wong, 2021). Nurses may perceive their superiors as incompetent in addressing bullying incidents, leading to a tolerance of such behaviour (Bloom, 2019; Hartin et al., 2020). They feel trapped in a system that is lenient towards perpetrators (Shorey and Wong, 2021). Individual causes of bullying come from the perpetrator and manifest as egocentrism and immaturity (Shorey and Wong, 2021; Yosep et al., 2022). According to Shorey and Wong (2021), bullying is often a result of power imbalances, poor leadership, differences between employees, and a stressful work environment. This issue is particularly prevalent in healthcare organizations, where bullying can be seen as a leadership style (Edmonson and Zelonka, 2019).

In accordance with a previous qualitative study (Bloom, 2019), it was discovered that generational differences have an impact on the prevalence of bullying, since younger generations of nurses tend to communicate more directly and assertively, while older generations are more likely to be submissive.

The study reports that nurses identified work and job-related bullying as the most common, which is consistent with Johnson (2021). Lateral violence is a frequently cited form of violence in nursing (Bambi et al., 2018; Johnson, 2021; Krakar, 2021; O'Connell et al., 2019). Findings of a pilot study conducted in Slovenia (Plos et al., 2022) showed that the majority of nurses identified colleagues as the main perpetrators, which is consistent with the current study.

Bullying is frequently seen by nurses as part of the job. Due to the fear of more attacks, they choose not to report assaults (Rosi et al., 2020; Shorey and Wong, 2021). As in the present study, Shorey and Wong (2021) highlight the importance of social support as an important coping mechanism.

Bullying has a negative impact on one's quality of life, and can cause short- or long-term disorders, such as anxiety, stress, and depression, as well as psychosomatic consequences (Anusiewicz et al., 2020; Shorey and Wong, 2021; Zulkarnain et al., 2023). It can also lead to a lack of self-confidence and increased self-doubt, which can indirectly affect decision-making and the quality of care for patients (Mammen et al., 2018, 2023). Nurses experience bullying as a distraction that makes it harder for them to concentrate and participate in the nursing process and undermines their productivity (Anusiewicz et al., 2020; Shorey and Wong, 2021). Despite experiencing bullying, many nurses continue to work as their good relationships and experiences outweigh the bad. This mirrors the findings of Bloom's research (2019). To address intimidation, bullying and mobbing in healthcare, it is necessary to take action at the organisational level. Nurses suggest that those in charge should promote effective communication and enforce established rules. Additionally, they believe that education aimed at identifying and preventing bullying, along with practical advice on how to handle it, is a crucial step (Shorey and Wong, 2021).

Conclusion

Bullying is a frequent cause of stress in nursing. The factors that contribute to bullying in nursing are mainly inadequate management, and tolerance of intimidation and more serious forms of intimidation (such as bullying and mobbing) by those responsible in the organisation. Nurses are frequently bullied by their colleagues and other healthcare professionals, and less frequently by patients, relatives, and external colleagues. The perpetrators are characterised as arrogant and driven by a desire to assert their status and power, often through the abuse of

their position. Victims respond to bullying in either an active or passive manner. Nurses continue to work despite experiencing bullying, as they value social support and a sense of mission in their work over negative experiences. Bullying can have a detrimental effect on the victim's personal life and health, leading to doubts about their career choice. It is crucial to note that bullying can have a negative impact on the performance of healthcare workers, ultimately leading to adverse outcomes for patients such as longer treatment and hospitalisation, as well as an increase in errors, falls, and mortality rates.

Due to the ageing population and the health status of older adults, there will be an increased demand for qualified nursing staff in the coming years. To prevent attrition, organisations must provide a supportive work environment for their employees by implementing measures to reduce the incidence of bullying. One possible solution is to introduce education on communication, dealing with bullying and related stress, as well as other organisational measures to improve the working climate.

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The authors have no conflict of interest to declare.

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