# Workplace Bullying among Nurses and its Determinant Factors in Private Hospitals: A Nationwide Cross-Sectional Study

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**DOI:** https://doi.org/10.55248/gengpi.5.0124.0130

## ABSTRACT

**Background:** Nurse bullying threatens patient safety and nursing profession reputation. A study by Vanderbilt University Medical Center found 60% of newly hired nurses leave within six months due to harsh treatment. Addressing this issue requires nurses to speak up and seek support *(Guide and Colduvell, n.d.)*. Bullying occurs among nurses in the Philippines, according to a study by Sarah Annabelle Ragay *(Ragay 2019)*. According to the study, bullying is the antithesis of what makes nursing so compassionate, hinders the provision of safe and effective care, harms the emotional and mental health of its victims, and interferes with nurses' performance and sense of fulfillment at work *(Ragay 2019)*. Employees experience harassment and abuse at work every day. According to the Workplace Bullying Institute, or 48.6 million Americans each year, the problem of workplace bullying affects close to one-third of all workers at some point during their careers *(Namie and Namie, n.d.)*. The rate of workplace bullying was found to be about 11% in a 2015 review of studies from seven European countries and Australia. Other research suggests Asian countries have a higher rate *(Ragay 2019)*

**Methods:** This study employed a quantitative descriptive correlational research design. In other words, it will provide an overview of the problem's present state. It is also intended to offer organized data regarding the phenomenon. Scientists and researchers use descriptive research design as a powerful tool to collect data about a specific group or phenomenon. This kind of study offers a precise and in-depth image of the traits and actions of a specific population or phenomenon.

**Result:** Part 1 shows the demographic profile of the participants. A total of 465 respondents from different private hospitals in the Philippines completed the questionnaire. More than half of the respondents are females mostly ages 31-35 years and never married with 2-5 years in nursing service and average 2-5 years stay in the institution as well. Majority, 39.35%, of the respondents are assigned in the General/Medical/OB ward.

Part 2 consists of 10 determinant factors identified by the researchers as possible causes of bullying. The mean result clearly indicates that the respondents agree with all the determinant factors enumerated by the researchers. Low Leadership Quality was perceived to have the highest mean while Professional Jealousy and Prejudices received the lowest mean.

On the 3rd part of the questionnaire the researcher lists 10 down possible personal experiences of bullying inside the hospital premises. Among the enumerated acts, non-verbal innuendos had the highest mean of 3.43 which also indicates that majority of the respondents personally experience this kind of bullying while the mean of the other acts fall under the neither agree nor disagree category which may suggest that they may not experience it on their own but they were able to witness it from other colleagues. The grand mean for all the identified possible personal experiences resulted in 3.24, which also identifies as neither agree nor disagree.

In analyzing the identified possible determinant factors and the personal experience of nurses, all aspects were identified to have strong and direct correlation. This result may be considered that as nurses learn about the possible determinant factors of bullying, it enlightens them that what they are experiencing from the hand of their colleagues from a day to day basis is already an act of bullying.

**Conclusion:** In this study, the degree of determinant factors on workplace bullying in private hospitals in the Philippines is one of the goals of this research paper. The results showed that ten (10) determinant elements were supplied, which was accepted by all of our respondents. Another objective of our research was the possible personal experiences of nurses with workplace bullying, and it derives responses with 3.24 mean, interpreted by neither agree nor disagree. The aim of this research paper implies that the determinant factors we implicate in our survey and some of possible personal experiences of nurses in private hospitals in the Philippines are co-related to each other.Through this, the authorities whether department , institution or even on the National level can create and implement necessary policies or law that will address and reduce the prevalence of workplace bullying and be able to create a healthy and harmonious environment for nurses. This may in return also reduce the rate of turnover among nurses. We hope that this will help to understand workplace bullying among nurses not only in private hospitals but also in other fields of nursing.

## Introduction:

Bullying among nurses is a significant issue that affects nursing organizations, patients, and nurses. Studies have found that gender, role conflict, and negative effects are significant predictors of bullying. Strategies to reduce workplace bullying include enhancing nurses' self-efficacy, hiring nurses with high core self-evaluations, and changing working conditions. Bullying affects healthcare professionals at a rate of 29.3%. Approximately 60% of newly hired nurses leave their first job within the first six months due to harsh treatment or verbal abuse from a coworker.

Bullying affects patient safety, nurse safety, and the reputation of the nursing profession. In the Philippines, bullying occurs among nurses, impairing their ability to perform and feel fulfilled at work. Employees endure harassment and abuse daily, with 48.6 million Americans affected by the problem each year.

Bullying can persist into adulthood, with over 30% of nurses and nursing students experiencing bullying, 50% reporting verbal abuse, and 21% reporting physical assault. Management often downplays the ongoing cycle of bullying among nurses, leading to increased nurse fatigue and discontent. Addressing this issue requires addressing the knowledge gap, providing information, and developing programs or policies for preventing bullying.

Workplace bullying refers to persistently unpleasant behaviors in the workplace, including emotional neglect, physical assault, threats and violence. It is a serious risk to nurses' health and wellbeing, with the World Health Organization (WHO) recognizing the need to reduce workplace violence. Work-related bullying involves repeated actions directed at employees, while person-related bullying is a form of stress that can negatively affect employees' health and lead to psychological issues. The World Health Organization has identified bullying as a serious threat to nurses' health and wellbeing. Core self-evaluations and negative affect are predictive of bullying, with the target group having lower self-esteem and emotional stability ratings but higher anxiety, sadness, and negative affect. Current approaches to combat workplace bullying among nurses are ineffective due to focusing only on individual behavioral results. This chapter critically reviews global research on workplace bullying, highlighting the need for more comprehensive approaches that consider antecedents and the underlying causes of bullying.

## Methods:

**Study Design***:* This study employed a quantitative descriptive correlational research design. In other words, it will provide an overview of the problem's present state. It is also intended to offer organized data regarding the phenomenon. Scientists and researchers use descriptive research design as a powerful tool to collect data about a specific group or phenomenon. This kind of study offers a precise and in-depth image of the traits and actions of a specific population or phenomenon.

**Respondents:** Our research paper needs to survey nurses in different private hospitals in the Philippines. The data collection will start on November 10, 2023 and will end until November 24, 2023.  Permission to participate in the survey will be obtained via online such as Facebook, messenger and emails to those nurses practicing in private hospitals. Once permissions are obtained, the survey letter will be sent to them and explained the research objectives to all nurses participating.Our target population will be 384 private hospital nurses regardless of their age, marital status, length of service as a nurse, length of stay in their present institution and areas assigned.

**Data Collection:** We will select various private hospitals in the Philippines and carry out a survey in order to bring this research to life. We will formally write to those organizations requesting their assistance in answering a survey we will be conducting about workplace bullying among nurses and the factors that influence it in that particular setting. We will reassure them that the privacy and confidentiality of the nurses who will be interviewed will be protected. In order to minimize any impact on the nurses' workload, the survey will be open for one week.

**Tool Development and Measure:** We adapted the questionnaire from a valid online source and modified it according to the Statement of the Problem. After the modification, we submit it to reputable healthcare professionals (PhD, MD, MAN) for validation and further recommendations. After the validation, we modify the survey in response to the validator's suggestions.

The questionnaire, in Google Form format, had 27 questions divided into four sections. Section 1 will give the respondents an option whether they will voluntarily participate or not. Once they answer no, the survey will end immediately. If they answer yes on section 1, it will proceed to section 2 which consist of questions pertaining to the respondent's demographic profile. Section 3 consists of 10 questions that pertains to the level of determinant factors which are answerable by choosing number 1-5 which represent strongly disagree to strongly agree. Section 4 had 10 questions as well that pertains to the potential personal experience of workplace bullying.

Fifty-four participants responded to the survey for the pilot testing of the survey instrument. The answers obtained from them will determine if the survey instrument to be used in the study is reliable. To compute Cronbach's alpha, the statistician used SPSS version 23. Based on Table 2, all the values of Cronbach's alpha are greater than 0.70, indicating an acceptable reliability of the questionnaire.

**Statistical Analysis:** A survey questionnaire will be used by the researcher to collect the necessary data. This survey will be able to determine the respondents' demographic profile, as well as their individual experiences and perspectives on the problem of bullying in Philippine private hospitals.

Three hundred eight four (384) or more nurses from various private hospitals who will voluntarily agree to participate in the survey will be given a questionnaire-checklist by the researcher, who also used a purposive sample technique.

The investigator plans to be present throughout the data collection process as they anticipate that participants may have questions or need clarification about the questions on the survey.

The researcher verified the questionnaires' logical consistency and completeness on the three validators which have a degree in Medicine and Masteral in Nursing. The Statistician carefully analyzed the data after they have been tabulated in an organized and systematic manner.

As the statistical procedure was finished, the results were analyzed and handled with the highest discretion, privacy, and anonymity.

This section presents the statistical methods used in the study to address the issues raised by the statement of purpose. To ensure that the data remained reliable and the conclusions were credible, a strict analytical methodology and proper data management were followed.

The following statistics, either descriptive or inferential, were employed in this study:

Frequency and Percentage were used to characterize the age, gender, marital status, length of nursing service, length of stay in the current institution and areas presently assigned to the respondents. The Mean was used to ascertain the typical determinant factors of workplace bullying and the Possible personal experiences of nurses in private hospitals in the Philippines. Using the Spearman's Rank Correlation Coefficient, were used to assess how well the relationship between determinant factors of workplace bullying and personal experiences of nurses in private hospitals in the Philippines.

Mean formula: $x = \dfrac{\Sigma f_i x_i}{N}$

Spearman's Rank Correlation: $r_s = 1 - \dfrac{6\Sigma d^2}{n(n^2-1)}$

The outcome will be utilized to evaluate the hypothesis

**Ethics:** The nursing field has experienced over the years of growth of being acknowledged as the most morally upright occupation. In fact, the extensive codes of ethics that govern the profession serve as a cornerstone on the exceptionally high standards of moral behavior expected of nurses. Evidently, ethical principles and codes are being violated when nurses engage in bullying most especially towards their colleagues. Classical biomedical ethics are one of the basic principles taught to nursing students during their baccalaureate years. It addresses the principles of autonomy, non-maleficence, beneficence and justice. Of these four basic principles, non-maleficence, beneficence and justice are clearly neglected when a healthcare professional exhibits bullying behavior. Moral virtues for health professionals such as compassion, discernment, trustworthiness, integrity, conscientiousness, and conscience are significantly relevant to bullying as well.

## Result

*A.) Demographic profile of the respondents in terms of Age, Gender, Marital Status, Years in Nursing Service, Length of service in the current hospital, and Clinical area presently assigned*

A total of 465 nurses responded to the survey and 99.1 % voluntarily answered the survey. The sample constituted 286 (61.51%) women, 134 (28.82%) men and 45 (9.68%) LGBT. The majority of the respondents were 31-35 years of age (29.46%) and came after were 36-40 years of age (24.30%). Most of them are Single (42.37%) and followed by Married (39.14%). The bulk of them were working in nursing services for 2 to 5 years (27.96%) and with 2 to 5 years in current institutions (29.68%). Most respondents worked mostly in General Ward/ Medical Ward/ OB Ward 183(39.35%).

Table 1: **Age,**

| Age | Frequency | Percentage (%) |
|---|---|---|
| 21 to 25 years old | 74 | 15.91 |
| 26 to 30 years old | 65 | 13.98 |
| 31 to 35 years old | 137 | 29.46 |
| 36 to 40 years old | 113 | 24.30 |
| 41 to 45 years old | 50 | 10.75 |
| 46 years old and above | 26 | 5.59 |
| **Total** | **465** | **100.00** |

Table 2: **Gender,**

| Gender | Frequency | Percentage (%) |
|---|---|---|
| Male | 134 | 28.82 |
| Female | 286 | 61.51 |
| LGBT | 45 | 9.68 |
| **Total** | **465** | **100.00** |

Table 3:  **Marital Status,**

| Marital Status | Frequency | Percentage (%) |
|---|---|---|
| Single | 197 | 42.37 |
| Married | 182 | 39.14 |
| Widow | 5 | 1.08 |
| Annulled/ Divorce | 3 | 0.65 |
| Single Parent | 40 | 8.60 |
| Common Law Partner | 38 | 8.17 |
| **Total** | **465** | **100.00** |

 Table 4:  **Years in Nursing Service,**

| Years in Nursing Service | Frequency | Percentage (%) |
|---|---|---|
| 1 month-6 months | 60 | 12.90 |
| 7 months-1 year | 55 | 11.83 |
| 2 years-5 year | 130 | 27.96 |
| 6 years- 10 years | 127 | 27.31 |
| 11 years-15 years | 60 | 12.90 |
| 16 years and above | 26 | 5.59 |
| No Response | 7 | 1.51 |
| **Total** | **465** | **100.00** |

Table 5:  **Length of service in the current hospital,**

| Length of Service in the Hospital | Frequency | Percentage (%) |
|---|---|---|
| 1 month-6 months | 90 | 19.35 |
| 7 months-1 year | 94 | 20.22 |
| 2 years-5 year | 138 | 29.68 |
| 6 years- 10 years | 104 | 22.37 |
| 11 years-15 years | 27 | 5.81 |
| 16 years and above | 12 | 2.58 |
| **Total** | **465** | **100.00** |

Table 6:  **Clinical area presently assigned**

| Clinical Area Assigned | Frequency | Percentage (%) |
|---|---|---|
| General ward/Medical Ward/OB Ward | 183 | 39.35 |
| ICU/ NICU/ PICU | 62 | 13.33 |
| Operating Room | 49 | 10.54 |
| Delivery Room | 26 | 5.59 |
| Emergency Room | 78 | 16.77 |
| Psychiatric Ward | 25 | 5.38 |
| OPD | 42 | 9.03 |
| **Total** | **465** | **100.00** |

*B.) Levels of determinant factors on workplace bullying in private hospitals in the Philippines*

The table 7 shows that Low Leadership quality with a mean of 3.71 were the most agreed determinant factor on workplace bullying among nurses in the private hospitals. Followed by Disempowered Employees with a mean of 3.69.  The lowest of all were Professional Jealousy and Prejudices.

Table 7:

| Determinant Factors on Workplace Bullying | SD (1) | D (2) | NAD (3) | A (4) | SA (5) | Mean | Verbal Interpretation |
|---|---|---|---|---|---|---|---|
| Professional Jealousy | 18 | 53 | 140 | 153 | 100 | 3.57 | Agree |
| Fear of appearing incompetent | 21 | 58 | 112 | 170 | 103 | 3.59 | Agree |
| Lack of teamwork | 19 | 42 | 125 | 170 | 107 | 3.66 | Agree |
| Stressful working conditions | 20 | 52 | 134 | 150 | 106 | 3.58 | Agree |
| Lack of respect for nursing coworkers | 22 | 53 | 112 | 161 | 116 | 3.64 | Agree |

| | | | | | | |
|---|---|---|---|---|---|---|
| Low Leadership quality | 16 | 45 | 120 | 156 | 125 | 3.71 | Agree |
| Disempowered Employees | 14 | 40 | 130 | 172 | 108 | 3.69 | Agree |
| Social Envy | 14 | 49 | 141 | 153 | 105 | 3.62 | Agree |
| Low Self- Esteem | 16 | 51 | 131 | 168 | 96 | 3.60 | Agree |
| Prejudices | 19 | 55 | 133 | 158 | 99 | 3.57 | Agree |

C.) Personal experiences of nurses with workplace bullying in private hospitals

Table 8 represents the possible personal experiences of nurses with workplace bullying in private hospitals. It exhibits that most of them agreed that they experienced non-verbal innuendos at work like eye rolling, ignoring and face making. For the rest examples of experiences they neither agree nor disagree. This table shows a Grand mean of 3.24 which means that the participants neither agree nor disagree that they experience workplace bullying in their current institution.

Table 8:

| Personal Experiences of Workplace Bullying | SD (1) | D (2) | NAD (3) | A (4) | SA (5) | Mean | Verbal Interpretation |
|---|---|---|---|---|---|---|---|
| I experienced non- verbal innuendos at work (e.g. eye rolling, ignoring, face making) | 27 | 64 | 141 | 147 | 85 | 3.43 | Agree |
| I experienced verbal abuse at work (e.g. name calling, yelling | 39 | 96 | 117 | 126 | 87 | 3.27 | Neither Agree or Disagree |
| I experienced undermining activity at work (e.g. refusing to help a coworker when asked) | 34 | 76 | 143 | 125 | 85 | 3.33 | Neither Agree or Disagree |
| Others withhold information from me at work (e.g. patient, practice info) | 42 | 80 | 138 | 132 | 69 | 3.23 | Neither Agree or Disagree |
| Other sabotage me at work (e.g. purposely setting another up to fail) | 72 | 80 | 133 | 112 | 67 | 3.05 | Neither Agree or Disagree |
| I experienced infighting at work (e.g. arguing with co-workers) | 46 | 83 | 131 | 134 | 71 | 3.22 | Neither Agree or Disagree |
| I am scapegoat at work (e.g. blaming one person for everything that goes wrong) | 77 | 91 | 111 | 118 | 66 | 3.01 | Neither Agree or Disagree |
| I experienced backstabbing at work (e.g. complaining to others about a person without approaching the person directly) | 40 | 62 | 135 | 123 | 100 | 3.39 | Neither Agree or Disagree |
| Others don't respect my privacy at work. | 45 | 80 | 139 | 130 | 70 | 3.22 | Neither Agree or Disagree |
| Others break my confidence at work. | 46 | 73 | 128 | 134 | 82 | 3.29 | Neither Agree or Disagree |
| **Grand Mean:** | | | | | | **3.24** | **Neither Agree or Disagree** |

*D.) Association between Determinant Factors of Workplace Bullying to Possible Personal Experiences of Nurses in Private Hospitals in the Philippines.*

The table below shows that all of our determinant factors on workplace bullying have a decision to reject Ho. It also shows that it is a statistically significant association between respondents' evaluation of the identified factors regarding workplace bullying and their assessments of potential personal experiences of nurses encountering workplace bullying in private hospital settings.

Table 9:

| Determinant Factors on Workplace Bullying | Possible Personal Experiences of Workplace Bullying | | | | |
|---|---|---|---|---|---|
| | Correlation Coefficient | Description | P - value | Decision | Remarks |
| Professional Jealousy | 0.526 | Strong and Direct Correlation | < 0.001 | Reject Ho | Significant |
| Fear of appearing incompetent | 0.560 | Strong and Direct Correlation | < 0.001 | Reject Ho | Significant |
| Lack of teamwork | 0.529 | Strong and Direct Correlation | < 0.001 | Reject Ho | Significant |
| Stressful working conditions | 0.566 | Strong and Direct Correlation | < 0.001 | Reject Ho | Significant |
| Lack of respect for nursing coworkers | 0.558 | Strong and Direct Correlation | < 0.001 | Reject Ho | Significant |
| Low Leadership quality | 0.602 | Strong and Direct Correlation | < 0.001 | Reject Ho | Significant |

| | | | | | |
|---|---|---|---|---|---|
| Disempowered Employees | 0.570 | Strong and Direct Correlation | < 0.001 | Reject Ho | Significant |
| Social Envy | 0.598 | Strong and Direct Correlation | < 0.001 | Reject Ho | Significant |
| Low Self- Esteem | 0.589 | Strong and Direct Correlation | < 0.001 | Reject Ho | Significant |
| Prejudices | 0.638 | Strong and Direct Correlation | < 0.001 | Reject Ho | Significant |

**Discussion:**

This research study aims to determine the association between determinant factors of workplace bullying and personal experiences among nurses in private hospitals in the Philippines. A total of 469 private hospital nurses in the Philippines responded in this survey and 99.1% agreed to answer voluntarily. Male nurses are less likely than female nurses to engage in our study. The gender disparity in nursing practice in the Philippines may be explained by the persistence of male underrepresentation in the field as well as social norms. Most of the participants were at the age of 31-35 years old and started nursing profession from 2 to 5 years only. The research conducted by Yujeong Kim and colleagues, which found that bullying experiences varied based on years of experience, is corroborated by our findings. As we can see from our results, nurses who have only been in the nursing services for two to five years almost always scored higher on personal and work-related bullying than nurses with ten or more years of experience. Specifically, nurses with less than five years of experience scored higher than those with more than five years.

By getting the Mean of the sample data of our survey from the Table B and C which represents the Level of Determinant factors and Personal experiences among nurses in private hospitals in the Philippines gives us 3.71 on Low Leadership Quality go along with Disempowered Employees having 3.69 and the least factor were Professional Jealousy and Prejudices gave us a 3.57 result.

According to a new survey from the Occupational Safety and Health Administration, the most common type of bullying were found to be verbal abuse (50%) but according to our research study the most common type of bullying was non-verbal abuse like eye rolling, ignoring ang face.

. Based on our study, having a Mean of 3.43 participants agreed that they suffered non- verbal innuendos at work (e.g. eye rolling, ignoring, face making). Our Research study provides evidence from the Data on Table D that statistically explains that determinant factors and personal experiences among nurses in private hospitals in the Philippines are exceptionally associated with each other.

**Strength and Limitation:**

A wide range of practicing nurses in private hospitals can be the subject of this study regardless of their demographic profile such as age, gender and marital status. Length of nursing service, number of years working in the institution as well as their designated areas in the hospitals will all be considered, which means from staff nurses to the head nurse or chief nurse can participate and can answer the given questionnaire.

But on the other hand, despite studies showing that there is a large number of nursing professionals here in the Philippines, researchers cannot include nurses working in a government institution to participate in their study, though they are interested. Given the perceived amount of workloads faced by nurses everyday, allotting 3-5 minutes of their time in answering the survey seems to be arduous and exigent.

Limited time in validating, revising and conducting the survey has a great impact in accomplishing the paper before the given time.

**Conclusions:**

This research paper aims to investigate the determinant factors affecting workplace bullying in private hospitals in the Philippines. The study found ten determinant elements accepted by all respondents. The research also explored the personal experiences of nurses with workplace bullying, with a mean response of 3.24. The aim is to understand the co-relationship between these factors and the experiences of nurses in private hospitals. The paper aims to inform private hospital authorities about workplace bullying and encourage them to take action to prevent it. This could involve creating policies or laws at the department, institution, or national level to reduce the prevalence of bullying and create a healthy environment for nurses. The study aims to help understand workplace bullying among nurses in other nursing fields.

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