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Bullying and Mobbing in Nursing: A Descriptive-Interpretative Analysis

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Abstract

Introduction: The shortage of healthcare staff in Slovenia has been a topic of debate for many years, which is being intensified by the ageing of the population. Healthcare organisations are facing a shortage of nurses and other nursing staff. The challenge is further compounded by an unsupportive environment, often with bullying present. Negative acts of bullying have a wide range of negative consequences for the victim and those around them. Colleagues who witness bullying or mobbing may also suffer because they may be unable or unwilling to defend the victim against the attacker. Staff turnover brings not only financial problems to an organization but also a reduction in the quality of work and negative outcomes for those entering the health system. The aim of this research is to gain an in-depth insight into the experience of workplace bullying in nursing, and how nurses respond to negative acts of bullying. *Methods:* Qualitative descriptive interpretive methods were employed to collect data from nine nurses across all levels of healthcare through semi-structured interviews. The data was then processed using thematic analysis of qualitative data. *Results:* During the in-depth interview, the interviewees provided detailed accounts of their personal experiences with bullying and shared their perspectives on the issue. Five themes emerged from the data analysis: (1) causes of bullying, (2) experiences of bullying in the workplace, (3) characteristics of both perpetrators and victims, (4) strategies for responding to and coping with bullying, and (5) consequences of bullying. *Discussion and conclusions:* To improve conditions in healthcare and reduce bullying, organisations need to make changes such as explicitly respecting zero-tolerance policies, educating staff, and investing in strengthening relationships within teams.

Key words: *nurses; perpetrator; victim; relationships; mobbing*

Introduction

Terms, such as intimidation, bullying and mobbing are often used interchangeably in the workplace. Intimidation involves actions designed to instil fear and undermine confidence. Bullying consists of repeated acts of intimidation, such as persistent criticism or exclusion, targeting an individual over an extended period, making it difficult for the victim to defend themselves. (Einarsen idr., 2020; Johnson, 2021). Mobbing is a form of psychological harassment characterized by frequent, systematic incidence occurring at least weekly for extend time period (Difazio et al., 2019; Einarsen et al., 2020; Johnson, 2021).

Nursing have some of the highest levels of workplace bullying and mobbing (International Council of Nurses, 2017; Johnson, 2018). A 2020 pilot study found that, 35.4% of Slovenian nurses experience some sort of intimidation, bullying or mobbing (Plos et al., 2022). Such negative behaviours affect victims, their families, colleagues but and healthcare organization. Indirectly affecting everyone interacting with the healthcare system. It leads to a decline in nursing care quality, increased professional errors, longer patient hospital stays, and higher rates of falls and mortality. (Al-Ghabeesh in Qattom, 2019; Anusiewicz idr., 2020; International Council of Nurses, 2017; Kozakova idr., 2018; Stergiannis, 2019). Additionally, bullying contributes to higher staff turnover, increased sick leave and decreased work productivity (Bloom, 2019). Slovenia has faced severe shortage of nurses for many years, primarily due to poor working conditions and negative organisational climate. Nurses often avoid workplaces with inadequate conditions, lack of support, and frequent bullying (Maze, 2020). According to Slovenia's Employment Relations Act, employers must implement measures to prevent all forms of workplace violence (ZDR-1, 2013).

Purpose and Objectives

This study aimed to understand how nurses perceive bullying in the workplace by investigating their personal experiences and dynamics of such incidents. Additionally, the study examined the characteristics of perpetrators and victims of bullying in nursing. Understanding how nursing staff respond to bullying incidents was another critical aspect of this research. Finally, it investigated the perceived causes of workplace bullying among healthcare workers.

Materials and Methods

Study Design

The study used a qualitative, descriptive-interpretive method to examine the thoughts, behaviour and understanding of individuals (Smythe, 2012). This method was chosen due to its relevance to the research objectives and its effectiveness in analysing complex nursing experiences. It is adaptable, and allows for practical conclusions to be drawn whilst maintaining methodological integrity (Elliott and Timulak, 2021; Thompson Burdine et. al., 2021).

Participants

Participants were recruited via healthcare professional groups in social networks for accessibility and relevance. Respondents received information on the study's purpose, objectives, and process. Using purposive sampling, the study selected nurses who had experienced workplace bullying within the past 12 months. Ten nurses met the criteria and agreed to participate. Before the study, all participants provided written consent covering the study's purpose, process, risks, benefits, confidentiality, interview duration, and the option to withdraw or skip questions, ensuring informed and voluntary participation per ethical standards. One interview was excluded due to inappropriate content. This left nine participants with an average age of 34 years (range: 26-48). Of these, eight were registered nurses and one was a secondary nurse. Four worked in primary healthcare, two in secondary, and three in tertiary care.

Data Collection

Data were collected in December 2023 using in-depth, semi-structured interviews in Slovene, conducted via Zoom, lasting up to 35 minutes each, without third-party presence until data saturation was reached. The interviews explored workplace bullying, including perpetrator and victim characteristics, triggers, and impacts. The researcher prepared guiding questions in advance and asked follow-up questions during the interview (Creswell in Creswell, 2017).

Data Analysis

Thematic analysis was used to analyse the data, examining patterns and differences (Kiger in Varpio, 2020). Texts were transcribed and read multiple times to understand bullying among nurses. Themes and sub-themes were identified through open coding, determined through author discussions, with line-by-line coding. To ensure trustworthiness, criteria of credibility, transferability, reliability, and confirmability were applied (Bryman, 2016).

Results

Data analysis identified five themes: (1) causes of bullying, (2) experiences of bullying in the workplace, (3) characteristics of both perpetrators and victims, (4) strategies for responding to and coping with bullying, and (5) consequences of bullying.

Causes of Bullying

Respondents consistently cited the organizational environment, characterized by low morale and poor working conditions, as a major risk factor for bullying. They noted that poor management, unclear responsibilities, and rigid hierarchies contribute to a bullying atmosphere. Effective management in communication, relationship-building, and work quality is crucial. Bullying tends to

occur where intimidation is tolerated and reports are ignored or mishandled. Two interviewees noted that complaints about bullying are often dismissed.

> Nothing gets resolved in a way that calms the situation or prevents it from happening again. Whether it will happen again to other employees or not, that seems less important (dmst-48).

When asked about trigger for intimidation, all nine interviewees cited, that it was related to the nature of the work and the organisation's inadequate performance.

Bullying can occur when victims point highlight organizational issues, during stressful periods, or due to understaffing. Two participants cited understaffing as the primary cause. Most interviewees suggested that bullying occurs because of the nurse's role as a *link between the patient and the doctor.*

Most believe intimidation often stems from the aggressor's personal frustration or disrespect for nurses. They note that bullying is less common in environments where management regularly address complaints, fosters positive staff relations, and where unit managers are professionally qualified.

Experiences of Bullying in the Workplace

Interviewees reported that bullying among nursing is relatively common, *quite normal*. Two described it as a *constant* aspect of the profession, to which witnesses typically do not respond. All nine interviewees found bullying to be an unnecessary source of stress and many of them cannot respond in a controlled manner. Most interviewees experienced bullying during work process, with attacks often being personal nature. The perpetrator aimed to discriminate, humiliate or undermined the victim's autonomy and responsibilities. Four interviewees described threats related to the victim's employment and career, while two reported experiencing discrimination related to their use of parental rights. In one case, the interviewee's supervisor assigned a low performance rating, hindering her promotion due to her maternity leave throughout the year. In the second case, the assault occurred when interviewee tells supervisor about pregnancy.

> What really shocked me was when I got pregnant and went to announce it to supervisor; she literally called me a "chicken," questioning why I got pregnant and complaining that there were already so few staff in the department … I just lowered my head and quietly went working … Then the supervisor came up to me, started shouting at me in front of colleagues and patients, saying that if I always kept my head down and stayed silent, I would never take care of my children (sms-33).

Interviewee also reported being indirectly coerced into working nights after returning from maternity leave, as department leader scheduled her primarily

for afternoons, limiting her time with her young children. She was also threatened with termination for frequent childcare absences and faced repeated unannounced home visit to check on her.

The most frequent form of bullying reported was verbal abuse including insults, intimidation, and threats of violence, in one instance even death threats. Non-verbal acts were also noted, including two cased where perpetrators intruded into the victim's personal space. One interviewee described a particularly traumatic event involving the forwarding of a patient's sick note, which was mishandled by a colleague as instructed by physician.

> He stopped me in the middle of the corridor, at the entrance to the health centre… entered my personal space... 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. And he basically pointed fingers towards me as if he was going to smack me … maybe he stopped himself a centimetre from smacking me in the forehead. And he said, "it's your fault for not having checked" (dmsp-34).

Characteristics of Both Perpetrators and Victims

Interviewees agree that health workers, especially nurses, are the most frequent perpetrators, using their authority and support from those in higher positions. Perpetrators were described as manipulative, superior, and seeking to impress others. Interviewees believed they use bullying as a defense mechanism when feeling threatened. Large part of them noted that perpetrators often lack empathy and professional competence, and may bully due to dissatisfaction or perceived personal failures.

> Well, they seem insecure and have problems they don't outwardly show. When you think about it… They don't express their issues in other ways or talk about them. It seems they display them in this manner. (dmst-32).

The interviewees described victims as non-conflicted, submissive, and helpful individuals who are more likely to be bullied. They described that victim are targeted for highlighting irregularities and are typically in subordinate positions, such as new employees. Many believe that victims may stand out due to their appearance, personal traits, or age. Two interviewees noted that younger nurses handle bullying more effectively and view hierarchy differently than older generations. A larger part of the interviewees indicated that individuals who are more sovereign in their speech and have strong communication skills are more resistant to bullying.

Strategies for Responding to and Coping with Bullying

Interviewees consistently seek support from trusted colleagues, friends, and family when dealing with bullying. Most try to stop the attacks through conscious, controlled behaviour. Additionally, large part of respondents actively addresses the bullying by setting boundaries with the perpetrator, viewing this as a learnable skill. Two participants found speaking with a supervisor effective, while two others successfully confronted the perpetrator. Besides direct confrontation, seven respondents manage bullying by avoiding conflicts or adjusting their priorities.

Four interviewees moved from workplaces with frequent bullying to those with less. They cited a sense of mission, good colleague relationships, proximity to home, and financial considerations as reasons for staying in their previous jobs.

> A significant factor was the salary. I had a relatively high salary in the intensive care unit, which contributed to my decision to stay (dmsp-32).

Consequences of Bullying

Interviewees reported that workplace negatively affects both their professional and private lives. Most of them feel less satisfied with their work, which can lead to doubts about their career choice. Additionally, reporting bullying is rare due to the belief that it worsens the situation.

They report that bullying decreases their performance by impairing concentration, prolonging task completion, increasing fear of mistakes, and reducing self-confidence. Interviewees discuss their tendency to ruminate on past events.

> It affects job satisfaction. Because, well, it impacts you that day and also leaves some consequences for a few days afterwards when you keep thinking about it. You can't just leave it and say, "Oh, it's nothing." (dmsp-26).

Most individuals reported stress-related symptoms both physically mentally. They expressed fear of returning to work and facing the perpetrator. Bullying effects included prolonged insomnia, persistent rumination, and physical symptoms such as stomach pain, loss of appetite, and diarrhoea.

Interviewees suggest that bullying can be reduced through organizational-level interventions, such as establishing clear reporting channels and enforcing zero tolerance policies. They emphasize the need for fostering good colleague relations, clear communication and effective staff management. Education on effective communication, types of bullying and actionable steps is considered crucial. One interviewee suggests including practical exercises in

training, while two others stress the importance of personal action, including anonymous discussions and *self-development*.

Discussion

The study aimed to explore nurses' experiences with workplace bullying, focusing on the perpetrator's characteristics, causes of bullying, and the victims' responses. Similar to other researchers, we found that tolerance of bullying and poor leadership foster conditions that allow bullying to thrive in organisations (Anusiewicz et al., 2020; Hartin et al., 2020; Shorey and Wong, 2021). Nurses may view their superiors as incompetent at addressing bullying, which leads to acceptance of such behaviour (Bloom, 2019; Hartin et al., 2020). They feel stuck in a system that is lenient towards perpetrators (Shorey in Wong, 2021). Bullying frequently stems from the perpetrators' egocentrism and immaturity (Shorey and Wong, 2021; Yosep et al., 2022). As per Shorey in Wong (2021) power imbalances, ineffective leadership, employee differences and high-stress environments contribute to bullying. This problem is notably prevalent in healthcare settings, where bullying can be seen as a leadership approach (Edmonson in Zelonka, 2019).

According to Bloom (2019) qualitative study, generational differences affect the prevalence of bullying. Younger generations of nurses often communicate more directly and assertively, whereas older generations tend to be submissive.

The study found that work-related bullying is the most common form experienced by nurses, aligning with Johnson (2021). Lateral violence is often reported in nursing (Bambi idr., 2018; Johnson, 2018; Krakar, 2021)). A pilot study in Slovenia conducted in Slovenia (Plos et al., 2022), also indicated that majority of nurses viewed colleagues as the primary perpetrators, consistent with our findings.

Nurses often see bullying as part of the job and refrain from reporting due to the fear of further attacks (Rosi idr., 2020; Shorey in Wong, 2021). As in present study, Shorey in Wong, (2021) emphasize social support as an important coping mechanism.

Bullying negatively impacts on quality of life, and can cause short- and long-term disorders, such as anxiety, stress, depression, and psychosomatic issues (Anusiewicz idr., 2020; Shorey in Wong, 2021; Zulkarnain idr., 2023). It may also lead to disminished self-confidence and increased self-doubt, affecting decision-making and patients care quality (Mammen et. al., 2018; Mammen et al., 2023). Nurses find bullying distracts them, reducing concentration and productivity (Anusiewicz idr., 2020; Shorey in Wong, 2021). Many nurses continue working despite bullying because positive experiences and relationships outweigh the negative, a conclusion also found in Bloom's research (Bloom, 2019). Addressing bullying and mobbing in healthcare requires organizational action. Nurses advocate that for leadership to promote effective com-

munication, enforce rules, and provide education on identifying, preventing and managing bullying (Shorey in Wong, 2021).

Conclusion

Bullying is a common source of stress in nursing. It is primarily caused by inadequate management and acceptance of bullying behaviours, including mobbing by organisational leaders. Nurses often experience bullying by colleagues and other healthcare professionals, though is less common from patients, their families, or external partners. Perpetrators are often described as arrogant and driven by a need to assert power and status, frequently misusing their positions. Nurses may respond to bullying either actively or passively but often continue to work despite it due to their commitment to social support and the sense of mission in their roles. Bullying negatively affects nurses' personal lives and health, sometimes causing them to question their career choice. It can also harm healthcare performance, leading to longer patient treatment and hospitalization, increased errors, falls and mortality rates.

With ageing population and growing healthcare needs for older adults, there will be an increased demand for qualified nurses in the coming years. To prevent nurse attrition, organisations must create a supportive work environment by reducing workplace bullying. Implementing training communication, handling bullying and stress, and other organizational strategies can improve the workplace climate.

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