Workplace Bullying from Nurses' Perspective Opinion and its Relation to Turnover and Absenteeism Rate

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Abstract

Background: Workplace bullying is a pervasive problem in the nursing profession and threatens nurses' health and ability to work safely. Also, workplace bullying can affect organizations within the healthcare sector by increasing absenteeism and turnover of employees. **Aim of the study:** the current study aimed to assess workplace bullying from nurses' perspective opinion and it's relation to turnover and absenteeism rate. **Research design:** a descriptive comparative cross-sectional research design was used to achieve the aim of the current study. **Setting:** the study was conducted at Samalout Specialized Hospital and Mallawi Specialized Hospital, in Minia City, Egypt. **Subjects:** the sample of this study consisted of total number (400) nurses. **Tools of data collection:** Tool (I): Workplace bullying structured questionnaire. Tool (II): Anticipated Turnover Scale and Tool (III): absenteeism rate equation. **Results**: There are a total of 67.4% nurses at Samalout Specialized Hospital and 60% of nurses at Mallawi Specialized Hospital have severe level of bullying perception. While there are 74.4% of nurses at Samalout Specialized Hospital and 74.5% of nurses at Mallawi Specialized Hospital have moderate level of intention to turnover. And there are 53.9% of nurses at Samalout Specialized Hospital and 60.9% of nurses at Mallawi Specialized Hospital have normal absenteeism rate. **Conclusion**: There was a statistical significant positive correlation between workplace bullying and turnover and there was a statistical significant positive correlation between workplace bullying and absenteeism. **Recommendations:** Establish a clear policy that limits workplace bullying and ensure that all employees understand the policy and the consequences for noncompliance.

Key Words: Absenteeism Rate, Nurses, Turnover, Workplace bullying.

Introduction:

Nurses are an essential and vital part of the healthcare system and their significance is immense. They serve as the foundation of healthcare, delivering critical services and making a substantial impact on patient care and overall well-being **(Lolai et al., 2023).** However, they are presently confronted with challenges, issues, and opportunities that increase the risk of facing workplace bullying in comparison to other professions **(Gonium et al., 2024).**

Bullying in the workplace has emerged as a significant social issue, especially with the rise of workplace competition in the 21st century, and occurrences of bullying within the nursing field are increasing **(Fan et al., 2023).** Nurses can face

bullying behavior from various sources, including administrators, supervisors, physicians, patients, patients' families, and colleagues on the same level **(Abo Elmakarem et al., 2021).**

Workplace bullying is defined as "the ongoing exposure to interpersonal aggression and mistreatment from coworkers, superiors, or subordinates." This means it involves continuous exposure to negative actions aimed at humiliating, offending, degrading, ridiculing, and creating stress for a target, which can also influence employees' behavior due to a deficit in work ethics **(Ribeiro et al., 2024).**

Workplace bullying has also been described as "a scenario where individuals face social isolation or exclusion, their contributions are

belittled, threats are made, derogatory comments are spoken about them behind their backs, or other negative actions are taken to harass, exhaust, or frustrate them" **(Fan et al., 2023).**

Prolonged exposure to stressful incidents due to workplace bullying is associated with various physical health issues (e.g., fatigue, headaches, hypertension, reduced appetite, sleep disorders, gastrointestinal distress, cardiovascular conditions, palpitations, and significant weight fluctuations) **(Bulut & Hihi, 2021)**, mental health problems (e.g., fear, anxiety, trouble focusing, nightmares, anger, depression, diminished self-esteem, post-traumatic stress disorder, and thoughts of suicide) **(Moore, 2022)**, as well as job-related problems (such as lower job satisfaction, decreased job performance, reduced productivity, job burnout, and increased likelihood of turnover when nurses find the negative impact overwhelming) **(Galanis et al., 2024).**

Furthermore, experiencing bullying at work can hinder nurses' capacity to provide safe and effective patient care. Therefore, preventing workplace bullying should be viewed as a crucial approach to enhancing nurses' overall well-being and retention, as well as patient safety **(Hsiao et al., 2022).** Additionally, organizations could face adverse effects from bullying, including the erosion of organizational culture and productivity due to lowered staff morale and motivation, increased absenteeism, and higher staff turnover **(Anany et al., 2023).**

Nurses' turnover has emerged as a significant concern in the nursing profession and has gained heightened attention globally. It represents a longstanding health challenge encountered by all hospitals. Various factors influence turnover, such as inadequate compensation, poor relationships and adverse communication among nurses, unsuitable working conditions, ineffective leadership styles, insufficient opportunities for growth and advancement, and a lack of support. When nurses experience bullying behaviors in the workplace, they perceive their work environment as unwelcoming and choose to leave their jobs **(Gonium et al., 2024).**

It has been noted that the intention to leave a job is shaped by multiple factors, including abusive supervision, poor leadership, and workplace bullying. When employees go through negative workplace interactions, they may react by contemplating leaving their positions. In essence, workplace bullying adversely affects victims, diminishes their job satisfaction, and increases their propensity to depart from the organization. As indicated, workplace bullying promotes the intention to leave as employees feel they are operating within highly politicized organizational settings **(Ribeiro et al., 2024).**

Moreover, nursing absenteeism has emerged as a worldwide concern with a pronounced prevalence, which can obstruct the provision of healthcare to patients due to a shortage of available healthcare professionals. Nursing absenteeism refers to missing one or several workdays and is characterized as unexpected absence without justification or warning **(Zaki & Elsaiad, 2021).**

Additionally, nursing absenteeism might reflect managerial problems, such as diminished employee morale or a toxic work atmosphere. Absenteeism is unfavorable for nurses, their peers, and their employers. Thus, gaining a deeper understanding of potential causes, primarily work-related ones such as stressors in the work environment, workplace bullying, organizational commitment, leadership, personal work ethic, and team cohesiveness among employees, is essential **(Pervez et al., 2023).**

Significance of the study

Nurses in the health care sector are known to be more susceptible to bullying behaviors at the workplace. Workplace bullying is perceived as a serious problem with negative consequences for nurses' wellbeing physically (e.g., insomnia and headache) and psychologically (e.g., depression, and anxiety), adverse outcomes to patient safety (e.g., medication errors). Moreover, workplace bullying can have organizational consequences within the healthcare sector such as decreased job performance, increased job dissatisfaction, impaired productivity, absenteeism, and high turnover of employees **(Qamhawy et al., 2024).**

There were scarcity in studies which linked the workplace bullying, turnover and absenteeism together, but **Gaber (2020),** who studied "Workplace Bullying Prevalence, Popularity and Its Impact on Nurses' Profession Commitment" revealed that 89% of nurses experienced bullying in their clinical workplace. Also, **Attia et al., (2020)** found that 60.4% of nurses were exposed to bullying in their work at El-Menshawy General Hospital. While, **Asawy et al., (2024)** found that 72.6% of the studied nurses had high turnover intention from their workplace at Qulyoub specialist hospital. Furthermore, **Al Ismail et al., (2023)** reported high absenteeism rate among nurses in the Eastern Province of Saudi Arabia.

Moreover, **Al Muharraq et al., (2022)**, who studied "The Prevalence and The Relationship of Workplace Bullying and Nurses Turnover Intentions: A Cross Sectional Study" found that there was a positive significant correlation between workplace bullying and turnover intentions among nurses working in a tertiary medical city in Riyadh, Saudi Arabia. Also, **Speciale-Olmo (2020),** who studied "The Impact of Workplace Bullying on Days Absent of Registered Nurses" reported that there was a positive correlation between nurses who experienced workplace bullying and the days absent from work.

From the researcher clinical experience, it was noticed that nurses always express negative feelings, encounter verbal and nonverbal abuse and the desire to leave the work. So, this study was conducted to explore the relation of the workplace bullying to turnover intentions and absenteeism rate.

Aim of the study:

The current study aimed to assess workplace bullying from nurses' perspective opinion and it's relation to turnover and absenteeism rate.

Research questions:
1. What is nurses' perception level regarding the workplace bullying?
2. What are the levels of nurses' turnover rate?
3. What are the levels of nurses' absenteeism rate?
4. Are there relations among nurses' workplace bullying, turnover and absenteeism rate?

Subjects and methods:

Research Design: A descriptive comparative cross-sectional research design was used to achieve the aim of the current study.

Research Setting: the study was conducted at Samalout Specialized Hospital and Mallawi Specialized Hospital, in Minia City, Egypt.

Subjects: the sample of this study consisted of convenience sample of (220) nurses from Samalout Specialized Hospital and (180) nurses who work in Mallawi Specialized Hospital. Total number (400) nurses.

Data collection tool:
Tool (I): Workplace bullying structured questionnaire: it included two parts:

- **Part (I): Personal data:** it was used to collect data about nurses and included items such as code, age, gender, residence, marital status, years of experience, level of education, and previous attending training courses about workplace bullying.
- **Part (II): Nurses' perception of workplace bullying:** it included from two subparts described as follows:
  Part (II-A): a question about the definition of workplace bullying from nurses' perspective.
  Part (II-B): Nurses' experience of workplace bullying: it was developed by the researcher based on the literature **(Hutchinson et al., (2008); Ahmed et al., (2015); Attia et al., (2020); Mahmoud et al., (2020)** to assess workplace bullying among nurses. It consisted of **(95 items)** and was divided into **5 sections** as following:

The first section: Delineation of bullying; this section consisted from five questions. All questions measured by (yes= 1 and no= zero) responses.

The second section: was acts of workplace bullying, it was composed of (34 items), and was divided into 5 subscales as follows: professional threat that composed of (9 items); personal threat that composed of (11 items); work isolation that composed of (4 items); work overload that composed of (3 items) and work instability that composed of (7 items). All this section items were measured by five points Likert Scale ranging from: (always= 5, usually= 4, sometimes= 3, rarely= 2, and never= 1). Also, the score of responses were reversed in the negative items.

- The total scores were categorized into three levels as following:
  - <30%   : No bullying,
  - 30- 60%   : Moderate bullying,
  - >60%   : Severe bullying.

The third section: was organizational procedures toward workplace bullying that composed of (26 items), and the items were measured by five points Likert Scale ranged as: (strongly agree= 5, agree= 4, not sure= 3, disagree= 2, and strongly disagree= 1).

- The total scores were categorized into three levels as following :
- <30%   : organization not experienced bullying behavior,
- 30- 60% : organization experienced moderate bullying behavior,

- >60% : organization experienced severe bullying behavior.

The fourth section: was reporting of bullying that composed of (4 questions). Responses for the items of fourth section were measured as follows: (yes= 1 and no= zero), then the total scores were categorized into two categories as following:
- If participant obtain ≥ 50% reporting the bullying.
- If participant obtain < 50 % not reporting the bullying.

The fifth section: was consequences of bullying that composed of (26 items), and was divided into two subscales as follows: job consequences of reporting bullying that composed of (15 items) and bullying health problems that composed of (11 items). Responses for the items of fifth section were measured as follows: (yes= 1 and no= zero), then the total scores were categorized into two categories as following:
- If participant obtain ≥ 50% there are a positive consequences of bullying.
- If participant obtain < 50 % there are a negative consequence of bullying.
- Scoring system for this tool was based on the work of **(Mahmoud et al., 2020)** and **(Sayed & Saber, 2024).**

Tool (II): Anticipated Turnover Scale (ATS): this tool was adopted from **Liou (2007)** to assess nurses' turnover intention. It consisted of **(12 items)**, and the items were measured by five points Likert Scale ranged as: (strongly agree= 5, agree= 4, uncertain= 3, disagree= 2, and strongly disagree= 1). Also, the score of responses were reversed in the negative items.
- **The scoring system** was ranged from (12 to 60), and total scores were categorized into three levels as following:
- A low probability of nurses' turnover,
- A moderate probability of nurses' turnover,
- A high probability of nurses' turnover.

Tool (III): Absenteeism Rate: it was calculated using the following equation:

$$\text{Rate of absenteeism on a year} = \frac{\text{number of absent days on a year}}{\text{number of available work days on the same year}} \times 100$$

- If the rate is ≤ 1.5%, it is considered normal absenteeism rate.

- If the rate is > 1.5%, it is considered high absenteeism rate **(Helaly et al., 2022).**
  Validity and Reliability of Tools:

Validity:
The tools were submitted to a jury committee of five experts in the field of Nursing Administration and Education (the jury was composed of one professor and four assistant professors from the faculty of nursing at Minia University); each of the expert panel was asked to examine the instruments for its content validity, coverage, clarity, wording, length, format, applicability, and overall appearance. No modification was done.

Reliability:
Reliability of the tools was performed to confirm the consistency of them. The internal consistency was measured to identify the extent to which the items of the tools in which it measured what it was intended to measure.
- Reliability of tools was tested using the Cronbach's Alpha test which revealed good internal reliability for the tools. Reliability of tool (I) Workplace bullying questionnaire was 0.902. Reliability of tool (II) intention to turnover was 0.766.

Pilot Study:
- A pilot study was conducted on (10%) of nurses from Samalout Specialized Hospital (18 nurses) and Mallawi Specialized Hospital (22 nurses), the goal of pilot study was to test the clarity, comprehensiveness, accessibility, and applicability of the tools, the number of pilot study (40 nurse) was included into the total number of the study subjects.

Data Collection Procedure:
- Official permissions were obtained from the Faculty Ethical Committee of Research and Dean of Faculty of Nursing to collect the data.
- Then the data collection tools were submitted to a jury to assess its validity.
- After that, Permissions were obtained from directors and nurses directors of Samalout Specialized Hospital and Mallawi Specialized Hospital after explaining the purpose and nature of the study.
- All required sheets of the tools were printed, then the pilot study was done to check the reliability of the study tools.

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- The sheets were given to all nurses individually and they were given a period of 30 minutes time to respond to it and the researcher stayed with the nurses of each department to answer any questions for them about the tools items.
- The researcher collected data from nurses of Samalout Specialized Hospital from the beginning of April 2023 to the end of June 2023, and collected data from nurses of Mallawi Specialized Hospital from the beginning of July 2023 to the end of September 2023 and scheduled visits to each department according to nurses' time.

Administrative Design:

- The Minia University Faculty of Nursing's Research Ethics Committee provided initial written approval for the study.
- The Dean of the Faculty of Nursing equipped her approval for the study to be conducted.
- Samalout and Mallawi Specialized Hospitals granted permission for the study to be carried out.

Ethical Consideration:

- An official letter was granted from the Research Ethical Committee of the Faculty of Nursing, Minia University.
- At Minia University, the Dean of the Faculty of Nursing equipped her approval for the study to be conducted.
- Before the conduction of the pilot study as well as the actual study, written consent was obtained from the participants that are willing to participate in the study, after explaining the nature and purpose of the study.
- Study subjects have the right to refuse to participate or withdraw from the study without any rational at any time. The study subject's privacy was considered during the data collection.
- Participants were assured that all their data were highly confidential; anonymity was also assured by assigning a code for each staff nurse instead of names to protect their privacy.
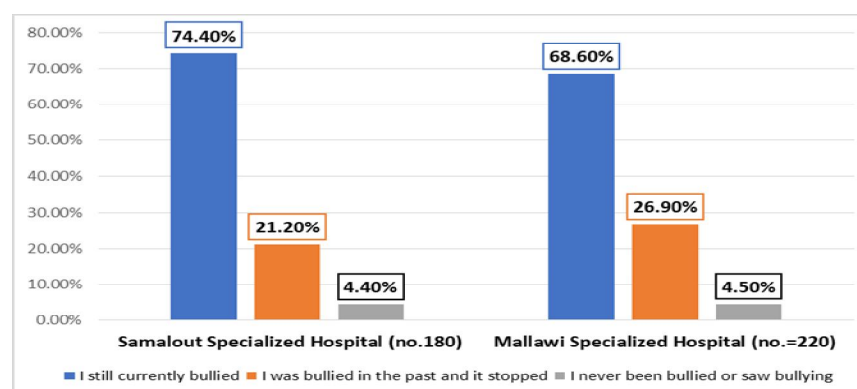
Results:

Table (1): Percentage distribution of the nurses' personal data at the two hospitals (no.= 400).

Personal data	Samalout Specialized Hospital (no.180)		Mallawi Specialized Hospital (no.=220)	
	no.	%	no.	%
Age				
•<30yrs.	113	**62.8**	119	**54.1**
•30- 40yrs.	53	29.4	54	24.5
•>40yrs.	14	7.8	47	21.4
Mean ± SD	28.761±2.83		29.326±1.14	
Gender				
•Male	48	26.7	85	38.6
•Female	132	**73.3**	135	**61.4**
Years of experience				
•<5 yrs.	91	**50.6**	96	**43.6**
•5-15yrs.	70	38.8	57	25.9
•>15yrs.	19	10.6	67	30.5
Mean ± SD	4.123±1.13		4.321±1.34	
Level of education				
• Secondary school in Nursing	23	12.8	76	34.5
• Technical institute	96	**53.3**	107	**48.7**
• Baccalaureate in Nursing	61	33.9	37	16.8
Previous attending training courses about workplace bullying				
• Yes	13	7.2	22	10.0
• No	167	**92.8**	198	**90.0**

   Table (1) illustrates that 62.8 % of nurses' age group at **Samalout Specialized Hospital** are less than 30 years old with mean ± SD (28.761±2.83) and 73.3 % of them are females. Moreover, there are 50.6% of them had less than five years of experience with mean ± SD (4.123±1.13). Furthermore, there are 53.3% of them their level of education is technical institute and 92.8% of them didn't attend any courses about workplace bullying.

   Also, illustrates that 54.1% of nurses' age group at **Mallawi Specialized Hospital** are less than 30 years old with mean ± SD (29.326±1.14) and 61.4% of them are females. Moreover, there are 43.6% of them had less

than five years of experience with mean ± SD (4.321±1.34). Furthermore, there are 48.7% of them their level of education is technical institute and 90.0% of them didn't attend any courses about workplace bullying.

Table (2): Percentage distribution of the nurses' perception regarding definition of bullying at the two hospitals (no.= 400).

Definition of bullying	Samalout Specialized Hospital (no.180)		Mallawi Specialized Hospital (no.=220)		Fisher-exact (p-value)
	no.	%	no.	%	
•I don't know	8	4.4	10	4.5	14.182 (0.01*)
•Making fun of others	41	22.8	60	27.3	
•A form of violence practiced by one person or group of people against another person.	48	26.7	40	18.2	
•Underestimating others	60	**33.4**	96	**43.6**	
•A form of harm directed towards psychological harm, abuse is often verbal,	2	1.1	3	1.4	
•A form of harassment	6	3.3	6	2.7	
•Is repeated aggressive behavior that intentionally harms another person, physically or psychologically	15	8.3	5	2.3	

Table (2) shows that 33.4% of nurses at **Samalout Specialized Hospital** and 43.6% of nurses at **Mallawi Specialized Hospital** define bullying as underestimating others.

Figure (1): Percentage distribution of the nurses' perception regarding delineation of the bullying for self at the two hospitals (no.= 400).

Figure (1) shows that 74.4% of nurses at **Samalout Specialized Hospital** and 68.6% of nurses at **Mallawi Specialized Hospital** are still currently bullied. While only 4.4% of nurses at **Samalout Specialized Hospital** and 4.5% of nurses at **Mallawi Specialized Hospital** have never been bullied or saw bullying.
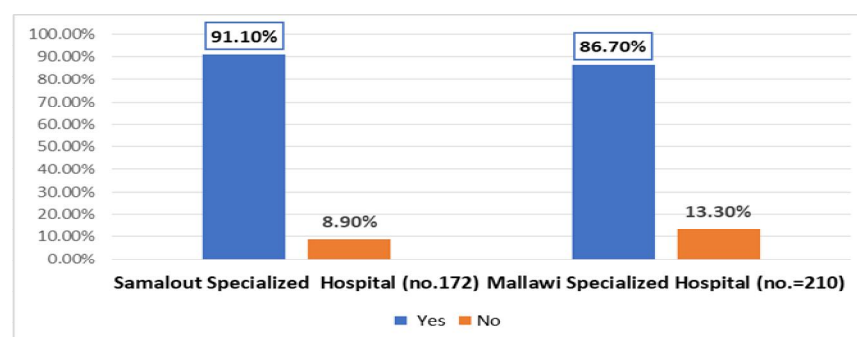

Figure (2): Percentage distribution of the nurse's saw a colleague bullied at the two hospitals (no.= 382)

Figure (2) shows that 91.1% of nurses at **Samalout Specialized Hospital** and 86.7% of nurses at **Mallawi Specialized Hospital** saw a colleague bullied. While only 8.9% of nurses at **Samalout Specialized Hospital** and 13.3% of nurses at **Mallawi Specialized Hospital** didn't see a colleague bullied.

Table (3): Percentage distribution of persons do the bullying for nurses at the two hospitals (no.= 382).

Persons do the bullying for nurses	Samalout Specialized Hospital (no.172)				Mallawi Specialized Hospital (no.=210)				Chi-square (p-value)
	Yes		No		Yes		No		
	no.	%	no.	%	no.	%	no.	%	
Who of the following persons do the bullying? choose one or more of the answers#									
•A colleague	138	**80.2**	34	19.8	169	**80.5**	41	19.5	0.004 (1.000NS)
•A supervisor	34	19.8	138	80.2	76	36.2	134	63.8	8.975 (0.003**)
•A doctor	69	40.1	103	59.9	88	41.9	122	58.1	0.125 (0.754NS)
•A patient	30	17.4	142	**82.6**	43	20.5	167	**79.5**	0.563 (0.453NS)
•A head nurse	34	19.8	138	**80.2**	43	20.5	167	**79.5**	0.030 (0.864NS)
•Allied health staff member	46	26.7	126	73.3	47	22.4	163	77.6	0.977 (0.340NS)
•Patient's relatives	55	32.0	117	68.0	59	28.1	151	71.9	0.680 (0.409NS)

Table (3) shows that 80.2% of nurses at **Samalout Specialized Hospital** and 80.5% of nurses at **Mallawi Specialized Hospital** see a colleague is the person who do the bullying. While there are 82.6% and 80.2% of nurses at **Samalout Specialized Hospital** and 79.5% and 79.5% of nurses at **Mallawi Specialized Hospital** think that the bully is neither a patient nor a head nurse.
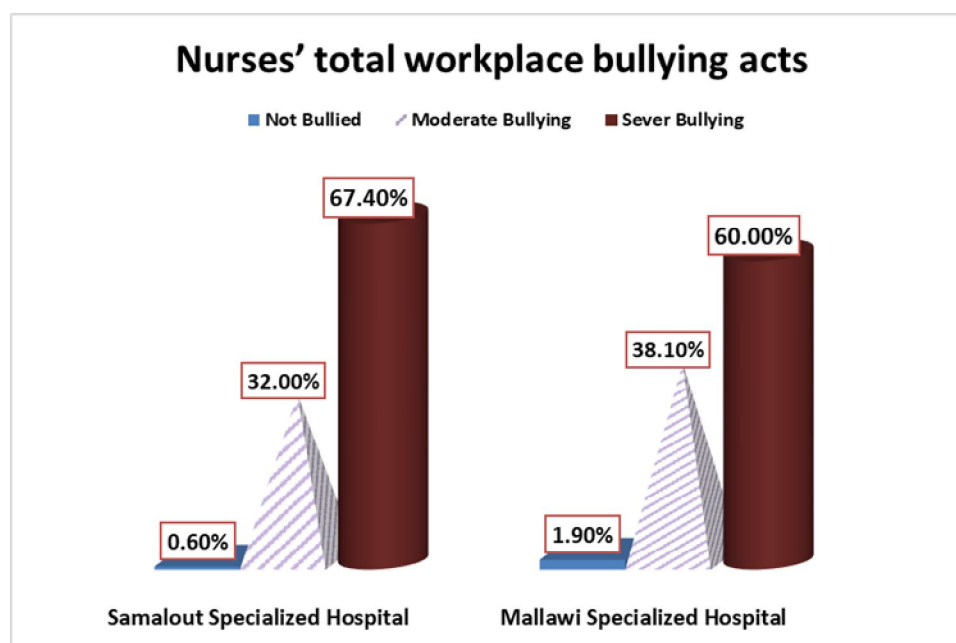
Figure (3): Comparison between the nurses' total workplace bullying acts at the two hospitals (no.= 382).

Figure (3) shows regarding total workplace bullying acts that 67.4% of nurses at **Samalout Specialized Hospital** and 60% of nurses at **Mallawi Specialized Hospital** have severe bullying. While only 0.6% of nurses at **Samalout Specialized Hospital** and 1.9% of nurses at **Mallawi Specialized Hospital** have not bullied.
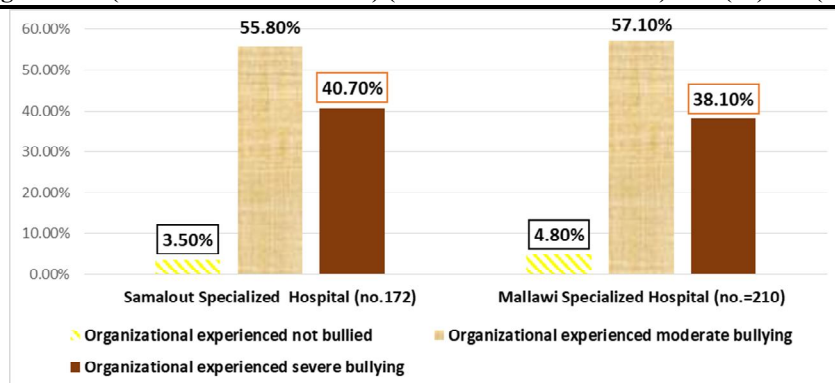
Figure (4): Comparison between the organizational procedures toward workplace bullying among nurses at the two hospitals (no.= 382).
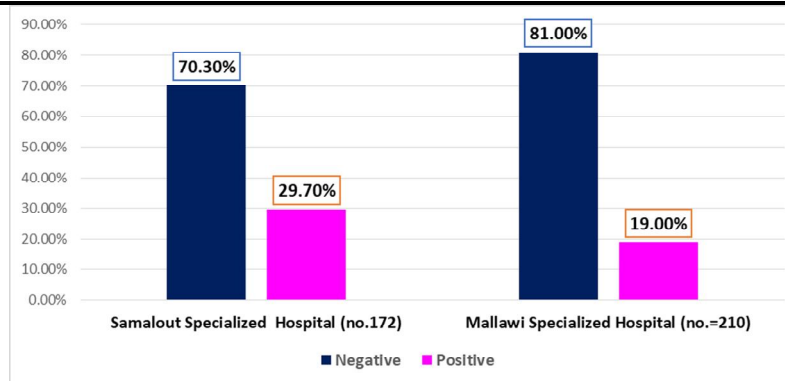
Figure (4) shows that 55.8% of nurses at **Samalout Specialized Hospital** and 57.1% of nurses at **Mallawi Specialized Hospital** reported that organizational experienced moderate bullying. While 3.5% of nurses at **Samalout Specialized Hospital** and 4.8% of nurses at **Mallawi Specialized Hospital** reported that organizational experienced no bullying.

Table (4): Percentage distribution of the nurses' reporting of bullying at the two hospitals (no.= 382)

| Reporting of bullying	Samalout Specialized Hospital (no.172)				Mallawi Specialized Hospital (no.=210)				Fisher-exact Chi-square (p-value)
	Yes		No		Yes		No		
	no.	%	no.	%	no.	%	no.	%	
Reporting of bullying in case of experienced it	80	46.5	92	**53.5**	99	47.1	111	**52.9**	0.015 (0.902NS)
Reporting of bullying in case of witnessed it	156	**90.7**	16	9.3	182	**86.7**	28	13.3	1.508 (0.220NS)
In case of not reporting bullying, what are the reasons? choose one or more of the answers #									
•I did not know how to make a report	74	**43.0**	98	57.0	117	**55.7**	93	44.3	6.092 (0.01*)
•I did not think it is serious enough	51	29.7	121	70.3	81	38.6	129	61.4	3.327 (0.06NS)
•I feared reprisal	47	27.3	125	72.7	36	17.1	174	82.9	5.765 (0.01*)
•I decided to move position instead	50	29.1	122	70.9	59	28.1	151	71.9	0.044 (0.834NS)
•I did not think I could prove it	61	35.5	111	64.5	38	18.1	172	81.9	14.859 (0.001**)
•I would be labeled a troublemaker	73	**42.4**	99	57.6	86	**41.0**	124	59.1	0.086 (0.769NS)
•Nothing would have been done	45	26.2	127	73.8	42	20.0	168	80.0	2.042 (0.15NS)
•It would have affected my career	30	17.4	142	82.6	31	14.8	179	85.2	0.506 (0.477NS)

Table (4) shows there are 53.5% of nurses at **Samalout Specialized Hospital** and 52.9% of nurses at **Mallawi Specialized Hospital** reporting "no" bullying in case of experienced it. While 90.7% of nurses at **Samalout Specialized Hospital** and 86.7% of nurses at **Mallawi Specialized Hospital** are reporting bullying in case of witnessed it. **Also**, the table shows regarding "In case of not reporting bullying, what are the reasons?" that the most reasons from nurses' perceptions are "I did not know how to make a report" with (43%) at **Samalout Specialized Hospital** and (55.7%) at **Mallawi Specialized Hospital;** and "I would be labeled a troublemaker" with (42.4%) at **Samalout Specialized Hospital** and (41%) at **Mallawi Specialized Hospital.**
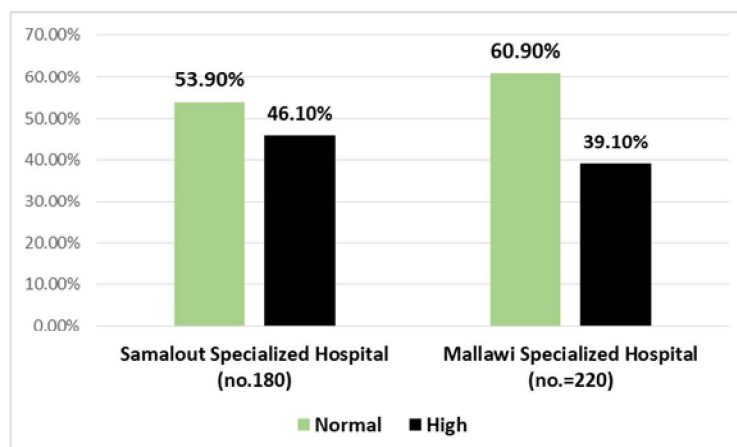
Figure (5): Comparison between nurse's total consequences of reporting bullying at the two hospitals (no.= 382).

Figure (5) shows that 70.3% of nurses at **Samalout Specialized Hospital** and 81% of nurses at **Mallawi Specialized Hospital** have negative consequences of reporting bullying, while 29.7% of nurses at **Samalout Specialized Hospital** and 19% of nurses at **Mallawi Specialized Hospital** have positive consequences of reporting bullying. **Moreover**, there is statistical significant difference for nurses' total consequences of reporting bullying with p-value (0.01*) between two hospitals.
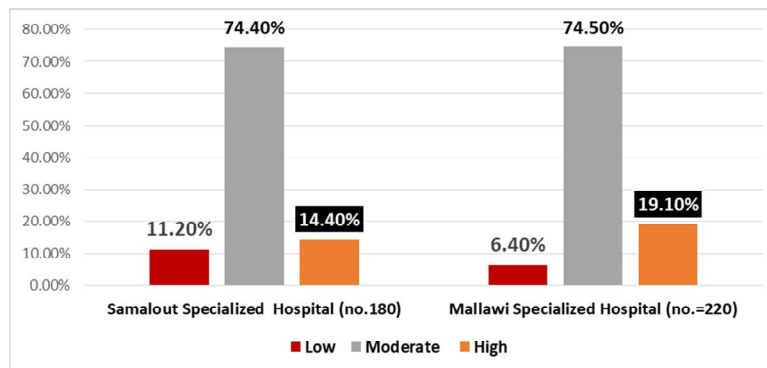
Figure (6): Comparison between nurse's total intention to turnover at the two hospitals (no.= 400).

Figure (6) shows that that 74.4% of nurses at **Samalout Specialized Hospital** and 74.5% of nurses at **Mallawi Specialized Hospital** reported moderate intention to turnover. While 11.2% of nurses at **Samalout Specialized Hospital** and 6.4% of nurses at **Mallawi Specialized Hospital** reported low intention to turnover.

Figure (7): Comparison between nurses' absenteeism at the two hospitals (no.= 400).

Figure (7) shows that 53.9% of nurses at **Samalout Specialized Hospital** and 60.9% of nurses at **Mallawi Specialized Hospital** reported normal absenteeism rate. While 46.1% of nurses at **Samalout Specialized Hospital** and 39.1% of nurses at **Mallawi Specialized Hospital** reported high absenteeism rate.

Table (5): Correlation between nurses' workplace bullying, turnover and absenteeism (no.= 382).

Items		Workplace bullying	Turnover	Absenteeism
Workplace bullying	R P- value	1	0.103 0.049*	0.112 0.029*
Turnover	R P- value	0.103 0.049*	1	0.406 0.001**
Absenteeism	R P- value	0.112 0.029*	0.406 0.001**	1

Table (5) shows statistical significant weak positive correlation between workplace bullying and turnover (p-value= 0.049*), and there is weak statistical significant positive correlation between workplace bullying and absenteeism (p-value= 0.029*). Also, there is moderate statistical significant positive correlation between turnover and absenteeism (p-value= 0.001**)

Discussion

Workplace bullying represents a serious form of interpersonal conflict and a type of aggressive behavior that occurs repeatedly in relationships characterized by a power imbalance. Bullying can manifest in various ways, including hostile communication, abusive or offensive language and remarks, aggressive actions, humiliating comments, victimization, practical jokes, unwarranted criticism or complaints, withholding crucial information needed for effective job performance, imposing unrealistic deadlines or frequently altering timelines, and assigning tasks that are unreasonably below or above an individual's skill level **(Gonium, et al., 2024).**

Regarding the nurses' personal data, the current study revealed that more than half of nurses at Samalout Specialized Hospital and Mallawi Specialized Hospital are less than 30 years old. According to gender, findings of the present study showed that more than two thirds of nurses at Samalout Specialized Hospital and more than half of nurses at Mallawi Specialized Hospital are females.

According to years of experience, findings of the present study showed that the highest percentage of nurses at Samalout Specialized Hospital and Mallawi Specialized Hospital had less than five years of experience. Regarding the level of education, the current study findings showed that more than half of nurses at Samalout Specialized Hospital and less than half of nurses at Mallawi Specialized Hospital are graduated from technical institute. About previous attending training courses about workplace bullying, the results displayed that most nurses at Samalout Specialized Hospital and Mallawi Specialized Hospital didn't attend any courses about workplace bullying.

Regarding the nurses' perception of the workplace bullying:

Concerning Percentage distribution of the nurses' perception regarding definition of bullying, this study results showed that more than one third of nurses at **Samalout Specialized Hospital** and **Mallawi Specialized Hospital** defined the bullying as "underestimating others". This may be due to increasing the awareness about the perception of bullying among participants from media as nurses do not view bullying only as verbal or physical aggression, but also perceive it as psychological behavior, particularly underestimation such as: ignoring opinions, belittling skills, overlooking contributions, mocking their experience or education, or assuming incompetence without cause.

This result is in the same line with **Einarsen et al. (2020),** who defined workplace bullying as the systematic mistreatment of a subordinate, a colleague or a superior, which, if continued and long-lasting may cause severe social, psychological and psychosomatic problems in the victim. Also, this result is supported by **Mostafa et al. (2024),** who showed that about two-thirds of nurse interns participated in the study reported that bullying is defined as others undervalued or underestimating them. While, this result is not in the same line with **Mahamoud et al. (2023),** who reported that about three quarters of studied nurses had incomplete answers regarding the definition of bullying due to lack of knowledge regarding the workplace bullying.

As regard Percentage distribution of the nurses' perception regarding delineation of the bullying for self, the current study findings showed that the highest percentage of nurses at Samalout Specialized Hospital and Mallawi Specialized

Hospital were still currently bullied. This may be due to many factors such as a hostile work environment characterized by imbalances in formal authority or informal influence among staff, societal cultural and traditional pressures, also increasing workload could foster the bullying behavior.

This result is in agreement with **Song et al. (2021),** who reported that about two thirds of Chinese nurses experienced workplace bullying incidents during the past year. Also, **Mbada et al. (2025),** reported that more than two fifth of physiotherapists exposed to workplace bullying due to the lack of effective anti-bullying policies and regulations within Nigeria's health sector.

On the other hand, **Yürümezoğlu and Kocaman, (2019),** found that nurses are experienced less workplace bullying when working in magnet hospitals or working in positive working conditions. Also, **Awai et al, (2021)** found that the prevalence of workplace bullying among hospital workers was low.

Concerning Percentage distribution of the nurses' perception regarding delineation of the bullying for others, findings of the present study showed that the majority of nurses at Samalout Specialized Hospital and Mallawi Specialized Hospital saw a colleague bullied. This result may be due to lack of clear policies and procedures about workplace bullying in two hospitals. This finding is in the same line with **Qamhawy et al. (2024),** who showed that about two thirds of nurses reported that they had witnessed bullying during work. Also, **Park et al. (2025),** reported that the highest percentage of nurses had witnessed incidents of workplace bullying.

Regarding percentage distribution of persons do the bullying for nurses, this study showed that the majority of nurses at Samalout Specialized Hospital and Mallawi Specialized Hospital saw a colleague is the person who do the bullying. This may be due to many factors such as stressful nature of health care environment and power imbalance where senior nurses may exert their power over junior and less experienced nurses, also understaffing in some departments and poorly managed environment may lead to conflict and bullying between colleagues

These results agrees with **Nasr et al. (2022),** who reported that more than half of the studied nurses were bullied by nursing colleagues. Also, **Hassan et al. (2024),** found that the highest percentage of nurses reported exposure to workplace bullying from colleagues. While, this finding is in contrast with **Ali et al. (2020),** who

reported that the highest percentage of participants were bullied by administrative staff. Also, **Hassan et al. (2021),** and **Alharbi et al., (2024),** reported that the most common perpetrators were the patients or their families and relatives.

Regarding the total of "workplace bullying acts", the current study revealed that the highest percentage of staff nurses at Samalout Specialized Hospital and Mallawi Specialized Hospital had severe level of bullying perception. This could be due to professional threats such as humiliation in front of others, undermining the work, increased workload and continuous monitoring of work. Also, the bully using verbal and non-verbal threats, ignoring opinions of others, shifting blames into others when problems arise. Additionally, the bully set impossible deadlines to produce work.

This finding is in the same line with **Abdel-Azeem et al. (2022),** who reported that more than half of nurses had overall high level of workplace bullying perception. Also, **Gabr et al. (2023),** found that the majority of nurses had overall severe level of workplace bullying perception. Moreover, **Mashsha et al. (2025),** found that the highest percentage of nurses had overall severe level of workplace bullying perception.

However, this study result is not in the same line with **Al Mansoor (2024),** who found that half of nurses had overall low level of workplace bullying perception. Also, **Chang et al. (2025)** mentioned that the highest percentage of participants had overall low level of workplace bullying perception. Additionally, **Desoky (2025),** reported that about three quarters of nurses had overall moderate level of workplace bullying perception.

As regards the **total score of "organizational procedure toward workplace bullying"**, the current study findings showed that more than half of staff nurses at Samalout Specialized Hospital and Mallawi Specialized Hospital reported that organizational experienced moderate level of bullying. This result may indicate that while the hospital had some policies, awareness, or efforts to manage workplace bullying, they are not fully effective or consistently applied. Also, this could be because of the managerial responses to bullying inconsistent, or depend mainly on specific supervisor so staff nurses may not feel enough protection to prevent or resolve bullying completely. However, this could also mean that the organization had taken steps to address bullying, but gaps still remain.

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This study finding is in agreement with **Brewer et al. (2020),** who illustrated that organizational responses to bullying in terms of organizational support and betrayal were moderate. Also, **Karatuna et al. (2025)** revealed that organizational climate was neither hostile nor protective, with nurses reported moderate support. While, this finding is inconsistent with **Sayed and Saber (2024),** who found that more than half of nurses reported that organizational experienced severe bullying and nurses never found decisive measures to be applied against bullying. Also, **Zhou et al., (2025),** reported severe perception of overall organizational bullying among nurses due to the distinctive working environment of hospitals.

Regarding **"reporting of bullying",** the current study revealed that more than half of staff nurses at Samalout Specialized Hospital and Mallawi Specialized Hospital did not report bullying in case of experienced it. However, the majority of staff nurses at Samalout Specialized Hospital and Mallawi Specialized Hospital reported bullying in case of witnessed it. This result revealed a significant discrepancy between experiencing and witnessing bullying in terms of reporting behavior. While nurses are more likely to report bullying when they are bystanders, they often remain silent as direct victims. This may be due to fear of retaliation, being labeled a troublemaker, or worsening the situation. Also, victims may lack trust in the effectiveness or confidentiality of organizational reporting procedures. On the other hand, witnesses may feel less vulnerable and more empowered to speak out, especially if reporting policies appear to support bystanders.

This study result is in the same line with **Huang et al. (2022),** who found that the overall reporting rate was generally low among nurses who experienced workplace bullying because nurses are often not sure how the organization could deal with their report. Also, **Lee et al. (2024),** indicated that more than half of nurses experienced bullying did not report.

On the other hand, this study result is not in the same line with **Mahmoud et al. (2020),** who revealed that more than half of staff nurses reported bullying behaviors they faced because of firm management. Also, **Alharbi et al. (2024),** showed that the highest percentage of nurses reported the experience of bullying. Furthermore, **Ali and Ahmed (2024)** found that more than half of nurses reported the incidents of bullying.

Regarding **"the reasons of not reporting bullying",** the present study revealed that the highest percentage of staff nurses at Samalout Specialized Hospital and Mallawi Specialized Hospital did not report bullying because of the following reasons: "I did not know how to make a report" and "I would be labeled a troublemaker". This could be due to lack of awareness or access to reporting procedures, inadequate orientation or communication about reporting protocols, fear of retaliation or negative labeling and being stigmatized as "troublemaker", especially in a workplace culture that discourage complaints and lack of confidentiality in the complaint system. Also, this may be due to nurses considered bullying behaviors as normal phenomenon and complaining about this means they are troublemakers.

This finding agreed with **Qutishat (2019),** who found that the majority of the students were not aware of policies that address bullying and harassment both in college and in clinical settings. Also, **Song et al., (2021)** found that more than half of nurses did not report the incidents of bullying because they were ignorant of the reporting process. Moreover, **Sayed and Saber (2024)** showed that nurses did not report bullying incidents due to the perception that the reporting process is too complicated and there were no clear policies for dealing with bullying incidents within the hospital.

While, this finding is not in the same line with **Lee et al., (2024),** who revealed that nurses did not report bullying because they believed that nothing would change after reporting and lack of leadership support because hospitals cared for patients rather than medical staff. Also, **Yang et al. (2024),** reported that the reasons for not reporting workplace bullying during clinical practice of nursing students were worries and concerns associated with reporting, concerns about professional reputation, obstacles and difficulties encountered in reporting, and the belief in the inefficacy of reporting.

Regarding **"Nurses' total consequences of reporting bullying",** the current study revealed that the highest percentage of nurses at Samalout Specialized Hospital and Mallawi Specialized Hospital had negative consequences of reporting bullying. This is could be due to the lack of confidentiality and ineffective organizational responses to bullying reports in many healthcare institutions where nurses may experience social exclusion, or punitive actions such as poor evaluations, denial of promotions and these outcomes create a culture of silence and reinforce the bullying cycle which increase job

dissatisfaction, burnout, absenteeism, and turnover among employees.

This finding is in the same line with **Dapilah and Druye, (2024),** who reported that bullied nurses had increased chances of sickness absence than others workers who are not bullied. Also, **Chang et al. (2025)** indicated that resilience played a moderating role in the decreasing the negative effect of workplace bullying on job performance. Moreover, **Mbada et al. (2025)** found that the most frequently reported consequences of bullying by physiotherapists were isolation from work.

While, this finding is not in the same line with **Hassan et al. (2021)** who reported that the highest percentage of nurses never take any days off work with illness due to being bullied, never considered quitting or transferring from their current job due to being bullied and never experienced lower productivity than expected due to being bullied.

Results related to nurses' intention to turnover:

Regarding the total of "intention to turnover", the current study findings showed that three-quarter of nurses at Samalout Specialized Hospital and Mallawi Specialized Hospital had a moderate level of intention to turnover. This could be due to improper working conditions, low salaries along with excessive workload and increased work hours, nurses wanted to leave their job, but external economic conditions compel nurses to maintain their organizational position until having better opportunities with higher salaries and better working conditions.

This finding is in agreement with **Maleki et al., (2023),** who stated that about half of nurses had a moderate level of intention to leave the profession. Also, **El-Bialy et al, (2024),** found that less than two thirds of the study nurses had a moderate probability of turnover. Moreover, this study finding is supported by **Abdelhamed et al., (2025),** who revealed that the highest percentage of nurses reported a moderate level of turnover intention.

While, this finding is not aligned with **Asawy et al. (2024),** who illustrated on their study that less than three-quarter of nurses had high level of turnover intention due to low reward, decreased support from supervisors and increased conflict among nurses and management, so nurses tried to find other opportunities through friends and colleagues. Also, **Ren et al. (2024),** reported that the turnover rate of nurses in Taiwan was low.

Moreover, this study finding is not supported by **Mashsha et al. (2025),** who reported high turnover intention and a desire to leave the organization among nurses.

Results related to nurses' absenteeism:

Regarding the "absenteeism", the current study findings revealed that more than half of nurses at Samalout Specialized Hospital and Mallawi Specialized Hospital had normal level of absenteeism rate. This could be due to strong feeling of professional commitment and duty toward patients, even when experiencing bullying and related consequences. Also, this could be due to fear of losing opportunities for promotion, being labeled as unprofessional, or fear of job loss or discipline.

This finding is in the same line with **Ramadan et al. (2018),** who reported normal absenteeism rate among nurses working at ICU at El-Manial University Hospital and New Kasr El-Ani Teaching Hospital. Also, this study finding is supported by **Helaly et al. (2022),** reported normal rate of absenteeism among two thirds of nurses working in Intensive Care Units at Mansoura University Hospital.

While, this finding is not in the same line with **Zaki and Elsaiad (2021),** who reported that high absenteeism among nurses due to unsatisfactory work conditions. Also, **Shahjalal et al. (2023),** found high absenteeism rate among healthcare workers in Bangladesh as a result of workplace violence and get injured especially at emergency departments. Moreover, **El-Ashry et al., (2025),** reported high absenteeism rate among nurses and highlight the critical role of inclusive leadership in reducing implicit absenteeism by fostering psychological safety.

Results related to the correlation between study variables:

Regarding the correlation between **workplace bullying and turnover,** the present study highlighted that there was statistical significant positive correlation between workplace bullying and turnover. This may be due to the physical and psychological effects of workplace bullying. Nurses who are bullied often suffer from emotional exhaustion, loss of confidence, anxiety, and burnout which increasing the risk of turnover. Also, when bullying is left unaddressed by the managers, victims might leave and seek for healthier and more respectful work environment to avoid further harassment or emotional damage.

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This result is in agreement with **Nielsen et al. (2024),** who reported that direct exposure and witnessing bullying in the workplace was significantly associated with turnover intention. Also, **Malola et al. (2024),** showed that bullying was significantly linked to turnover intention and highlighted the mediating role of supervisor support between workplace bullying and turnover intention. Additionally, this result is supported by **Asghar and Zulfiqar (2025),** who found a positive correlation among exposure to workplace bullying and turnover intention.

Also, **Mashsha et al. (2025),** who reported that bullying behavior had a significant positive relationship with turnover intention and highlighted that workplace bullying was a unique predictor of turnover intention. **While**, this result is not in the same line with **Fontes et al., (2019),** who reported that workplace bullying was not associated with turnover intention among nurse.

Regarding the correlation between workplace bullying and absenteeism, the current study highlighted that there was statistical significant positive correlation between workplace bullying and absenteeism. This may be because victims may develop psychosomatic complains such as: fatigue, headaches, or hypertension prompting them to involuntary absenteeism. Also, psychological consequences of bullying such as anxiety, depression, emotional exhaustion, decreased job satisfaction and motivation to attend work leading to voluntary absenteeism. Additionally, absenteeism might become a strategy to avoid the bully or escape a toxic environment.

This result is in the same line with **Brewer et al. (2020)** who reported that workplace bullying positively correlated with absenteeism and highlight the mediating role of organizational support. Also, **Zaki and Elsaiad (2021),** who reported that there was a highly statistically significant positive correlation between workplace bullying and absenteeism. Additionally, **Léné (2024)** showed that there was a positive correlation between workplace bullying and absenteeism which was influenced by anxiety and depression and could be moderated by job autonomy and supervisor support.

Regarding the correlation between turnover and absenteeism, the current study highlighted that there was statistical significant positive correlation between turnover and absenteeism. A possible explanation for this result from the researcher's view is that both turnover and absenteeism are withdrawal behaviors that victims used as coping strategies to deal with bullying.

While absenteeism is a short-term escape from a stressful or toxic environment, turnover is the long-term decision to permanently leave that environment if the bullying behaviors and absenteeism not addressed supportively.

This result is consistent with **Heistad et al. (2022),** who indicated that there was a positive correlation between turnover and absenteeism and that repeated absenteeism was one of the strongest behavioral predictors of future turnover, especially in intensive hospital work environments. Also, this result is supported by **Lee et al. (2023)** who demonstrated that absenteeism and turnover intention were strongly interrelated among hospital nurses as a result of burnout during the coronavirus disease 2019 pandemic.

Conclusion

It can be concluded that more than two thirds of nurses were still currently bullied and the majority of them witnessed a colleague bullied. Also, about two thirds of nurses reported severe perception level of bullying; more than half of them reported a moderate level of turnover intention and more than half of them reported normal absenteeism rate. Also, there was a statistical significant positive correlation between workplace bullying and turnover. And, there was a statistical significant positive correlation between workplace bullying and absenteeism. Moreover, there was a highly statistical significant positive correlation between turnover and absenteeism.

Recommendations:

The following recommendations are offered based on the findings of the current study:

- Establish a clear, enforceable policy that limits workplace bullying and ensure that all employees understand the policy and the consequences for noncompliance.
- Conduct mandatory and continuous training programs for all nursing staff and leaders on: recognizing and responding to workplace bullying, conflict resolution, communication skills, and psychological safety at work.
- Develop a confidential and accessible reporting system that allows nurses to report incidents of bullying without fear of retaliation.
- Ensure timely and transparent follow-up procedures for reported cases to build trust in the system.

- Monitor the workplace climate by conducting regular workplace assessments (e.g., survey or interviews) to detect early signs of bullying and dissatisfaction.
- Adjust nurse workloads to ensure adequate staffing in order to reduce stress and burnout, which often lead to bullying, turnover, and absenteeism.

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