

The phenomenon of bullying in the working environment of nursing staff - surveys

(Zjawisko mobbingu w środowisku pracy personelu pielęgniarskiego - badania ankietowe)

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Abstract – Introduction. The nursing profession is characterised by many factors that are a source of stress and conflict. In many situations, aggression and violence is the way to react, and this can lead to what is often described as bullying.

The aim of the study. Analysis of the phenomenon of bullying in the working environment of nursing staff.

Materials and methods. The research was conducted using the survey method with the use of the author's questionnaire. The group of respondents consisted of 92 health care workers aged 22-59 years.

Results. The phenomenon of bullying in the nursing environment is frequent (41%) and medium (38%). The signs of bullying include activities such as: unjustified criticism and ridicule (87%), gossip leading to slander (59%), commissioning tasks below qualification (58%), criticism (53%). Behaviour of this type was attributed to repeatability (73%), purposefulness (59%) and long duration (36%). Among the victims of mobbing, workers (67%) and co-workers (54%) were mentioned, with all witnesses of the phenomenon (58%) or only the employer (42%) being held responsible for the aggressive actions occurring. The causes of the phenomenon were considered to be lack of skills in personnel management (79%), faulty work organisation (63%), antisocial behaviour of the superior (63%), insufficient implementation and compliance with anti-mobbing procedures (57%).

Conclusions. The nursing community sees the problem of bullying as widespread, especially in groups with seniority in the profession up to 25 years. The most important causes of mobbing were lack of personnel management skills, poor work organisation and antisocial behaviour of the superior. Men more often stressed the unbalanced labour market and lack of employment stability. The place and length of service was also a factor differentiating the perception of the phenomenon. Persons with shorter professional experience attributed the signs of bullying to unjustified criticism and ridicule, when the criticism itself was important for open-care staff. The professional experience also changed the perception of the personality traits of the bully. With the extension of the length of service, the interviewed nursing staff attributed a low level of empathy to the bully when interviewed with up to 5 years of service, they emphasized a desire for constant control. Along with the increase in professional experience,

the respondents emphasised the role of compliance with work regulations as the most effective method of prevention. The staff of the inpatient clinic more often paid attention to the care of transparency of the criteria of decisions made towards employees. Despite demonstrating general knowledge of the phenomenon of bullying, nurses expressed the need and readiness to participate in training courses on the subject.

Key words - bullying, nurses , surveys.

Streszczenie – Wstęp. Pracę w zawodzie pielęgniarskim cechuje wiele czynników, będących źródłem stresu i konfliktów. W wielu sytuacjach sposobem reakcji jest agresja i przemoc, która wielokrotnie powtarzana może prowadzić do zjawiska określanego jako mobbing.

Cel pracy. Analiza zjawiska mobbingu w środowisku pracy personelu pielęgniarskiego.

Materiał i metody. Badania przeprowadzono techniką ankiety za pomocą metody sondażu przy wykorzystaniu kwestionariusza autorskiej ankiety. Grupę respondentów stanowiło 92 pracowników służby zdrowia w wieku 22-59 lat.

Wyniki. Zjawisko mobbingu w środowisku pielęgniarskim jest częste (41%) i średnio nasilone (38%). Znamiona mobbingu noszą działania w rodzaju: nieuzasadniona krytyka i ośmieszanie (87%), plotkowanie prowadzące do oszczerstwa (59%), zlecenie zadań poniżej kwalifikacji (58%), krytykowanie (53%). Zachowaniu tego typu przypisano powtarzalność (73%), celowość (59%) i długi czas trwania (36%). Wśród ofiar mobbingu wymieniono pracowników (67%) i współpracowników (54%), obarczając odpowiedzialnością za występujące działania agresywne wszystkich świadków zjawiska (58%) lub wyłącznie pracodawcę (42%). Za przyczyny zjawiska uznano brak umiejętności zarządzania personelem (79%), wadliwą organizację pracy (63%), aspołeczne postępowanie przełożonego (63%), niedostateczne wdrażanie i przestrzeganie procedur antymobbingowych (57%).

Wnioski. Środowisko pielęgniarskie dostrzega problem mobbingu, oceniając zjawisko jako powszechne, szczególnie w grupie ze stażem pracy w zawodzie do 25 lat. W badaniach własnych wśród najważniejszych przyczyn mobbingu wymieniono brak

umiejętności zarządzania personelem, wadliwą organizację pracy i społeczne postępowanie przełożonego. Mężczyźni częściej podkreślali niezrównoważony rynek pracy oraz brak stabilizacji zatrudnienia. Czynnikiem różnicującym postrzeganie zjawiska było również miejsce i staż pracy. Osoby z krótszym doświadczeniem zawodowym znamiona mobbingu przypisywały nieuzasadnionej krytyce i ośmieszaniu, gdy dla personelu lecznictwa otwartego istotne znaczenie miała sama krytyka. Posiadane doświadczenie zawodowe zmieniało również postrzeganie cech osobowościowych sprawcy mobbingu. Wraz z wydłużaniem stażu pracy ankietowany personel pielęgniarski osobie mobbingującej przypisywał niski poziom empatii, gdy badani ze stażem do 5 lat podkreślali chęć nieustannej kontroli. Ankietowani wraz ze wzrostem doświadczenia zawodowego podkreślali rolę przestrzegania regulaminu pracy jako najskuteczniejszej metody profilaktyki. Personel lecznictwa zamkniętego częściej zwracał uwagę na dbałość o jawność kryteriów decyzji podejmowanych wobec pracowników. Pomimo wykazania się wiedzą ogólną na temat zjawiska mobbingu pielęgniarki i pielęgniarze wyrażali potrzebę i gotowość uczestnictwa w szkoleniach na ten temat.

Słowa kluczowe – mobbing, pielęgniarki, badania ankietowe.

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I. INTRODUCTION

Nowadays, people are living more and more consciously. It does not matter much whether he is an employee of a given organisation, an employer or simply a consumer. More and more attention is being paid to problems that were once little talked about and not publicised in the media. The phenomenon of bullying as a form of violence is a serious problem, because it is a factor which has a negative impact on human functioning in the following areas: mental, physical, professional and social. It is worrying that such a person is often unaware that he or she may be a victim of bullying [1]. The term mobbing is mainly associated with the workplace, but this phenomenon also occurs in other areas of human functioning. This form of violence also takes place in homes, schools, prisons, etc. All these pathological behaviours and attitudes are characterised by different levels of aggression, but they have common factors. They are often, regularly, over a long period of time, and there is an imbalance of power between individuals. The regularity of these behaviours is included in the criteria that define them as signs of bullying [2]. This paper will focus on the phenomenon of bullying in the workplace.

The aim of the research was to try to determine the phenomenon of bullying in the professional environment of nursing staff.

II. MATERIALS AND METHODS

Material

The research was conducted in a group of 92 nursing staff between 1 September and 15 December 2019 during a series of courses, trainings and specialisations at the Nurses and Midwives Postgraduate Education Centre in Warsaw. The characteristics of the studied group are presented in Table 1. The study was conducted anonymously, participation in the study was voluntary.

Table 1. Sociodemographic characteristics of the respondents

Factor	Factor categorisation	Number	%
Gender	Women	78	85
	Men	14	15
Age	20-29 years	19	21
	30-39 years	15	16
	40-49 years	41	45
	50 years and more	17	18
Seniority	Up to 5 years	22	24
	5-14 years	13	14
	15-24 years	26	28
	25 years and more	31	34
Workplace	Closed-door treatment	77	84
	Open treatment	15	16

Method

In the study, a diagnostic survey method was used, a questionnaire was used as a research technique, a self-research questionnaire was a research tool. The questionnaire contained:

- the certificate - questions about data such as: gender, age, workplace, seniority;
- questions on research issues.

Statistical analysis

Statistical analysis was carried out using Statistica version 7.0 software by StatSoft Polska. The following methods of quantitative data analysis were used for the analysis of the conducted research:

- the differences between the compared groups were assessed on the basis of the significance test for qualitative (categorizable) variables - chi-quadratic statistics;
- the pearson correlation coefficient $r(x,y)$ was also used (a chi-quadrante-based measure of the relationship between categorised variables indicates the strength of the relationship);
- the results meeting the condition $p < 0.05$ were considered statistically significant.

III. RESULTS

Availability of an antimobbing procedure in the workplace was confirmed by 35%. The negative opinion was

expressed by 37% of the respondents when the answer: I don't know, was indicated by 28% of the group. As a result of the conducted analyses, it was not found that knowledge about the availability of the anti-mobbing procedure significantly correlated with variables: gender, age, place and length of service.

The level of knowledge about the availability of anti-mobbing procedures in the workplace was comparable for women and men of different ages, with different seniority in closed and open treatment.

33% of the respondents were familiarised with the anti-mobbing procedure in the workplace. The negative opinion was expressed by 49% of the respondents, and the answer: I do not remember was indicated by 18% of the group. As a result of the conducted analyses, it was not found that the frequency of participation in training in the field of workplace antimobbing procedure correlated significantly with the variables: gender, age, place and length of service.

The participation of respondents in training in the field of antimobbing procedure in the workplace was comparable for women and men of different ages, with different seniority in closed and open treatment. In the opinion of the respondents, the phenomenon of bullying in the nursing environment is frequent, common 41%, average intensity 38%, marginal 3%, 18% indicated the answer: difficult to determine. As a result of the analyses, it was not found that the assessment of the scale of the phenomenon significantly correlated with the variables: gender, age, workplace. It was shown that the assessment made was significantly differentiated due to the length of service in the profession.

Table 2. Analysis of correlation between the level of knowledge about the availability of an antimobbing procedure at the workplace and selected variables

The result chi-quadrant test	Gender	Age	Seniority	Workplace
Pearson correlation coefficient	0,1960	0,1763	0,2203	0,0613
p (materiality level $\alpha=0,05$)	0,063	0,095	0,036	0,564

The assessment of the phenomenon of bullying in the nursing environment was significantly higher in the group of people with work experience of up to 25 years - frequent/common: up to 5 years 41%, 5-14 years 62%, 15-24 years 65%, while in the group with work experience of 25-

35 years: frequent 13%, average 52%, marginal 3%, difficult to determine 32%.

The most frequent criteria for mobbing were identified as systematic repetitive actions of the nature of mobbing 73%, as well as deliberate actions of the perpetrator 59% and long duration 36%. The remaining answers were also selected: one action with the characteristics of mobbing 26%, duration does not matter 24%, intentions of the perpetrator do not matter 17%, only negative intentions of the perpetrator of mobbing 13%.

As a result of the analyses carried out, it was not found that the level of knowledge about the criteria of mobbing significantly correlated with the variables: gender, age, workplace. It was shown that the choice of the criterion: long duration was significantly different due to length of service in the occupation (Table 3).

Table 3. Analysis of correlation between the level of knowledge of the mobbing criteria and selected variables

Answer	χ^2	Gender	Age	Seniority	Workplace
long duration	r	0,0430	0,1914	0,2515	0,0887
	p	0,682	0,069	0,016	0,403
systematically recurring mobbing activities	r	0,0213	0,0060	0,0026	0,1315
	p	0,841	0,955	0,981	0,214
duration is irrelevant	r	0,1696	0,0780	0,0325	0,0433
	p	0,108	0,462	0,760	0,683
only negative intentions of the perpetrator of mobbing	r	0,0138	0,1331	0,1240	0,0856
	p	0,896	0,208	0,241	0,420
the intentions of the perpetrator are irrelevant	r	0,1969	0,0429	0,0434	0,1060
	p	0,061	0,686	0,683	0,317
deliberate action by the perpetrator	r	0,0191	0,0232	0,0381	0,0663
	p	0,858	0,827	0,720	0,533
one harassing action is enough	r	0,1024	0,0592	0,0832	0,0142
	p	0,334	0,578	0,433	0,894

It has been shown that with the extension of the length of service, respondents significantly more often perceived *long duration* as an important criterion of bullying: up to 5 years 14%, 5-14 years 46%, 15-24 years 35%, 25-35 years 48% .

In the opinion of the respondents, the signs of mobbing are: unjustified criticism and ridicule 87%, gossip leading to slander 59%, commissioning tasks below qualification 58%, criticism 53%. Rarer respondents indicated gossiping 30%, exhausting work 28%, controlling 18%. As a result of the analyses carried out, it was not found that the ability to recognise activities with the signs of mobbing signifi-

cantly correlated with the following variables: gender and age of the subject.

It has been shown, however, that criticism perceived as mobbing activities is statistically significant in terms of place and length of service (Table 4).

Table 4. Analysis of the correlation between the ability to identify bullying activities and selected variables

Answer	χ^2	Gender	Age	Seniority	Workplace
Delegation of tasks that are below competence or impossible to perform	r	0,0615	0,1515	0,0300	0,0855
	p	0,562	0,152	0,778	0,420
Gossip	r	0,1117	0,1093	0,0756	0,0247
	p	0,292	0,302	0,476	0,816
Criticising	r	0,0235	0,0544	0,0712	0,2425
	p	0,825	0,609	0,503	0,021
Controlling	r	0,0301	0,1147	0,1687	0,1670
	p	0,777	0,279	0,110	0,114
Gossip about professional and personal life leading to slander	r	0,1140	0,1430	0,1394	0,1360
	p	0,282	0,176	0,187	0,199
Exhaustive work	r	0,0674	0,1556	0,1734	0,1124
	p	0,525	0,141	0,100	0,289
Unjustified criticism and ridicule	r	0,0138	0,1914	0,2392	0,0856
	p	0,896	0,069	0,022	0,420

It has been shown that, with their seniority, respondents were significantly less likely to see criticism and unjustified ridicule as bullying: up to 5 years 95%, 5-14 years 100%, 15-24 years 85%, 25-35 years 77% .

It has been shown that nursing staff in open rather than in-patient care have seen criticism as bullying more often than not: 80% i 48%.

According to the respondents, the victim of mobbing may be an employee 67%, a co-worker 54%, an employee or co-worker 60% and, less frequently, an employer 30%. As a result of the analyses, it was not found that the level of knowledge about potential victims of mobbing significantly correlated with the variables: gender, age, place and length of service.

According to the respondents, all 58% or only the employer 42% are responsible for harassment of work under Polish legislation. As a result of the analyses carried out, it was not found that the level of knowledge of the respondents significantly correlated with the following variables: gender, age, place and length of service.

In the opinion of those surveyed, victims of mobbing hide the problem because they are afraid of losing their

jobs 85%, do not have enough evidence 74%, feel helpless 67%, do not have enough knowledge 54% .

The analyses carried out did not show that an assessment of the reasons for the victims' concealment of bullying correlated significantly with the variables of gender, age, place and length of service.

The assessment of the causes of the concealment of bullying by victims was comparable for women and men of different ages, with different seniority in closed and open treatment.

Respondents described as a form of bullying in the workplace above all persistent, prolonged harassment, humiliation, ridicule, intimidation 96%. They also pointed to the pressure on employees 68%, elimination from the team 65%, forcing to perform activities outside the scope of responsibilities 62%, preventing professional development 54%, under-estimation of competences 50%, forcing to work in a manner inconsistent with the job description . As a result of the analyses carried out, it was not found that the perception of manifestations of mobbing in the workplace significantly correlated with the variables: gender, age, place and length of service.

The perception of bullying in the workplace was comparable for women and men of different ages, with different seniority in closed and open treatment. According to the respondents, the victim of mobbing is characterised by low self-esteem 86% and submissiveness 76%. Also indicated were service 46%, passivity 45%, loyalty to the employer 41%, diligence 29%, conscientiousness 20%, responsibility 18%. Least frequently chosen were competence 12% and creativity 5%. 39 As a result of the analyses, it was not found that the perception of the personality traits of victims of workplace bullying correlated significantly with the variables: gender, age, place and length of service.

The perception of the personality traits of the victim of mobbing was comparable for women and men of different ages, with different seniority in closed and open treatment. The nursing staff surveyed stated that the bully had 79% dominance, 73% dominance, disturbed self-esteem 70%, desire for constant control 64%, emotional imbalance 59%, low empathy 53%, leadership 50%. Cowardice 16% and service to ideas 14% are the least frequent. As a result of the analyses carried out, it was not found that the perception of the personality traits of the victim of mobbing in the workplace correlated significantly with the variables: gender, age, workplace. It has been shown that job tenure has statistically significantly differentiated the perception of a bully's characteristics in terms of low empathy and willingness to remain dominant (Table 5).

Table 5. Analysis of correlation between the perception of the personality traits of the bully and selected variables

Answer	χ^2	Gender	Age	Seniority	Workplace
Low empathy	r	0,2062	0,1299	0,2188	0,0046
	p	0,055	0,220	0,037	0,966
Vladislavia	r	0,0176	0,0911	0,0318	0,1463
	p	0,868	0,391	0,765	0,167
Leadership	r	0,0047	0,1377	0,1012	0,0247
	p	0,965	0,193	0,340	0,816
Service to the idea	r	0,0870	0,1473	0,1119	0,0121
	p	0,412	0,164	0,291	0,909
Domination	r	0,1260	0,1510	0,0724	0,0080
	p	0,234	0,153	0,495	0,940
The willingness to keep a constant check	r	0,0049	0,2050	0,2869	0,0791
	p	0,963	0,058	0,006	0,456
Emotional imbalance	r	0,0811	0,2080	0,1535	0,1869
	p	0,445	0,070	0,146	0,076
Cowardice	r	0,0568	0,1149	0,0904	0,0377
	p	0,593	0,278	0,394	0,723
Disturbed self-esteem	r	0,0203	0,1039	0,0551	0,0247
	p	0,848	0,327	0,604	0,816

It has been shown that with the extension of work experience, respondents significantly more often perceived *low empathy* as a feature of the bully: up to 5 years 36%, 5-14 years 62%, 15-24 years 46%, 25-35 years 68%.

Moreover, with the increase in the length of service, respondents saw significantly less *desire for constant control* as a feature of the bully: up to 5 years 91%, 5-14 years 62%, 15-24 years 58%, 25-35 years 52%.

According to the respondents, in a situation of mobbing at work, 67% should be informed to their immediate superior, 58% should interview their co-workers, 54% should record the situation and the event, 52% should be informed to the management of the workplace. The surveyed nursing staff were the least inclined to disclose the problem in the media 14%.

The analyses carried out did not show that actions taken in a situation of workplace bullying correlate significantly with the variables: gender, age, workplace.

It has been shown that seniority differed significantly in revealing bullying in the media (Table 6).

Table 6. Correlation analysis of responses to bullying in the workplace and selected variables

Answer	χ^2	Gender	Age	Seniority	Workplace
Informing the immediate superior	r	0,0399	0,0046	0,0221	0,0665
	p	0,707	0,965	0,835	0,531
Talking to colleagues	r	0,0095	0,1452	0,1864	0,0158
	p	0,929	0,170	0,077	0,882
Recording of situations, events	r	0,0188	0,0587	0,0411	0,0451
	p	0,859	0,581	0,699	0,671
Informing the company management	r	0,0985	0,0106	0,0046	0,0541
	p	0,353	0,921	0,966	0,610
Media exposure	r	0,0870	0,2035	0,2470	0,0967
	p	0,412	0,063	0,018	0,362

It has been shown that with the extension of the length of service, the respondents indicated significantly less frequently a tendency to counteract bullying by revealing this phenomenon in the media: with the length of service up to 5 years 27%, 5-14 years 15%, 15-24 years 15%, 25-35 years 3%.

Among the methods of preventing mobbing in the workplace, the respondents indicated, above all, the systematic raising of employees' knowledge through training of 75%, as well as the implementation of an anti-mobbing procedure of 61% and an internal document on the prevention of mobbing of 53%. Also mentioned were the transparency of the criteria for decisions made towards employees 46%, the introduction of an internal document on resolving conflicts between employees 45%, transparency of proceedings and procedures related to employees 42%, compliance with work regulations 39%, and the introduction of a catalogue of employee obligations 35%.

The analyses carried out did not show that the choice of methods to counteract bullying in the workplace correlated significantly with the variables gender and age.

It was shown that the workplace differed significantly statistically in the perception of openness of the criteria of decisions made towards employees, whereas in the case of observing the work regulations as a prevention method, seniority in the profession was important (Table 7).

Table 7. Analysis of correlation between methods of counteracting bullying in the workplace and selected variables

Answer	χ^2	Gender	Age	Seniority	Workplace
Compliance with the rules of procedure	r	0,0287	0,1037	0,2067	0,0646
	p	0,787	0,328	0,049	0,543
Implementation of the internal anti-mobbing document	r	0,1504	0,0236	0,0467	0,0548
	p	0,155	0,824	0,660	0,606
Systematic training of employees on the subject of mobbing	r	0,1024	0,1421	0,1561	0,1221
	p	0,334	0,179	0,140	0,249
Introduction of the so-called "Anti-mobbing procedure", providing employees with information materials on mobbing	r	0,0867	0,1849	0,1240	0,0140
	p	0,414	0,079	0,241	0,895
Introduction of an internal document in the workplace on handling conflicts between employees	r	0,1648	0,1610	0,1489	0,1047
	p	0,118	0,127	0,159	0,323
Transparency of employee-related proceedings and procedures	r	0,1846	0,0694	0,0300	0,0855
	p	0,080	0,513	0,778	0,420
Disclosure of the criteria for decisions taken with regard to employees	r	0,2062	0,1080	0,0102	0,2925
	p	0,052	0,308	0,923	0,005
Introduction of a catalogue of employee obligations	r	0,1325	0,0913	0,0100	0,0450
	p	0,211	0,389	0,925	0,672

It has been shown that with the extension of the length of service, respondents significantly more often indicated compliance with work regulations as a method of preventing mobbing: up to 5 years 32%, 5-14 years 23%, 15-24 years 35%, 25-35 years 55% .

It has been shown that in-patient rather than open-ended nursing staff have more often than not stressed the openness of decision criteria to staff as a means of preventing bullying, respectively: 52% i 13%.

Among the causes of mobbing in the workplace, the respondents most often mentioned the lack of skills in personnel management 79%, faulty work organisation 63%, antisocial behaviour 63%, insufficient implementation and observance of antimobbing procedures 57%, less frequently indicated employment instability 22%, unbalanced labour market 15%, liquidation or organisational and legal transformation of workplaces 14%.

The analyses did not find that the perception of the causes of workplace harassment correlated significantly with the variables of age, place and length of service.

It was shown that opinions differed between women and men (Table 8).

Table 8. Analysis of correlation between the causes of workplace bullying and selected variables

Answer	χ^2	Gender	Age	Seniority	Workplace
Lack of personnel management skills	r	0,0941	0,0362	0,0318	0,0025
	p	0,375	0,733	0,765	0,982
Faulty work organisation	r	0,0682	0,2041	0,1728	0,1503
	p	0,520	0,062	0,101	0,155
Negative approach by colleagues	r	0,0424	0,0732	0,0031	0,0144
	p	0,690	0,491	0,976	0,892
Social behaviour of the superior	r	0,2034	0,0638	0,0213	0,0982
	p	0,053	0,548	0,841	0,354
Unbalanced labour market	r	0,2403	0,1911	0,1532	0,0253
	p	0,022	0,070	0,147	0,812
Employment of temporary staff (lack of stability and security)	r	0,2150	0,1021	0,0700	0,0927
	p	0,041	0,335	0,510	0,382
Liquidations or organisational and legal transformation of workplaces	r	0,0870	0,0536	0,0232	0,1814
	p	0,412	0,614	0,828	0,085
Insufficient implementation and compliance with anti-mobbing procedures	r	0,1231	0,0410	0,0491	0,0342
	p	0,245	0,699	0,644	0,748

It has been shown that women less often than men saw instability in employment as a cause of bullying - accordingly: 18% i 43%. Only 8% of the respondents confirmed that statistics on bullying in the workplace were kept. The opposite opinion was expressed by 49% of the respondents, and 43% chose the answer: I do not know .

As a result of the analyses carried out, it was not found that the level of knowledge of the respondents significantly correlated with the following variables: gender, age, place and length of service.

The level of knowledge about the statistics on bullying at work was comparable for women and men of different ages, with different seniority in closed and open treatment.

Among the institutions supporting victims of mobbing, the National Labour Inspectorate was the most frequently indicated, followed by the Trade Unions 48%, the Blue Line 39%, and finally the National Anti-Mobbing Association. As a result of the conducted analyses, it was not found that the level of knowledge of the respondents about institutions supporting victims of mobbing significantly correlated with the variables: gender, age, place and length of service.

The level of knowledge of institutions supporting victims of mobbing was comparable for women and men of different ages, with different seniority in closed and open treatment. Training on workplace bullying was confirmed by 15% of the group, while others responded negatively with 85%.

As a result of the analyses carried out, it was not found that the level of knowledge of the respondents significantly correlated with the following variables: gender, age, place and length of service.

The level of knowledge about the organisation of training on workplace bullying was comparable for women and men of different ages, with different seniority in closed and open treatment. According to respondents, the early effects of bullying include underestimation of professional suitability, physical and mental symptoms 86%, underestimation of self-esteem 78% and sick leave 65%. It was less common for an employee to choose to terminate their employment contract by 39% or to claim compensation by 15%. As a result of the analyses carried out, it was not found that the level of knowledge of the respondents about the early effects of mobbing significantly correlated with the variables: gender, age, place and length of service.

The level of knowledge of the early effects of workplace bullying was comparable for women and men of different ages, with different seniority in closed and open treatment. According to respondents, the distant effects of bullying include depression and other mental disorders 95%, as well as occupational burnout 78%, somatic diseases 65%, family conflicts 62%, addictions 57%.

As a result of the analyses carried out, it was not found that the level of knowledge of the respondents about the distant effects of bullying significantly correlated with the variables: gender, age, place and length of service.

The level of knowledge of the distant effects of workplace bullying was comparable for women and men of different ages, with different seniority in closed and open treatment. Interest in taking part in training on mobbing was expressed by 84% of respondents, 9% were against, and the answer: I do not know was 7%. 54 Analyses did not find that the willingness to participate in training correlated significantly with the variables gender, age, place and length of service.

The interest in taking part in training on mobbing was comparable for women and men of different ages, with different seniority in closed and open treatment. According to the respondents, the perpetrator of mobbing may suffer legal consequences of 85% and disciplinary consequences - 70% dismissal from the workplace. Less frequently, the consequences were indicated in the form of a transfer to

another position of 37% and a reduction of the current salary of 23%. As a result of the analyses, it was not found that the level of knowledge of the respondents about the consequences for the perpetrator of mobbing significantly correlated with the following variables: gender, age, place of work and length of service.

The level of knowledge of the consequences for the perpetrator of mobbing was comparable for women and men of different ages, with different seniority in closed and open treatment.

IV. DISCUSSION

The phenomenon of mobbing was defined in the 1980s. An analysis of the problem carried out since then has made it possible to determine a list of mobbing behaviour and the causes and effects of this phenomenon. However, despite the knowledge available, the problem of exposure to aggressive activities in the workplace is not diminishing, and in some professions it has even taken a customary form. Nurses are one of the occupational groups where the risk of bullying is high. One of the determinants is the feminisation of the profession and the reaction to aggression against others, which often takes the form of harassment, humiliation, rejection from the group of friends [3,4].

According to our own research, the phenomenon of bullying in the nursing environment is common (41% of respondents) or moderately intensified (38% of respondents). This problem was more often noticed by nursing staff with seniority of up to 25 years.

In the opinion of the respondents, the signs of bullying are most often unjustified criticism and ridicule (87% of respondents), gossip leading to slander (59% of respondents), commissioning tasks below qualification (58% of respondents), criticism (53% of respondents).

In their own research, they found that people with shorter professional experience were more likely to attribute the signs of bullying to unjustified criticism and ridicule, while for open-care staff, the criticism itself was important. Behaviour of this type was attributed to repeatability (73% of respondents), purposefulness (59% of respondents) and long duration (36% of respondents).

Among the observed forms of bullying, the surveyed nursing staff listed: persistent, prolonged harassment, humiliation, ridicule, intimidation (96%), inducing pressure on employees (68% of respondents), elimination from the team (65% of respondents), forcing to perform activities outside the scope of duties (62% of respondents), prevent-

ing professional development (54% of respondents), understatement of competences (50% of respondents), forcing to work not in accordance with the job description (46% of respondents).

Our observations are also confirmed by other authors. For example, Kunecka indicates that in one third of the study group, the intensity of the negative phenomena was so intense that it allowed for the recognition of bullying. In the research carried out by the aforementioned author, the most frequent acts of harassment were considered to be overloading work, commissioning work that is below competence, excessive control, spreading rumours and rumours, intimidation, shouting or showing anger, ignoring opinions and views, taking responsibility for carrying out important tasks, pressure, ignoring, excluding or boycotting. Kunecka concludes that a high percentage of the occurrence of negative behaviours in the nurses' workplace may have an adverse effect on the quality of provided medical services, and should therefore encourage the implementation of changes in the management process aimed at reducing or eliminating pathological phenomena [5].

Bajurna, *et al.* also stress the seriousness and prevalence of bullying. Their research showed that 14% of respondents experienced the phenomenon of bullying personally, while a further 27% witnessed it. It was found that the incidence of bullying was less frequently confirmed by people with more than 20 years' seniority [6]. Rasińska *et al.* report that there is already awareness of this phenomenon among future nurses. As many as 78% of the students of nursing studies have heard about cases of bullying in health service providers. Among the activities with the signs of mobbing, the first positions were: spreading rumours (87.1% of the respondents), talking (80% of the respondents), continuous assignment of new tasks to be performed (83.5% of the respondents) or assignment of tasks too difficult, exceeding the competence and capabilities of the victim (80% of the respondents) or unnecessary (52.9% of the respondents), continuous criticism of the work performed (67.1%), ostentatious ignoring and disregarding (48.2% of the respondents). It is worth noting that the respondents correctly defined the phenomenon and its effects, which proves the concern of universities for the awareness of future health care workers [7].

The phenomenon of violence in the workplace can be conditioned by many factors. The occurrence of bullying depends on the workplace, position, organisation and management style. A significant burden is placed on the changing system of work, responsibility for the health and life of others, fatigue and stress associated with exposure to harmful agents can cause mental strain. In addition, the continu-

ing need for cooperation with people, dependencies between workers and the need for constant empathy towards patients and their families can be causes of tension and conflict [4,8].

According to the report of the Supreme Council of Nurses and Midwives of 19.02.2020, the phenomenon of aggression towards nurses and midwives is high, because only 6% did not encounter aggressive behaviour in the workplace, the source of which was primarily patients (85%) and family members (75%) [9].

In our research, respondents among the victims of mobbing mentioned employees (67% of respondents) and co-workers (54% of respondents), all witnesses of the event (58% of respondents), only the employer (42% of respondents).

Pursuant to the Polish legislation, the employer is obliged to prevent mobbing (KP Art. 94.3.1), and an employee who has been subject to mobbing or has terminated his employment contract as a result of mobbing has the right to claim compensation from the employer in an amount not lower than the minimum remuneration for work, determined pursuant to separate provisions (KP Art. 94.3.4) [10].

In Kunecka's research, the perpetrator of mobbing was most often defined as a colleague, a group of people, and then a superior [5].

A different opinion was expressed by the students from the Medical University of Poznań, because according to their belief that the person carrying out the mobbing is most often the superior (as many as 82% of the respondents), followed by co-workers (48% of the respondents) and doctors (46% of the respondents), the fewest people indicated the patient as the source of mobbing (32% of the respondents) [7].

Kamińska stresses that there is no professional group that is completely free from the threat of bullying. This pathological phenomenon can occur in any private or public company. The priority should be a determined fight not only by the employer, but also by its victims and witnesses [11].

Lewoniewska, on the basis of her own professional experience, determined that at the root of bullying in the nursing community is the perception of the profession, associated primarily with servitude, humility and mercy. Generations of nurses were reduced to the subordinate, auxiliary role, subordinate to the doctor and the patient. Evaluation of the profession in connection with the progress of medicine and the change in the role and scope of nursing activities also requires raising the self-esteem of the profession, which has been understated for years.

Lewoniewska emphasised that a sudden increase in rights and opportunities often leads to an implementation which, by its nature, is good and necessary, in its negative version, may disrupt relations within the team and destroy the good atmosphere. Often, the second level of competition is also the sphere of private life. Lewoniewska points out that the atmosphere and relations between the staff have a huge impact on the patients' perception of the professional environment of nurses. A nurse who is mistreated by doctors, her superiors or other nurses, brushed, disregarded or depreciated will be treated equally by patients. Patients are perfectly aware of inappropriate relations among the staff and then respect for the whole nursing community decreases [12].

Nowakowska and Rasińska have linked the causes of conflict situations in the hospital with bad interpersonal relations prevailing in the team, excessive workload, disproportionate remuneration in relation to the scope of duties and effort put in, as well as disregard for the professional duties of some employees, bad interpersonal relations with patients and their families and emotional stress and tension [13].

In their own research, the most frequent reasons for mobbing were lack of personnel management skills (79% of the respondents), faulty work organisation (63% of the respondents), antisocial behaviour of the superior (63% of the respondents), insufficient implementation and observance of antimobbing procedures (57% of the respondents).

It was shown that men more often than women also stressed the unbalanced labour market (36% of respondents) and lack of employment stability (43% of respondents).

It was found that the bullied person is characterized mainly by low self-esteem (86% of respondents) and submissiveness (76% of respondents). Also mentioned were servitude (46% of respondents), passivity (45% of respondents), loyalty to the employer (41% of respondents), diligence (29% of respondents) [59].

On the other hand, the perpetrators of mobbing have been attributed the following characteristics: dominance (79% of respondents), domination (73% of respondents), distorted self-esteem (70% of respondents), desire for constant control (64% of respondents), emotional imbalance (59% of respondents), low empathy (53% of respondents), leadership (50% of respondents).

With the extension of the length of service, the interviewed nursing staff more often attributed a low level of empathy to the bully, while respondents with up to 5 years of service stressed the desire for constant control.

In the opinion of our respondents, victims of mobbing hide the problem because they are afraid of losing their jobs (85% of respondents), feel helpless (67% of respondents), do not have enough knowledge (54% of respondents).

It should be stressed that 84% of those surveyed expressed willingness to participate in training on workplace bullying.

The duration and frequency of exposure to aggressive activities in the workplace results in disorders in the psychological, physical health and social functioning of victims of mobbing [4].

In their own research, the nurses surveyed identified the early and distant effects of bullying. The first group included: underestimation of professional suitability, physical and mental symptoms (86% of respondents), underestimation of self-esteem (78% of respondents), being on sick leave (65% of respondents).

However, among the distant effects of mobbing, depression and other states of mental disorders (95% of the respondents), as well as occupational burnout (78%) of the respondents, somatic diseases (65%), family conflicts (62% of the respondents), addictions (57% of the respondents) were mentioned above all.

Kozłowska and Doboszyńska stressed that a frequent consequence of violence in the workplace is emotional exhaustion and professional burnout, and a serious consequence of bullying among nurses is leaving the profession [4].

In their own research, among the methods of preventing mobbing in the workplace, the respondents indicated above all systematic raising of employees' knowledge through training (75% of respondents), as well as implementation of an anti-mobbing procedure (61% of respondents) and an internal document on preventing mobbing (53% of respondents).

It is worth pointing out that only one in three of those surveyed confirmed the availability of an anti-mobbing procedure and training in this area, and that only 8% of those surveyed kept statistics on the occurrence of the phenomenon. Also mentioned were the transparency of the criteria of decisions made towards employees (46% of respondents), introduction of an internal document on solving conflicts between employees (45% of respondents), transparency of proceedings and procedures related to employees (42% of respondents), compliance with work regulations (39% of respondents), introduction of a catalogue of employee obligations (35% of respondents).

As seniority increased, the respondents perceived compliance with the work regulations as the most effective

method of prevention. The staff of inpatient clinics, on the other hand, more often paid attention to ensuring that the criteria for decisions made with regard to employees were transparent.

In the opinion of our respondents, in a situation of workplace bullying, it is necessary to inform the immediate superior (67% of the respondents), conduct an interview with colleagues (58% of the respondents), record the situation and the event (54% of the respondents), inform the management of the workplace (52% of the respondents). The surveyed nursing staff were the least inclined to disclose the problem in the media (14% of the respondents), especially in the group with work experience over 25 years (3% of the respondents).

According to the respondents, the perpetrator of mobbing may suffer legal consequences (85% of respondents) and disciplinary dismissal from the workplace (70% of respondents).

Among institutions supporting victims of mobbing, respondents most often mentioned the National Labour Inspectorate (61% of respondents), Trade Unions (48% of respondents), the Blue Line (39% of respondents) and the National Anti-Mobbing Association (22% of respondents).

It should be stressed that knowledge is an unquestionable condition for effective prevention, which should be a matter of concern for the employer, management, trade unions and the employees themselves. In the literature, much attention is also paid to strategies for dealing with stress in the case of the effects of mobbing [14-18].

V. CONCLUSIONS

1. The nursing community sees the problem of bullying as widespread, especially in groups with up to 25 years' seniority in the profession.
2. The most important causes of mobbing were lack of personnel management skills, poor work organisation and antisocial behaviour of the superior. Men more often stressed the unbalanced labour market and lack of job stability. The place and length of service was also a factor differentiating the perception of the phenomenon.
3. Persons with shorter professional experience have attributed the signs of bullying to unjustified criticism and ridicule when the criticism itself was important for open care staff. Their professional experience also changed the perception of the personality traits of the bully. With the extension of the length of ser-

vice, the interviewed nursing staff attributed a low level of empathy to the bully when interviewed with up to 5 years of service, they emphasized a desire for constant control. Along with the increase in professional experience, the respondents emphasized the role of compliance with work regulations as the most effective method of prevention.

4. The staff of the inpatient hospital more often paid attention to ensuring the transparency of the criteria for decisions made towards employees. Despite demonstrating general knowledge of the phenomenon of bullying, nurses expressed the need and willingness to participate in training on this subject.

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