



Antecedents and consequences of bullying among nurses: a review study

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Abstract

Background and aims: Workplace bullying is an occupational hazard with destructive effects. The aim of this study was to assess the antecedents and the consequences of bullying among nurses.

Methods: This narrative review was conducted in 2021. An online literature search was performed in several Persian and English databases, namely Magiran, SID, Noormags, Elmnet, IranMedex, PubMed, and Scopus. Search protocol was limited to the time interval between 2010 and 2020. Search key terms were, “bullying”, “coercion”, “healthcare providers”, “nurse”, and “horizontal violence”. Advanced search was also performed in Google Scholar. Inclusion criteria were publication in English or Persian, access to full-text, and publication as an original article.

Results: Sixteen articles were included in this study. The two main antecedents of workplace bullying were personal and organizational factors and the three main consequences of bullying were physical, mental, and occupational consequences.

Conclusion: As bullying is associated with different physical, mental, and occupational consequences, healthcare managers need to employ strategies to determine and manage bullying antecedents and reduce bullying prevalence.

Keywords: Bullying, Coercion, Nurse, Healthcare providers, Narrative review

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Introduction

Bullying at workplace is an occupational hazard (1) with potential risks and damages. By definition, bullying is any intentional, purposeful, regular, repeated, negative, and bothering behavior in bilateral relationships by one side against the other which is associated with overt or cover harms to the target person (2). Bullying includes a wide range of behaviors from passive behaviors such as negligence and intentional or purposeful ignorance to insulting behaviors associated with implied or explicit threat (2). The prevalence of workplace bullying in western countries was reported to be 5%–28% (3,4).

Bullying is highly prevalent among healthcare providers in hospitals, particularly nurses (5-7). A study on 260 nurses showed that more than 50% of them were the victims of bullying (8). Another study showed that bullying horizontally happened in hospitals and at least 34.9% of nurses experienced bullying each month (6). Another study found that bullying was 54% more common among female nurses, 36% more common among younger nurses, and 24% less common among nurses with higher degrees (9).

Bullying at workplace can be associated with negative

consequences such as disturbed inner peace, stress, and tension (8,10). A meta-analysis reported that staff bullying at workplace can lead to problems such as turnover intention, reduced organizational commitment, low job satisfaction, absence from work, depression, anxiety, strain, tension, burnout, posttraumatic stress disorder, psychosomatic problems, and physical disorders (11).

Despite the serious outcomes of bullying among nurses, no review study had yet evaluated its different aspects. Therefore, the present study was performed to assess the antecedents and the consequences of bullying among nurses.

Methods

This narrative review was conducted in 2021. An online literature search was performed in several Persian and English databases, namely Magiran, SID, Noormags, Elmnet, IranMedex, PubMed, and Scopus. Search protocol was limited to the time interval between 2010 and 2020. Search key terms were, “bullying”, “coercion”, “healthcare providers”, “nurse”, and “horizontal violence”. Moreover, advanced search was performed in Google Scholar both in Persian and English. Inclusion criteria were publication in

English or Persian, access to full-text, and publication as an original article. Duplicate records were omitted and the abstract of the remaining studies were reviewed. Then, a summary of the main findings of each study was prepared. As the methodologies of the included studies differed from each other, the narrative method was used for data summarization and categorization.

Results

Sixteen studies were included in this study. Fourteen studies were about bullying among nurses and four studies were about bullying among female nurses. Fourteen studies were into bullying among all nurses and four studies were into bullying among female nurses. Seven studies had been conducted in Iran and other studies had been conducted in the United States, South Korea, Poland, Taiwan, Italy, Saudi Arabia, and Jordan (Table 1). Most studies were descriptive.

Most participants in the reviewed studies had experienced bullying, particularly verbal bullying (Table 2). Bullying had significant negative relationship with hope, resilience, positive affect, and optimism. Moreover, it had significant positive relationship with gender, age, work experience, number of weekly work hours, organizational position, job-related negative affect, psychosomatic complaints, workplace incivility, emotional exhaustion, fatigue, physical complaints, humiliation, anger, malice, high occupational strain, and the depersonalization dimension of burnout.

The two main antecedents of workplace bullying were personal and organizational factors (Table 3) and the three main consequences of bullying were physical, mental, and occupational consequences (Table 4).

Discussion

This study assessed the antecedents and the consequences of bullying among nurses. Findings revealed that bullying had significant positive relationship with hope, resilience, positive affect, and optimism and significant negative relationship with job-related negative affect, emotional exhaustion, job burnout, and fatigue. Verbal bullying was the most prevalent type of bullying. Bullying had different effects on nurses.

Our findings showed that four studies were specific to bullying among female nurses (12,13,20,23). Other studies

Table 1. Reviewed studies by country

Country	N
Iran	7
United States	2
South Korea	2
Poland	1
Taiwan	1
Italy	1
Saudi Arabia	1
Jordan	1

had also reported the greater exposure of female nurses to bullying and its consequences. This finding may be due to women’s physical conditions. Moreover, our findings revealed that bullying had significant positive relationship with job-related negative affect and psychosomatic complaints (13,20,23) and significant negative relationship with hope, resilience, positive affect, and optimism (13,19,20). These findings imply that the more the levels of hope, resilience, positive affect, and optimism are, the lower the levels of bullying complications will be. Moreover, we found that two of the reviewed studies had reported a negative relationship between bullying and age, implying that younger nurses experienced more bullying and more stress (21,22), while a study had reported no significant relationship between age and perceived stress or anxiety (24). This contradiction may be due to the fact that those two studies had assessed the prevalence of bullying-related stress (21,22), while the other study had assessed perceived bullying-related stress (24).

Some reviewed studies had reported the higher prevalence of verbal bullying (98.1%) and the lower prevalence of non-verbal bullying (34%) (21,25). Therefore, programs are needed to help nurses accurately assess workplace bullying (15). Educational programs about effective bullying management can also reduce concerns (21).

Our findings also showed that bullying had significant relationship with turnover intention (7,14), emotional exhaustion, job burnout, and fatigue. Therefore, bullying prevention is essential to reduce job burnout and turnover among nurses (16). Moreover, we found that nurses with lower experience were more at risk for bullying and bullying was associated with a 61.7% decrease in productivity (17). However, a study showed no significant relationship between bullying and productivity (15). This contradiction highlights the necessity of further studies to

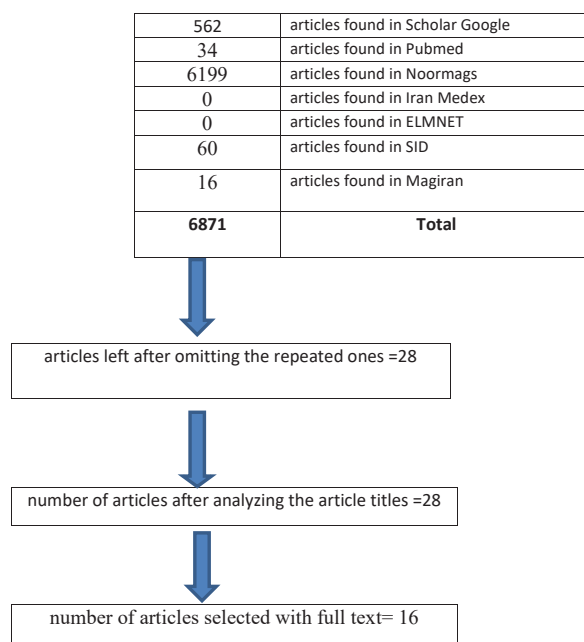


Figure 1. The process for searching, retrieving, and selecting the relevant articles

Table 2. The characteristics of the reviewed studies

Author	Title	Methods	Findings
Valian et al (12)	The effect of organizational bullying on individual sleep according to the mediating role of rumination among female nurses	Population: Female nurses of Sayyad Shirazi Hospital, Gorgan, Iran Participants: 144 nurses selected through simple random sampling Instruments: Bullying Scale, Questionnaire of Ruminative Thinking, and Questionnaire of Sleep Quality.	Organizational bullying had significant negative effects on sleep duration. Ruminative thinking moderated the effects of organizational bullying on sleep quality.
Golparvar and Khatonabadi (13)	Structural model of the relationship between bullying in hospital environments and negative affect and psychosomatic complaints among female nurses	Design: Correlational Population: Female nurses of a governmental hospital in Isfahan, Iran Participants: 243 nurses selected through convenience sampling Instruments: Bullying Scale, Negative Affect and Psychosomatic Complaints	All six components of bullying had significant positive relationship with negative affect and psychosomatic complaints. Negative affect mediated the relationship between bullying and psychosomatic complaints.
Salimi et al (7)	Investigation of bullying and harassment in the workplace using the psychometric properties of the Negative Acts Questionnaire-revised (NAQ-R) in nurses	Design: Descriptive Population: All nurses of Ayatollah Rouhani Hospital, Babol, Iran Participants: 181 nurses selected through random sampling Instruments: Negative Actions Questionnaires-Revised (NAQ-R) and Workplace Incivility Scale	The 22-item NAQ-R questionnaire had three factors, namely work-related bullying, personal bullying, and turnover-related bullying. Cronbach alpha coefficient of the NAQ-R questionnaire was 0.94. Cronbach alpha coefficients of NAQ-R dimensions were 0.91, 0.83, and 0.85, respectively. The scores of all dimensions had significant positive correlation with the score of the Workplace Incivility Scale.
Bambi et al (14)	Negative interactions among nurses: an explorative study on lateral violence and bullying in nursing work settings	Design: Web survey Population: Nurses in three Tuscan public health care institutions Instruments: Negative Interactions Among Nurses Questionnaire	Response rate was 18.6%. Around 35.8% of nurses reported negative interactions and 42.3% of these nurses reported the experience of bullying. Physical and psychological consequences of negative interactions were reported by 59% of participants, and 21.9% of victims reported thinking about leaving nursing.
Ma et al (15)	An app for detecting bullying of nurses using convolutional neural networks and web-based computerized adaptive testing: development and usability study	Participants: 960 nurses working in a hospital in Taiwan Aim: Building a bully prediction model to estimate 69 different parameters	The 22-item model for convolutional neural network was suggested to improve the accuracy of assessment based on NAQ-R among nurses and an app was developed for helping nurses assess bullying.
Kim et al (16)	Association between workplace bullying and burnout, professional quality of life, and turnover intention among clinical nurses	Design: Descriptive cross-sectional Participants: 324 nurses Instrument: A structured questionnaire	Bullying had significant relationship with nurses' emotional exhaustion, depersonalization dimension of burnout, and compassion fatigue. Thus, bullying prevention was suggested to reduce nurses' burnout and turnover.
Al-Ghabeesh and Qattom (17)	Workplace bullying and its preventive measures and productivity among emergency department nurses	Population: Emergency department nurses in five hospitals in Amman, Jordan Participants: 134 nurses Instruments: A demographic questionnaire, Negative Acts Questionnaire, Questions on bullying Prevention, and a health and productivity survey	Ninety percent of participants reported bullying experience. Bullying was associated with reduced ability to respond to cognitive needs, establish effective communication, and provide safe care. The mean score of bullying was 94.51 (in the possible range of 42–168). The highest dimensional score was related to the personal dimension and the highest item score was related to the item "Awareness of how to report bullying".
Christie and Jones (18)	Lateral violence in nursing and the theory of the Nurse as Wounded Healer	Presenting a theory	Lateral violence, also known as horizontal violence, is a destructive phenomenon at nurses' workplace. It may initially be explicit and then, manifests implicitly. Its prevalence increases over time. The cumulative effects of bullying may be severer than the effects of a violent action.
Yoo and Ahn (19)	Nurses' workplace bullying experiences, responses, and ways of coping	Design: Descriptive Participants: 113 hospital nurses	Optimism reduced workplace bullying. Moreover, positive coping strategies were associated with lower bullying responses.
Golparvar et al (20)	The study of the correlation between bullying at workplaces and psychosomatic complaint and affective wellbeing among female nurses	Design: Descriptive-correlational Population: Female nurses working in hospitals in Yazd, Iran Participants: 252 nurses selected through convenience sampling Instrument: Bullying questionnaire, Physical Complaints Questionnaire, and Occupational Emotions	Workplace bullying had significant relationship with physical complains, work-related negative affect, humiliation, anger, malice, and occupational strain. Moreover, occupational strain was a significant predictor of work-related negative affect.

Table 2. Continued

Author	Title	Methods	Findings
Al-Surimi et al (9)	Prevalence of workplace bullying and its associated factors at a multi-regional Saudi Arabian hospital: a cross-sectional study	Design: Cross-sectional Participants: All fulltime healthcare practitioners in a multi-regional hospital in Saudi Arabia Instrument: A self-administered questionnaire distributed via a private electronic mail	Most participants reported workplace bullying (n = 684). Bullying agents were patients (36.1%), patients' family members (29.5%), hospital staff (27.2%), and managers (7.2%). The most common types of bullying were verbal abuse (98.1%), physical assault (11.8%), and sexual connotations (5.8%). While 63.7% of participants had experienced workplace bullying, only 11% of them had received education about workplace bullying. Physicians with higher degrees and lower experience were more worried about the negative effects of workplace bullying on care quality and patient safety. Previous experience of bullying was associated with higher worry, while education about bullying management was associated with lower worry.
Serafin and Czarkowska-Pączek (21)	Prevalence of bullying in nursing workplace and its determinant factors: a nationwide cross-sectional Polish study survey	Design: Cross-sectional Participants: 404 nurses with a work experience of more than six months Instruments: Polish version of the Negative Act Questionnaire-Revised.	Experience of bullying was reported by 65.84% of participants. Perceived workplace bullying had significant relationship with age, gender, work experience, number of work hours, and organizational position.
Golparvar and Khatonabadi (22)	The relationship between bullying in hospital and the psychotic complaints of female nurses by considering the role of resilience and hope	Design: Descriptive-correlational Population: Female nurses in a governmental hospital in Isfahan, Iran Participants: 243 nurses selected through convenience sampling Instruments: Questionnaire of Resilience and Hope, Bullying, and Psychosomatic Complaints	All six components of bullying had significant positive relationship with psychosomatic complaints and significant negative relationship with hope and resilience. Hope and resilience moderated the relationship of insult and humiliation with psychosomatic complaints. In other words, insult and humiliation had no significant relationship with psychosomatic complaints when hope and resilience were high and vice versa.
Shahbazi and Mollabahrani (23)	Bullying in workplace and its impact on nurses' occupational commitment	Participants: 134 nurses	Workplace bullying had significant negative relationship with nurses' organizational commitment and its three dimensions.
Berry et al (24)	Psychological distress and workplace bullying among registered nurses	Design: Mixed method (quantitative-qualitative) Population: Nurses in three Midwestern states Instruments: Web-based survey in the quantitative phase and semi-structured interviews in the qualitative phase	Most participants reported the experience of workplace bullying (59.5%) and 32% of them reported exposure to frequent daily bullying. Those who were exposed to bullying reported higher perceived stress and anxiety. Perceived stress and anxiety had no significant relationship with age, while posttraumatic stress disorder had significant relationship with age. Moreover, perceived stress, anxiety, and posttraumatic stress disorder had no significant relationship with work experience, gender, bullying outside work, academic progress, race, and social support. Content analysis of interview data revealed four main categories, namely construct of bullying, permissive culture of bullying, the toxic effects of bullying, and fostering a positive work culture.
Nasr-Esfahani and Shahbazi (25)	Workplace bullying in nursing: Azerbaijan Province, Iran	Participants: 162 nurses from four hospitals in West Azerbaijan Province, Iran	Sixty nine percent of nurses had never experienced bullying, 9% frequently experienced bullying, and 22% had previously experienced bullying. Verbal bullying was the most common type of bullying and 40% of nurses reported the experience of verbal bullying. Moreover, 83% of nurses reported no experience of practical bullying, 22% reported occasional experience of practical bullying, and 9% of them reported frequent experience of practical bullying. The prevalence of non-verbal and functional bullying was 34% and 31%, respectively.

Table 3. Antecedents of workplace bullying

Antecedents	
Personal	Age, gender, education, marital status, work experience, position, work hours, overtime work, service duration, receiving education about strategies for coping with bullying and accepting nursing conditions
Organizational	Organizational weaknesses, lack of education on how to cope with bullying, organizational support for nurses, proper interaction in organization, and safety culture in organization

determine the consequences of bullying.

Our findings also indicated that bullying had significant negative relationship with occupational commitment (23). Bullying is a destructive phenomenon at workplace

Table 4. Consequences of workplace bullying

Consequences	
Physical	Physical complaints, tachycardia, headache, fatigue, change in blood pressure, reduced sleep quality, reduced sleep duration, excessive cigarette smoking, excessive alcohol use, overeating, reduced interpersonal interactions, premature death
Psychological	Emotional exhaustion and depersonalization, anger and malice, psychosomatic complaints, reduced ability to respond to cognitive needs, environmental stress, negative interactions, posttraumatic stress disorder, suicide, domestic violence, depression and anxiety, emotional-psychological problems
Occupational	Turnover intention, disinterest in job, job burnout, negative changes in functioning, reduced productivity, omission of benefits, reduced care quality and patient safety

What does this paper contribute to the wider global clinical community?

- Workplace bullying is highly prevalent among nurses.
- Different personal and organizational factors contribute to workplace bullying among nurses.
- Workplace bullying among nurses is associated with different physical, mental, and occupational consequences.
- Close supervision and management of nurses' interpersonal conflicts and quality education about effective conflict management for them are recommended for effective bullying prevention.

which may seem primarily harmless, while its negative cumulative effects can be severer than the effects of a violent action (18).

Conclusion

This study shows the prevalence of workplace bullying among nurses due to personal and organizational factors and with different physical, mental, and occupational consequences. Nursing managers need to improve their supervision of nurses' interpersonal conflicts and provide them with education about effective conflict management and bullying prevention. All healthcare managers and providers, particularly nurses, need to have close collaboration with each other in order to create a safe workplace. Further studies are needed to explore the antecedents of bullying and the most effective strategies for its prevention.

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Conflict of interests

None is declared.

Ethical Approval

Not applicable.

References

- Muslimi M, Koushki Jahromi A, Mansouri M. Bullying at Work, National Conference on Development Management 2016. (Challenges and Solutions in Public and Private Organizations), Bandar Abbas. <https://civilica.com/doc/679610>. [Persian].
- Golparvar M, Sadeghi S, Mosahebi M. Construction and Validation of Bullying at Workplace Questionnaire. Isfahan (Khorasgan) Branch: Islamic Azad University; 2012. [Persian].
- Trépanier SG, Fernet C, Austin S. A longitudinal investigation of workplace bullying, basic need satisfaction, and employee functioning. *J Occup Health Psychol*. 2015;20(1):105-16. doi: 10.1037/a0037726.
- Lutgen-Sandvik P, Tracy SJ, Alberts JK. Burned by bullying in the American workplace: prevalence, perception, degree and impact. *J Manag Stud*. 2007;44(6):837-62. doi: 10.1111/j.1467-6486.2007.00715.x.
- Imani B, Nazari L, Majidi L, Zandieh M, Tajobi M. Investigation of the causes and solutions to violence in the workplace, emergency nurses in selected hospitals of Hamadan University of Medical Sciences. *Pajouhan Scientific Journal*. 2014;12(2):64-74. [Persian].
- Heidari Gorji MA, Jannati Y, Yazdani Cherati J, Jafari K. Horizontal violent behavior in critical care nurses and related factors. *J Mazandaran Univ Med Sci*. 2015;25(123):78-86. [Persian].
- Salimi H, Mehralitabr Firozjaie A, Najarpourian S, Ziaaddini Z. Investigation of bullying and harassment in the workplace using the psychometric properties of the negative acts questionnaire-revised (NAQ-R) in nurses. *Qom Univ Med Sci J*. 2019;12(11):60-9. doi: 10.29252/qums.12.11.7. [Persian].
- Ovayolu O, Ovayolu N, Karadag G. Workplace bullying in nursing. *Workplace Health Saf*. 2014;62(9):370-4. doi: 10.3928/21650799-20140804-04.
- Al-Surimi K, Al Omar M, Alahmary K, Salam M. Prevalence of workplace bullying and its associated factors at a multi-regional Saudi Arabian hospital: a cross-sectional study. *Risk Manag Healthc Policy*. 2020;13:1905-14. doi: 10.2147/rmhp.s265127.
- Akar N. The relationships among perceived job stressors, workplace bullying and job stress in the health care services in Turkey: a structural equation modeling (SEM) approach. *Int J Humanit Soc Sci*. 2013;3(14):248-57.
- Nielsen MB, Einarsen S. Outcomes of exposure to workplace bullying: a meta-analytic review. *Work Stress*. 2012;26(4):309-32. doi: 10.1080/02678373.2012.734709.
- Valian H, Koushki Jahromi A, Niloufari P. The effect of organizational bullying with individual sleep quality with respect to a mediating role rumination among hospital female nurse. *Journal of Counseling Research*. 2017;16(64):127-53. [Persian].
- Golparvar M, Khatonabadi G. Structural model of the relationship between bullying in hospital environments and negative effect and psychosomatic complaints among female nurses. *Iranian Journal of Psychiatric Nursing*. 2017;4(5):52-9. doi: 10.21859/ijpn-04058. [Persian].
- Bambi S, Guazzini A, Piredda M, Lucchini A, De Marinis MG, Rasero L. Negative interactions among nurses: an explorative study on lateral violence and bullying in nursing work settings. *J Nurs Manag*. 2019;27(4):749-57. doi: 10.1111/jonm.12738.
- Ma SC, Chou W, Chien TW, Chow JC, Yeh YT, Chou PH, et al. An app for detecting bullying of nurses using convolutional neural networks and web-based computerized adaptive testing: development and usability study. *JMIR Mhealth Uhealth*. 2020;8(5):e16747. doi: 10.2196/16747.
- Kim Y, Lee E, Lee H. Association between workplace bullying and burnout, professional quality of life, and turnover intention among clinical nurses. *PLoS One*. 2019;14(12):e0226506. doi: 10.1371/journal.pone.0226506.
- Al-Ghabeesh SH, Qattom H. Workplace bullying and its preventive measures and productivity among emergency department nurses. *BMC Health Serv Res*. 2019;19(1):445. doi: 10.1186/s12913-019-4268-x.
- Christie W, Jones S. Lateral violence in nursing and the theory of the nurse as wounded healer. *Online J Issues Nurs*. 2013;19(1):5. doi: 10.3912/OJIN.Vol19No01PPT01.
- Yoo SY, Ahn HY. Nurses' workplace bullying experiences, responses, and ways of coping. *Int J Environ Res Public Health*. 2020;17(19):7052. doi: 10.3390/ijerph17197052.
- Golparvar M, Rafizadeh H, Arefi M. The study of the correlation between bullying at workplaces and psychosomatic complaint and affective wellbeing among women nurses. *Pajoohandeh Journal*. 2015;19(6):328-34. [Persian].
- Serafin LI, Czarkowska-Pączek B. Prevalence of bullying

- in the nursing workplace and determinant factors: a nationwide cross-sectional Polish study survey. *BMJ Open*. 2019;9(12):e033819. doi: 10.1136/bmjopen-2019-033819.
22. Golparvar M, Khatonabadi G. The relationship between bullying in hospital and the psychotic complaints of female nurses by considering the role of resilience and hope. *Health Research Journal*. 2018;3(4):254-62. doi: 10.29252/hrjbaq.3.4.254. [Persian].
 23. Shahbazi G, Mollabahrani H. Bullying in the workplace and its impact on nurses' job commitment, Fourth National Conference on Management, Accounting and Economics with emphasis on regional and global marketing, Tehran, 2018. <https://civilica.com/doc/915261>. [Persian].
 24. Berry PA, Gillespie GL, Fisher BS, Gormley D, Haynes JT. Psychological distress and workplace bullying among registered nurses. *Online J Issues Nurs*. 2016;21(3):8. doi: 10.3912/OJIN.Vol21No03PPT41.
 25. Nasr Esfahani A, Shahbazi G. Workplace bullying in nursing: the case of Azerbaijan province, Iran. *Iran J Nurs Midwifery Res*. 2014;19(4):409-15.

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