CASE REPORT

Increased workplace bullying against nurses during COVID-19: A health and safety issue

Rozina Somani*[1], Carles Muntaner[1,2], Peter Smith[2,3], Edith M. Hillan[1], Alisa J. Velonis[4]

[1] Faculty of Nursing, University of Toronto, Toronto, Canada
[2] Dalla Lana School of Public Health, University of Toronto, Toronto, Canada
[3] Institute for Work & Health, Toronto, Canada
[4] School of Public Health, Division of Community Health Sciences, University of Illinois Chicago, USA

ABSTRACT

Nurses are the backbone of healthcare organizations. However, as frontline workers, nurses are regularly exposed to perilous conditions and workplace harassment, with a few or no avenues to report or seek adequate support. This causes frustration and stress among nurses and can eventually lead to compromised patient care. This also contributes to workplace bullying, which results in a toxic and stressful work environment. This problem is a global health and safety issue due to its highly negative impact on both individuals and organizations. Recent studies indicate that the COVID 19 pandemic has significantly increased incidents of workplace bullying against nurses. Several contributing factors have been highlighted, when considering the underlying causes of workplace bullying against nurses, including power disparity, organizational attributes, and the image of nurses, as portrayed in the media. Because the pandemic has brought the challenge of creating a safe work environment for nurses to the fore, now more than ever, healthcare organizations need to take bold actions to protect nurses. Nursing management needs to implement bullying prevention interventions that provide nurses with a safe work environment. Using empirical and theoretical literature as its basis, this paper aims to discuss workplace bullying against nurses and consider how this problem has been impacted by the COVID 19 pandemic. This paper recommends the application of a Socio Ecological Model (SEM), which provides evidence-based interventions intended to reduce workplace bullying against nurses.

Key Words: Workplace bullying, Against nurses, COVID 19, Safe work environment

1. INTRODUCTION

Nurses around the world are facing an increasing rate of workplace bullying, as a result of the COVID 19 pandemic. While the essential work of nurses has been recognised by the World Health Organization (WHO), who announced that 2020 was the "Year of Nurses and Midwives",[1] the global pandemic has placed nurses in an exceptionally vulnerable position. The past two years have been tremendously challenging for nurses and other frontline workers. Not only have the vast majority of nurses been provided with inadequate Personal Protective Equipment (PPE) to shield themselves from COVID 19, nurses are also facing higher than normal rates of abuse and workplace bullying.[2] Workplace bullying, which often arises from power disparities and ideological differences, negatively impacts individuals and organizations, both in terms of health and safety and financial welfare.[3] Bullying is defined as "repeated incidents or a pattern of behaviour that is intended to intimidate, offend, degrade,

*Correspondence: Rozina Somani; Email: rozina.somani@mail.utoronto.ca; Address: Faculty of Nursing, University of Toronto, Toronto, Canada.

or humiliate a particular person or group of people" (p.1, 2020).[4] Globally, workplace bullying against nurses has increased during COVID 19, yet the magnitude of this problem remains unclear because of limited research. According to National Nurse United survey, during COVID 19 there has been an approximately 20% increase in workplace violence at hospitals in the United States.[5] A study conducted in the USA reveals that healthcare professionals are experiencing high rates of bullying during COVID 19.[6] A cross sectional study conducted in Iran identified that the pervasiveness of verbal abuse had increased significantly during the COVID 19 pandemic, with an estimated prevalence of verbal abuse at 55.7%.[7] Similarly, another study reported that the incidents of workplace violence and bullying of nurses in Jordan rose during COVID 19, with 52% of public healthcare sector nurses reporting experience of verbal abuse.[8] As these studies explain, the increasing prevalence of workplace bullying is due to fear surrounding the spread of COVID 19 and misplaced anger against frontline workers.[5] Increasing levels of abuse against nurses has caught the attention of global organizations.[9] The problem is severe enough that in April 2020, the WHO released a statement calling on governments and employers to take immediate action against the discrimination that frontline health workers were experiencing.[1] The impact of this problem is likely to outlive the pandemic itself. While COVID 19 may eventually be brought under control, nurses are concerned that the discrimination they have experienced, and its after-effects, will have a long-lasting negative impact in their lives.[10] By presenting the following case study, this paper aims to discuss recent empirical papers, alongside reports from international organizations about workplace bullying against nurses. Emphasis is given to empirical and theoretical studies which find the factors contributing to workplace bullying against nurses, both broadly and in relation to the current COVID 19 pandemic, as well as evidence-based strategies for overcoming workplace bullying. The sources are by no means exhaustive, but certainly serve to highlight the issue. This paper discusses the application of a Socio Ecological Model (SEM), which provides interventions intended to reduce workplace bullying against nurses.

2. CASE PRESENTATION

A senior registered nurse was on duty at a private hospital. She was assigned to the COVID ward due to the high influx of COVID patients. Most of the patients were very sick with various kinds of respiratory issues. The nurse was trained to follow the COVID 19 Standard Operating Procedures (SOPs). According to hospital protocol, every individual entering the ward should sanitize their hands and wear a mask. The in-

structions were clearly signposted at the entrance of each ward and hand sanitizers were kept at each unit door. However, during the visiting hour, the nurse observed a young man entering the unit without sanitizing his hands. He also was not wearing his mask properly. The nurse stopped him and informed him that following the COVID protocol was important for his health, as well as for the patients. However, he did not respond and attempted to continue walking into the ward. The nurse again intervened, and the man started shouting at her. After verbally abusing the nurse, he went to visit one of the patients in the ward. The nurse was badly shaken by his behaviour. She informed a security guard and her shift supervisor of the situation. Such scenarios have become commonplace in many healthcare settings during the COVID 19 pandemic.

3. DISCUSSION

Nurses are frequent victims of workplace bullying, in part because of their extended contact with patients and their relatives. In addition, nurses often experience "hierarchal bullying," or abusive behaviours victimized by co-workers, nurse managers and physicians.[11] Workplace bullying includes intrusive behaviour, discrimination, domination, criticism without justification, use of offensive language, demonstration of mistrust, and harassing behaviour.[12] During public health emergencies like COVID 19, when working environments and organizational infrastructures are rapidly changing, healthcare professionals, especially frontline workers, are more vulnerable to these abusive experiences.[13] The Public Service Commission of Australia has identified organizational and individual factors which have contributed to workplace bullying. Organizational factors include rapid changes with inadequate guidelines, frequent staff turnover, inadequate resources, inadequate training, and increased workload. Individual factors include leadership style, discrimination, increased stress, and undue expectations.[14] Since the spread of COVID 19 across the globe, instances of workplace bullying against nurses have increased. For example, COVID 19 has transformed the way nurses interact with patients and their families. As this case study reveals nurses are frequently bullied by patients and their relatives because of disagreements over following of relevant SOPs such as appropriate use of masks, physical distancing, and frequent hand sanitizing.[6] Moreover, limited visitor access also generates frustration among patients and their relatives, who vent their stress and anger on frontline workers, including nurses.[15]

There are multiple theories on what causes workplace bullying against nurses. Power dynamics or power disparity are considered to be significant contributing factors.[16] This interpretation holds that bullying arises directly out of the

positional dominance/power that traditional hierarchal systems confer. Nurses are sometimes dominated and exploited by senior nurses, physicians, and individuals from other multidisciplinary teams. Moreover, nurses will often tolerate harassment, due to fear of reprisal.[17] This suggests that understanding power dynamics is central to understanding bullying. Inequality in power often arises from unequal socioeconomic status, from the nature of the work, and in undemocratic workplaces. All these factors underpin workplace bullying.[18] Power relations and social policies influence employment conditions, while the lack of implementation of social policies can create vulnerability and insecurity within the work setting.[19] This sort of vulnerability is evident during the COVID 19 pandemic, with many nurses working in unsafe conditions, exacerbated by a lack of PPE and associated increased levels of anxiety.[2] In many countries, nurses have been threatened or fired when they raised concerns about inadequate PPE, or a lack of support from hospital management.[20] Beyond this vulnerability, researchers also assert that when the efforts of employees are not adequately rewarded, this compromises their physical and psychological health. Often, nurses are the victims of high levels of stress and depression due to the lack of monetary compensation, lack of respect by employers, denial of career progression, and lack of job security.[18] In workplaces where efforts and rewards are imbalanced, bullying is more likely to take place, as displaced aggression.[21] This directly impact nurses' competency and ability to maintain a healthy working relation with patients, coworkers, and administrators. This vast imbalance between effort and reward is borne out in pandemic conditions where nurses are lauded by society as heroes, yet, their voices are not heard, they are not appropriately compensated, and they remain relatively low status.[20]

Organizational attributes also underpin workplace bullying, notably work cultures that ignore or tolerate bullying. More specifically, these organizational factors can include a poor work environment with limited resources, prolonged working hours without compensation, a lack of respect for individuals, limited training facilities, an absence of bullying prevention policies, and a lack of non-threatening reporting mechanisms for identifying workplace bullying.[22] Hospitals across the globe have witnessed, many factors becoming more prominent during the pandemic. Stressful work environments spiked due to increased workloads, limited communication between team members, lack of PPE, fear of getting or spreading infection, and in adequate knowledge about how to treat COVID 19 patients. As a result, nurses have been exposed to increased levels of workplace bullying.[23]

In addition to these transformed organizational factors, various studies reveal that conflict has long been associated with bullying at workplace. Conflict is quite common phenomenon in the nursing profession and often leads to workplace bullying and horizontal violence.[24] Another study identified the major reasons for work conflicts as: heavy workload, negative leadership behaviour, controlling environment, lack of support, and over criticism.[25] These features have been exacerbated by the disorganized and haphazard approach many hospitals have been forced to take during COVID 19.

The rise in workplace bullying as a result of the pandemic is taking a toll.[26] In a pre-COVID study that analyzed workplace bullying, many nurses reported physical and psychological symptoms such as frequent illness, depression, and anxiety.[27] Eventually these symptoms reduced productivity and the quality of care provided by nurses. Another study reveals that bullying can lead to a lack of motivation that ultimately impact nurses' professional relationships as well as their willingness to remain in the profession. One study reported that workplace bullying was the most significant factor for professional dissatisfaction and turnover intention. Including the decision of many novice nurses to leave the nursing profession early in their professional careers. As such, a high level of staff turnover can negatively affects the prestige and financial stability of healthcare organizations.[28] Overall, workplace bullying has far reached negative consequences for nurses, the organizations they work for, and the patients themselves.

Strategies to deal with workplace bullying against nurses

An effective response to bullying requires a multifaceted approach. Analysis and remediation require buy-in from administrators, who may belong to a bullying culture, as well as from the overall organizational hierarchy. In the World Report on Violence and Health, the WHO proposes the use of Socio Ecological Model (SEM) to prevent workplace violence.[29] Since then, this model had been widely applied to understand workplace bullying and its preventive strategies[30–32] Recently, the CDC has echoed the WHO's recommendation of using SEM as a framework to prevent violence and bullying.[33]

As mentioned in Figure 1 the following section of the paper will elaborate bullying prevention interventions at the individual, relationship, organizational, and societal levels.

Nurses willingness to recognize the bullying against them and to report the incidents is significantly important. Nurses need to be reminded that workplace bullying is not an acceptable part of the nursing profession in under any circumstances; they need to be encouraged and empowered to report all incidents. However, for this to happen nurses need to sup-

port and need to believe that reporting will result in actions against the bullying, not against them. Many nurses prefer not to take action due to fear of repercussions. For this to change, nurses need to see that the bullying itself will incur severe consequences, while reporting the incidents will not.[7] In addition, there have been a number of interventional studies that have utilized different types of training to overcome the bullying behaviour against nurses. Literature suggest that standalone training can increase the confidence level of nurses and may be particularly useful in these unprecedented circumstances where training to overcome high stress and effective communication skills is crucially important.[11] Evidence shows that more structured programmes, such as Cognitive Rehearsal Programs (CRP) are also important to manage conflicts within healthcare settings. CRP revolve around structured scenarios which allow nurses to role-play under the supervision of trained facilitators. Dur-

ing training, nurses could be provided with scenarios related to various COVID 19 situations including asking patients and relative to wear mask and informing them about visitors' SOPs etc. Based on these scenarios, debriefing and structured counselling can help to reinforce knowledge.[34, 35] As these training programmes demonstrate, having the competency to handle bullying situations increases nurses' confidence and empowers them to stand up to workplace harassment overall, and specifically during stressful circumstances like COVID 19. Training including strategies for dealing with subordinates, effective supervisory skills, mentorship, positive criticism, handling difficult employees and handling difficult situations should also be provided to nurses who are in management positions,. Awareness raising sessions for nurses on anti-bullying legislation, their hospital's workplace bullying prevention policy, and their department's reporting mechanisms are also essential.
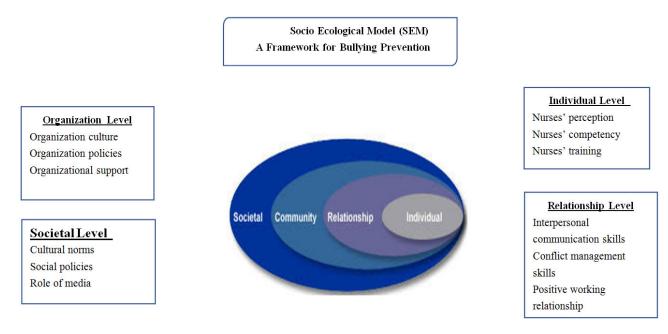

Socio Ecological Model (SEM)
A Framework for Bullying Prevention

Individual Level
Nurses' perception
Nurses' competency
Nurses' training

Organization Level
Organization culture
Organization policies
Organizational support

Societal Level
Cultural norms
Social policies
Role of media

Relationship Level
Interpersonal communication skills
Conflict management skills
Positive working relationship

Societal   Community   Relationship   Individual

Figure 1. The social ecological model: A framework for violence prevention: Adopted from Centers for Diseases Control and Prevention

The relationship level of the SEM focuses on nurses' interpersonal communication with patients and their relatives, colleagues, supervisors, and individuals from other disciplines within the healthcare settings.[32] Some nurses become victims of workplace bullying due to a lack of professional communication skills with patients, relatives, and other staff. Similarly, some nurses become the perpetrators of bullying due to their poor interpersonal relationships and communication skills. Interventions at this level must be planned for both victims and perpetrators. Nurses need training around professional communication, conflict management, and anger

management skills. Professional development workshops that build communication and conflict resolution skills and strengthen workplace relationships are one option to address this need.[33] During COVID 19, many novice nurses have been thrust into challenging situations that have the potential to generate conflict, including handling critical patients and their families, high patient-to-nurse workloads, and the tension that comes from working in stressful work environments. To manage these challenges, they require adequate trainings, resources, and management support to help them adjust and handle such situations effectively.

Moreover, to achieve a safe working environment for nurses, organizations must have a structured workplace bullying prevention policy.[36] These policies must also have specific guidelines for exceptional circumstances like COVID 19, for nurses as well as for patients and their family members. An organization's bullying prevention policy must be supported by a functional reporting and investigation system. With this, training and awareness sessions for multidisciplinary groups are essential, alongside other mitigating interventions at the organizational level, such as adequate staffing, timely guidance, and structured counselling mechanisms for nurses who are working in challenging conditions.[37] Moreover, administrators must inform patients and their relatives, on admission, about the zero-tolerance policy against bullying.[2] Clear written descriptors of acceptable and non-acceptable behaviors must be distributed to patients and their relatives on admission.[6] Such evidence-based interventions have been implemented in many healthcare organizations with successful outcomes.

Many countries have legislation against workplace bullying. However, the magnitude of workplace bullying is still high in such countries with well structured workplace bullying prevention acts and policies are existing. This is because, despite sophisticated bullying prevention acts and legislation, the translation of these acts into organizational policy is not always evident.[6] For this, governments must identify measures to ensure implementation of such key acts and legislation to foster a safe working environment, including allocating adequate funds to develop safety mechanisms. These mechanisms include: installing security cameras, Implementing healthcare provider training, creating reporting infrastructure, and arranging counselling facilities.[38] The need for this investment has been especially evident during COVID 19, when nurses have often lacked provision of necessary safety gears to protect them as well as appropriate mentorship and capacity building opportunities to empower them to deal with workplace harassment.[39] The way nurses and the overall nursing profession is portrayed in media also needs to be revisited. Media regulatory bodies need to understand that their coverage can contribute to the proliferation of workplace bullying. Throughout the COVID 19 pandemic, nurses have been lauded as heroes. However, Mohammed et al., 2021 reveal that this adulation can make nurses feel obligated to compromise their own safety, to provide care to COVID patients. Moreover, in reality, nurses' voices are not being heard and they are not being appropriately represented.[40] Nursing leadership should be more visible in media and provide the public with a more accurate understanding of their hard work and the issues nurses are experiencing.[20]

4. CONCLUSION

Workplace bullying against nurses is a major health and safety issue. Nurses deserve a safe work environment that could encourage them to remain in the nursing profession and provide quality care to patients, despite facing considerable challenges. In order to overcome workplace bullying, constructing effective reporting mechanisms that nurses can trust is essential. Beyond this, identifying contributing factors that will lead to developing interventions across individual, organizational, and societal levels. This will prove critical to reducing the prevalence of workplace bullying. During the pandemic, where nurses are being overwhelmed by the demands placed upon them, workplace bullying is only increasing the level of dissatisfaction and frustration among nurses, and many nurses opt to leave the nursing profession. Overall, this has a severe impact on healthcare, which is already stretched in many countries, as a result of the pandemic. Making the work environment safer for nurses must be an urgent priority for healthcare organizations and governments. Hospitals administrators and policy makers should create and implement workplace bullying prevention policies and strategies for nurses. This has always been a vital step, which COVID 19 has only highlighted, and will lead to a positive impact on healthcare within society.

BIO STATEMENT

Rozina Somani: PhD Candidate, Lawrence S. Bloomberg, Faculty of Nursing, University of Toronto, Toronto, Canada.

Dr. Carles Muntaner: Professor, Lawrence S. Bloomberg, Faculty of Nursing and Dalla Lana School of Public Health, University of Toronto, Toronto, Canada.

Dr. Peter Smith: Senior Scientist Institute for Work & Health, Toronto and Associate Professor Dalla Lana School of Public Health, University of Toronto, Toronto, Canada.

Dr. Edith M. Hillan: Professor, Lawrence S. Bloomberg, Faculty of Nursing, University of Toronto, Toronto, Canada.

Dr. Alisa J. Velonis: Associate Professor, School of Public Health, Division of Community Health Sciences, University of Illinois Chicago, USA.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

REFERENCES

[1] WHO calls for healthy, safe and decent working conditions for all health workers, amidst COVID-19 pandemic. Published December 2020. Available from: `https://www.who.int/news-room/detail/28-04-2020-who-calls-for-healthy-safe-and-decent-working-conditions-for-all-health-workers-amidst-covid-19-pandemic`

[2] Smith PM, Oudyk J, Potter G, et al. The Association between the Perceived Adequacy of Workplace Infection Control Procedures and Personal Protective Equipment with Mental Health Symptoms: A Cross-sectional Survey of Canadian Healthcare Workers during the COVID-19 Pandemic: 2021 Canadian Journal of Psychiatry. 2021; 66(1): 17-24. PMid:32957803 `https://doi.org/10.1177/0706743720961729`

[3] Vento S, Cainelli F, Vallone A. Violence Against Healthcare Workers: A Worldwide Phenomenon with Serious Consequences. Front Public Health. 2020; 8. PMid:33072706 `https://doi.org/10.3389/fpubh.2020.570459`

[4] Government of Canada CC for OH and S. Bullying in the Workplace: OSH Answers. Available from: `https://www.ccohs.ca/` Published July 21, 2020. Accessed July 21, 2020.

[5] Emergency Nurses Association. Workplace violence rises, particularly for nurses, frontline workers. Available from: `https://www.securitymagazine.com/articles/94857-workplace-violence-rises-particularly-for-nurses-frontline-workers?v=preview` Published March 19, 2021. Accessed July 29, 2021

[6] Dye TD, Alcantara L, Siddiqi S, et al. Risk of COVID-19-related bullying, harassment and stigma among healthcare workers: an analytical cross-sectional global study. BMJ Open. 2020; 10(12): e046620. PMid:33380488 `https://doi.org/10.1136/bmjopen-2020-046620`

[7] Ghanbari A, Pouy S, Panahi L, et al. Violence Against Frontline Emergency Nurses During Pandemic of COVID-19 in Guilan: A Cross-Sectional Study. In Review; 2020. `https://doi.org/10.21203/rs.3.rs-116197/v1`

[8] Ghareeb NS, El-Shafei DA, Eladl AM. Workplace violence among healthcare workers during COVID-19 pandemic in a Jordanian governmental hospital: the tip of the iceberg. Environ Sci Pollut Res Int. 2021; 1-9. PMid:34173953 `https://doi.org/10.1007/s11356-021-15112-w`

[9] International Council for Nurses- COVID 19 update, The COVID-19 Effect: World's nurses facing mass trauma, an immediate danger to the profession and future of our health systems. 2021. Available from: `https://www.icn.ch/news/covid-19`

[10] Gilroy R. Nurses on coronavirus frontline facing "abhorrent" abuse from public. Nursing Times. Available from: `https://www.nursingtimes.net/news/coronavirus/nurses-fighting-coronavirus-facing-abhorrent-abuse-from-public-20-03-2020/` Published March 20, 2020. Accessed February 23, 2021.

[11] Howard MS, Embree JL. Educational Intervention Improves Communication Abilities of Nurses Encountering Workplace Incivility. J Contin Educ Nurs. 2020; 51(3): 138-144. PMid:32119109 `https://doi.org/10.3928/00220124-20200216-09`

[12] Falcone P. Stopping Bullying During the COVID-19 Emergency. SHRM. Available from: `https://www.shrm.org/resourcesandtools/hr-topics/employee-relations/pages/stopping-bullying-during-the-covid-19-emergency.aspx` Published June 4, 2020. Accessed July 29, 2021.

[13] Sheridan MB, Masih N, Cabato R. As coronavirus fears grow, doctors and nurses face abuse, attacks. Washington Post. Available from: `https://www.washingtonpost.com/world/the_americas/coronavirus-doctors-nurses-attack-mexico-ivory-coast/2020/04/08/545896a0-7835-11ea-a311-adb1344719a9_story.html` Published April 8, 2020. Accessed February 27, 2021.

[14] Public Service Commission. Understanding and preventing Bullying during COVID-19. Available from: `https://www.psc.nsw.gov.au/sites/default/files/2020-12/understanding-and-preventing-bullying-during-covid-19.pdf` Published March 19 2021. Accessed August 27, 2021.

[15] Salvador JT, Alqahtani FM, Al-Madani MM, et al. Workplace violence among Registered Nurses in Saudi Arabia: A qualitative study. Nurs Open. 2021; 8(2): 766-775. PMid:33570268 `https://doi.org/10.1002/nop2.679`

[16] Okpala P. Addressing power dynamics in interprofessional health care teams. Int J Healthc Manag. 2020; 0(0): 1-7.

[17] Brophy JT, Keith MM, Hurley M. Assaulted and Unheard: Violence Against Healthcare Staff. A Journal of Environmental and Occupational Health Policy. 2017; 0(0): 1-26.

[18] Muntaner C, Ng E, Prins SJ, et al. Social class and mental health: testing exploitation as a relational determinant of depression. Int J Health Serv Plan Adm Eval. 2015; 45(2): 265-284. PMid:25813501 `https://doi.org/10.1177/0020731414568508`

[19] Navarro V. The Politics of Health Inequalities Research in the United States: Int J Health Serv. Published online June 23, 2016.

[20] Gagnon M, Perron A. Nursing Voices during COVID-19: An Analysis of Canadian Media Coverage. Aporia. 2020; 12(1): 109-113. `https://doi.org/10.18192/aporia.v12i1.4842`

[21] Jacobson KJL, Hood JN, Van Buren III HJ. Workplace bullying across cultures: A research agenda. Int J Cross Cult Manag. 2014; 14(1): 47-65. `https://doi.org/10.1177/1470595813494192`

[22] Yun S, Kang J. Influencing Factors and Consequences of Workplace Bullying among Nurses: A Structural Equation Modeling. Asian Nurs Res. 2018; 12(1): 26-33. PMid:29463481 `https://doi.org/10.1016/j.anr.2018.01.004`

[23] Rosser E, Westcott L, Ali PA, et al. The Need for Visible Nursing Leadership During COVID-19. J Nurs Scholarsh. 2020.

[24] Moeta ME, du Rand SM. Use of scenarios to explore conflict management practices of nurse unit managers in public hospitals. Curationis. 2019; 42(1): 1943. PMid:31291730 `https://doi.org/10.4102/curationis.v42i1.1943`

[25] Ariza-Montes A, Muniz NM, Montero-Simó MJ, Araque-Padilla RA. Workplace bullying among healthcare workers. Int J Environ Res Public Health. 2013; 10(8): 3121-3139. PMid:23887621 `https://doi.org/10.3390/ijerph10083121`

[26] Lipworth W. Beyond Duty: Medical "Heroes" and the COVID-19 Pandemic. J Bioeth Inq. 2020; 17(4): 723-730. PMid:33169270 `https://doi.org/10.1007/s11673-020-10065-0`

[27] Laschinger HKS. Impact of workplace mistreatment on patient safety risk and nurse-assessed patient outcomes. J Nurs Adm. 2014; 44(5): 284-290. PMid:24759201 `https://doi.org/10.1097/NNA.0000000000000068`

[28] Václavíková K, Kozáková R. Mobbing experienced by general nurses and related factors: a scoping review. Cent Eur J Nurs Midwifery. 2021; 12(2): 385-392. `https://doi.org/10.15452/cejnm.2020.11.0024`

[29] Krug EG, Mercy JA, Dahlberg LL, et al. The world report on violence and health. The Lancet. 2002; 360(9339): 1083-1088. `https://doi.org/10.1016/S0140-6736(02)11133-0`

[30] Johnson SL. An Ecological Model of Workplace Bullying: A Guide for Intervention and Research, Nursing Forum. 2011; 46(2): 55-63.

PMid:21517878 `https://doi.org/10.1111/j.1744-6198.20` `11.00213.x`

[31] Swearer SM, Hymel S. Understanding the psychology of bullying: Moving toward a social-ecological diathesis-stress model. Am Psychol. 2015; 70(4): 344-353. PMid:25961315 `https://doi.org/` `10.1037/a0038929`

[32] Wu D, Wang Y, Yang SZ, et al. A Socio-ecological Framework for Understanding Workplace Violence in China's Health Sector: A Qualitative Analysis of Health Workers' Responses to an Open-ended Survey Question. J Interpers Violence. 2020.

[33] National Center for injury prevention and control. The Social-Ecological Model: A Framework for Prevention|Violence Prevention|Injury Center|CDC. Published January 29, 2021. Accessed July 29, 2021. Available from: `https://www.cdc.gov/violencepr` `evention/about/social-ecologicalmodel.html`

[34] Kang J, Jeong YJ. Effects of a smartphone application for cognitive rehearsal intervention on workplace bullying and turnover intention among nurses. Int J Nurs Pract. 2019; 25(6): e12786. PMid:31523905 `https://doi.org/10.1111/ijn.12786`

[35] Kang J, Kim JI, Yun S. Effects of a Cognitive Rehearsal Program on Interpersonal Relationships, Workplace Bullying, Symptom Experience, and Turnover Intention among Nurses: A Randomized Controlled Trial. J Korean Acad Nurs. 2017; 47(5): 689-699.

PMid:29151565 `https://doi.org/10.4040/jkan.2017.47.5` `.689`

[36] Al-Ghabeesh SH, Qattom H. Workplace bullying and its preventive measures and productivity among emergency department nurses. BMC Health Serv Res. 2019; 19(1): 445. PMid:31269990 `https:` `//doi.org/10.1186/s12913-019-4268-x`

[37] Khan MN, Haq ZU, Khan M, et al. Prevalence and determinants of violence against health care in the metropolitan city of Peshawar: a cross sectional study. BMC Public Health. 2021; 21(1): 330. PMid:33568108 `https://doi.org/10.1186/s12889-021-102` `43-8`

[38] Bambi S, Foà C, De Felippis C, et al. Workplace incivility, lateral violence and bullying among nurses. A review about their prevalence and related factors. Acta Bio Medica Atenei Parm. 2018; 89(6-S): 51-79.

[39] Said RM, El-Shafei DA. Occupational stress, job satisfaction, and intent to leave: nurses working on front lines during COVID-19 pandemic in Zagazig City, Egypt. Environ Sci Pollut Res Int. 2021; 28(7): 8791-8801. PMid:33067794 `https://doi.org/10.1007/` `s11356-020-11235-8`

[40] Mohammed S, Peter E, Killackey T, et al. The "nurse as hero" discourse in the COVID-19 pandemic: A poststructural discourse analysis. Int J Nurs Stud. 2021; 117: 103887. PMid:33556905 `https://doi.org/10.1016/j.ijnurstu.2021.103887`