
▪ **Basic Research**

Relationship between Workplace Bullying against Nurses and their Bullying Behaviors towards Children

Marwa Abouheiba¹, Maha Elshater², Awatif Elsharkawy³

¹ Lecturer in Pediatric Nursing, Faculty of Nursing, Alexandria, Egypt, ² Lecturer in Pediatric Nursing, Faculty of Nursing, Alexandria, Egypt, ³Assistant Professor of Pediatric Nursing, Faculty of Nursing, Alexandria, Egypt,.

Address for correspondence: Dr. Marwa Abouheiba, Faculty of Nursing, 9 Edmon Fermon Street, Smouha, Alexandria, Egypt. E-mail: Marwa.gad@alexu.edu.eg

Abstract

Introduction: Pediatric nurses may stumble upon more than one complaint because of bullying in their workplaces. Workplace bullying of pediatric nurses leads to direct negative impact on their relationship with the children under care and their parents. **Aim:** To find out the relationship between workplace bullying against nurses and their bullying behaviors towards children. **Design:** A descriptive correlational research design was used. **Settings:** Six Pediatric Medical Units of Alexandria University Child's Hospital (AUCH) - at Elshatby, Alexandria, Egypt. **Subjects:** All staff nurses (120) who worked with children in the previously mentioned settings. **Tools:** Three tools were used, Tool I: Nurses' Characteristics Structured Interview Schedule, Tool II: Workplace Bullying Scale, and Tool III: Nurses' Bullying Behaviors towards Children Observational Checklist. **Method:** Every nurse was interviewed individually to collect data about nurses' characteristics. The Arabic translated Workplace Bullying Scale was disseminated to every studied nurse individually and it was filled down by the self-report method. Every studied nurse was observed individually for three times in three different shifts to assess his/her bullying behaviors towards children using Nurses' Bullying Behaviors towards Children Observational Checklist. **Results:** The total score of Workplace Bullying Scale showed that 65.8% of participating nurses had been bullied during their work hours. Nurses' bullying towards children was scored as 14.2%, 33.1%, 32.5% for the physical, verbal, and social behaviors respectively. There was a weak positive correlation between the total score of workplace bullying against nurses and their total score of bullying behaviors towards children with $\chi^2 = 4.003$, $P = 0.04$ and $r = 0.1$. **Conclusions:** There was a significant positive correlation between workplace bullying against nurses and their bullying behaviors towards children. The strongest correlation was between workplace bullying and verbal bullying behaviors. The most common verbal bullying behaviors against children were name-calling and intimidation.

Keywords: workplace bullying, against, nurses, bullying behaviors, towards, children

Introduction

Workplace bullying (WPB) is considered a major public problem, it received an increased attention and has become a global problem that has been documented in many countries within several professions. There are significant number of evidences that prove that WPB adversely affects the quality of nursing care (Hassan & Hassan, 2021). It becomes a priority for nursing leaders and managers to pay attention to the problem of bullying experienced by other nursing staff. Bullying is not usually about a single isolated act; it is a pattern of repeated and persistent behaviors directed toward employees (Park, Lee, and Park 2017, Grace 2016 & Vessey et al. 2009)

Workplace bullying has four identifiable types. The first type is characterized by criminal intent where the perpetrator has no legitimate relationship with the work or its employees. While the second type is when the perpetrator who is a customer, client, or a patient, becomes violent while receiving a service at the workplace. Meanwhile the third type involves employee-to-employee incidents where the perpetrator is a current or previous employee. And the fourth type is when the perpetrator has a personal relationship with the employee but does not associate with the workplace (Verschuren et al., 2021, Al-Ghabeesh and Qattom 2019 & Makarem et al. 2018).

The global epidemiologic data on bullying nurses is incomplete due to inconsistencies in reporting. Studies from the United States, British Isles, Western and Eastern Europe, Scandinavia, Asia, Australia, and Middle East indicate that 17–76% of hospital nurses report being recipients of bullying (Maniou et al. 2018) . Reported differences among countries are likely due to variations in definitions and translations of WPB, study design and precision. In addition to the existence of various cultural background, governmental and private oversight of the healthcare system. There are also factors that are related to the work environment such as instability of the hierarchies within the healthcare system and fear of liability issues as insurance and employee's safety. Furthermore, diverse educational standards for nurses and attitudes regarding bullying may have a significant impact on reporting WPB incidents against nurses (Strout et al. 2018).

Pediatric nurses are the most common nursing specialists who are exposed to WPB (Fathalla 2019) . They are required to multitask to provide comprehensive nursing care, advocate for children's rights, and ensure their safety. Pediatric nurses also assist parents and families to be acquainted with their children's required care plan. Therefore, WPB in pediatric units leads to negative consequences on the quality of nursing services and children's wellbeing. It has a significant impact on the nurses' physical and emotional health (Butler, Prentiss, and Benamor 2018).

Pediatric nurses may stumble upon more than one complaint because of bullying in their workplaces. On the professional level, pediatric nurses have grievances against their manager, decline in work performance, unprofessional relationship with colleagues, poor morale and increase in the absenteeism rate. On the psychological level, they may have increased stress, report fear of their bully, and suffer from individual symptoms of depression. A Series of studies have shown that there is also a correlation between WPB and nursing retention rates, adverse outcomes for nurses on a personal level, and negative impact on the children under care (Edmonson and Zelonka 2019, Notelaers et al. 2019 , Ma et al., 2017 & Ganz et al. 2015).

Workplace bullying of pediatric nurses leads to direct negative impact on their relationship with the children under care and their parents. Consequently, those nurses become less flexible in dealing with children and their families. There is a wide range of possible situations in which violence by nursing staff can occur, such as not respecting privacy of patients. Violence by nursing staff is not a rare individual case, but hospitals feature inherent risks for child maltreatment (Hoffmann et al., 2020, Baburajan et al., 2019, Akwo 2018 & Stephens, Cook-Fasano, and Sibbaluca 2018). Meanwhile WPB is not conducive to positive pediatric patient outcomes, indeed, many researchers have related workplace bullying to caregiving errors and unsafe medication practices in nursing settings. (Abdulsalam, Al Daihani, and Francis 2017 & Seltzer, Menoch, and Chen 2017). In the current study, researchers were trying to find out if there is a relationship between workplace bullying being directed to pediatric nurses and their bullying behaviors toward their patients.

Aim of the Study

This study aimed to assess the relationship between workplace bullying against nurses and their bullying behaviors towards children.

Research Hypothesis

Workplace bullied nurses exhibit more bullying behaviors towards children.

Operational Definition

In this study bullying behaviors referred to the following types:

- **Physical bullying** including hitting, kicking, tripping, pinching, and pushing or damaging property.
- **Verbal bullying** including name calling, insults, teasing, intimidation, homophobic and racist remarks.

- **Social bullying** including lying and spreading rumors, negative facial or physical gestures, menacing or contemptuous looks, embarrassing, humiliating, mimicking unkindly and encouraging others to socially exclude someone.

Materials

Research Design

A descriptive correlational research design was utilized to accomplish this study.

Settings

The study was conducted at six Pediatric Medical Units of Alexandria University Child's Hospital (AUCH) - at Elshatby, Alexandria, Egypt. Those units covered the following specialties: cardiology, respiratory and infectious diseases, hematology, neurology, nephrology, and endocrinology and gastroenterology.

Subjects

1. All staff nurses (120) who worked with children in the previously mentioned settings were included in the study regardless of their age, level of education and years of experience.
2. All children (360) who received care by the previously mentioned nursing staff over three times observations were included regardless their age, gender or medical diagnosis.

Tools

Three tools were used to collect the required data.

Tool I: Nurses' and Children's Characteristics Structured Interview Schedule

Part A: Nurses' Characteristics which included the following data: Age, gender, level of education, years of experience, attending training program about workplace bullying and having previous or current managerial position.

Part B: Children's Characteristics which included the child's age, gender, and diagnosis.

Tool II: Workplace Bullying Scale

This tool was adopted from (Anjum et al., 2019) . It described workplace self-reported bullying behaviors, which may be faced by nurses during their working hours. It included 21 behaviors that were expressed by the authors in statements as follows:

1. Shifting work tasks without your consultation.
2. Undervaluing your work.
3. Being ordered to do work below your level of proficiency.
4. Persistent unjustified monitoring of your work.
5. Repeated attempts to undermine your personal dignity.
6. Verbal and non-verbal threats.
7. Making inappropriate jokes about you.
8. Withholding necessary information affecting your professional progress.
9. Exclude you from workgroup activities.
10. Reject your application for leave, training or promotion without reason.
11. Setting of impossible deadlines to accomplish work.
12. Spread rumors about you.
13. Repeated offensive remarks about your person or private life.
14. Signals from others that you should resign your job.
15. Repeated reminders of your mistakes.
16. Neglect of your opinions or views.
17. Not give importance of your rights and opinions with reference to your gender.
18. Devaluation of your rights and opinions with reference to your age.
19. Negative responses from others because you work hard.
20. Several times forced to attend supplementary meetings and training sessions.
21. Intimidatory use of discipline/competence procedure.

The nurses' responses were scored on a five-points Likert rating scale in which Never-happened behavior = 1, Rarely-happened behavior = 2, Monthly-happened behavior = 3, Weekly-happened behavior = 4, and Daily-happened behavior = 5.

The subject nurses were classified as being bullied or not bullied after collecting the score of Workplace Bullying Scale. The minimum score of responses were 21 and the maximum was 105. Any participant who had more than average score which was 52.5 was classified as bullied.

Tool III: Nurses' Bullying Behaviors towards Children Observational Checklist

This tool was developed by the researchers after thorough review of the related literature (Fink-Samnack, 2015 & Hamburger et al., 2011). It was used to observe nurses' bullying behaviors towards children. It included three domains of bullying behaviors and each domain covered 6 items as follows:

- ***Physical bullying*** which included hitting, kicking, tripping, pinching, pushing and damaging property.

- **Verbal bullying** which included name-calling, insults, teasing, intimidation, homophobic and racist remarks.
- **Social bullying** which included lying and spreading rumors, negative facial or physical gestures, menacing or contemptuous looks, embarrass and humiliate, mimicking unkindly and encouraging others to social exclude someone.

Bullying behaviors were assessed on a two points Likert scale in which Existing-bullying behaviors = 1 and non-existing-bullying behaviors = 0. The nurses bullying behaviors towards children were classified as existing or not existing after collecting the score of bullying behaviors. The minimum score of responses were zero and the maximum was 18. Any participant who had more than average score which was 9 was classified as having bullying behaviors towards children.

Method

1. Approval from the Research Ethics Committee of the Faculty of Nursing at Alexandria University was obtained before conducting the study.
2. Approvals from the responsible authorities in the settings were obtained after explaining the aim and methodology of the study.
3. **Tool I** was developed by the researchers.
4. **Tool II** was adopted from Anjum A *et al* 2019. It was translated into Arabic before disseminating it to the subject nursing staff.
5. **Tool III** was developed by the researchers after reviewing the relevant literature (Fink-Samnack, 2015 & Hamburger et al., 2011).
6. Validity of the Arabic version of **Tool II** was assessed by 5 experts in the pediatric nursing field, and no modifications were proposed.
7. Validity of **Tool III** was assessed by 5 experts in the pediatric nursing field, and no modifications were proposed.
8. A pilot study was carried out on 10% (12) pediatric nurses and no modifications were needed.
9. Reliability of the translated version of **Tool II** was ascertained using Cronbach Alpha test and $r = 0.95$.
10. Reliability of **Tool III** was ascertained using Cronbach Alpha test and $r = 0.93$.
11. Every subject nurse was interviewed individually in the nurses' resting room during the workload-free time to collect data about the nurse's characteristics using **Tool I**. Each interview session lasted for about ten minutes.
12. The Arabic translated Workplace Bullying Scale (**Tool II**) was disseminated to every studied nurse individually and it was filled down by the self-report method. Every nurse

choose the most convenient response that significantly describe his/her exposure to workplace bullying.

13. Every studied nurse was observed individually for three times in three different shifts to assess his/her bullying behaviors towards children using **Tool III**.
14. The characteristics of children who received nursing care from subject nurses were taken from children's medical files and recorded down in **Part B of Tool I**.
15. Data collection covered a period of six months from July to December 2021.

Ethical Considerations:

- Witness consent to interview and observe nurses was obtained from the nursing director of the medical units after providing appropriate explanation about the purpose of the study.
- Nurses' voluntary participation and their right to withdraw from the study was assured.
- Confidentiality of data and privacy of pediatric nurses were maintained throughout the implementation of the study.

Statistical Analysis: The raw data were coded and transformed into coding sheets. The results were revised. The data was then entered into SPSS (version 20) using a personal computer. Output drafts were checked against the revised coded data for typing and spelling mistakes. Finally, analysis and interpretation of data were conducted. The following statistical measures were used:

- Descriptive statistical measures included numbers, percentages, minimum, maximum, arithmetic mean and standard deviation.
- Statistical analyses: Cronbach alpha, Paired t test, Pearson chi square (χ^2), Fisher exact and Pearson's Correlation Coefficient (r).
- The significance of the results was set to the level of 5%.

Results

Table 1 shows the nurses' and children's characteristics. As for nurses' characteristics, the nurses' age was ranged from 20 < 30 years in 34.2% and from 50-60 years in only 5% of participants. 85% of participants were females. 60.8% of the subject nurses had highest education level of secondary school. Years of experience ranged from 10 to 15 years in 36.7% of the subjects. Only 5% of the subject nurses attended WPB programs. All subject nurses did not have any managerial positions.

As for children's characteristics, 47.8% of the subject children were between 5 to less than 9 years of age. Furthermore, 60.6% of subject children were females. Moreover, 36.1% of the subject children were diagnose with respiratory problems, 24.7% with gastrointestinal problems represented 24.7% and 23.6% with genitourinary problems.

Table 2 shows nurses' exposure to workplace bullying, 50.8% did not experience repeated attempts to undermine their personal dignity, 60.8% had not been exposed to

spreading rumors about them, 84.2% did not receive repeated offensive remarks about their personal or private life, 58.5% did not receive signals from others that they should resign their job, and 95% had never been forced to attend supplementary meetings or training sessions.

As for bullying behaviors that had been daily experienced by nurses, 36.7% were daily exposed to undervaluing their work, 31.7% were daily exposed to persistent unjustified monitoring of their work, 34.2% were daily exposed to verbal and non-verbal threats, 36.7% were daily experiencing not giving importance to their rights and opinions with reference to their gender, and 30.8% were daily exposed to intimidatory use of discipline/competence procedure.

The total score of Workplace Bullying Scale showed that 65.8% of participating nurses had been bullied during their work hours.

Table 3 shows nurses' bullying behaviors towards children. As for physical bullying behaviors, 33.6% of observed nurses pinched and 44.2% pushed children while providing care to them. The lowest percent of existed physical bullying behaviors was for damaging property as it accounted for 5% of all observed behaviors. The total score of existed physical bullying behaviors was 14.2%.

Regarding verbal bullying behaviors, 48.3% of observed nurses used name calling and 43.6% used intimidation while proving care to children. The lowest percent of existed verbal bullying behaviors was for homophobic speech as none of nurses (0 %) used it. The total score of existed verbal bullying behaviors was 33.1%.

Regarding social bullying behaviors, 60.3% of observed nurses embarrassed and humiliated children and 66.9% mimicked children unkindly while proving care to them. The lowest percent of existed social bullying behaviors was for lying & spreading rumors about children as it accounted for 16.7% of all observed behaviors. The total score of existed verbal bullying behaviors was 32.5%.

The total score of all existed bullying behaviors was 14.9% of a total of 360 observations.

Table 4 shows the correlation between nurses' characteristics and the total score of workplace bullying. There was no correlation between nurses' exposure to workplace bullying and their gender, level of education and attending training programs about workplace bullying with $r = -0.1$, -0.1 and 0.00 respectively. There was a weak positive correlation between years of experience and nurses' exposure to workplace bullying with $r=0.3$.

Table 5 shows correlation between nurses' exposure to workplace bullying and their physical, verbal, and social bullying behaviors towards children. As for physical bullying, 58.5% of bullied and 17.7% of not bullied nurses showed bullying behaviors towards children.

There was a significant moderate positive correlation between nurses' exposure to workplace bullying and their physical bullying behaviors towards children with $\chi^2=20.780$, $P=0.00^*$ and $r= 0.4$.

Regarding verbal bullying, 92.7% of bullied and 11.4% of not bullied nurses showed bullying behaviors towards children. There was a significant strong positive correlation between nurses' exposure to workplace bullying and their verbal bullying behaviors towards children with $\chi^2=74.86$, $P=0.00^*$ and $r= 0.7$.

As regards social bullying, 31.7 % of bullied and 11.4% of not bullied nurses showed bullying behaviors towards children. There was a significant weak positive correlation between nurses' exposure to workplace bullying and their social bullying behaviors towards children with $\chi^2=7.440$, $P=0.006^*$ and $r=0.2$.

As for the total score of bullying behaviors, 22% of bullied and 9% of not bullied nurses showed bullying behaviors towards children. There was a weak positive correlation between the total score of workplaces bullying against nurses and their total score of bullying behaviors towards children with $\chi^2 = 4.003$, $P= 0.04^*$ and $r=0.1$

Table (1): Nurses' and Children Characteristics

| Nurses' and Children Characteristics | No | % |
|---|-----------|----------|
| Nurses' Characteristics (No. of Nurses =120) | | |
| Age of Nurses: | | |
| – 20<30 | 41 | 34.2 |
| – 30 <40 | 35 | 29.1 |
| – 40<50 | 38 | 31.7 |
| – 50-60 | 6 | 5.0 |
| Gender of Nurses: | | |
| – Male | 18 | 15.0 |
| – Female | 102 | 85.0 |
| Level of Education for Nurses: | | |
| – Secondary School Education | 73 | 60.8 |
| – Technical Institute Diploma | 9 | 7.5 |
| – Bachelor | 38 | 31.7 |
| Years of Experience for Nurses: | | |
| – 5 <10 years | 19 | 15.8 |
| – 10 <15 years | 44 | 36.7 |
| – 15 <20 years | 28 | 23.3 |
| – 20 years and more | 29 | 24.2 |
| Nurses' Attendance of Training about Workplace Bullying: | | |
| – Yes | 6 | 5.0 |
| – No | 114 | 95.0 |
| Nurses' Previous or Current Managerial Position | | |
| – Yes | 0 | 0.0 |
| – No | 120 | 100.0 |

| Children's Characteristics (No. of Children = 360) | | |
|---|--------|------|
| Age | | |
| – 1<5 years | 156 | 43.3 |
| – 5< 9 years | 172 | 47.8 |
| – 9-12 years | 32 | 8.9 |
| Minimum Age of Children | 1.00 | |
| Maximum Age of Children | 3.00 | |
| Mean Age of Children | 1.6556 | |
| Std. Deviation of Children's Age | .63616 | |
| Gender of Children: | | |
| – Male | 142 | 39.4 |
| – Female | 218 | 60.6 |
| Diagnosis of Children: | | |
| – Respiratory problems | 130 | 36.1 |
| – Gastrointestinal problems | 89 | 24.7 |
| – Genitourinary problems | 85 | 23.6 |
| – Hematologic problems | 32 | 8.8 |
| – Autoimmune problems | 12 | 3.3 |
| – Neurologic problems | 9 | 2.5 |
| – Endocrine problems | 3 | 1.0 |

Table (2): Nurses' Exposure to Workplace Bullying (n= 120)

| Workplace Bullying Scale Statements (Self-reported by nurses) | Never | | Rarely | | Monthly | | Weekly | | Daily | |
|--|-------|------|--------|------|---------|------|--------|------|-------|------|
| | No | % | No | % | No | % | No | % | No | % |
| – Shifting work tasks without your consultation | 6 | 5.0 | 41 | 34.2 | 35 | 29.2 | 28 | 23.3 | 10 | 8.3 |
| – Undervaluing of your work | 3 | 2.5 | 6 | 5.0 | 35 | 29.2 | 32 | 26.7 | 44 | 36.7 |
| – Being ordered to do work below your level of proficiency | 6 | 5.0 | 6 | 5.0 | 96 | 80.0 | 6 | 5.0 | 6 | 5.0 |
| – Persistent unjustified monitoring of your work | 6 | 5.0 | 9 | 7.5 | 67 | 55.8 | 38 | 31.7 | 38 | 31.7 |
| – Repeated attempts to undermine your personal dignity | 61 | 50.8 | 12 | 10 | 0 | 0.0 | 34 | 28.3 | 13 | 10.8 |
| – Verbal and non-verbal threats | 41 | 34.2 | 9 | 7.5 | 29 | 24.2 | 0 | 0.0 | 41 | 34.2 |
| – Making inappropriate jokes about you | 9 | 7.5 | 67 | 55.8 | 6 | 5.0 | 35 | 29.2 | 3 | 2.5 |
| – Withholding necessary information affecting your professional progress | 56 | 46.7 | 28 | 23.3 | 29 | 24.2 | 0 | 0.0 | 7 | 5.8 |
| – Exclude you from workgroup activities | 6 | 5.0 | 0 | 0.0 | 47 | 39.2 | 61 | 50.8 | 6 | 5.0 |
| – Reject your application for leave, training, or promotion without reason | 6 | 5.0 | 0 | 0.0 | 95 | 79.2 | 6 | 5.0 | 13 | 10.8 |
| – Setting of impossible deadlines to accomplish work | 6 | 5.0 | 34 | 28.3 | 42 | 35.0 | 32 | 26.7 | 6 | 5.0 |

| | | | | | | | | | | | |
|---|-----------------|------|----|------|----|------|-------------|------|----|------|--|
| – Spread rumors about you | 73 | 60.8 | 34 | 28.3 | 10 | 8.3 | 3 | 2.5 | 0 | 0.0 | |
| – Repeated offensive remarks about your person or private life | 101 | 84.2 | 6 | 5.0 | 6 | 5.0 | 0 | 0.0 | 7 | 5.8 | |
| – Signals from others that you should resign your job | 70 | 58.3 | 19 | 15.8 | 28 | 23.3 | 3 | 2.5 | 0 | 0.0 | |
| – Repeated reminders of your mistakes | 6 | 5.0 | 67 | 55.8 | 34 | 28.3 | 10 | 8.3 | 3 | 2.5 | |
| – Neglect of your opinions or views | 6 | 5.0 | 3 | 2.5 | 35 | 29.2 | 45 | 37.5 | 31 | 25.8 | |
| – Not give importance of your rights and opinions with reference to your gender | 6 | 5.0 | 0 | 0.0 | 58 | 48.3 | 12 | 10.0 | 44 | 36.7 | |
| – Devaluation of your rights and opinions with reference to your age | 6 | 5.0 | 6 | 5.0 | 61 | 50.8 | 31 | 25.8 | 16 | 13.3 | |
| – Negative responses from others because you work hard | 41 | 34.2 | 41 | 34.2 | 35 | 29.2 | 0 | 0.0 | 3 | 2.5 | |
| – Several times forced to attend supplementary meetings and training sessions | 114 | 95.0 | 6 | 5.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | |
| – Intimidatory use of discipline/competence procedure | 6 | 5.0 | 32 | 26.7 | 39 | 32.5 | 6 | 5.0 | 37 | 30.8 | |
| Total score of workplace bullying: | No (120) | | | | | | % | | | | |
| Bullied | 79 | | | | | | 65.8 | | | | |
| Not Bullied | 41 | | | | | | 34.2 | | | | |

Table (3): Nurses' Bullying Behaviors towards Children (No. of Observations=360)

| Nurses' Bullying Behaviors towards Children | Existing | | Not Existing | |
|---|-----------|-------------|--------------|-------------|
| | No | % | No | % |
| Physical Bullying Behaviors: | | | | |
| - Hitting | 48 | 13.3 | 312 | 86.7 |
| - Kicking | 48 | 13.3 | 312 | 86.7 |
| - Tripping | 31 | 8.6 | 329 | 91.4 |
| - Pinching | 121 | 33.6 | 239 | 66.4 |
| - Pushing | 159 | 44.2 | 201 | 55.8 |
| - Damaging Property | 19 | 5.3 | 341 | 94.7 |
| Total Score of Physical Bullying Behaviors | 51 | 14.2 | 309 | 85.8 |
| Verbal Bullying Behaviors: | | | | |
| - Name Calling | 174 | 48.3 | 186 | 51.7 |
| - Insults | 129 | 35.8 | 231 | 64.2 |
| - Teasing | 129 | 35.8 | 231 | 64.2 |
| - Intimidation | 157 | 43.6 | 203 | 56.4 |
| - Homophobic | 0.0 | 0.0 | 360 | 100.0 |
| - Racist Remarks | 142 | 39.4 | 218 | 60.6 |
| Total Score of Verbal Bullying Behaviors | 119 | 33.1 | 241 | 66.9 |
| Social Bullying behavior: | | | | |
| - Lying & Spreading Rumors | 60 | 16.7 | 300 | 83.3 |
| - Negative Facial or Physical Gestures | 86 | 23.9 | 274 | 76.1 |
| - Menacing or Contemptuous Looks | 188 | 52.2 | 172 | 47.8 |
| - Embarrass and Humiliate | 217 | 60.3 | 143 | 39.7 |
| - Mimicking Unkindly | 241 | 66.9 | 119 | 33.1 |
| - Encouraging Others to Social Exclude Someone | 73 | 20.3 | 287 | 79.7 |
| Total Score of Social Bullying Behaviors | 117 | 32.5 | 243 | 67.5 |
| Total Bullying Behaviors Score | 68 | 14.9 | 388 | 85.1 |

Table (4): Correlation between Nurses' Characteristics and the Total Score of Workplace Bullying

| Nurses' characteristics | Total Workplace Bullying Score | | | | Total | Test of Significance |
|---|--------------------------------|------|---------|------|-------------------|---|
| | Not Bullied | | Bullied | | | |
| | No | % | No | % | | |
| Gender: | | | | | | |
| - Male | 3 | 2.5 | 15 | 12.5 | 18 (15%) | Fisher's exact test P=.072 r= - 0.1 |
| - Female | 38 | 31.7 | 64 | 53.3 | | |
| Total | 41 | 34.2 | 79 | 65.8 | | |
| Level of Education: | | | | | | |
| - Secondary School Education | 38 | 31.7 | 35 | 29.1 | 73 (60.8%) | $\chi^2=20.109$ P=.000 r= - 0.1 |
| - Technical Institute Diploma | 3 | 2.5 | 6 | 5 | | |
| - Bachelor's Degree | 0 | 0 | 38 | 31.6 | | |
| Total | 41 | 34.2 | 79 | 65.8 | 120(100%) | |
| Years of Experience: | | | | | | |
| - 5<10 years | 10 | 8.3 | 9 | 7.5 | 19 (15.8%) | $\chi^2=86.513$ P=.000 r= 0.3 |
| - 10<15 years | 3 | 2.5 | 41 | 34.2 | | |
| - 15<20 years | 28 | 23.3 | 0 | 0 | | |
| - 20 years and more | 0 | 0 | 29 | 24.2 | | |
| Total | 41 | 34.2 | 79 | 65.8 | 120 (100%) | |
| Attendance of Training Program about Workplace Bullying: | | | | | | |
| - Yes | 0 | 0 | 6 | 5 | 6 (5%) | Fisher's exact test P=.076 r= 0.00 |
| - No | 41 | 34.2 | 73 | 60.8 | | |
| Total | 41 | 34.2 | 79 | 65.8 | | |

Pearson chi square (χ^2) *P significant at < 0.05

Pearson's Correlation Coefficient (r) is a linear correlation coefficient that returns a value of between -1 and +1.

r = 1: perfect correlation, r = 0.8 < 1: very strong correlation, r = 0.5 < 0.8: strong correlation, r = 0.3 < 0.5: moderate correlation, r = 0.1 < 0.3: modest correlation, r = > 0.1 - < 0.3: weak correlation, r = 0 - 0.1: no correlation, r is (+): increase in one variable cause a an increase in the second variable and so as for the decrease, r is (-):increase in one variable cause a decrease in the second variable and vise versa.

Table (5): Correlation between Nurses' Exposure to Workplace Bullying and their Bullying Behaviors towards Children

| Nurses' Exposure to Workplace Bullying | Physical Bullying Behaviors towards Children | | | | Total | Test of Significance |
|--|--|------|--------------|------|------------|---------------------------------------|
| | Existing | | Not Existing | | | |
| | No | % | No | % | | |
| Not Bullied | 14 | 17.7 | 65 | 82.3 | 41 (34.2%) | $\chi^2=20.780$ P=0.00* r= 0.4 |
| Bullied | 24 | 58.5 | 17 | 41.5 | 79 (65.8%) | |
| Total | | | | | 120(100%) | |
| Nurses' Exposure to Workplace Bullying | Verbal Bullying Behaviors towards Children | | | | Total | Test of Significance |
| | Existing | | Not Existing | | | |
| | No | % | No | % | | |
| Not Bullied | 9 | 11.4 | 70 | 88.6 | 41 (34.2%) | $\chi^2=74.86$ P=0.00* r= 0.7 |
| Bullied | 38 | 92.7 | 3 | 7.3 | 79 (65.8%) | |
| Total | | | | | 120(100%) | |
| Nurses' Exposure to Workplace Bullying | Social Bullying Behaviors towards Children | | | | Total | Test of Significance |
| | Existing | | Not Existing | | | |
| | No | % | No | % | | |
| Not Bullied | 9 | 11.4 | 70 | 88.6 | 41 (34.2%) | $\chi^2=7.440$ P=0.006* r=0.2 |
| Bullied | 13 | 31.7 | 28 | 68.3 | 79 (65.8%) | |
| Total | | | | | 120(100%) | |
| Total Score of Workplace Bullying | Nurses' Total Score of Bullying Behaviors towards Children | | | | Total | Test of Significance |
| | Existing | | Not Existing | | | |
| | No | % | No | % | | |
| Not Bullied | 7 | 9 | 72 | 91 | 41 (34.2%) | $\chi^2 = 4.003$ P= 0.04* r=0.1 |
| Bullied | 9 | 22 | 32 | 78 | 79 (65.8%) | |
| Total | | | | | 120(100%) | |

Pearson chi square (χ^2) *P significant at < 0.05

Pearson's Correlation Coefficient (r) is a linear correlation coefficient that returns a value of between -1 and +1.

r = 1: perfect correlation, r = 0.8 < 1: very strong correlation, r = 0.5 < 0.8: strong correlation, r = 0.3 < 0.5: moderate correlation, r = 0.1 < 0.3: modest correlation, r = > 0.1 - < 0.3: weak correlation, r = 0 - 0.1: no correlation, r is (+): increase in one variable cause a an increase in the second variable and so as for the decrease, r is (-):increase in one variable cause a decrease in the second variable and vise versa.

*: Statistically significant at $p \leq 0.05$: ensures the causative connection between the two variables.

Discussion

Nurses are exposed to different forms of workplace bullying, and this, in turn, is negatively reflected in their professional outcomes. The true prevalence of WBP is significantly underestimated, and underreporting is widespread. (Edmonson and Zelonka 2019, Westbrook et al. 2018). Bullying and maltreatment may occur inside health institutions by different healthcare providers including nurses. Although the maltreated victims seek support and help from healthcare professionals; some assaults can happen in medical institutions by healthcare professionals (Clemens et al., 2019).

Bullying in the workplace was frequently reported by nurses with different job positions and across different care units. Bullying may be experienced on a daily, weekly, monthly or annually bases (Crosby 2020 & Makarem et al. 2018). In the present study, the total score of Workplace Bullying Scale showed that about two thirds of participating nurses had been bullied during their work hours (Table 2). The most common bullying behaviors that were daily experienced by nurses include under-evaluating and persistent unjustified monitoring of nurse's work in addition to verbal and nonverbal threats (Table 2). The exposure to those workplace bullying behaviors in the studied sample may be due to the heavy workload with the high admission rate of cases and the marked shortage of nursing staff in the study setting. In addition to the illiteracy about the workplace bullying and its consequences as none of participating nurses received training about it. Congruently, a slightly higher percent of WPB was found by Al-Ghabeesh and Qattom (2019) as it was reported by 69.2% of their participants. Furthermore, a lower percent of WPB was reported by Attia, Abo Gad, and Shokir (2020) as 53.6% of their participants reported that they experienced bullying during work hours. Workplace bullying behaviors were also reported by Zhang et al. (2017), as they found that verbal abuse was the most common workplace violence experienced by their participating nurses and followed by threats.

Bullying of children in the healthcare settings is a critical issue. There is no solid database on the frequency of children's bullying by healthcare providers in general and by nursing staff in particular (Clemens et al., 2019). As for the current study, about one sixth of observed children were exposed to bullying behaviors by the nursing staff. The observed bullying behaviors were variable with a significant higher percentages of verbal (name-calling and intimidation) and social ones (embarrassing and humiliating in addition to mimicking unkindly) (Table 3). The cultural backgrounds of children's caregivers may justify the existence of such behaviors against children as they might not perceive those manners as bullying. Furthermore, the observed children were young, with a mean age of 1.6 years, and could not recognize or complain against nurses' bullying actions. Moreover, lack of nurses' awareness regarding the harmful impact of bullying on children might contribute to the presence of bullying behaviors. As a result, the bullying behaviors

repeatedly recurred across the three observations of every nurse (With a total of 360 observations). The findings of the current study were in the same line with Hoffmann et al. (2020) who concluded that about one tenth of the participants who have been bullied by nurses in pediatric hospitals. Most of them affirmed to have been humiliated, insulted, threatened, or intimidated.

Workplace Bullying has physical and psychological effects on worker-victims and, by extension, on the patients themselves (Karatza et al., 2016). As for the current study, there was a significant correlation between nurses' exposure to WPB and their physical, verbal, and social bullying behaviors towards children. The strongest correlation was between WPB and oral bullying behaviors (Table 5). The existed bullying behaviors towards children in the study sample may be explained by three justifications. Firstly, about two-thirds of studied nurses were exposed to WPB, and this had a significant impact on their psychological status, which was reflected in their aggressive behaviors towards children. Secondly, some verbal expressions were used frequently between parents and children, nurses, and children without considering them verbal bullying. Thirdly, about one-third of nurses were young and had lack of communication skills to deal with the pediatric age group. It was found that the findings of the current study were parallel with Fathalla & Nassar (2019) who concluded that there was a positive correlation between the nurses' exposure to the behaviors of bullying and the exposure of children to the different adverse events.

Conclusion

Based on the results of the current study, it can be concluded that:

There was a significant positive correlation between workplace bullying against nurses and their bullying behaviors towards children. The strongest correlation was between workplace bullying and verbal bullying behaviors. The most common verbal bullying behaviors against children were name-calling and intimidation.

Recommendations

1. Inservice training programs about workplace bullying and its impact should be conducted for all pediatric nurses to raise their awareness regarding this issue.
2. The nursing management personnel, including unit heads and hospital directors, should undergo extensive training in the proper leadership skills of their subordinates.
3. Children's bill of right should be disseminated to all pediatric units to promote their safety protect them against bullying behaviors inside hospital.

4. Interactive workshops about effective interpersonal communication skills should be held between nurses and their supervisors, peers as well as parents and children.

References

1. Abdulsalam, A. J., Al Daihani, A. E., & Francis, K. (2017). Prevalence and Associated Factors of Peer Victimization (Bullying) among Grades 7 and 8 Middle School Students in Kuwait. *International Journal of Pediatrics*, 2017, 1–8. <https://doi.org/10.1155/2017/2862360>
2. Akwo, E. (2018). From the top down: How leadership can diminish workplace bullying. *Journal of Emergency Nursing*, 44(2), 109. <https://doi.org/10.1016/j.jen.2017.12.009>
3. Al-Ghabeesh, S. H., & Qattom, H. (2019a). Workplace bullying and its preventive measures and productivity among emergency department nurses. *BMC Health Services Research*, 19(1), 1–9. <https://doi.org/10.1186/s12913-019-4268-x>
4. Al-Ghabeesh, S. H., & Qattom, H. (2019b). Workplace bullying and its preventive measures and productivity among emergency department nurses. *BMC Health Services Research*, 19(1), 1–9. <https://doi.org/10.1186/s12913-019-4268-x>
5. Anjum, A., Muazzam, A., Manzoor, F., Visvizi, A., Pollock, G., & Nawaz, R. (2019). Measuring the scale and scope of workplace bullying: An alternative workplace bullying scale. *Sustainability (Switzerland)*, 11(17), 1–11. <https://doi.org/10.3390/su11174634>
6. Attia, A., Abo Gad, R., & Shokir, M. (2020). Workplace Bullying and its effect on Staff Nurses' Work Engagement. *Tanta Scientific Nursing Journal*, 18(1), 83–109. <https://doi.org/10.21608/tsnj.2020.107693>
7. Baburajan, C., Arasu, S., & Naveen, R. (2019). *Prevalence of Bullying among Nurses in a Tertiary Hospital , Bangalore*. 9(1), 8–12.
8. Butler, E., Prentiss, A., & Benamor, F. (2018). Exploring Perceptions of Workplace Bullying in Nursing. *Nursing & Health Sciences Research Journal*, 1(1), 19–25. <https://doi.org/10.55481/2578-3750.1015>
9. Clemens, V., Hoffmann, U., König, E., Sachser, C., Brähler, E., & Fegert, J. M. (2019). Child maltreatment by nursing staff and caregivers in German institutions: A population-representative analysis. In *Child Abuse and Neglect* (Vol. 95). <https://doi.org/10.1016/j.chiabu.2019.104046>
10. Crosby, M. T. (2020). Experience of nurse bullying in the workplace: A narrative inquiry. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 81(10-A), No-Specified. <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=psyc16&NEWS=N&AN=2020-31772-128>
11. Edmonson, C., & Zelonka, C. (2019). Our own worst enemies the nurse bullying epidemic. *Nursing Administration Quarterly*, 43(3), 274–279. <https://doi.org/10.1097/NAQ.0000000000000353>
12. Fathalla, A. A. (2019). Workplace Bullying Among Pediatric Nurses: Its Relationship to Children Exposure to Some Adverse Events and Parents Satisfaction. *Journal of Health, Medicine and Nursing*, 58, 55–71. <https://doi.org/10.7176/jhmn/58-07>
13. Fink-Samnack, E. (2015). The new age of bullying and violence in health care: The interprofessional impact. *Professional Case Management*, 20(4), 165–174. <https://doi.org/10.1097/NCM.0000000000000099>
14. Ganz, F. D., Levy, H., Khalaila, R., Arad, D., Bennaroch, K., Kolpak, O., Drori, Y., Benbinishty, J., & Raanan, O. (2015). Bullying and Its Prevention Among Intensive Care Nurses. *Journal of Nursing Scholarship*, 47(6), 505–511. <https://doi.org/10.1111/jnu.12167>
15. Grace, G. G. (2016). *BEING BULLIED IN THE WORKPLACE AND IMPAIRED PROFESSIONAL PERFORMANCE : THE LIVED EXPERIENCE OF NURSES* by Ghetta Gantt Grace Copyright 2016 A Dissertation Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy in Nursing Un.
16. Hamburger, M. E., Basile, K., & Vivolo, A. (2011). Measuring Bullying and Bystander Experiences: A

- compendium of assessment tools. *Centers for Disease Control and Prevention*, www.cdc.gov/violenceprevention.
17. Hassan, M. E., & Hassan, M. A. (2021). *WORK PLACE BULLYING AMONG NURSES IN PRIMARY HEALTH CARE CENTERS IN PORT SAID*. 8(1).
 18. Hoffmann, U., Clemens, V., König, E., Brähler, E., & Fegert, J. M. (2020). Violence against children and adolescents by nursing staff: prevalence rates and implications for practice. *Child and Adolescent Psychiatry and Mental Health*, 14(1), 1–12. <https://doi.org/10.1186/s13034-020-00350-6>
 19. Karatza, C., Zyga, S., Tziaferi, S., & Prezerakos, P. (2016). Workplace bullying and general health status among the nursing staff of Greek public hospitals. *Annals of General Psychiatry*, 1–8. <https://doi.org/10.1186/s12991-016-0097-z>
 20. Ma, S. C., Wang, H. H., & Chien, T. W. (2017). Hospital nurses' attitudes, negative perceptions, and negative acts regarding workplace bullying. *Annals of General Psychiatry*, 16(1), 1–9. <https://doi.org/10.1186/s12991-017-0156-0>
 21. Makarem, N. N., Tavitian-Elmadjian, L. R., Brome, D., Hamadeh, G. N., & Einarsen, S. (2018). Assessment of workplace bullying: Reliability and validity of an Arabic version of the Negative Acts Questionnaire-Revised (NAQ-R). *BMJ Open*, 8(12), 1–10. <https://doi.org/10.1136/bmjopen-2018-024009>
 22. Maniou, M., Zyga, S., Vliamos, S., Prezerakos, P., Flora, K., & Togas, C. (2018). Workplace Violence, Anxiety and Self-Esteem in Nursing Staff of Primary, Emergency and Intensive Care Units on the Island of Crete. *Journal of Nursing & Care*, 07(04). <https://doi.org/10.4172/2167-1168.1000464>
 23. Notelaers, G., Van der Heijden, B., Hoel, H., & Einarsen, S. (2019). Measuring bullying at work with the short-negative acts questionnaire: identification of targets and criterion validity. *Work and Stress*, 33(1), 58–75. <https://doi.org/10.1080/02678373.2018.1457736>
 24. Park, E. J., Lee, M., & Park, M. (2017). Instruments and Taxonomy of Workplace Bullying in Health Care Organizations. *Asian Nursing Research*, 11(4), 237–245. <https://doi.org/10.1016/j.anr.2017.10.001>
 25. Seltzer, M., Menoch, M., & Chen, C. (2017). Opportunistic Screening for Exposure to Bullying in the Pediatric Emergency Department. *Global Pediatric Health*, 4. <https://doi.org/10.1177/2333794X17714377>
 26. Stephens, M. M., Cook-Fasano, H. T., & Sibbaluca, K. (2018). Childhood Bullying: Implications for Physicians. *American Family Physician*, 97(3), 187–192.
 27. Strout, T. D., Vessey, J. A., DiFazio, R. L., & Ludlow, L. H. (2018). The Child Adolescent Bullying Scale (CABS): Psychometric evaluation of a new measure. *Research in Nursing and Health*, 41(3), 252–264. <https://doi.org/10.1002/nur.21871>
 28. Verschuren, C. M., Tims, M., & de Lange, A. H. (2021). A Systematic Review of Negative Work Behavior: Toward an Integrated Definition. *Frontiers in Psychology*, 12(October). <https://doi.org/10.3389/fpsyg.2021.726973>
 29. Vessey, J. A., DeMarco, R. F., Gaffney, D. A., & Budin, W. C. (2009). Bullying of Staff Registered Nurses in the Workplace: A Preliminary Study for Developing Personal and Organizational Strategies for the Transformation of Hostile to Healthy Workplace Environments. *Journal of Professional Nursing*, 25(5), 299–306. <https://doi.org/10.1016/j.profnurs.2009.01.022>
 30. Westbrook, J., Sunderland, N., Atkinson, V., Jones, C., & Braithwaite, J. (2018). Endemic unprofessional behaviour in health care: the mandate for a change in approach. *The Medical Journal of Australia*, 209(9), 380–381. <https://doi.org/10.5694/mja17.01261>
 31. Zhang, L., Wang, A., Xie, X., Zhou, Y., Li, J., Yang, L., & Zhang, J. (2017). Workplace violence against nurses: A cross-sectional study. *International Journal of Nursing Studies*, 72(April), 8–14. <https://doi.org/10.1016/j.ijnurstu.2017.04.002>

الملخص العربي

العلاقة بين التمر ضد الممرضين في مكان العمل وسلوكياتهم المتممة تجاه الأطفال

مقدمة: قد يتعرض ممرضو الأطفال في أكثر من شكوى بسبب التمر في أماكن عملهم. يؤدي التمر على ممرضين الأطفال في مكان العمل إلى تأثير سلبي مباشر على علاقتهم بالأطفال تحت الرعاية وأولياء أمورهم. **الهدف:** تقييم العلاقة بين التمر في مكان العمل ضد الممرضين وسلوكياتهم تجاه الأطفال. **التصميم:** تم استخدام تصميم بحث وصفي ارتباطي. **مكان عمل البحث:** ست وحدات باطنة بمستشفى الأطفال الجامعي بالشاطبي، الإسكندرية، مصر. **العينة:** جميع هيئة التمريض (120) الذين عملوا مع الأطفال في الوحدات المذكورة سابقاً. **الأدوات:** تم استخدام ثلاث أدوات، الأداة الأولى: جدول المقابلات المنظمة لخصائص الممرضين، والأداة الثانية: مقياس التمر في مكان العمل، والأداة الثالثة: قائمة مراجعة سلوكيات التمر للممرضات تجاه الأطفال. **طريقة إجراء البحث:** تمت مقابلة كل ممرض على حدة لجمع البيانات حول خصائص الممرضين. تم نشر مقياس التمر في مكان العمل المترجم إلى اللغة العربية على كل ممرض خاضعة للدراسة على حدة وتم ملؤها بطريقة التقرير الذاتي. تمت ملاحظة كل ممرض خاضع للدراسة بشكل فردي لمدة ثلاث مرات في ثلاث نوبات مختلفة لتقييم سلوكيات التمر التي يمارسها تجاه الأطفال باستخدام قائمة مراجعة سلوكيات التمر التي تمارسها الممرضين تجاه الأطفال. **النتائج:** أظهرت النتيجة الإجمالية لمقياس التمر في مكان العمل أن 65.8% من الممرضين المشاركين تعرضوا للتمر خلال ساعات عملهم. تم تسجيل تمر الممرضين تجاه الأطفال بنسبة 14.2%، 33.1%، 32.5% للسلوكيات الجسدية واللفظية والاجتماعية على التوالي. كان هناك ارتباط إيجابي ضعيف بين النتيجة الإجمالية للتمر في مكان العمل ضد الممرضين وإجمالي درجات سلوك التمر تجاه الأطفال. **الاستنتاجات:** هناك علاقة إيجابية واضحة بين التمر في مكان العمل ضد الممرضين وسلوكيات التمر تجاه الأطفال. كان الارتباط الأقوى بين التمر في مكان العمل وسلوكيات التمر اللفظي. كانت أكثر سلوكيات التمر اللفظي شيوعاً ضد الأطفال هي الشتائم والتخويف.

الكلمات المفتاحية: التمر في مكان العمل، ضد، الممرضين، سلوكيات التمر، تجاه، الأطفال