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Research Article

NURSE-ON-NURSE VIOLENCE: EXPLORING COLLEAGUE BULLYING IN NURSING

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Abstract: *Colleague violence in nursing, identified as bullying, represents a significant issue. This cross-sectional and descriptive study aims to investigate the prevalence of workplace bullying among nurses and how these perceptions of bullying vary according to their individual-professional characteristics, frequency of support from managers and colleagues, and the bullying situations encountered. The study was conducted on 323 nurses, with data collected through an online survey using a descriptive information form and the Negative Act Questionnaire-Revised (NAQ-R). Descriptive statistics, Mann Whitney U, and Kruskal Wallis H tests were utilized for the analysis in SPSS. The findings indicate that the mean score of nurses on the NAQ-R is 35.61±12.34. Significant differences were found in the scale mean scores based on age, type of institution, unit worked, shift type, frequency of support from managers and colleagues, and the bullying situations encountered ($p<0.05$). However, no significant differences were observed based on gender, marital status, educational level, position, individual, institutional, and clinical experience, and the perpetrators of bullying ($p>0.05$). Results suggest that perceived workplace bullying among nurses is moderate and varies based on individual-professional characteristics, managerial and colleague support, and bullying situations. Consequently, it is critical to better understand and combat the issue of bullying among nurses in the workplace.*

Keywords*: bullying, nurses, negative acts, violence*

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1. Introduction

Nurses are in a constant struggle not only with illnesses but also with their own colleagues. The bullying and hostility encountered in fulfilling their duties are among the most alarming and concerning aspects of this struggle [1]. Particularly in hospital settings, a significant number of nurses experience workplace violence, especially bullying [2]. This issue poses a significant threat in the human-centered field of nursing, underscoring the severity and prevalence of intra-professional violence [3,4].

Global studies emphasize the alarming levels of bullying among nurses, and this issue is experienced differently across various cultural and geographic regions. Research in Europe indicates that bullying rates vary from 9% to 74%, whereas studies in America show that incidents of weekly or daily bullying among nurses range from 21.3% to 82%. In Asia, 17% of intensive care nurses in South Korea and 53% of nurses in Jordan have encountered bullying [5], with the rate in Türkiye at 59.6% [6].

Workplace bullying among nurses is defined as harmful, repetitive, and persistent behavior aimed at humiliating, degrading, and weakening individuals [7]. According to Johnson (2019), common bullying behaviors among nurses include ignoring or excluding someone, engaging in malicious gossip, excessively monitoring a subordinate or colleague's work, and belittling a colleague's personal or

professional attributes [8]. Bullying in nursing manifests not only as a threat but also in various forms, such as harassment, horizontal violence, lateral violence, vertical violence, nurse hostility, abuse, and disruptive behavior [9,10]. These definitions highlight the complexity and multifaceted nature of the bullying problem in nursing, indicating that such behaviors must occur at least once a week for a minimum of six months [11].

Nursing bullying seriously threatens nurses' health and their ability to work safely [12]. Nurses subjected to bullying may experience a decrease in job satisfaction and absenteeism, depression, traumatic stress reactions, and other psychosomatic symptoms, adversely affecting their capacity to provide safe and effective patient care. The implications of this issue extend beyond individuals to organizations, the nursing profession, and patients [5,12]. Professional bullying negatively impacts nurses' patient care quality and increases medical errors. Increased turnover rates among nurses experiencing workplace bullying can lead to a human resources crisis in the nursing workforce [13, 14]. A study in southern Taiwan found a moderate, positive, and significant correlation between turnover intention and bullying, indicating bullying is a primary predictor of turnover intention [15]. These findings underscore the prevalence and seriousness of bullying in nursing and the importance of developing effective intervention strategies.

The causes of workplace bullying in nursing are multifaceted, including individual factors such as lack of professional experience, role conflicts, low self-confidence, and dissatisfied staff, as well as environmental factors like workload excess, inadequate managerial support, and poor communication [15]. Bullying is also influenced by various demographic factors such as gender, age, educational level, experience, and type of institution [2, 14, 16]. Studies have shown that nurses often experience bullying from their managers or colleagues [2,4,5,7]. Considering the cultural and geographical influences on this phenomenon, international research is needed to develop appropriate interventions against bullying [17].

Research indicates that workplace bullying varies depending on various factors and, therefore, needs to be continuously examined [4,7,8,11,12,15]. As a source of violence, bullying can change over time, highlighting the dynamic nature of the issue and the continued importance of its study. This research focuses on examining the situations of peer violence encountered by nurses in their work environment, determining perceptions of workplace bullying, and investigating whether these perceptions vary according to nurses' individual and professional characteristics, as well as the frequency of support from managers and colleagues, and the bullying situations faced. This study aims to understand the problem of bullying in nursing better and contribute to the development of more effective intervention strategies.

Research Questions

In line with the objectives of the research, the following questions will be addressed:

- What is the frequency of workplace bullying encountered by nurses?
- Does the workplace bullying experienced by nurses vary according to their individual-professional characteristics, the frequency of support from managers and colleagues, and the bullying situations they face?

2. Materials and Methods

2.1. Study Design

This was a cross-sectional descriptive study.

2.2. Setting and Participants

The study population comprises 139,640 nurses working in hospitals in Türkiye, according to the Ministry of Health's 2021 data [18]. Based on calculations using G*Power 3.1.9.2 software (80% confidence interval, ±5% margin of error, 0.20 effect size), the minimum required sample size was 226. Considering potential data losses during the research, the necessary sample size was set at a minimum of 300 nurses using simple random sampling. The online survey method reached 337 participants. Inclusion criteria were: (1) being a nurse working in public or private hospitals, (2) having at least six months of clinical experience, (3) providing informed consent and voluntary participation in the study. Exclusion criteria: (1) intern nurses or those working outside hospitals, (2) incomplete filling of data collection forms. A total of 323 nurses meeting these criteria were included in the study.

2.3. Data Collection Tools

Data collection was conducted through an online survey consisting of two parts.

The first part is a descriptive information form. It contains 17 questions regarding participants' age, gender, marital status, education, institution of employment, and situations related to managerial and colleague support and experiences of workplace bullying.

The second part is the widely used Negative Act Questionnaire-Revised (NAQ-R) for identifying colleague violence among nurses. Developed by Einarsen and Raknes (1997) and later revised, this scale measures nurses' perceptions of workplace bullying. The Turkish validity and reliability of the scale were established by Aydın and Öcel (2009). It was decided to use the title "Workplace Bullying Scale" instead of a direct translation of the "Negative Acts Questionnaire" to prevent misunderstandings about the features it aims to measure [19]. The scale has been found to have a single-factor structure. Nurses respond to 22 behaviors related to workplace bullying they have encountered in the last six months, rating each behavior from "Never-1 point" to "Daily-5 points". The scale score is obtained by summing all item scores, ranging from 22 to 110 points, with higher scores indicating higher perceptions of workplace bullying. The total Cronbach's Alpha reliability coefficient of the scale was $\alpha = 0.88$, and in this study, it was calculated as $\alpha = 0.93$.

2.4. Data Collection

Data was collected using an online survey form after obtaining ethical committee approval from November 2022 to February 2023. The survey link was shared with nurses through social media (e.g., WhatsApp, Bip, Telegram). An informed consent page was presented on the survey's entry page, and nurses who agreed proceeded with the survey. All questions in the survey required mandatory responses, with nurses having the option to leave at any time. All nurses who submitted their responses by clicking the "Submit" button were considered to participate in the study voluntarily.

2.5. Data Analysis

Data was analyzed using SPSS for Windows 23.0. Descriptive statistics included numbers, percentages, means, and standard deviations. The Kolmogorov-Smirnov test, kurtosis, and skewness values were used to assess the normality of the distribution. Mann-Whitney U and Kruskal-Wallis tests were employed since the data did not show a normal distribution. Bonferroni-corrected Mann-Whitney U analysis was used to determine the source of differences in more than two groups. A significance level of 0.05 was used for all tests.

The study's dependent variable was the NAQ-R, and the independent variables were the nurses' individual-professional characteristics, frequency of managerial support, colleague support frequency, bullying situation, and the perpetrators of bullying, totaling 16 independent variables.

2.6. Ethical Considerations

Ethical approval for the study was obtained from the Non-Interventional Research Ethics Committee of Bandırma Onyedi Eylül University (18.10.2022; 2022-150), and permission was obtained from the author for the scale used in the research. Participation in the study began with completing an Informed Consent Form added to the online survey form by nurse participants. This form confirmed the informed and voluntary involvement of the nurses and included their written consent.

3. Results

3.1. Participant characteristics

55.7% of the nurses participating in the study were 34 years old and under (average age = 35.13±7.99; min-max = 22-57), 79.3% were female, 70.9% were single, and 61.3% had a bachelor's degree. It was found that 82.7% of the nurses worked as clinical nurses, with 35% working in surgical clinics. Of nurses with an average professional experience of 13.37±8.69 years, 55.4% had professional experience of 11 years or more. 73.4% of the nurses worked in public hospitals, 73.1% had institutional experience, and 68.4% had clinical experience (see Table 1).

Information regarding the nurses' experiences with manager and colleague support and the violence they faced is provided in Table 2. Regarding the frequency of managerial support, 38.1% of the nurses reported occasionally receiving managerial support, while 51.4% reported often receiving colleague support. Regarding colleague bullying, 30.3% of the participants reported experiencing bullying, whereas 69.7% did not. Among the perpetrators of bullying, 65.3% were nurse managers, and 34.6% were clinical nurses.

Factors contributing to bullying were identified as personal reasons (57.2%), workload and managerial reasons (18.3%), communication-related reasons (17.3%), and other reasons such as belittling the work done, acting as if it doesn't exist (7.2%) (is not included in the table).

3.2. Negative Act Questionnaire-R score

Nurses on the Negative Act Questionnaire-R mean scores were found to be 35.61±12.34. In this study, the scores obtained from the scale ranged between 22 and 104.

3.3. Differences in Negative Act Questionnaire-R according to independent variables

Nurses aged 35 and over had significantly higher NAQ-R mean scores than their colleagues aged 34 and under ($p<0.05$). Regarding the work environment, nurses working in public hospitals had substantially higher NAQ-R scores than those in private hospitals ($p<0.001$). Mainly, nurses working in specialized areas such as Palliative and COVID-19 had significantly higher NAQ-R scores than those in internal medicine and surgical clinics ($p<0.001$). Bonferroni-corrected Mann-Whitney U analyses identified a significant difference between Palliative and COVID-19 clinics and internal medicine and surgical clinics ($p<0.05$). Additionally, nurses working in day shifts had significantly higher NAQ-R mean scores than those in day/night rotation shifts ($p<0.05$).

Table 1. Differences in Negative Act Questionnaire-R mean scores according to nurses' personal and professional characteristics

Variables	Group	n	%	NAQ-R Total $\bar{X}$ ±SD
Age	34 or less	180	55.7	34.92±0.94
*35.13±7.99/(22– 57)	35 or more	143	44.3	36.47±0.99
Z; p-value				-1.968; **0.04***
Gender	Female	256	79.3	35.90±0.78
	Male	67	20.7	34.49±1.43
Z; p-value				-0.277; 0.78
Marital status	Married	229	70.9	35.44±0.80
	Unmarried	94	29.1	36.03±1.33
Z; p-value				-0.123; 0.90
Education level	High school or above	46	14.2	37.84±2.12
	Bachelor's degree	197	61	34.73±0.77
	Master's degree or above	80	24.8	36.48±1.60
X^2; p-value				1,987; 0.37
Type of Institution	Public hospital in city[a]	237	73.4	36.81±0.80
	University hospital[b]	45	13.9	33.93±1.74
	Private hospital[c]	41	12.7	30.48±1.72
X^2; p-value				21.06; **0.00***
Post hoc				**a>c**
Position	Staff nurse	267	82.7	35.10±0.72
	Unit manager or above	56	17.3	38.05±1.91
Z; p-value				-1,425; 0.15
Clinics they work	Medical clinics[a]	113	35	33.17±0.89
	Surgical clinics[b]	62	19.2	32.51±1.23
	İntensive care[c]	66	20.4	37.19±1.61
	Palliative/ Covid 19 clinics[d]	32	9.9	42.84±3.21
	Emergency department	29	9	37.72±2.38
	Administrative units	21	6.5	38.95±2.98
X^2; p-value				21.60; **0.00***
Post hoc				**d>a; d>b**
Nursing experience	≤10	144	44.6	35.43±1.09
*13.37±8.69/ (1– 34)	≥11	179	55.4	35.75±0.87
Z; p-value				-0.988; 0.32
Institution experience	≤10	236	73.1	36.00±0.82
*8.10±6.64/ (1– 30)	≥11	87	26.9	34.56±1.21
Z; p-value				-0.855; 0.39
Clinical experience	Six months –5 years	221	68.4	35.98±0.86
*5.03±4.21/ (1– 23)	≥6	102	31.6	34.80±1.09
Z; p-value				-0.351; 0.72
Shift type	Day	101	31.3	38.35±1.50
	Day/Night Rotation	222	68.7	34.36±0.71
Z; p-value				-2.026; **0.04***

*(Mean ± SD)/(Min-Max), Z=Mann Whitney U; X^2=Krusskall Wallis ; *p <0.05; ***:p<0.001

Table 2 examines the NAQ-R mean scores in the context of violence experienced by nurses about managerial and colleague support. According to the frequency of managerial support, nurses who

'always' receive support had significantly lower NAQ-R scores than other groups ($p<0.001$). Regarding colleague support frequency, nurses who rarely received support had substantially higher NAQ-R scores than other frequencies ($p<0.001$). Nurses who experienced violence had significantly higher NAQ-R scores compared to those who did not experience violence ($p<0.05$). However, regarding the perpetrators of violence, the NAQ-R scores for those experiencing bullying from managerial nurses averaged 41.39±1.79, while for those from clinical nurses, the scores averaged 38.94±2.28. This difference was not statistically significant ($p>0.05$).

Table 2. Differences in Negative Act Questionnaire-R mean scores according to Managerial and Colleague Support and Exposure to Bullying Situations

Variables	Group	n	%	NAQ-R Total $\bar{X}$ ±SD
Managerial support frequency	Rarely[a]	94	29.1	41.17±2.63
	Sometimes[b]	123	38.1	39.92±1.84
	Often[c]	85	26.3	44.5±3.75
	Always[d]	21	6.5	27.00±1.37
X^2; p-value				16.69; **0.00*** **
Post hoc				a>d; b >d
Colleague support frequency	Rarely[a]	21	6.5	51.70±6.01
	Sometimes[b]	76	23.5	43.23±2.53
	Often[c]	166	51.4	37.32±1.82
	Always[d]	60	18.6	36.93±3.01
X^2; p-value				47.00; **0.00*** **
Post hoc				a>b>c>d
Exposure to colleague bullying	Yes	98	30.3	40.54±1.41
	No	225	69.7	33.46±0,72
Z; p-value				-5.33; **0.00*** **
Perpetrators of violence*	Nurse managers	64	65.3	41.39±1.79
Z; p-value	Clinics nurses	34	34.6	38.94±2.28
				-0.956; 0.33

* Responses from Those Exposed to Colleague Violence, Z=Mann Whitney U; X^2=Krusskall Wallis; *p: <0.05; ***:p<0.001

4. Discussion

Bullying, manifesting in various forms of violence over time, is a significant issue in healthcare settings. This is especially true for hospital nurses who, working in close-knit groups, are vulnerable to bullying from colleagues or supervisors/managers [3]. This research examines an often overlooked yet significant issue in the nursing profession: colleague violence, namely bullying. The obtained mean NAQ-R score (35.61±12.34), although well below the scale's maximum score, indicates the presence of moderate levels of workplace bullying. This finding highlights the issue of bullying faced by nurses in hospital environments. Furthermore, the high standard deviation (SD=12.34) points to significant differences in individual experiences, emphasizing the importance of understanding how the work environment and colleague interactions shape nurses' perceptions of bullying. In conclusion, this study's findings demonstrate that colleague violence, or bullying, is a natural and undeniable problem among nurses.

Our study determined that 30.3% of nurses experienced colleague bullying, and nurse managers perpetrated 65.3% of these incidents. These rates are consistent with findings in other studies within the field of nursing. For instance, a survey by Yoseb et al. (2022) [7] reported that nurse managers conducted 40.7% of bullying incidents. This often manifests as intimidation and pressure tactics towards nurses at

lower levels of the hierarchy, sadly indicating a lack of effective leadership and judgment skills [15]. Yıldırım (2009) found that 21% of nurses were bullied [20]. Similarly, a study by Etienne (2014) reported that 48% of registered nurses had experienced workplace bullying in the previous six months [21]. Likewise, Spector, Zhou, and Che (2014) found that 39.7% of nurses reported being bullied [22]. As noted by Bambi et al. (2018), the reported prevalence rates of bullying range significantly from 2.4% to 81% [23]. These comparisons suggest that bullying among nurses is not only a widespread issue but also occurs at varying degrees. Notably, the high rate of bullying conducted by nurse managers calls for reevaluating nursing management and leadership practices. The findings from our study allow for an understanding of the challenges nurses face in the healthcare sector and the complexity of peer relationships. The reasons for colleague bullying identified in our study include personal factors, increased workload, and administrative issues [13, 17]. Identifying these factors can form the basis for understanding the emergence of workplace bullying and developing steps to address this issue [13].

Our study examined which groups of nurses, based on their individual and professional characteristics, might be more vulnerable to workplace bullying. Interestingly, our findings reveal that workplace bullying does not significantly differ among nurses based on gender, educational level, or marital status, aligning with previous research [2]. The literature often suggests that, theoretically, nurses with less power in the workplace, namely younger nurses, are more likely to experience bullying [14, 16, 24]. However, our study revealed that nurses aged 35 and over had significantly higher NAQ-R scores. This finding indicates that bullying is not exclusive to younger nurses but can also affect older nurses. Older nurses, possibly fatigued by years of work life and experiencing psychological burnout and dissatisfaction, might be more likely to report incidents of violence [25]. Costronovo et al. (2016) [9] noted that specific characteristics make individuals more susceptible to workplace bullying. Notably, individuals who introduce new ideas often face bullying as they challenge the status quo at work; similarly, those perceived as threats to higher-level individuals are also targeted. This underscores the importance for nurse managers to consider different age groups and levels of professional experience in developing strategies to combat bullying. Effective anti-bullying measures should encompass young and inexperienced nurses and older, more experienced ones. By doing so, healthcare institutions can develop more comprehensive and effective intervention methods that consider the needs of nurses at all levels.

Our study has demonstrated significant differences in NAQ-R scores based on the type of institution. This result is consistent with the literature, which has found that nurses working in public hospitals have statistically higher NAQ-R scores compared to their counterparts in private hospitals [16, 26,27,28,29]. Seyrek and Ekici (2019) found that nurses working in university hospitals experience more psychological violence than those working in private hospitals in Türkiye [29]. According to Fontes et al. (2013), the reason for this is that in the public sector, bullying can last for years because victims cannot be easily dismissed, and there is often a preference to maintain job stability at the expense of personal dignity. The methods employed in this sector are more harmful and can have a catastrophic impact on the victim's health. Another exacerbating factor in the public sector is the difficulty in accessing higher-ranking employees to discuss interpersonal issues with superiors. Hence, such work environments pose a risk for the development and persistence of bullying [26]. This result may indicate that nurses working in private hospitals experience less workplace bullying. However, it is important to note that only a small fraction (12.7%) of our study's respondents were from private hospitals. Therefore, these findings should be interpreted with caution. Further exploration through research including a more balanced representation of nurses from both public and private sectors is necessary. Such research would provide a more holistic understanding of the phenomenon and could inform more effective strategies to combat workplace bullying in various healthcare settings. This result underscores the importance of considering the type of institution in understanding the working environments and challenges faced by healthcare workers. Particularly, the more frequent experiences of bullying among

nurses in public hospitals suggest a need for improving working conditions and implementing effective protective measures against bullying in these institutions. Strategic actions could create a more supportive and safe working environment for nurses and help reduce bullying in the healthcare sector.

The literature particularly highlights that working in specialized units and high-stress environments exposes healthcare workers to increased bullying, often associated with heightened stress in interpersonal staff relationships and the management of critical patients [2, 5, 13]. During the COVID-19 pandemic, healthcare workers faced high violence risk due to heavy clinical workloads, low clinician-to-patient ratios, and stressful work environments [30]. Our study found that nurses in specialized areas such as Palliative/COVID-19 clinics had significantly higher NAQ-R mean scores than their internal medicine and surgical clinic counterparts. These findings suggest that high-stress and specialized healthcare settings can amplify nurses' experiences of bullying. The effects of these factors on nurses can become more pronounced during extraordinary health crises like a pandemic. Our results emphasize the need for nurse managers to take additional measures to support and strengthen the capacity of nurses working in these environments to cope with bullying.

Another notable finding from our study, which is consistent with the literature [14], is that nurses working daytime shifts had significantly higher NAQ-R mean scores compared to their colleagues working rotating shifts (day/night rotation). The higher bullying scores among daytime nurses might indicate that working on this shift could increase stress levels and, consequently, the risk of bullying. This could be due to daytime shifts generally involving a heavier patient flow, more administrative interactions, and typically a higher workload. Additionally, nurses working during the day might interact more with managers and other administrative staff, potentially increasing the risk of bullying due to these potentially stressful interactions. On the other hand, nurses working night shifts might encounter fewer patients and administrative interactions, which could contribute to their lower bullying scores. These findings suggest the need for healthcare institutions to be cautious in shift planning and work environment design. Developing strategies to mitigate the challenges and stress factors faced by daytime nurses is crucial, potentially enhancing the overall well-being of nurses and reducing the risk of workplace bullying.

The lack of support from nurse managers and colleagues hampers the coping abilities of nurses and leads to increased job resignations [15]. Our study analyzed the NAQ-R mean scores of nurses in the context of the support they receive from managers and colleagues and the bullying they encounter. As expected, nurses who 'always' received managerial support had significantly lower NAQ-R scores than other groups. This suggests that managerial support can reduce nurses' perceptions of workplace bullying. Continuous support may help nurses feel more secure in challenging situations, thereby mitigating the effects of bullying [7]. Conversely, nurses who infrequently received peer support had significantly higher NAQ-R scores. This indicates that a lack of colleague support can increase nurses' perceptions of bullying. Peer support can be a crucial factor in coping with workplace challenges, and its absence may increase the risk of encountering bullying. These findings underscore the importance of managerial and peer support in healthcare institutions to bolster nurses' abilities to cope with workplace bullying.

Our study also found that nurses who experienced violence had significantly higher NAQ-R scores than those who did not, highlighting that exposure to workplace violence significantly increases nurses' perceptions of bullying. However, when examining the source of bullying, no significant difference was found in the NAQ-R scores between nurses bullied by nurse managers and those bullied by clinical nurses. This could suggest that regardless of the bullying source, nurses experience the effects of such behaviors similarly. Especially in the healthcare sector, nurses and nurse managers are often subjected to various forms of bullying, such as humiliation, insult, and criticism, from lower-level

employees and upper management [31]. These findings indicate the need for more in-depth studies to understand the types and sources of bullying that nurses face.

5. Conclusion

Our study determined that 30.3% of nurses experienced colleague bullying, with 65.3% of these incidents perpetrated by nurse managers. Moreover, it was observed that nurses generally have a moderate perception of bullying. However, the high standard deviation indicates significant differences in individual experiences. Our study found no significant differences in the NAQ-R mean scores when considering nurses' gender, marital status, educational background, position, professional, institutional, and clinical experience, and the parties perpetrating the bullying. On the other hand, significant differences were identified among factors such as age, type of institution, department, and shift pattern. Notably, nurses aged 35 and over, working in public hospitals, in specialized clinical areas such as palliative/COVID-19, and on day shifts scored significantly higher on the NAQ-R than other groups. Additionally, the considerably lower NAQ-R scores of nurses who 'always' received managerial support than other groups suggest that managerial support is crucial in reducing perceptions of bullying. Similarly, the higher NAQ-R scores among nurses who rarely received peer support indicate that a lack of peer support may increase perceptions of bullying.

5.1. Limitations

The study has several significant limitations. Firstly, the methodology involved data collection solely via an online survey form. This approach may have excluded the views of participants who prefer not to participate in online surveys or have limited internet access, potentially limiting the generalizability of the study. Secondly, the study's results are based solely on the participants' self-reports, so the responses and demographic information collected may not fully reflect the views of all nurses. Thirdly, the results may change because the research was conducted within a specific time frame. Consequently, these limitations should be considered when interpreting and generalizing the findings.

5.2. Implications

Our study's findings have significant implications for nurse managers and clinical nurses. As our research suggests, nurse managers can substantially reduce nurses' perceptions of bullying by providing consistent support. It is recommended that nurse managers exhibit continual supportive leadership and promote effective communication and conflict-resolution skills within their teams. These approaches will likely enhance understanding and collaboration among nurses, thereby reducing bullying incidents [9, 32].

For nurses, the study underscores the importance of peer support. Actively providing colleague support can strengthen coping skills against bullying and reduce the perception of bullying in the workplace. Stress management techniques and personal well-being should also be emphasized for nurses working in high-stress environments. Engaging in ongoing professional development and education on bullying-related issues will increase their awareness and coping abilities [7].

Furthermore, shift planning and personnel management strategies should consider the effects of institutional type and shift patterns on nurses' perceptions of bullying. Providing additional support and resources for nurses working in high-stress, specialized clinical areas and for older nurses could reduce the risk of bullying in these areas.

In conclusion, nurse managers and clinical nurses are vital in addressing and reducing workplace bullying. The findings of this study highlight the need for health institutions to develop comprehensive and targeted strategies to enhance nurses' professional and personal well-being.

Ethical Statement:

Ethical approval for the study was obtained from the Non-Interventional Research Ethics Committee of Bandırma Onyedi Eylül University (18.10.2022; 2022-150), and permission was obtained from the author for the scale used in the research. Participation in the study began with completing an Informed Consent Form added to the online survey form by nurse participants. This form confirmed the informed and voluntary involvement of the nurses and included their written consent.

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Conflict of interest:

No conflict of interest has been declared by the authors

Authors' contributions:

All authors read and approved the final manuscript.
The level of their contributions are as follows:
İ.U: Conceptualization; Data collection, Investigation, Formal analysis, Manuscript preparation
A.Ç.K : Conceptualization; Methodology; Formal analysis; Writing – Original Draft; Writing – Review and Editing.

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