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RESEARCH ARTICLE (ORIGINAL)

Impact and prevalence of workplace bullying in Portuguese nursing settings

Impacto e prevalência do assédio no trabalho no contexto de enfermagem em Portugal

Impacto y prevalencia del acoso laboral en el contexto de la enfermería en Portugal

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Abstract
Background: Workplace bullying is characterized by the prolonged repetition of aggressive conduct, carried out by one or more workers.
Objectives: To assess the prevalence of workplace bullying and the impact on the physical, mental, emotional well-being and performance of nurses.
Methodology: Quantitative, descriptive and correlational study with online questionnaire shared in the newsletter of the Ordem dos Enfermeiros. The NAQ-R (Negative Act Questionnaire Revised) scale was used and a sample of 2015 nurses from Portuguese health institutions was obtained.
Results: The prevalence of workplace bullying using the 3 evaluation criteria was 46,40%, 28,88% and 22,53% subsequently. The main causes of bullying identified were not giving in or letting oneself be influenced by blackmail or servility and showing solidarity with co-workers and not ignoring injustice. The work performance of 73,33% of nurses who perceived themselves to be victims was compromised.
Conclusion: Bullying affects the physical and mental health of workers and labor organizations, leading to absenteeism, decreased work performance, deterioration in the quality of relationships, loss of interest and motivation.

Keywords: workplace bullying; nursing; nursing care

Resumo
Enquadramento: O assédio no trabalho é caracterizado pela repetição prolongada de condutas de agressão, efetuadas por um ou mais trabalhadores.
Objetivos: Avaliar a prevalência de assédio no trabalho, as causas e o impacto no bem-estar físico, mental, emocional e desempenho dos enfermeiros.
Metodologia: Estudo quantitativo, descritivo e correlacional com questionário online divulgado na newsletter da Ordem dos Enfermeiros. Utilizou-se a escala NAQ-R (Negative Act Questionnaire Revised) e obteve-se uma amostra de 2015 enfermeiros de instituições de saúde portuguesas.
Resultados: A prevalência de assédio no trabalho mediante os 3 critérios de avaliação foi de 46,40%, 28,88% e 22,53% subsequentemente. As principais causas de assédio identificadas foram: não ceder nem se deixar influenciar por chantagem ou servilismo e o solidarizar-se com os colegas de trabalho e o não ignorar a injustiça. O desempenho laboral de 73,33%, dos enfermeiros que percecionaram ser vítimas, foi comprometido.
Conclusão: O assédio afeta saúde física e mental de trabalhadores e organizações laborais, levando a absentismo, desempenho diminuído, relações deterioradas, perda de interesse e motivação.

Palavras-chave: *bullying* laboral; enfermagem; cuidados de enfermagem

Resumen
Marco contextual: El acoso laboral se caracteriza por la repetición prolongada de conductas agresivas, realizadas por uno o más trabajadores.
Objetivos: Evaluar la prevalencia del acoso en el trabajo y el impacto en el bienestar físico, mental, emocional y desempeño de los enfermeros.
Metodología: Estudio cuantitativo, descriptivo y correlacional con cuestionario online publicado en el boletín de la Ordem dos Enfermeiros. Se utilizó la escala NAQ-R (Negative Act Questionnaire Revised) y se obtuvo una muestra de 2015 enfermeras de instituciones de salud portuguesas.
Resultados: La prevalencia de acoso laboral utilizando los 3 criterios de evaluación fue de 46,40%, 28,88% y posteriormente 22,53%. Las principales causas de acoso identificadas fueron: no ceder o dejarse influenciar por chantajes o servilismos y ser solidario con los compañeros de trabajo y no ignorar las injusticias. El desempeño laboral del 73,33% de los enfermeros que se percibieron como víctimas fue comprometido.
Conclusión: El acoso afecta a la salud física y mental de los trabajadores y las organizaciones laborales, provocando absentismo, disminución del rendimiento, deterioro de las relaciones, pérdida de interés y motivación.

Palabras clave: acoso laboral; enfermería; cuidados de enfermería

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Introduction

Workplace bullying is characterized by repeated and systemized acts of humiliation, manipulation, isolation, defamation, and disrespect, whether intentional or unintentional, by one or more workers against one or more people at their workplace, causing feelings of threat or insecurity and involving power asymmetry (Einarsen et al., 2011). These acts affect the victim's physical and mental health and social life, as well as the functioning of the organization/institution.

This phenomenon has a negative impact on the image of organizations and may lead to poor concentration/attention, poor job performance, absenteeism (Teixeira, 2015), change of service (Teixeira, 2015; Wilson, 2016), and in more severe cases, abandonment of the nursing profession (Wilson, 2016). Absenteeism increases organizational costs and the workload of the remaining professionals (Teixeira, 2015).

Besides leading to poor job performance (Saraiva & Pinto, 2011) and affecting the collaboration and communication between colleagues and supervisors, this phenomenon also increases the risk of errors (Wilson, 2016).

Thus, this study aims to assess the prevalence of workplace bullying among nurses, identify its causes, and assess its consequences on nurses' physical, mental, and emotional health and job performance.

Background

The workplace, the organizational process, and the interpersonal relationships can lead to acts of workplace bullying. These behaviors are initially subtle but intensify over time. Thus, it is an active process in which a person intentionally, repeatedly, and deliberately inflicts psychological harm on another through environmental and psychosocial comments, attitudes, and behaviors (Rivera, 2005).

Moreover, Ventura et al. (2012) argue that workplace bullying results from abusive behavior characterized by an imbalance in psychological power, which exposes workers to humiliation and coercion that can harm their personalities. According to these authors, this behavior is carried out to affect the victim's job performance and/or force them to leave the workplace.

Duffy and Sperry (2014) reinforce that workplace mobbing is a social process that leads to destruction, in which individuals, groups, and organizations target a person with the intention of ridiculing, humiliating, and removing them from the workplace.

Austerity measures in the health sector compromise human resources and the quality of services, leading to an increase in the incidence and severity of workplace violence (International Labour Organization, 2016). Healthcare workers, especially nurses, are at high risk of workplace violence. The prevalence and impact of workplace violence against nursing professionals, regardless of gender, is concerning compared to other professions (International Council of Nurses, 2017).

The negative acts, both overt and covert, carried out by the bully erode workers' confidence in themselves and their workplaces over time. Abusive and humiliating behaviors are intended to decrease the victim's self-esteem, destabilize them, discredit them, and ultimately force them to abandon/leave the institution by quitting their job or taking long periods of sick leave (Duffy & Sperry, 2014).

Workplace bullying negatively affects healthcare organizations and the healthcare system, in which patients are included (International Council of Nurses, 2017; Obeidat et al., 2018), and often leads to the deterioration of physical and mental health. Cases of suicide and violence, including homicide, have occurred after prolonged exposure to bullying. Inevitably, mobbing leaves a trail of devastation for victims, their family members, and the work organizations and institutions in which it occurs (Duffy & Sperry, 2014; Picakciefe et al., 2017).

Research question

What is the prevalence of workplace bullying and its association with sociodemographic and professional factors? What are the main causes and consequences on nurses' physical, mental, and emotional health and job performance?

Methodology

A quantitative, descriptive-correlational, cross-sectional study was conducted. Data were collected through a questionnaire designed and shared in digital format via Google Docs software. Participants signed an informed consent form, and no personal data were collected, thus ensuring their acceptance and anonymity.

The questionnaire consisted of a first part that assessed nurses' sociodemographic and professional characteristics, a second part with the Negative Acts Questionnaire-Revised (NAQ-R) scale by Einarsen et al. (2009), which was validated in Portugal by Araújo (2010), and a set of questions that assessed the causes, perceived support, and effects of workplace bullying among Portuguese nurses.

The NAQ-R is a Likert-type scale measuring perceived exposure to workplace bullying. It has five response options: *never*, *now and then*, *monthly*, *weekly*, and *daily*. It consists of 22 items and three dimensions (work-related bullying, person-related bullying, and physically intimidating bullying). The prevalence of workplace bullying is assessed through three criteria (Araújo, 2010; Borges, 2012; Einarsen et al., 2009). The first criterion consists of responding 4 (yes, *weekly*), or 5 (yes, *daily*) in the last 6 months to at least one of the 22 items. The second criterion consists of responding 3 (yes, *now and then*), 4 (yes, *weekly*) or 5 (yes, *daily*) in the last 6 months to item 23, identifying themselves as victims of bullying. Finally, the third criterion consists of a positive response to the first and second criteria, taking into account the last 6 months. The overall internal consistency is 0.946 and that of the subscales ranges from 0.644 to 0.946.

A pilot study was conducted with a sample of 30 nurses to assess the adequacy, consistency, and clarity of the questionnaire. Subsequently, the necessary corrections were made, and the final version was applied in digital format and distributed via the newsletter of the *Ordem dos Enfermeiros* (Portuguese nursing regulator), which was sent to all registered nurses. Data were collected in February 2018.
Permission was obtained from the author who validated the NAQ-R in Portugal (Araújo, 2010) to use it, safeguarding the ethical principles. The study was registered with the Portuguese data protection authority, which issued an opinion stating that no personal data were processed (Decision no. 931/2017). Throughout the study, it was impossible to establish a direct or indirect relationship that would allow identifying the participants through the answers to the questionnaire.
The Ethics Committee of the Nursing School of Coimbra also issued a favorable opinion (P435-06/2017) to the development of this study, stating that it met the ethical requirements.
Statistical data were processed and analyzed using IBM SPSS Statistics software, version 24.0. Descriptive and inferential statistics were used. Assuming a normal distribution, the MANOVA test (parametric test) was used, and the correlations between variables were analyzed using Pearson's correlation coefficient. The significance level for statistical tests was set at 0.05.

Results

Sample characterization

The target population consisted of all nurses working in healthcare institutions in Portugal. A total of 2,015 completed questionnaires were obtained. Thus, the total sample consisted of 2,015 nurses, representing 2.74% of the universe under study (73,912 nurses).
As for its sociodemographic and professional characteristics, most participants were women (82.68%) who were married/cohabiting (62.78%) and had children (58.66%). The minimum age was 21 years, and the maximum age was 72 years. The mean age was 38.51 years. Most of them had an undergraduate degree (99.40%), 23.18% also had a master's degree, and 30.02% specialized in a particular area of nursing. Only 7.90% held a management position, while the remaining nurses provided direct patient care. The length of service in the profession ranged from 1 month to 40 years, with a mean of 12.10 years. The most frequent employment contracts were stable contracts: 46.10% had an employment contract in the public sector and 46.65% had an open-ended employment contract. The mean number of weekly working hours was 39.62 hours, with 25.06% of nurses having two jobs.
Most nurses worked at a hospital (70.17%) and in shifts (62.03%).

Characterization of workplace bullying

The most common types of workplace bullying occurring on a daily basis were "being ordered to do work below your level of competence" (14.14%) and "being exposed to an unmanageable workload" (10.32%). It should be noted that these most frequent behaviors are covert and leave no visible evidence, being included in work-related bullying. On the other hand, behaviors such as "threats of violence or physical abuse or actual abuse" (88.98%) and "practical *jokes* carried out by people you don't get on with" (79.35%) were more frequently reported as *never* occurring. Thus, the least common behaviors were related to acts of violence that may leave physical evidence.
As for the NAQ-R dimensions, the mean value was 2.01 for work-related bullying, 1.74 for person-related bullying, and 1.28 for physically intimidating bullying (on a scale of 1 to 5).
Considering the first criterion, the percentage of workplace bullying was 46.40% (n = 935).
When the total sample (n = 2,015) was asked about their perception of being victims of workplace bullying in the last 6 months, 46.20% reported that they had experienced workplace bullying (n = 931). However, according to the second criterion of the NAQ-R scale, a prevalence of 28.88% (n = 582) of workplace bullying was identified. Considering the third criterion, the frequency of workplace bullying was 22.53% (n = 454).

Association between the dimensions of workplace bullying and sociodemographic and professional variables

The comparison of the mean values of the NAQ-R factors using the Multivariate Analysis of Variance (MANOVA) technique revealed statistically significant differences in the mean values of at least one of the NAQ-R factors, taking into account the following variables: academic qualifications (Pillai's trace = 0.011; F (3.1999) = 7.154; p = 0.001), having children, (Pillai's trace = 0.011; F (3.2011) = 7. 687; p = 0.001), the position held by nurses, (Pillai's trace = 0.009; F (3.2004) = 6.198; p = 0.001), the workplace (Pillai's trace = 0.009; F (6.3778) = 2.881; p = 0.008), the type of institution (Pillai's trace = 0.015; F (9.5910) = 3.386; p = 0.001), the type of work schedule (Pillai's trace = 0.012; F (3.2011) = 7.968; p = 0.001), and living far from the family (Pillai's trace = 0.009; F (3.2011) = 6.104; p = 0.001; Table 1).

Table 1

Significance of the differences in NAQ-R factors based on the sociodemographic and professional variables

		Person-related bullying			Work-related bullying			Physically intimidating bullying		
		M	*SD*	Sig.	*M*	*SD*	Sig.	*M*	*SD*	Sig.
Gender	Male	1.79	0.78	0.171	2.08	0.97	0.144	1.31	0.66	0.436
	Female	1.73	0.75		2.00	0.94		1.28	0.60	
Marital status	Not married	1.77	0.81	0.196	2.06	1.02	0.084	1.32	0.71	0.016
	Married	1.72	0.72		1.99	0.90		1.26	0.55	
Academic qualifications	Undergraduate degree	1.71	0.73	0.001***	1.97	0.92	0.001***	1.25	0.56	0.001***
	Master's degree	1.85	0.80		2.18	1.04		1.37	0.76	
Specialty	Yes	1.76	0.77	0.496	2.01	0.96	0.944	1.27	0.59	0.605
	No	1.73	0.75		2.02	0.95		1.29	0.63	
Children	Yes	1.72	0.73	0.262	1.95	0.91	0.001***	1.25	0.53	0.003**
	No	1.77	0.78		2.11	1.00		1.33	0.71	
Position	Non-senior management	1.74	0.75	0.770	2.03	0.96	0.001***	1.28	0.61	0.287
	Senior management	1.72	0.72		1.70	0.76		1.22	0.59	
Workplace	Hospital	1.77	0.75	0.069	2.05	0.95	0.005**	1.30	0.61	0.093
	Primary care	1.69	0.79		1.88	0.93		1.27	0.66	
	Long-term care	1.64	0.57		1.99	0.91		1.15	0.33	
Type of institution	Corporate public entities	1.78	0.74	0.048*	2.04	0.92	0.007**	1.30	0.59	0.292
	Public-private partnership	1.70	0.69		2.11	0.92		1.19	0.48	
	Public	1.67	0.80		1.91	0.96		1.28	0.68	
	Private	1.71	0.71		2.14	1.03		1.24	0.57	
Type of work schedule	Fixed	1.78	0.81	0.096	1.95	0.93	0.023*	1.28	0.62	0.979
	Shift	1.72	0.72		2.05	0.96		1.28	0.61	
Employment contract	Stable	1.75	0.75	0.394	2.01	0.94	0.476	1.28	0.61	0.636
	Precarious	1.69	0.76		2.07	1.05		1.26	0.65	
Lives far from family	Yes	1.89	0.90	0.002**	2.22	1.02	0.001***	1.44	0.82	0.001***
	No	1.72	0.73		1.99	0,94		1,26	0,58	

Note. M = mean; *SD* = Standard deviation.

* p = 0.05; ** p = 0 .01; *** p = 0.001.

All NAQ-R factors showed statistically significant differences in nurses' academic qualifications. Thus, nurses holding a master's degree had a higher mean value of person-related bullying (p = 0.001), work-related bullying (p = 0.001), and physically intimidating bullying (p = 0.001) than those with an undergraduate degree (1.85 vs. 1.71; 2.18 vs. 1.97; 1.37 vs. 1.25; Table 2).

Nurses without children had a significantly higher mean value of work-related bullying (p = 0.001) and physically intimidating bullying (p = 0.003) than those with children (2.11 vs. 1.95; 1.33 vs. 1.25).

Nurses who did not hold a leadership/management position had a significantly higher mean value of work-related bullying (p = 0.001) than those who held a leadership position/management (2.03 vs. 1.70; Table 2).

Statistically significant differences were found in work-related bullying depending on the nurses' workplace (p = 0.005). The paired comparison test found statistically significant differences between hospitals and primary health care (p = 0.001), with higher mean values of workplace bullying in hospitals (2.05 vs. 1.88; Table 2).

With regard to the type of institution, nurses working in public corporate entities perceived a significantly higher mean value (p = 0.041) of person-related bullying than those working in public institutions (1.78 vs. 1.67; Table 2). Nurses working in private institutions experienced a significantly higher mean value of work-related bullying (p = 0.016) than those working in public institutions (2.14 vs. 1.91; Table 2).

As for the type of work schedule, nurses working in shifts perceived a higher mean value of work-related bullying (p = 0.023) than those working fixed hours (2.05 vs. 1.95; Table 2).

Nurses working in places where they lived far from their

families perceived a significantly higher mean value of person-related bullying (p = 0.002), work-related bullying (p = 0.001), and physically intimidating bullying (p = 0.001) than those who lived in familiar environments (1.89 vs. 1.72; 2.22 vs. 1.99; 1.44 vs. 1.26).

The association between workplace bullying and age, number of weekly working hours, length of service in the profession, and length of service at the institution and unit was examined using Pearson's correlation coefficient. The number of weekly working hours was significantly correlated with all NAQ-R factors. Nurses' age, length of service in the profession, and length of service at the institution were only significantly correlated with one of the factors, namely work-related bullying (Table 2).

Table 2

Pearson's correlation coefficient between sociodemographic variables and the NAQ-R

	Age	Number of weekly working hours	Length of service in the profession	Length of service at the institution	Length of service at the current unit
Person-related bullying	0.037	0.052*	0.012	0.012	-0.010
Work-related bullying	-0.078***	0.117***	-0.084***	-0.084***	-0.035
Physically intimidating bullying	0.004	0.084***	-0.008	-0.010	0.005
NAQ-R Total	0.003	0.079***	-0.018	-0.018	-0.018

*$p \leq 0.05$; ***$p \leq 0.001$.

The age variable (r = -0.078) showed a negative and very weak statistically significant correlation with work-related bullying (Table 2). The number of weekly working hours showed a statistically significant correlation with person-related bullying (r = 0.052), work-related bullying (r = 0.117), and physically intimidating bullying (r = 0.084). The correlation coefficient in all factors was positive and very weak (Table 2).

Work-related bullying (r = -0.084) had a negative and very weak statistically significant correlation with the length of service at the institution (Table 2). Work-related bullying (r = -0.084) showed a negative and very weak statistically significant correlation with the length of service at the institution (Table 2).

Causes and consequences of workplace bullying

The causes reported by the victims for the abuse experienced in the workplace resulted mainly from not being indifferent to injustice and the authority exercised by the supervisors: "not giving in or being influenced by blackmail or servility" (58.22%), "showing solidarity with other workers and not turning my back on injustice" (40.06%), and "authoritarian management" (38.45%).

The nurses who reported experiencing workplace bullying were asked if it influenced their job performance, and the majority answered positively (73.33%).

Table 3 describes the negative effects reported by the victims on the performance of the nursing profession.

Table 3

Distribution according to the perception of performance and negative effects at the workplace

Perception of performance and negative effects at the workplace	*n*	%
Low job satisfaction	736	79.05
Loss of interest and motivation	652	70.03
Deterioration in the quality of the relationships with colleagues	501	53.81
Deterioration in the quality of the relationships with supervisors	474	50.91
Loss of creative problem-solving ability	221	23.74
Deterioration in the quality of patient care	185	19.87
Poor job performance and loss of productivity	160	17.19
Deterioration in the quality of care provided to family members/caregivers	127	13.64

Note. n = Number of the sample; % = Percentage.

About half the sample who experienced workplace bullying reported having had physical and psychological health problems resulting from this phenomenon (49.52%). The victims of workplace bullying were asked about needing a medical certificate for absence from work, with 22.34% having done so.

The number of days of sick leave among the nurses who reported using a medical certificate ranged from 1 to

1,825 days, with a mean of 99 days (mean = 99.48). Concerning the total number of days, nurses (*n* = 204) were absent from the workplace for 20,281 days due to sick leaves related to workplace bullying.

Discussion

The limitations of this study were that the research design was cross-sectional and that data were collected at a specific moment in time, which did not ensure the same results if the study was to be applied in other moments. Another limitation was using participants' subjective perspectives rather than that of others who lived with the participants.
Three criteria were used to assess the prevalence of workplace bullying, as in the studies by Araújo (2010), Borges (2012), and Maio (2016). However, the percentage of workplace bullying obtained in the first criterion was 46.40%, which is very different from that of Borges (26.40%; 2012) and Maio (22.2%; 2016).
When asked about being victims of workplace bullying in the last 6 months, 46.20% of nurses answered *yes*, a very similar result to that obtained by Obeidat et al. (2018), with 43.00% of the sample reporting being victims of severe workplace bullying, and Teixeira (2015), with 42.00%. However, João (2013) found a lower percentage of nurses who reported being victims (18.28%).
The second criterion revealed a prevalence of 28.88% of workplace bullying. Fontes and Carvalho (2012) also found a similar result, with 29.65% of nurses identifying themselves as victims of workplace bullying.
The third criterion revealed a prevalence of 22.53% of workplace bullying, much higher than that found by Borges (9.40%; 2012) and Maio (6.90%; 2016).
The most common behaviors were included in the person-related bullying dimension. According to João (2013), the most common types of workplace bullying were those with a covert nature and that leave no physical evidence. In this study, the victims reported that the main causes of workplace bullying were "not giving in or being influenced by blackmail or servility" (58.22%), "showing solidarity with other workers and not turning my back on injustice" (40.06%), and "authoritarian management" (38.45%). According to Korhan et al. (2014), aggressors are not interested in people without merit but rather in people who perform their jobs successfully, have a higher academic degree, and have strong opinions about their surroundings.
As Saraiva and Pinto (2011) point out, the lack of appreciation of nurses by their supervisors and the misuse of authority lead to workplace bullying. Nurses who experience more workplace bullying and are not valued by their supervisors feel more dissatisfied with their profession, which has a negative impact on their job performance (Saraiva & Pinto, 2011).
In this study, 73.33% of the nurses recognized that experiencing workplace bullying influenced their job performance. Picakciefe et al. (2017) also found that nurses who experienced workplace bullying had difficulty concentrating, were absent from work, were afraid, and did not want to stay at the workplace.
The following negative effects on the delivery of nursing care were mentioned mainly by the nurses who reported being victims of workplace bullying: low job satisfaction (79.05%), loss of interest and motivation (70.03%), and deterioration in the quality of relationships with colleagues (53.81%) and supervisors (50.91%). These results are aligned with Yildirim (2009), who found that the areas most affected by workplace bullying were job motivation, energy level, and commitment to work. However, it also negatively impacted the relationship with supervisors, colleagues, and patients.
Wilson (2016) mentions that higher levels of harassment/bullying may compromise the safety and quality of patient care. In the present study, nurses who experienced workplace bullying mentioned the "deterioration in the quality of patient care" (19.87%) and the "deterioration in the quality of care provided to family members/caregivers" (13.64%).
Almost half of the sample of nurses (49.52%) who reported being victims of workplace bullying experienced health problems, namely insomnia (71.15%), anxiety (70.28%), irritability (57.05%), feelings of frustration, failure, and powerlessness (56.18%).
A similar result was found by João (2013), with most nurses who suffered workplace bullying reporting anxiety, stress, sadness, irritability, insomnia, and fatigue as the main effects on their health. Teixeira (2015) also found that the main consequences of workplace bullying reported by the victims were anxiety, nightmares, insomnia, fear, and insecurity.
The feelings of anxiety, insomnia, distress, and low self-esteem also have high costs for organizations because they increase absenteeism, sick leaves, resignations, and work accidents. In the present study, 22.34% of the victims of workplace bullying reported having been on sick leave, a higher percentage than João (2013), with 13.90%.
Absenteeism associated with long periods of sick leave due to workplace bullying has many social consequences, such as increased social security-related expenses, absence/loss of workers, and costs related to physical and mental health recovery.

Conclusion

This study found that workplace bullying influences the workers' physical and mental health and the organizations through absenteeism, the intention to change/leave the workplace, poor job performance, deterioration in the quality of the relationships with colleagues and supervisors, loss of interest, and decreased motivation. In addition, 22.30% of the nurses who identified themselves as victims of workplace bullying had been on sick leave.
Health organizations must ensure that their core documents, such as their vision, mission, philosophy, and values, follow the concepts of civility and respect and that all employees share the essence and purpose of these documents. The fact that each employee commits to promoting a healthy work environment can improve the

organization's functioning, mainly when the commitment is focused on the safety and quality of patient care.
These data identify the problem in the nursing field and allow intervening more effectively through training courses and anti-bullying campaigns. These interventions are crucial in primary prevention because they allow the dissemination of information about this issue to promote a good psychosocial environment.
In the final reflection on this study, some suggestions emerged for the development of future studies. Qualitative studies should be conducted to assess nurses who are victims of workplace bullying, further exploring aspects that quantitative studies sometimes do not reveal.

Author contributions

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