

Workplace Bullying and Sustainable Development Goals among Nurses Working in Different Health Care Sectors

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Abstract

Background: Workplace bullying is universal problem spotted in different countries and several professions. Meanwhile sustainable development goals have several indicators relate to forms of aggression that overlap with bullying. **Aim:** Workplace bullying and sustainable development goals among nurses working in different health care sectors **Research design:** Descriptive correlational research design was used. **Setting:** Conducted at different healthcare sectors in Assiut Governorate which included Main Assiut University Hospital, Assiut General Hospital, and Health insurance Hospital (Elmabara Hospital). **Subjects:** A total number of 419 nurses were involved in the study. **Data collection:** Two tools were used in the present study **Tool (I):** A structured self-administered questionnaire which included two parts. **Part I** related to personal characteristics sheet **Part II** includes workplace bullying questionnaire **Tool (II):** is sustainable development goals scale. **Results:** More than two thirds of study sample exposed to bullying, and about (44.1%) of nurses exposed to bullying by their colleague, and the highest percentage of nurses exposed to bullying works at the Main Assiut University Hospital. As regard sustainable development goal (SDG) the majority of nurses who exposed to bullying have positive attitude toward it. **Conclusion:** positive correlation between nurses' workplace bullying and SDGs. More than half of nurses who exposed to bullying have positive attitude toward SDG. **Recommendations:** Develop preventive strategies to minimize bully behavior as much as possible. Perform further researches that focus on manage situation where bullying occur. Conduct seminars to increase staff nurses' awareness of the sustainable development goals.

Keywords: Nurses, Sustainable development goals & Workplace bullying.

Introduction

Bullying in the workplace has been a widespread, worldwide issue in the nursing community. It negatively impacts nurses' performance and patient outcomes (Hartin, et al., 2020). Nursing managers should recognize the harmful consequences of workplace bullying as it has to become an increasingly pressing issue that seriously affects nurses' professional quality of life (Gupta, et al., 2020).

According to the American Medical Association (2023) and Human Resources for Health (2023) mentioned that negative actions are committed against healthcare personnel on a regular basis, such as verbal abuse, exclusion from work-related events, or purposeful performance undermining, it is referred to as workplace bullying in the healthcare sector. These actions produce a toxic work environment that worsens stress levels, obstructs communication, and a negative impact on patient care and safety. Also medication errors, delayed treatment, and lower patients' satisfaction may arise.

Bullying at workplace can lead to a variety of physiological and psychological issues, such as depression, anxiety, and possibly death. Such

adjustments may make it more difficult for certain medical personnel to carry out their responsibilities, which include providing care and making recommendations for medical treatment. Healthcare workers may experience severe stress as a result of these interactions (Yosep, et al., 2023).

Most factors contributing to workplace bullying in the nursing profession are tied to organizational issues. Bullying behavior is closely linked to common aspects of nursing work, such as stress, work overload, shift schedules, job demands, and severe staff shortages. Furthermore, the absence of anti-bullying policies, lack of preventative measures, strained working relationships, insufficient organizational support, and supervisors' inadequate training in handling bullying incidents and supporting victims are key preconditions for bullying among nursing staff (Goh, et al., 2022).

Bullying at workplace by patients or family members has already been studied by Rossi, et al., (2023), who discovered that bullying raises nurses' intentions to leave, absenteeism, burnout, job dissatisfaction, post-traumatic stress disorder, stress, anxiety, despair, and fear. Verbal and physical abuse are the most prevalent

forms of workplace bullying that nurses experience at the hands of patients and family members.

Bullying in the workplace can have a serious negative effect on the organization in the healthcare industry. It can affect not only the psychological health of nurses and registered nurses but also their performance and productivity, their ability to solve problems, the state of the work environment, and the quality of their relationships with caregivers. Significant turnover and absenteeism may also occur. Moreover, workers are more likely to make mistakes as a result of their stress levels, which can lead to inattention and poor concentration (**Johnson, et al., 2020**).

According to **Muazzam, et al., (2020)** many strategies for dealing with bullying circumstances at workplace which allows for the assessment of the methods employees use to manage stress, negative emotions, and the damaging impacts of bullying at work. The main goals of these strategies are to deal with the bullying situation, minimize its negative emotional effects, and protect the nurse's physical and mental health.

Sustainable development goals (SDGs), their targets, and their indicators do not include the word bullying. However, a number of signs are linked to aggressive behaviors that cross over into bullying. It has been acknowledged that developmental science plays a significant role in producing evidence about the nature and prevalence of bullying as well as evaluating the effectiveness of interventions against bullying. Other indicators relate to health or social outcomes that are negatively affected by bullying (**Berger, et al., 2018**).

The basic goal of SDG number three, which was approved by the United Nations in 2015, is to ensure healthy lifestyles and promote well-being for all individuals, regardless of age. These concerns remain at the top of the list for both policy development and research inquiries. **Yeh, et al., (2022)** state that the thirteen goals contribute to comprehensive coverage of a range of specific health and wellness-related subjects.

The United Nations, (2015) developed SDGs in 2015 with the goal of enhancing global health and well-being by 2030. The term "SDGs" in healthcare refers to a collection of 17 worldwide goals. SDG number three objectives, which include lowering maternal and child mortality, containing epidemics, and enhancing access to basic healthcare services, are particularly focused on guaranteeing healthy lives and fostering well-being for people of all ages. In order to attain universal health coverage, the aims place a strong emphasis on strengthening health systems and providing equitable, accessible healthcare.

The 2030 SDG number four, which aims to offer integrated and equal quality education and promote opportunities for lifelong learning for all by 2030 **Demirbağ, et al., (2021)**, also significantly reflects education objectives. The fourth SDG is the aim of perfect education. It aims to provide opportunities for lifelong learning and equal and equitable education (**Ferguson, et al., 2021**).

In addition to the elimination of all forms of abuse, bullying, and discrimination against women and girls; the protection of sexual and reproductive rights; and full participation in public, political, and economic life, SDG number five encompasses gender equality and female empowerment, which states that women should "ensure the full and effective participation of women and equal opportunities for leadership at all levels of decision-making in political, economic, and public life," we are particularly concerned about gender equality in politics (**Naçoes, et al., 2018**).

According to **the United Nations (2017)** "Decent work and economic growth" is the focus of SDG number eight; this is one of the 17 SDGs that the UN General Assembly adopted in 2015. Promote full and productive employment, decent work for all, and sustained, inclusive, and sustainable economic growth is the entire title. Seventeen indicators will be used to track, measure, and assess the progress made toward the goals.

Significance of the study

Workplace bullying has been noted as a frequent issue influencing nurses' performance. "Does workplace bullying produce employee voice and physical health issues? Testing the mediating role of emotional exhaustion" (**Liang, et al., 2021**). National studies done by **Mahmoud, et al., (2019)** the effect of workplace bullying on nurses' job performance. Furthermore, study by **El-houfey, et al., (2015)** who reported workplace bullying against medical and nursing team working at emergency departments at Assiut University Hospitals. Bullying has been shown to have negative effects on educational opportunities and mental health, depression, suicide, decrease employees' morale. Achieving and maintaining sustainable development goals need harmony among groups of medical professionals, so nurses will perform better and sustainable development goals will be maintained. No research has been done to assess the relationship between workplace bullying and SDGs so the researchers motivated to study workplace bullying and SDGs among nurses.

Aim of study:

This study aims to assess workplace bullying and sustainable development goals among nurses working in different health care sectors through:

Specific Objectives:

- Determining workplace bullying among nurses working at different health care sectors.
- Assessing nurses’ attitude toward sustainable development goals.
- Explore the relationship between workplace bullying and sustainable development goals.

Research Questions:

To fulfill the aims of the present study, the following research questions are formulated:

- 1- What are types of workplace bullying experienced by nurses?
- 2- What are the nurses’ attitudes toward sustainable development goals?
- 3- What is the relationship between nurses’ workplace bullying and attitude toward sustainable development goals?

Subject & Method:

The current study’s subjects and techniques were discussed under four designs (technical, operational, administrative, and statistical design):

Technical design:

Study design:

Descriptive correlational research design was used.

Study Setting:

The present study was conducted at different healthcare sectors in Assiut Governorate which included Main Assiut University Hospital, Assiut General Hospital, and Health Insurance Hospital (Elmabara Hospital).

Subject:

Representative numbers of nurses were included in this study. The sample was calculated based on the following formula (Brown and Hollander, 1977) totally 419 nurse.

$$N = \frac{(Z\alpha/2)^2 p(1-p)}{D^2}$$

Where: **N** = Sample size **P** = 0.25
D² = 0.25 × 20% = 0.5

Health care sectors	Sample size
Main Assiut University Hospital	159
Assiut General Hospital	138
Health Insurance Hospital (Elmabara Hospital)	122
Total	419

Data collection tools:

Data were collected by using structured questionnaire consists of two tools:-

Tool (I): A structured self-administered questionnaire which included two parts:

Part I: personal characteristics sheet it was developed by the researcher and including. Age, gender, marital status, years of experience,

educational qualifications, job title, hospital name and department name.

Part II: Workplace bullying questionnaire: It was developed by **Lee, et al., (2016)** and modified by researcher to some sentence to be more suitable to the Egyptians community to assess workplace bullying among nurses. It consists of **96** items classified into five major dimensions distributed as follows; **1- exposed to bullying** (1 item) and who is bullied the participant select one or more from (7 item) that describes the bullying person, **2- Bullying acts** consists of five domains included 35 items; the first domain professional threat (9 items), the second domain personal threat (11 items), the third domain work isolation (4 items), the fourth domain work overload (3items) and the fifth domain work instability (8 items); **3- Organizational system** toward workplace bullying (29 items): **4- Bullying report** (4 items): **5- Consequences of bullying consists of 27 items under two domains:** health problems of bullying (11 items), and responses from bullying and job consequences (16 items).

Scoring system

Nurses’ responses for **delineation of bullying** items are yes= 1 or no=0. **Bullying acts** are measured on a three points Likert Scale ranging from never = 1, sometimes = 2 and always = 3. Total scores are categorized into three levels as the following: <30% =Not Bullied, 30- 60% =Moderate bullying and > 60% =Severe bullying. **Organizational system** toward workplace bullying is measured on a three point Likert Scale ranging from disagree =1, natural = 2, and agree =3. Total scores are categorized into three levels as the following: <30% =organization not experienced bullying behavior, 30- 60% organization experienced moderate bullying behavior, and >60% organization experienced sever bullying behavior: **Bullying report** responses were either (1) for "yes" or (0) for "no", total scores are categorized into two categories as the following: ≥ 50 % report the bullying and < 50% not reporting the bullying. **Consequences of bullying report** responses were either yes= (1) or no =(0) then the total scores are categorized into two categories as the following: If participant obtain ≥ 50% there are a positive consequences of bullying and if participant obtain < 50 % there are a negative consequences of bullying.

Tool (II): Sustainable Development Goals Scale (SDGsS) was developed by **Biasutti, & Frate, (2017)** to assess nurses’ attitude toward sustainable development goals. The researcher work on 4 goals including 20 items each goal consists of several items as follows, environment (3 items), health (3items), society (10items) and education (4 items).

Scoring system:

The nurses completed the questionnaire by responding to each statement by using a three point Likert scale in which responses for each item ranging from disagree =1, neutral = 2 and agree =3, the total responses of items were summed up and if the participant obtain: 20-30 is mean nurse had negative attitude toward SDG and from 31-60 is mean nurse had positive attitude toward SDG.

Operational design:

The study conducted throughout three main phases: Preparatory phase, Pilot study, and data collection phase.

Pilot study:

- A pilot study on 25 nurses, representing (10%) of the total participants in the study, to ensure the clarity, accessibility, and understandability of the study tools and for time estimation before actual data collection.
- The data obtained from the pilot study was analyzed and no changes were done for the study tools.
- The study tools were tested for its reliability by using Cronbach's Alpha, thus indicated a high degree of reliability for the first tool (workplace bullying) were as bullying act was $\alpha.889$, organizational system toward workplace bullying was $\alpha.939$, bullying Report items was $\alpha.859$, consequences of bullying was $\alpha.888$, and health problems of bullying $\alpha.884$ and for the second tool was (SDGs) was $\alpha.968$ and all of them were high level of reliability.

Preparatory phase:

The researcher studied the related literature of the current study, both nationally and international, utilizing text books, papers, and significant publications and journal. The instruments were modified based on this literature, and they were validated when reviewed by seven experts from Nursing Administration Department, Faculty of Nursing Assiut University including (4 professors and 3 assistants' professors) they review the comprehension of the study tools. Also, content validity was done using variance analysis test all study tools items were accepted. Reliability was done by using Cronbach's Alpha.

Data collection phase:**Field work:**

The study's data collection take about three months, beginning in Mid of December 2023 and ending in Mid-March 2024. It entailed the following steps:

Procedures:

- After explaining the nature and goal of the study to the staff nurses, oral permission for voluntary participation was acquired.
- The researcher met with each nurse personally to clarify the purpose of the study and collected data.

- The questionnaire's completion by the nurses took approximately about half an hour.

Administrative design:

- An official approval to carry out this study was obtained from Faculty of Nursing Dean and the Hospitals Managers in all selected hospitals and oral consent was obtained from all participated nurses.
- The study tools were administrated to the participating nurses through structured questionnaires and address any potential obstacles that participants might face while filling out the questionnaire

Ethical considerations:

Research proposal was approved from Ethical Committee at the Faculty of Nursing Assiut University, dated on 22/10/2023 and committee number (1120240698) oral consent was obtained from each participant in the study, all nurses were informed that participation in the present study is voluntary, and they have the right to complete the questionnaire form or withdraw / stopped at any time without justification. Confidentiality of the collected data was maintained. There is no risk of conducting the study on participated nurses, also complete explanation of the nature and aim of the study was made.

Statistical design:

Data entry and statistical analysis were done using SPSS version 27 (Statistical Package for Social Science). Data were presented as number, percentage, mean, standard deviation. Independent samples t-test was used to compare quantitative variables between groups. Pearson correlation was done to measure correlation between quantitative variables. P-value considered statistically significant when $P \leq 0.05$.

Results:

The present study was conducted with the aim to assess workplace bullying and sustainable development goals among nurses working in different health care sectors.

Table (1): Frequency Distribution of the studied nurses According to Personal Characteristics (N=419)

	Variable	No.	%
Gender	Male	79	18.9
	Female	340	81.1
Age	<27	107	25.5
	27:<32	149	35.6
	32:<36	52	12.4
	>36	111	26.5
Education level	Secondary Nursing School	94	22.4
	Technical Nursing Institute	243	58.0
	Bachelor	82	19.6
Years of experiences	<3.5	110	26.3
	3.5:<10	152	36.2
	10:<20	75	17.9
	>20	82	19.6
Marital status	Single	108	25.8
	Ever Married	311	74.2
Job title	Registered Nurse	84	20.0
	licensed practical nurse (LPN)	335	80.0
Hospital	Main Assiut University Hospital	159	37.9
	Assiut General Hospital	138	33
	Health Insurance Hospital (Elmabara Hospital)	122	29.1

Table (2): Frequency Distribution of Bullying Person as Reported by Nurses (N=419)

Items	Yes	
	No.	%
Exposed to bullying (n= 419)	290	69.2
Who is bullied (n=290)		
1. Colleagues	128	44.1
2. Patients	83	28.6
3. Doctors	100	34.5
4. Managers	90	31.1
5. Employees	65	22.4
6. Sanitation workers	20	6.9
7. Patient 's relatives	120	41.4

Table (3): Frequency Distribution as Reported by Nurses Regarding to Bullying Acts and Organizational System Dimensions (N= 419)

Bullying act dimension	No.	%
▪ Not bullied	129	30.8
▪ Moderate bullying	110	26.3
▪ Severe bullying	180	42.9
Organizational System Dimension	N	%
▪ Organizational experienced not bullied	89	21.2
▪ Organizational experienced moderate bullying	90	21.5
▪ Organizational experienced severe bullying	240	57.3

Table (4): Frequency Distribution as Reported by Nurses toward Bullying Report Dimension (N= 419)

Bullying Report items	Yes	
	No.	%
Report bullying if experience it. (N= 419)	286	68.3
Report bullying if witness it. (N= 419)	284	67.8
The person to whom the bullying is reporting (N= 286)		
1. Head nurse	231	80.8
2. Supervisor	40	13.9
3. Nursing Director	13	4.5
4. Medical Director	2	0.7

Table (5): Total Score as Reported by Nurses Regarding to Bullying Report and Consequences of Bullying Dimensions (N= 419)

Bullying Report Dimension	No.	%
Not reporting bullying	133	31.7
Report the bullying	286	68.3
Consequences of bullying dimension		
Negative consequences of bullying	280	66.8
Positive consequences of bullying	139	33.2

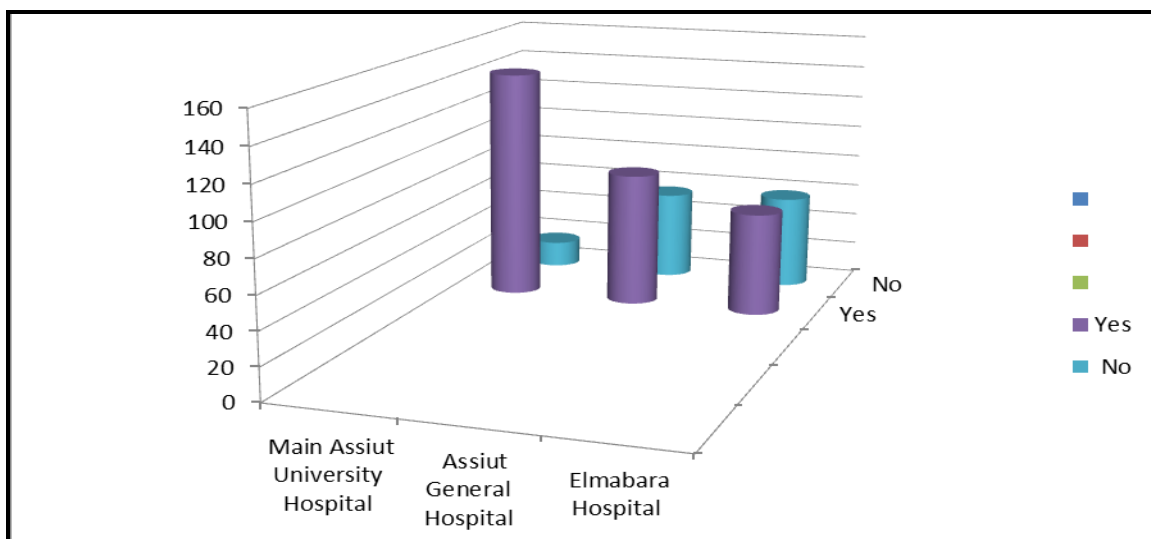


Figure (1): Comparison between Nurses' Workplace Bullying (N= 419)

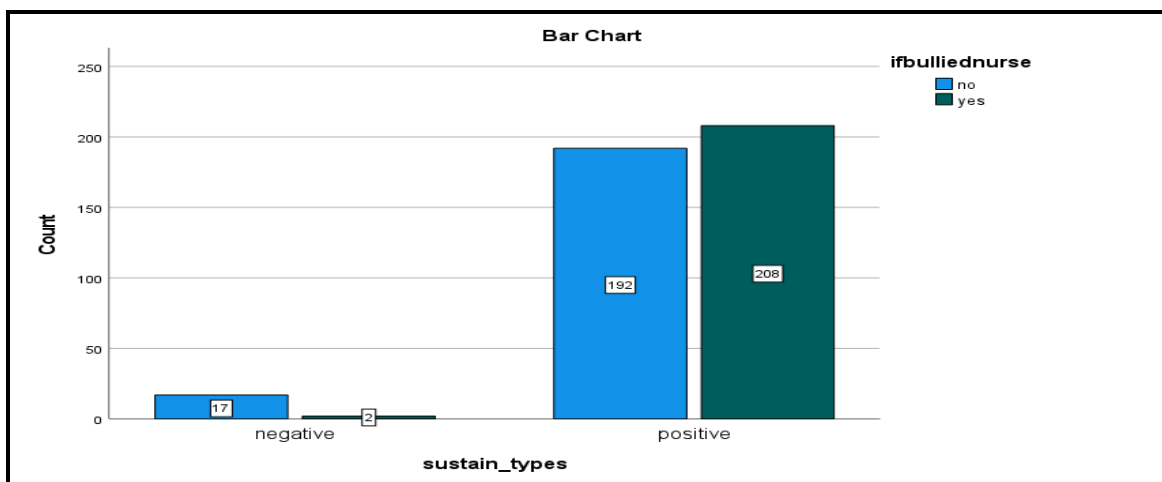
Table (6): Frequency Distribution of Nurses' Attitudes toward Sustainable Development Goals (N= 419).

Sustainable Development Goals	Agree		Neutral		Disagree	
	No.	%	No.	%	No.	%
Environment						
1. Recycling as much as you can	256	61.1	112	26.7	51	12.2
2. Reducing water consumption	263	62.8	110	26.3	46	11.0
3. Equitable distribution of goods and services	283	67.5	94	22.4	42	10.0
Health						
1. Improving people's chances of enjoying a long healthy life	278	66.3	118	28.2	23	5.5
2. Stopped infectious diseases spread as HIV/AIDS	301	71.8	96	22.9	22	5.3
3. Using natural material do not threaten human health.	283	67.5	103	24.6	33	7.9

Sustainable Development Goals	Agree		Neutral		Disagree	
	No	%	No.	%	No.	%
Society						
1.Treat everyone with the same respect	273	65.2	123	29.4	23	5.5
2. Respect other cultures	270	64.4	127	30.3	22	5.3
3. Show the same respect to men, men, boys, and girls.	234	55.8	158	37.7	27	6.4
4.Respect for human rights	266	63.5	128	30.5	25	6.0
5. Help poor people.	262	62.5	133	31.7	24	5.7
6.Promoting the rights of girls and women (equality)	265	63.2	129	30.8	25	6.0
7.People exercising rights as voting & express their opinions	254	60.6	139	33.2	26	6.2
8.Improving nurses quality of life	215	51.3	176	42.0	28	6.7
9.Conflicts resolution	249	59.4	146	34.8	24	5.7
10.Treat others with respect through social media as you would in real life.	254	6.6	141	33.7	24	5.7
Education						
1.Must access to quality education.	294	70.2	110	26.3	15	3.6
2.Equality both in education and work	292	69.7	113	27.0	14	3.3
3.Believe that everyone should be given the opportunity to acquire the knowledge, values and skills necessary for living	289	69.0	115	27.4	15	3.6
4. People need to be educated on how to protect themselves from natural disasters	291	69.5	114	27.2	14	3.3

Table (7): Total Score of Nurses’ Attitudes toward Sustainable Development Goals (n= 419)

Nurses ’ Attitudes	No.	%
▪ Negative attitude toward sustainable development goals	19	4.5
▪ Positive attitude toward sustainable development goals	400	95.5



*Sustainable development goals * if bullied nurse*

Figure (2): Correlation between Nurses’ Workplace Bullying and Sustainable Development Goals (N= 419)

Table (1): Illustrates that the majority of nurses are females and licensed practical nurse (LPN) (81.1% - 80.0%) respectively, more than one third of them aged from 27:< 32 years old and had years of experiences from 3.5:<10 (35.6% - 36.2%) respectively. Regarding to educational qualifications,

more than half of nurses (58 %) had Technical Institute of nursing. As regard hospitals were nurses’ works in, the table illustrates that the highest percentage of nurses works at Main Assiut University Hospital (37.9%).

Table (2): Demonstrates that more than two thirds of nurses are exposed to bullying (69.2 %). The table also shows that the highest percentage of bullying person is nurse's colleagues (44.1 %). Meanwhile lowest percentage of bullying person is sanitarian workers (6.9 %).

Table (3): Total score of nurses' opinions regarding to bullying acts, it shows that less than half of nurses have exposed to sever bullying (42.9%). Meanwhile regarding to organizational system the table shows that more than half of nurses reported that organizational experienced severe bullying (57.3%).

Table (4): Demonstrates that more than two thirds of nurses reported bullying if experience it, and they reported bullying if witness it (68.3%, and 67.8%) respectively. As regards to the person to whom the bullying is reporting the majority of nurses' makes the report to the direct supervisor (head nurse) (80.8%)

Table (5): Shows that the total score of nurses' Opinions regarding to bullying report shows that more than two third of nurses report the bullying (68.3). The table shows that more than two third of nurses have negative consequences of bullying (66.8%).

Figure (1): Shows that the highest percentage of nurses being exposed to workplace bullying who works at Main Assiut University Hospital (34.1%) and the lowest percentage of nurses being exposed to workplace bullying who works at Elmabara Hospital (15.3%).

Table (6): Reveals nurses' attitudes toward sustainable development goals: as regards to environment, more than two thirds of nurses agreed that sustainable development require equitable distribution of goods and services among people all over the world (67.5%). Regard to health, (71.8%) of nurses agreed that in order to achieve sustainable development, major infectious diseases such as HIV/AIDS and malaria must be stopped. Regard to society, near to two third of nurses (65.2%) agreed that sustainable development require treat everyone with the same respect, even if they have a cultural background other than yours. Also regards to education, more than two third of nurses (70.2%) of nurses agreed that to achieve sustainable development, all people in the world must access to quality education.

Table (7): Total score of nurses' attitudes toward sustainable development goals shows that the majority of nurses (95.5%) have a positive attitude toward sustainable development goals.

Figure (2): Reveals that only (10.5%) of nurses who have exposed to workplace bullying have negative attitude toward sustainable development goals. While more than half of nurses who exposed to bullying

have a positive attitude toward sustainable development goals (52.0%), also there are significant positive correlation (0.000**) between workplace bullying and sustainable development goals.

Discussion

Bullying is usually defined as a set of aggressive behaviors repeated over time to create an imbalance in the power dynamics between the victim and the perpetrator. Workplace bullying involves threatening an employee's professional status, insulting or intimidating them, isolating them from organizational life, increasing their workload to intolerable levels or destabilizing them. Bullying in the workplace negatively impacts organizational sustainability (Muazzam, et al., 2020).

The current study was conducted with the aim to assess the relationship between workplace bullying and nurses' attitude toward sustainable development goals among nurses work at different health care sectors.

The results of the presented study indicated that most nurses are female and hold positions as Licensed Practical Nurses (LPNs). Over one-third fall within the age range of 27 to 32 years, with year of experience spanning from 3.5 to 10 years. Regarding their educational background, more than half of the nurses have graduated from a Technical Institute of Nursing. Additionally, the largest proportion of nurses (37.9%) are employed at Main Assiut University Hospital. This study aligns with the findings of Smith, et al., (2018), which noted that a significant majority of nursing staff are female, confirming your observations on gender representation among nurses. Similarly, Johnson, et al., (2019) highlighted that many nurses serve as Licensed Practical Nurses (LPNs) Brown, et al., (2017) indicated a trend toward greater gender diversity in nursing, suggesting an increase in male nurses, which contrasts with your emphasis on the predominance of female nurses. Moreover, Garcia, et al., (2021) observed that a significant number of nurses possess bachelor's degrees rather than diplomas from Technical Institutes.

The current study showed that more than two-thirds of nurses have experienced bullying. This could be due to factors such as a hostile work environment, imbalances of formal or informal power between individuals or cultural and traditional influences in society. These results are consistent with Abbas, et al., (2010), who found that over half of the nurses experienced workplace bullying. Similarly, Al-Wehedy, et al., (2012) and Trepanier, et al., (2016) reported that the majority of nurses faced bullying in the workplace, a conclusion also supported by

Mohammed, et al., (2019), who found that more than half of nurses had encountered bullying at workplace. In contrast, **Budin, et al., (2013) and Karatza, (2016)** presented differing findings, where most nurses reported never having been subjected to bullying.

Current study revealed that the highest percentage of bullying came from nurses' colleagues, which may result from disrespectful interactions among employees. This finding aligns with **Clendon, et al., (2012)**, who reported that nurses experienced bullying, often from senior and older nurses. Similarly, **Berry, et al., (2016)** who found that bullying occurred between peers or mentors and new hires due to the mentor's increased workload during orientation nurse's period. In contrast, **Ebrahim, (2018)** identified physicians and staff nurses as the most common sources of bullying behavior.

As regard to bullying acts dimension the present study finding stated that less than half of nurses reported being exposed to severe bullying. This could be attributed to professional threats such as an inability to manage bullies, increased workload, staff shortages, lack of uninterrupted breaks, insufficient nurse-to-patient ratios, and limited resources.

These findings align with **Mohammed, et al., (2019)**, who revealed that the majority of nurses faced a high level of professional threats, including bullying behaviors. Furthermore, **Mohammed, et al., (2019)** demonstrated that a majority of nurses experienced a high level of overall work instability. The findings regarding nurses' perceptions of the organizational system reveal that more than half of the nurses reported experiencing severe bullying within the organization. This conclusion aligns with the research conducted by **Samnani, et al., (2012)**, which indicates that workplace bullying is prevalent in organizations and significantly affects employee outcomes, including mental health and job satisfaction. Additionally, **Zhou, et al., (2020)** highlight the widespread occurrence of workplace bullying and stress the importance of organizational support in mitigating these behaviors.

In terms of bullying reporting among nurses, the current study revealed that more than two-thirds of nurses reported bullying incidents they experienced or witnessed. This could be due to factors such as awareness of reporting channels, adequate education for nurses, and a clear understanding of what constitutes workplace bullying.

This finding aligned with the research conducted by **Nielsen, et al., (2016)**, which indicated that a considerable number of nurses are inclined to report bullying incidents, underscoring the need for effective reporting mechanisms. Conversely, **Liu, et al., (2018)**

pointed out that many nurses are reluctant to report bullying due to fears of harming their professional relationships and facing potential negative impacts on their careers. The current study revealed that, more than three quarters of the nurses make the report to the head nurse. This is because head nurse was the nearest one to nurse which provide close supervision. This result was consistent with **El-Sayed, (2015)** who reported that nurses make reports for bullying exposure to nursing director and head nurse.

The present study finding that over two-thirds of nurses reported experiencing incidents of bullying. This finding aligns with the research conducted by **Nielsen, et al., (2016)**, which indicated that a considerable number of nurses are inclined to report bullying incidents, underscoring the need for effective reporting mechanisms. **Conversely, Liu, et al., (2018)** pointed out that many nurses are reluctant to report bullying due to fears of harming their professional relationships and facing potential negative impacts on their careers.

The findings show that more than two-thirds of nurses reported negative consequences due to workplace bullying. This finding underscores the significant impact of workplace bullying on the well-being and job satisfaction of nursing staff, emphasizing the urgent need for effective interventions and support systems to address this issue.

This aligns with the findings of **Nielsen, et al., (2016)**, which found that a substantial number of nurses experienced negative consequences from bullying, including emotional distress and decreased job satisfaction. Similarly, **Laschinger, et al., (2015)** reported that workplace bullying adversely affects nurses' mental health, leading to increased fatigue and emotional exhaustion, further supporting your findings regarding the negative effects of bullying. On the other hand, **Bardakçı, (2016)** suggested that some nurses were able to cope with bullying without experiencing severe consequences, indicating that resilience factors might mitigate the impact of bullying.

The present study finding revealed that the highest percentage of nurses exposed to workplace bullying works on Main Assiut University Hospital, while the lowest percentage is reported to exposure to bullying at Health insurance Hospital (Elmabara Hospital). This disparity suggests variations in workplace environments among different hospitals, implying that factors such as organizational culture, management practices, and support systems may significantly impact the prevalence of bullying in these settings. Understanding these factors is crucial for developing effective interventions and creating a healthier work environment for nurses, also might be

due to as a result of work on over load and nurses shortage make nurses deals with other under stress which may be predisposing factor for aggressive behavior make another person to be bully as defiance mechanism.

The present study assessed nurses' attitude toward SDGs. Regarding the environment, more than two-thirds of nurses concurred that sustainable development necessitates an equitable distribution of goods and services among individuals globally. Concerning health, a significant number of nurses agreed that to achieve sustainable development, it is essential to combat major infectious diseases such as HIV/AIDS and malaria. In terms of societal perspectives, nearly two-thirds of nurses acknowledged that sustainable development requires treating everyone with equal respect, regardless of their cultural backgrounds. Furthermore, regarding education, over two-thirds of nurses agreed that achieving sustainable development mandates access to quality education for all people worldwide.

These findings align with the report **Ravindran, et al., (2018)** highlight that addressing infectious diseases is fundamental to achieving health-related sustainable development goals, supporting the assertion that nurses recognize the need to combat diseases like HIV/AIDS and malaria. On the other hand, **Barton, et al., (2018)** report that attitudes toward treating individuals with respect can vary significantly based on personal beliefs and biases, indicates that not all nurses may agree that respect for cultural diversity is a requirement for sustainable development.

The present study indicated that the overall results of the present study showed a majority of nurses' exhibit a positive attitude toward SDGs. This finding suggested that nurses recognize the significance of sustainable practices in healthcare and are likely to endorse initiatives aimed at achieving these goals. Such favorable attitudes are essential for cultivating an environment that supports the implementation of SD strategies within healthcare settings.

This study's findings align with those of **Burgess, et al., (2019)**, which found that healthcare professionals, including nurses, demonstrated a strong commitment to sustainability and acknowledged its importance in enhancing health outcomes. Conversely, **Jiang, et al., (2017)** noted that, while health issues are recognized, some healthcare professionals do not see a direct connection between these issues and sustainable development, which contradicts the finding that a majority hold a positive attitude.

The present study finding indicates that only 10.5% of nurses who have experienced workplace bullying maintain a negative attitude toward SDGs, while over

half of the nurses exposed to bullying exhibit a positive attitude toward these SDGs. Furthermore, there was a significant positive correlation (0.000**) between workplace bullying and SDGs.

In the same line **Burgess, et al., (2019)**, stated that healthcare professionals, including nurses, show a strong commitment to sustainability, implying that negative experiences such as bullying do not diminish their positive attitudes toward sustainable development goals. Conversely, **Liu, et al., (2018)** found that nurses who endure workplace bullying often develop negative attitudes toward their work environment, which may also affect their support for sustainable development initiatives, indicating a possible connection between negative experiences and diminished support for sustainability.

Conclusions

In the light of the study results, the following conclusions can be drawn: more than two thirds of nurses have experienced bullying at workplace, the highest percentage of bullying came from nurses' colleagues, and a majority of nurses exhibit a positive attitude toward SDGs. There is a significant positive correlation (0.000**) between nurses' workplace bullying and SDGs.

Recommendations

In the light of the results of this study the following recommendations will be suggested:

- Conduct a Training for nurses to handle bullying incident.
- Suppose policies that permits discipline bully behavior.
- Suggest preventive strategies to minimize bully behavior as much as possible.
- Support from manager and supervisor to nurses exposed to bullying.
- Perform further researches that focus on manage situation where bullying occur.
- Emphasis discipline strategies that reduce bullying behavior.
- Conduct seminars to increase staff nurses' awareness of the sustainable development goals.
- Emphasis within hospitals on promoting sustainable development goals by enhancing well-being and reducing social inequality.

References

- **Abbas, M., Fiala, L., Abdel Rahman, A., & Fahim, E. (2010):** Epidemiology of workplace bullying against nursing staff in Ismailia Governorate, Egypt. *Journal of the Egyptian Public Health Association*, 85(1-2), 29-43.

- **Al-Wehedy, A., El-Sayed, R., & Abd El-Mouty, S. (2012):** Bullying against nurses working at an Emergency Hospital, Egypt. [Poster presentation]. In Proceedings of the 3rd International Conference on Bullying in Health Sector.
- **American Medical Association. (2023):** bullying in the health care workplace: A guide to prevention & mitigation. <https://www.ama-assn.org>.
- **Barton, L., & Allen, J. (2018):** Personal beliefs and biases in healthcare: Attitudes towards respect for cultural diversity. *International Journal of Nursing Studies*, 85, 62-70.
- **Bardakçi, E., & Günüşen, N. (2016):** Influence of workplace bullying on Turkish nurses' psychological distress and nurses' reactions to bullying. *Journal of Transcultural Nursing*, 27(2), 166-171.
- **Bakker, A., Demerouti, E., & Sanz-Vergel, A. (2014):** Burnout and work engagement: The JD-R approach. *Annual Review of Organizational Psychology and Organizational Behavior*, 1(1), 21-26.
- **Berger, K., & Smith, P. (2018):** Update on bullying and developmental review. *Developmental Review*, 27(1), 90-126.
- **Berry, P., Gillespie, G., Fisher, B., Gormley, D., & Haynes, J. (2016):** Psychological distress and workplace bullying among registered nurses. *Online Journal of Issues in Nursing*, 21(3).
- **Biasutti, M., & Frate, S. (2017):** A validity and reliability study of the Attitudes toward Sustainable Development Scale. *Environmental Education Research*, 23(2), 214-230.
- **Brown, J., & Hollander, C. (1977):** Statistics: A biomedical introduction. Wiley & Sons.
- **Brown, C., Smith, T., & Green, D. (2017):** The changing face of nursing: Gender representation in the field. *Journal of Healthcare Professionals*, 29(4), 215-223.
- **Budin, W., Brewer, C., Chao, Y., & Kovner, C. (2013):** Verbal abuse from nurse colleagues and work environment of early career registered nurses. *Journal of Nursing Scholarship*, 45(3), 308-316. <https://doi.org/10.1111/jnu.12033>.
- **Burgess, L., & Armitage, S. (2019):** Healthcare professionals' perceptions of sustainability in healthcare. *Journal of Health Services Research & Policy*, 24(1), 23-30. <https://doi.org/10.1177/1355819618796141>.
- **Çevik-Akyil, R., Tan, M., Saritaş, S., & Altuntaş, S. (2012):** Levels of mobbing perception among nurses in Eastern Turkey. *International Nursing Review*, 59(3), 402-408.
- **Chesler, J. (2014):** The impact of workplace bullying on employee morale, job satisfaction, and productivity within nonprofit organizations (Doctoral dissertation, Capella University).
- **Clendon, J., & Walker, L. (2012):** Being young: A qualitative study of younger nurses' experiences in the workplace. *International Nursing Review*, 59, 555-561.
- **Demirbağ, İ., & Sezgin, S. (2021):** Book review: Guidelines on the development of open educational resources policies. *The International Review of Research in Open and Distributed Learning*, 22(2), 261-263.
- **Ebrahim, R. (2018):** The relationship between bullying, achievement factors, and self-esteem among nursing students. *International Journal of Novel Research in Healthcare and Nursing*, 5(3), 476-489. Available at: www.noveltyjournals.com.
- **El-Houfey, A., Abo-Elmaged, N., Elserogy, Y., & El-Ansari, W. (2015):** Workplace bullying against medical and nursing teams working at emergency departments in Assiut University Hospital. *International Journal of Nursing*, 5(2), 102-110.
- **El-Sayed, A. (2015):** Workplace bullying and absenteeism rate among staff nurses at Mansoura University Hospital (Unpublished master's thesis). Faculty of Nursing, Mansoura University.
- **Ferguson, T., Roofe, C., & Cook, L. (2021):** Teachers' perspectives on sustainable development: The implications for education for sustainable development. *Environmental Education Research*, 1-17.
- **Garcia, L., & Martinez, S. (2021):** The rise of higher education in nursing: A study on degree attainment. *Nursing Education Perspectives*, 42(5), 278-285.
- **Goh, H., Hosier, S., & Zhang, H. (2022):** Prevalence, antecedents, and consequences of workplace bullying among nurses—a summary of reviews. *International Journal of Environmental Research and Public Health*, 19(14), 8256. <https://doi.org/10.3390/ijerph19148256>.
- **Gupta, P., Gupta, U., & Wadhwa, S. (2020):** Known and unknown aspects of workplace bullying: A systematic review of recent literature and future research agenda. *Human Resource Development Review*, 19(3), 263-308.
- **Hartin, P., Birks, M., & Lindsay, D. (2020):** Bullying in nursing: How has it changed over 4 decades? *Journal of Nursing Management*, 28(7), 1619-1626.
- **Human Resources for Health. (2023):** Workplace bullying and its impact on the quality of healthcare and patient safety. <https://human-resources-health.biomedcentral.com>.

- **Johnson, R., & Lee, T. (2019):** Age and experience distribution among nursing professionals. *Journal of Nursing Research*, 34(2), 234–240.
- **Johnson, A., & Benham, M. (2020):** The influence of bullying on nursing practice errors: A systematic review. *AORN Journal*, 111(2), 199–210.
- **Jiang, H., & Wang, Y. (2017):** Connecting health and sustainable development: Perspectives from health professionals. *Global Health Action*, 10(1), 1321896.
<https://doi.org/10.1080/16549716.2017.1321896>.
- **Karatzas, C., Zyga, S., Tzilaferi, S., & Prezerakos, P. (2016):** Workplace bullying and general health status among the nursing staff of Greek public hospitals. *Annals of General Psychiatry*.
- **Laschinger, H., Almost, J., Tuer, H., & O'Brien-Pallas, L. (2015):** The impact of workplace bullying on patient safety and nurse outcomes. *The Journal of Nursing Administration*, 45(3), 119–124.
- **Lee, M., Kim, H., Shin, D., & Lee, S. (2016):** Reliability and validity of the workplace harassment questionnaire for Korean finance and service workers. *Annals of Occupational and Environmental Medicine*, 1–8.
<https://doi.org/10.1186/s40557-016-0133-0>.
- **Liang, H. (2021):** Does workplace bullying produce employee voice and physical health issues? Testing the mediating role of emotional exhaustion. *Frontiers in Psychology*, 12, Article 610944.
<https://doi.org/10.3389/fpsyg.2021.610944>.
- **Liu, J., & Liu, Y. (2018):** Understanding nurses' reluctance to report bullying in the workplace: A qualitative study. *BMC Nursing*, 17(1), 1–8.
- **Mahmoud, A., Elasad, K., & Kamel, F. (2019):** Effect of workplace bullying on nurses' job performance (Unpublished master's thesis). Faculty of Nursing, Benha University.
- **Mohammed, A., Abo Gad, R., & Shokir, M. (2019):** Workplace bullying and its effect on staff nurses' work engagement (Master's thesis). Faculty of Nursing, Tanta University.
- **Muazzam, A., Anjum, A., & Visvizi, A. (2020):** Problem-focused coping strategies, workplace bullying, and sustainability of higher education institutions. *Sustainability*, 12, 10565.
- **Naçoes, U., & Paises, D. (2018):** Available at: <https://brasil.un.org/pt-br/80935-paises-da-america-do-sul-tem-lacuna-estatistica-para-monitorar-objetivo-s-da-onu> [Accessed 30 April 2021].
- **Nielsen, M., Skogstad, A., & Einarsen, S. (2016):** Workplace bullying and its impact on employees' mental health: The importance of effective reporting mechanisms. *Journal of Occupational Health Psychology*, 21(1), 44–56.
- **Rossi, M., Beccia, F., Cittadini, F., Amantea, C., Aulino, G., Santoro, P., Borrelli, I., Oliva, A., Ricciardi, W., & Moscato, U. (2023):** Workplace bullying against healthcare workers: An umbrella review of systematic reviews and meta-analyses. *Public Health*, 221, 50–59.
- **Ravindran, T., & Nair, S. (2018).** Infectious diseases and sustainable development goals: A critical perspective. *Health Policy and Planning*, 33(7), 938–944.
- **Smith, J., Doe, A., & Johnson, L. (2018):** Gender composition in nursing: A comprehensive review. *Nursing Management Journal*, 45(3), 12–19.
- **Samnani, A., & Singh, P. (2012):** The impact of workplace bullying on employee outcomes: The role of organizational support. *International Journal of Human Resource Management*, 23(10), 2156–2176.
- **Trépanier, S., Fernet, C., Austin, S., & Boudrias, V. (2016):** Work environment antecedents of bullying: A review and integrative model applied to registered nurses. *International Journal of Nursing Studies*, 55, 85–97.
<https://doi.org/10.1016/j.ijnurstu.2015.10.001>.
- **United Nations. (2015).** transforming our world: The 2030 agenda for sustainable development. <https://sdgs.un.org/goals>.
- **UNDP. (2017):** From the MDGs to sustainable development for all: Lessons of 15 years of practice. United Nations Development Program.
- **Yeh, S., Hsieh, Y., Yu, H., & Tseng, Y. (2022):** The trends and content of research related to the sustainable development goals: A systemic review. *Applied Sciences*, 12(13), 6820.
- **Yosep, I., Mardhiyah, A., Hendrawati, H., & Hendrawati, S. (2023):** Interventions for reducing negative impacts of workplace bullying among health workers: A scoping review. *Journal of Multidisciplinary Health*, 16, 1409–1421. [Google Scholar] [CrossRef] [PubMed].
- **Zhou, X., Rasool, S., & Ma, D. (2020):** The relationship between workplace bullying and innovative work behavior: The mediating roles of employee wellbeing. *Healthcare*, 8(3), Article e332.

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