

ความชุกของการถูกกลั่นแกล้งในที่ทำงานของพยาบาลวิชาชีพอาวุโส Prevalence of Workplace Bullying Among Senior Registered Nurses

นิพนธ์ต้นฉบับ

Original Article

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บทคัดย่อ

วัตถุประสงค์: เพื่อศึกษาความชุกของการถูกกลั่นแกล้งในที่ทำงานของพยาบาลวิชาชีพอาวุโสในประเทศไทย และเพื่อศึกษาความสัมพันธ์ระหว่างปัจจัยลักษณะส่วนบุคคลกับการถูกกลั่นแกล้งในที่ทำงานของพยาบาลวิชาชีพอาวุโส **วิธีการศึกษา:** เป็นการศึกษาแบบภาคตัดขวาง กลุ่มตัวอย่างคือ พยาบาลวิชาชีพที่มีอายุ มากกว่า 40 ปีที่ปฏิบัติงานในโรงพยาบาลศูนย์ ในสังกัดกระทรวงสาธารณสุข จำนวน 288 ราย สุ่มตัวอย่างด้วยวิธีแบบหลายขั้นตอน เก็บข้อมูลตั้งแต่เดือนมิถุนายนถึงตุลาคม พ.ศ. 2562 เก็บรวบรวมข้อมูลใช้แบบสอบถามข้อมูลทั่วไปส่วนบุคคลและแบบวัดพฤติกรรมที่ไม่พึงประสงค์ (Negative Acts Questionnaire-Revised (NAQ-R) วิเคราะห์ข้อมูลโดยใช้สถิติพรรณนา และสถิติทดสอบไคสแควร์ **ผลการศึกษา:** พบว่ากลุ่มตัวอย่างร้อยละ 13.54 (n = 39) ถูกกลั่นแกล้งในที่ทำงานในรอบหกเดือนที่ผ่านมา โดยส่วนใหญ่ถูกกลั่นแกล้งเป็นครั้งคราว ร้อยละ 12.50 (n = 36) และถูกกลั่นแกล้งทุกวันร้อยละ 1.04 (n = 3) ชนิดของการถูกกลั่นแกล้งพบว่าการกลั่นแกล้งที่เกี่ยวข้องกับบุคคลมากที่สุด (58.33%) รองลงมาคือการกลั่นแกล้งที่เกี่ยวข้องกับงาน (50.75%) และการข่มขู่ทางกาย (32.64%) ตามลำดับ ผู้ที่กลั่นแกล้งมากที่สุดคือหัวหน้างาน หรือผู้บริหารอื่นในองค์กร (51.28%, n = 20) การรับรู้การถูกกลั่นแกล้งในที่ทำงานมีความสัมพันธ์กับสถานภาพสมรส และระดับการศึกษา อย่างมีนัยสำคัญทางสถิติ **สรุป:** พยาบาลร้อยละ 13.54 ถูกกลั่นแกล้งในที่ทำงาน การกลั่นแกล้งในพยาบาลเป็นปัญหาที่ควรคำนึงถึงและได้รับการป้องกันและแก้ไข และควรสนับสนุนให้พยาบาลมีการรายงานอุบัติการณ์การถูกกลั่นแกล้งในที่ทำงาน

คำสำคัญ: พยาบาลวิชาชีพอาวุโส, การถูกกลั่นแกล้งในที่ทำงาน

Editorial note

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Abstract

Objective: To explore the prevalence of work place bullying among senior registered nurses (RNs) in Thailand and to examine association between bullying and senior RNs' demographic factors and work related factors. **Method:** This cross-sectional study recruited 288 nurses working in fourth tertiary hospitals under the jurisdiction of the Ministry of Public Health, Thailand. A multi-stage sampling technique was used to recruit all participants from March to June 2019. Data were collected using self-administered questionnaire which comprised of socio-demographic factors and the Thai version of Negative Acts Questionnaire-Revised (NAQ-R) to measure workplace bullying. Descriptive statistics and Chi-squared test were carried out to analyze data. **Results:** Among the 288 respondents, 13.54% were victims of bullying in the past six months, 12.5% (n = 36) were bullied occasionally, while 1.04% (n = 3) were bullied every day. Most of them exposed to person-related bullying (58.33%), followed by work-related bullying (50.75%), and physical intimidation (32.64%). The most perceived perpetrators for bullying were their supervisors/ managers in the organization (51.28%, n = 20). Perceived workplace bullying was associated with marital status and education level. **Conclusion:** 13.54% of nurses were bullied. Bullying among nurses is a problem that needs to be addressed with care and concern. Nurses should be encouraged to report the incidence of workplace bullying.

Keywords: senior registered nurses, workplace bullying

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Introduction

Workplace bullying (WPB) is a major public problem that has received growing attention and has become an international problem documented in a number of countries within a diversity of professions.¹ Workplace bullying is defined as unfavorable, systematic, repeated and persistent actions for extended periods of six months or more and directed toward an employee by one or more individuals in the workplace with the aim of offending, humiliating and undermining the employee.² Verbal abuse, threats, humiliation, intimidation, and behaviors that interfere with job performance are all considered workplace bullying.³ Workplace bullying may also include accusations of

incompetence in the area of practice, gossiping about co-workers, withholding information pertinent to patient care, constant feelings of stress and fear of additional bullying events.¹

Many definitions that highlight the characteristics of workplace bullying among nurses have been proffered. Workplace bullying is also defined as a situation where a nurse feels that she has repeatedly been on the receiving end of negative actions from one or more other nurses, in a situation where it is difficult to defend herself against these actions.² These definitions point out the subjective nature of workplace bullying as well as its major characteristics,

specifically duration, frequency (occurring daily or weekly for at least 6 months), attributed intent, escalation and power disparity.⁴ Registered nurses' workplace bullying is multifaceted, consisting of both individual and organizational factors.^{2,3} Bullying in the nursing workplace has been identified as a factor that hinders the delivery of quality healthcare causing poor patient outcome.² Intense stress and anxiety of bullying can cause a variety of physiological, psychological and social problems.² Research on workplace bullying among registered nurses has identified many personal (negative affect, work motivation) and organizational factors (organizational volatility) that may facilitate or hinder workplace bullying.⁵

Workplace bullying has negative implications on the victim's health and work performance.¹ There may be an increase in incidence and severity of harassment in the health sector due to factors like inadequate staffing, quality of services not meeting the expectation of patients and demand of the patient family members which can increase stress on health workers.⁶ Health workers perform better when a harmonious working environment exists within and across groups of health professionals.⁶ Specifically, workplace bullying which negatively impacts health workers performance, has been identified as a major problem among nurses in many hospitals.⁶ Moreover, due to the occupational stress some choose to leave the profession.⁷ Its existence has remarkable effects on the nurse, the quality of care s/he offers, the effectiveness of the healthcare organization as well as the nursing profession.⁸

The World Health Organization (WHO) has identified the worldwide increase in workplace bullying as a serious threat to nurses' health and well-being.¹ According to nurse exposure in various regions around the world, bullying has been found to be the most prevalent in the Middle East where the workplace bullying rate is 39.7 percent.⁴ Its prevalence can range from 43% reported in a UK study⁵ to 85% reported in a statewide survey done in the USA.⁹ In Thailand, 30.5 percent of new registered nurses (RNs) have reported having been bullied during the past six months.¹⁰

Bullying in nursing workplaces has been widely studied, and the results indicate that this phenomenon is influenced by sex, age, seniority, and education/qualification level.¹³ Current nursing involves the development of Smart Nurse 4.0 in which hospitals are developed into digital hospitals.¹⁴ Therefore, nurses must adapt and develop the ability to use technology

and computers. Senior nurses tend to possess a sense of personal strength, a degree of competence and an air of success with a "been there-done that" attitude.¹⁵ These attributes can also make them a target for bullying.¹⁵ The experienced, competent nurse is seen as a threat in the eyes of a bully.¹⁶ Senior nurses can be excluded from social activities in the unit, made fun of due to physical limitations and ignored by the younger nurses. Of course, senior nurses who are baby boomers can be bullied by younger nurses in an effort to make them feel less competent.¹⁶

Recognizing the occurrence of bullying in workplace and early intervention to prevent it are important to avoid the various detrimental effects it has on nurses.¹⁴ An understanding of workplace bullying may help reduce the health and emotional costs for victims.⁴ Delayed understanding has made it difficult for nursing professionals to recognize bullying, react to it appropriately, and, ideally, prevent it.⁴ Little is known about overall workplace violence experienced by nurses, including prevalence, characteristics of workplace violence, and risk factors both at the individual and contextual levels.^{10,14} Moreover, no studies were identified in the literature related specifically to workplace bullying among senior RNs in Thailand.

Therefore, the aims of this study were to 1) explore the perceptions of the frequency and prevalence of bullying in the workplace among senior RNs, and 2) examine association between bullying and senior RNs' demographic factors and works related factors. It was hypothesized that there were associations between WPB and demographic and work related variables. Accurately describing the phenomenon of bullying will be the first step towards strengthening nursing as a considerate and sympathetic profession. Policies that will help in reducing and ultimately eradicating the occurrence of bullying in the workplace should be implemented to protect the nurses.

Methods

This cross-sectional design was carried out at tertiary care hospitals under the Ministry of Public Health of Thailand (MOPH) from June through October 2019. The rationale to study at tertiary care hospitals was that these hospitals have the complicate organizational structure and staff nurses have specialty skills to provide multi-specialty care.

The study sample was 288 senior Thai RNs, who met the following inclusion criteria for participation in the study: 1) age more than 40 years and 2) having a good health with no mental disorders based on mental illness evaluation by history taking. Based on a 30% prevalence of bullying from a previous study¹⁰, a confidence level of 95% and a 5% sampling error, a sample size of 260 nurses was required. To compensate for dropout, incomplete responses and non-returned questionnaires, an additional 10 percent was considered and a sample size of 286 participants was required. To achieve an equal number of 72 participants from each of the four study hospitals, a total of 288 participants were recruited.

Data collection procedure

After obtaining the list of staff nurses, simple random sampling technique using manually generated random numbers was adopted to select the study participants. A multi-stage random sampling method was used to select four out of 33 tertiary care hospitals from the four geographical regional areas of Thailand. Each of the four randomly selected hospitals represented each of the four regions of the country. For each of the four selected hospitals, a list of senior nurses aged more than 40 years actively working in each hospital was obtained and used as a sampling frame for simple random sampling of the participants.

Research instruments

Data were collected by using two instruments, Demographic data questionnaire and Thai version of the Negative Acts Questionnaire-Revised (NAQ-R) Inventory, with permission obtained from the developers. The demographic data questionnaire was developed by the researchers which included questions about the participant's age, gender, marital status, position at work, years of nursing experience, and type of working unit.

The Thai version of NAQ-R Inventory which was originally developed by Einarsen, Hoel & Notelaers¹⁸ and translated into a Thai version by Sungwan¹⁹ was used to measure the frequency and prevalence of negative acts experienced in the workplace over the previous six months. With a total of 25 items, the first 22 items of the NAQ-R focused on the aspects of bullying by measuring the following three inter-related subscales, specifically work-related bullying (7 items), person-related bullying (12 items) and physical intimidation bullying (3 items).¹⁸ Each item is evaluated the respondent's frequency

of bullying experiences within the last 6 months. Its 5-point rating scale ranges from 1 (the absence of the experience or never), to 2 (seldom), 3 (monthly), 4 (weekly), and 5 (the experience on a daily basis or daily). The total scores range from 22 to 110 points, with higher scores indicating a higher level of bullying. In addition, Notelaers & Ståle Einarsen (2013) formulated the cutoff points or thresholds for the NAQ-R as follows: a score lower than 33 points indicating not being bullied, a score from 33 to 45 points suggesting being bullied occasionally, and a score over 45 points indicating being the victim of workplace bullying.^{18,19} The last 3 items (items 23 - 25) identified self-labeled victimization from bullying during the last 6 months. Internal consistency reliability of the NAQ-R (Thai version) was high with Cronbach alpha coefficients for 22 items of 0.90 for the original Thai version¹⁰, and 0.95 in this study.

Ethical considerations and data collection procedure

The Institutional Review Board of Faculty of Nursing, Burapha University approved this research (Number of the IRB approval 01 - 06 - 2562), and permission from the research ethics committees of four tertiary care hospital were obtained. All participants signed informed consent forms before participation in this study.

After the IRB approval, the researcher contacted the nurse directors of four tertiary hospitals to provide information about the study. The researcher hired a research coordinator who was staff nurses at each hospital for helping data collection. They were trained before data collection. They were asked to check for questionnaire completion before mailing the questionnaire package back to the researcher. All questionnaires were screened for the completeness before beginning data analysis.

Data analysis

Descriptive summary statistics including frequency with percentage and mean with standard deviation were used to describe the sample characteristics and all questions related to workplace bullying among senior RNs. Chi-square test or Fisher's exact test, as appropriate, was used to detect potential association between two categorical variables. Significance level was set at a type I error of 5% or P -value < 0.05. Data were analyzed using SPSS version 23 statistical software.

Results

With a response rate of 100%, this study obtained completed questionnaires of 288 participants (Table 1). Most of the participants were female (97.92%), were aged 40 - 44 years (44.79%), were married or cohabiting with spouse (64.93%), graduated with the Bachelor's degree (88.54%), had 21 - 30 years of working experience (51.04%), held professional nurse positions (70.49%), had monthly income equal to 30,000. - 40,000 Baht (34.03%) and were assigned to a surgery ward (16.67%) (Table 1).

Table 1 Demographic characteristics of the participants (N = 288).

Characteristics	N	%
Gender		
Male	6	2.08
Female	282	97.92
Age (years)		
40 - 44	129	44.79
45 - 49	73	25.35
50 - 54	50	17.36
55 - 59	34	11.81
Marital status		
Single	72	25.00
Married	187	64.93
Widowed	9	3.13
Divorced/ Separated	20	6.94
Education level		
Bachelor Degree	255	88.54
Master Degree	33	11.46
Work experience (years)		
≤ 10	3	1.04
11 - 20	94	32.64
21 - 30	147	51.04
31 - 40	43	14.93
> 40	1	0.35
Job position		
Registered nurse, practitioner level	83	28.82
Registered nurse, professional level	203	70.49
Registered nurse, senior professional level	2	0.69
Monthly income (Baht)		
< 20,000	1	0.35
20,000 - 30,000	26	9.03
30,000 - 40,000	98	34.03
40,000 - 50,000	93	32.29
> 50,000	70	24.31
Ward		
Medical ward	38	13.19
Surgery ward	48	16.67
Obstetrics and gynecology	35	12.15
Pediatrics	23	7.99
Intensive care unit	35	12.15
Out patient	38	13.19
Operation room	29	10.07
Special ward	42	14.58

Workplace bullying

Based on the NAQ-R (22 items), the nine highest rated behaviors of workplace bullying (rated as weekly or daily) were

presented in Table 1. The most rated item was "Being exposed to an unmanageable workload" ($n=18$, or 6.25%). Each of the other eight items was reported by 1 or 2 participants (or 0.35% or 0.69%, respectively).

Table 2 Frequency and percentages of perceived negative acts reaching workplace bullying (N = 288).

NAQ-R Item	N (%)		
	Weekly	Daily	Total
1. Someone withholding information that affects your performance	1 (0.35)	0 (0.00)	1 (0.35)
3. Being ordered to do work below your level of competence	1 (0.35)	1 (0.35)	2 (0.69)
4. Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks	1 (0.35)	0 (0.00)	1 (0.35)
5. Spreading of gossip and rumors about you	2 (0.69)	0 (0.00)	2 (0.69)
8. Being shouted at or being the target of spontaneous anger (or rage)	1 (0.35)	0 (0.00)	1 (0.35)
15. Being subjected to practical jokes carried out by people you don't get along with	1 (0.35)	0 (0.00)	1 (0.35)
16. Being given tasks with unreasonable or impossible targets or deadlines	1 (0.35)	0 (0.00)	1 (0.35)
18. Excessive monitoring of your work	1 (0.35)	0 (0.00)	1 (0.35)
21. Being exposed to an unmanageable workload	18 (6.25)	0 (0.00)	18 (6.25)

The overall mean score on workplace bullying was fairly low ($M = 32.76$, $SD = 4.48$) based on the NAQ-R (22 items) (Table 3). The mean scores of the three subscales (work-related, personal-related, and physical intimidation) were low.

Table 3 Descriptive statistics of workplace bullying and its subscales (N =288).

Variable	Possible Range (points)	Actual Range (points)	M	SD
Workplace bullying (Overall)	22 - 110	23 - 42	32.76	4.48
Work related factors	5 - 35	7 - 17	10.60	2.12
Person-related factors	12 - 60	12 - 27	17.92	3.30
Physical intimidation factors	3 - 15	3 - 6	4.24	0.80

The overall scores of NQA-R showed that during the last six month, most of senior nurses had not been bullied at work (249 participants or 86.46%); while the rest 39 participants had been (Table 4). Among those who were bullied, the majority were bullied only rarely (9.72%) while only 0.69% were bullied almost daily.

Table 4 Prevalence of perceived negative acts reaching workplace bullying [Item 23] (N = 288).

Rating Categories	N	%
No	249	86.46
Yes	39	13.54
Yes, but only rarely	28	9.72
Yes, now and then	8	2.78
Yes, several times per week	1	0.35
Yes, almost daily	2	0.69

Among 39 participants reporting experiencing workplace bullying within the last six months, most of them were bullied by other supervisors in the organization (20 participants or 51.28%) (Table 5). These supervisors were doctors, for example. Other types of perpetrators were also reported but much less frequently.

Table 5 Types of the perpetrators (Item 24) (N = 39).

Perpetrator	N	%
Colleagues	9	23.08
Immediate supervisor	4	10.26
Other supervisors in the organization	20	51.28
Subordinates	6	15.39

Among those reporting being bullied, the majority of the perpetrators were female (39 out of 42 reporting participants, or 90.86%) (Table 6). Among female perpetrators, all types of co-workers were reported to be perpetrators.

Table 6 Gender of the perpetrators [Item 25] (N = 42).

Type of co-workers who were perpetrators	Female (n = 39)		Male (n = 3)	
	n	%	n	%
Colleagues	9	23.07	0	0.00
Immediate supervisor	7	17.95	2	66.7
Other supervisors in the organization	4	10.26	0	0.00
Subordinates	19	48.72	1	33.3
Total	39	90.86	3	7.14

Based on the total score of all 22 questions, most of participants were not bullied at work (86.46%) (Table 7). Those who were bullied daily were found to be 1.04%. However, those bullied occasionally were in a considerable proportion of 12.50%.

Table 7 Frequency of exposure to workplace bullying (N = 288).

Rating Categories	N	%
No bullying at work (< 33 points)	249	86.46
Occasional bullying (34 – 45 points)	36	12.50
Daily bullying (46 – 110 points)	3	1.04

Association between workplace bullying and demographic and work related variables

It was found that being bullied in their workplace was significant association marital status (P -value = 0.04) and education level (P -value = 0.01) (Table 8). However, gender, age, years of experience working in current hospital, current

position, ward/unit where the participant worked, and monthly income had no significant association with the bullying.

Table 8 Associations between workplace bullying and demographic and work-related factors (N = 288).

Characteristics	N (%) of being bullied		P-value*
	No (n = 249)	Yes (n = 39)	
Gender			0.82
Male	5 (83.33)	1 (16.67)	
Female	244 (86.52)	38 (13.48)	
Age (years)			0.89
40 - 44	114 (88.38)	15 (11.62)	
45 - 49	59 (80.82)	14 (19.18)	
50 - 54	45 (90.00)	5 (10.00)	
55 - 59	29 (85.29)	5 (14.71)	
≥ 60	2 (100.00)	0	
Marital status			0.04
Single	61 (84.72)	11 (15.28)	
Married	164 (87.70)	23 (12.30)	
Widowed	9 (100.00)	0	
Divorced/ Separated	15 (75.00)	5 (25.00)	
Education level			0.01
Bachelor's degree	225 (88.23)	30 (11.77)	
Master degree	24 (72.73)	9 (27.27)	
Work experience (years)			0.97
≤ 10	2 (66.67)	1 (33.33)	
11 - 20	80 (85.11)	13 (14.89)	
21 - 30	127 (86.39)	20 (13.61)	
31 - 40	39 (90.70)	4 (9.30)	
> 40	1 (100.00)	0	
Job position			0.82
Registered nurse, practitioner level	69 (83.13)	14 (16.87)	
Registered nurse, professional level	178 (87.68)	25 (12.32)	
Registered nurse, senior professional level	2 (100.00)	0	
Monthly income (Baht)			0.33
< 20,000	1 (100.00)	0	
20,000 - 30,000	21 (80.77)	5 (19.23)	
30,000 - 40,000	84 (85.71)	14 (14.29)	
40,000 - 50,000	79 (84.95)	14 (15.05)	
> 50,000	64 (91.43)	6 (8.57)	
Ward			0.99
Medical ward	32 (88.89)	4 (11.11)	
Surgery ward	34 (85.0)	6 (15.0)	
Obstetrics and gynecology	26 (74.29)	9 (25.71)	
Pediatrics	22 (95.65)	1 (4.35)	
Intensive care unit	27 (81.82)	6 (18.18)	
Out patient	34 (94.44)	2 (5.56)	
Operation room	12 (85.71)	2 (14.29)	
Special ward	39 (84.78)	7 (15.22)	

* Pearson's Chi-square test or Fisher's exact test, as appropriate.

Discussions and Conclusion

In this study among senior nurses working in four tertiary care hospitals, prevalence of bullying using NAQ-R was 13.54% among the 288 respondents. Majority of them were found to be the victim of person-related factors bullying. Even though only a smaller percentage of senior nurses reported to be subject to verbal intimidation, it is also an issue of significance. This could be because some senior Thai RNs perceive workplace bullying from their colleagues as a process of organizational culture, authentic leadership, nursing competence, expectations for an unmanageable workload, being ordered to do work below the level of competence and the spreading of gossip rumors.¹² The effects

of both horizontal bullying (such as colleagues) and vertical bullying (such as supervisors) can have an impact on nurses regardless of their age.¹² There are not many studies conducted in a wide range of age. Other studies conducted in other countries in nurses with a wide range of age obtained results similar to ours.^{7,10,11} Even though work conditions and exposure factors may vary from places to places or countries to countries, the presence of bullying in whatever form exists and cannot be ignored.

Our study found a prevalence of bullying among Thai nurses in 2019 that was similar to the results of comparable studies in Asia countries.²⁵ This result is also consistent with previous studies which reported bullying among nurses in Northwest Pacific reporting 48% of them were bullied.⁵ Similarly, a prevalence study of bullying among nurses in a tertiary hospital, Bangalore, reported 26.9% were victims of bullying in the past six months.¹⁹ Underreporting of actual incidence of harassment is an actual fact¹⁸ and which could be a reason for the difference in results between our present study and other studies. The prevalence of workplace bullying behaviors against nurses has been estimated to range from 27.3 to 31 percent for twice weekly incidents and 21.3 percent for daily incidents.¹⁹ In previous study, among those who were bullied, prevalence of workplace bullying is 80% and personal bullying is 60%.² The study was conducted in Turkey² where most nurses faced hostility towards their status at work place and their personality.²

Among the presently surveyed nurses, about half were victims of bullying. Interestingly, no one reported an experience of daily bullying based on the given definition. The rate of bullying reported in our present study was substantially lower than the 20% rate reported in another study of Bangalore nurses using the NAQ-R.²⁰ This inconsistency could be due to the differences in research methodology. In present study, data were collected using a paper-based survey, not online survey. Senior nurses feel less more comfortable using new technology in daily practice¹², and the majority of present study participants were senior nurses which were those 50 years old or older. The use of an electronic survey enabling participation in the study in a place and time convenient for the participant was selected due to the subject of the study and a less possible bias in collecting data resulting from the place associated with the employer.^{18,20} Therefore, the underreporting of actual incidence could possibly be due to the bias resulting from paper-based survey.

This relationship may have influenced the results in the present study. However, our findings were different from other previous studies.^{10,18,20}

In the three sub-scales of the NAQ-R, the highest mean score was reported for person-related bullying which is consistent with the results of some previous studies.^{7,21} The highest item mean score in this category or subscale was for "Being shouted at or being the target of spontaneous anger." This result is consistent with a previous study where some of the negative behaviors commonly observed by the respondents include gossiping, backbiting and failure to respect the other nurse's privacy.²⁶

In our study, the highest prevalence of bullying was found among nurses in age of 45 - 49 years (19.18%) followed by those who were 50 years old or older (11.9%). This result is consistent with previous studies. In a survey, nurses in the 41-50-year and 51-60-year age groups reported more personal effects from horizontal violence than younger groups.²² Senior nurses report distress and humiliation when they witness colleagues behaving badly, so the effects of bullying can be far-reaching when bullying occurs.²² Bullying as multi-generational issues with younger nurses can be disempowering.¹³ Senior nurses may also find it difficult to cope with the pace of technological changes and feel less capable of maintaining professional competence in these circumstances.²² Older employees often demonstrate competence, initiative, success and high levels of personal strength, and these qualities tend to put them at risk for being bullied as a result of jealousy.¹⁴

In the present study, data also showed that nurses with a Bachelor's degree were exposed to bullying more than nurses with other educational levels. Education level was significantly associated with the bullying. This result is consistent with the previous study of those studies by Yokoyama et al²⁵ and Karatza et al¹⁹ which confirmed that education level influences the risk of negative acts in the workplace. Similarly, the qualitative analyses showed that having to work below one's level of competence was the most common form of work-related bullying experienced, and the majority of surveyed nurses presented high qualifications.²¹

In the NAQ-R survey, nurses were asked about the perpetrator of the bullying in the workplace. The participants were bullied by other supervisors/ managers in the organization such as doctor (51.28%) was the most common perpetrators of bullying, followed by colleague nurses

(23.08%). The occurrence of bullying also depended on the nurse's professional position. Compared with other surveyed nurses, nursing managers reported a lower level of bullying, particularly in terms of work-related bullying. Notably, earlier analyses showed that managers are the main perpetrators of bullying.^{21,26} All of the above is an example where the research across countries, to date, has been consistent. This study has shown that bullying does exist, and the findings are not very different from other studies as mentioned above.

In conclusion, bullying among senior nurses is a problem that needs to be addressed with care and concern. Workplace bullying occurs among nurses working in tertiary hospitals in Thailand. Most of the senior RNs stated that the perpetrator who were bullied by other supervisors in the organization such as doctor, nurse colleagues and immediate superior, respectively. A lower prevalence of workplace bullying was reported among senior nurses. This could be due to underreporting of actual incidence by possible bias in the paper-based survey. The use of an electronic survey should be used to encourage participation in the study in a place and time convenient for the participants. Our findings suggest the need of further research develop nursing intervention strategy to raise awareness and alleviate the issue of workplace bullying. Moreover, developing and improving nurses' adaptation mentoring programs may help reduce the prevalence of workplace bullying among nurses.

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