Exploration of Workplace Bullying in Emergency and Critical Care Nurses in Cyprus

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Background: *Workplace bullying is considered as an extreme work-related stressor, associated with mental and physical burden.* ***Aim:*** *Investigation of workplace bullying occurrence and related factors in Greek-Cypriot nurses employed in private and public emergency (emergency departments [EDs]) and critical care settings (intensive care units [ICUs], coronary critical care units [CCCUs]).* ***Methods:*** *A descriptive, cross-sectional correlation study was performed. Following informed consent, a convenience sample of 113 nurses agreed to participate in the study.* ***Results:*** *The response rate was 32.56%. 68.1% (N = 77) of the participants reported direct experience of workplace bullying as victims, while 57.5% (N = 65) reported experience of witnessing workplace bullying in others (indirect exposure). A statistically significantly higher frequency of direct workplace bullying victimization was observed in ICUs compared to EDs and CCCUs (p = .031), while both direct and indirect victimization were more often reported in participants in public hospitals (p < .003). There was no statistically significant difference in the frequency of direct/indirect workplace bullying experiences between male and female participants (p = .772), while those holding a Master's degree reported more frequently experiences of and indirect bullying victimization (p = .001).* ***Conclusions:*** *The present study presents data on the sociodemographic characteristics of critical and emergency nurses who become more often the target of bullying/mobbing behavior in Cyprus. Though, due to the low response rate further quantitative and qualitative studies are proposed.*

Keywords: workplace bullying, mobbing, intimidation, victimization, critical care, emergency department

INTRODUCTION

Bullying is expressed through unethical behaviors (verbal, physical, interpersonal), systematically expressed as part of a strategy of humiliation and disempowerment of the "target-victim" (Becher & Visovsky, 2012). Similarly, workplace bullying is methodically practiced in various forms and methods in order to humiliate, isolate, and remove someone from work or a place or situation. It is an extreme type of work-related stress, which may be expressed by one or a group of people toward the target employee (Carter, Thompson, & Crampton, 2013). According to Leymann (1996), a pioneer research on the topic, this type of interpersonal hostility and aggressive behavior occurs frequently, at least once a week for at least 6 months, while there is a power imbalance between the perpetrator and the victim.

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What differs workplace bullying from other forms of violence is that the former is a systematic, repetitive, long-term, insidious tactic which leads to the victim's psychological distress and burnout (Rodwell & Demir, 2012). A term used interchangeably to bulling is mobbing (Branch, Ramsay, & Barker, 2013). Yet, there are researchers reporting concise differences between the two terms (European Agency for Safety and Health at Work, 2010); they describe "bulling" as a systematic victimization of the target employee by one person, while "mobbing" is more suitable when perpetration is expressed by a group of people (Professional Issues Panel on Incivility, 2015).

Word Health Organization (WHO) recurrently emphasizes on work-related risks as a public health priority, stating the need for better management of work-related risks for healthcare employees WHO, 2010). Moreover, there is evidence showing that mental and physiological well-being in healthcare employees is linked to increased safety and quality standards of patient care as well as to the sustainability of healthcare organizations. However, lack of a standardized definition and structured methodology for assessing workplace bullying/-mobbing contributes to unclear data about the extent of the phenomenon, thus hindering effective management of it (Nielsen & Einarsen, 2012).

The present study was the first research effort to investigate workplace bullying/mobbing in emergency and critical care nurses in Cyprus, thus shedding some light into the extent and nature of this phenomenon. In particular, it is expected that the present data may be useful in reassessment of the effectiveness of the existing anti-bullying policy in healthcare organizations in Cyprus. At the same time, data on the sociodemographic characteristics of nurses who become more often the target of bullying/mobbing behavior could be useful in shaping empowerment and education programs toward vulnerable groups of this population.

AIM

The purpose of the study was to investigate workplace bullying/mobbing occurrence and related demographic and professional characteristics in nurses employed in private and public emergency and critical care settings in Cyprus.

METHOD

Design

A descriptive, cross-sectional correlation design was applied.

Sampling

The target population encompassed all intensive/-critical and emergency care nurses working in private and public healthcare services of Cyprus. The appropriate sample size was calculated via power analysis and was determined to 98 nurses (α = .05 level of statistical significance, moderate correlation effect (0.3–0.4) with 80% statistical power).

The following inclusion criteria were set: (a) employment in intensive care unit (ICU)/coronary critical care unit (CCCU)/emergency department (ED) for more than 12 months, a criterion set on the basis of the questions included in the assessment tool for the bullying/mobbing phenomenon, that is, "In the last 12 months, have you been bullied/ mobbed in your workplace?" (WHO, 2003) (b) understanding of the Greek language, the objectives and procedures of the study (c) sign of the informed consent.

Study Environment

All four adult public hospitals based in Nicosia, Limassol, Larnaca, and Paphos, respectively, were included in the study. The study environment were all four ICUs (approximately 12 beds per unit), all four public EDs (providing services to approximately 80 individuals per shift), and one public CCCU (approximately 10 beds per unit) out of two. In particular, the CCCU based in Nicosia although invited, did not agree to participate in the study. Also, one private hospital out of five in the Republic of Cyprus agreed to participate in the study. This hospital is based in

Limassol and encompasses one ICU (7 beds), one CCCU (11 beds), and an ED providing services to approximately 50 individuals per shift.

Data Collection

Data collection took place from October 2018 to February 2019 through a questionnaire package including the Workplace Violence in the Health Sector-Country Case Studies Research Instruments (WVHS-CCSRI): Part A (Personal and workplace data) and Part C.II (Mobbing/Bullying) (WHO, 2003). Also, a printed consent form was included.

Additional data on demographic and employment characteristics (gender, age, marital status, education, type of working hospital/setting, working province) were added in Part A of the WVHS-CCSRI to get more precise information about the participants. Part C.II of the WVHS-CCSRI includes items specific to workplace bullying/-mobbing. A description of the term "bullying/-mobbing" as "a repeated and over time offensive behavior through malicious verbal, physical, or interpersonal attempts to humiliate or undermine an employee or a group of employees by a person or group of persons" was included in the beginning of the data collection instrument applied herein. A relevant definition is stated in the glossary of the WVHS-CCSRI (WHO, 2003). Thus, both terms, that is, "Bullying" and "Mobbing," are used in the present study, however there is no distinction between them regarding data presentation. Furthermore, since the rest of the Parts of the WVHS-CCSRI assess other forms of violence, for example, physical violence or sexual harassment not specified as bullying/mobbing were not included in the present survey. The WVHS-CCSRI is an open access questionnaire developed by the WHO, International Council of Nurses (ICN), International Labour Office (ILO), and the Public Services International (PSI) (WHO, 2003).

Part A and Part C.II of the WVHS-CCSRI instruments were used in the Greek version, previously translated and validated by Zigrika, Platsidou, Karavakou, and Dagdilelis (2013). The BM2 question on the frequency of bullying/mobbing experiences in the C.II Part of the WVHS-CCSRI questionnaire was transformed herein as follows: "Almost every day" instead of "all the time," "4–5 times per year" instead of "sometimes" and "1–2 times in total" instead of "once." The aim was to get more accurate data on the frequency of the responses.

The questionnaire package was distributed by the main researcher (AL) in all study settings, while completion time was approximately 8–10 minutes. 347 questionnaires were distributed to all emergency and critical care nurses in the four public hospitals of the Greek speaking part of Cyprus, as well as to the private hospital which agreed to participate in the study. 117 questionnaires were returned, while four of them were excluded as no fully completed. Thus, 113 questionnaires were included in the sample.

Ethical Issues

Reading the consent form and completion of the date and further responding to the questionnaire items was deemed as participation after informed consent. The informative consent letter described the purpose and procedures of the study, encompassed giving information about assurance of anonymity, confidentiality of information, and voluntary nature of participation in the study. The questionnaire package was given in an open, nontransparent envelope. Participants were asked to place the fulfilled questionnaires in the envelop, to seal it and then to put in a box, placed in their ward/unit. These boxes were transparent while removal of the envelops was not possible. Only the main researcher had access to the keys of each box.

If the participants had any questions about the questionnaire or the procedure, they had the chance to be informed by phone or e-mail by the main researcher. Her personal details were listed in the information letter. The participants were also assured that they had the right to leave the study whenever they wished to. It should be noted that none of the study participants withdrawn.

Permission to conduct the study was obtained from the National Committee of Bioethics of Cyprus and the Research Promotion Committee of the Ministry of Health of Cyprus.

Data Analysis

Frequencies were assessed for categorical variables, while mean value (*M*) and standard deviation (*SD*) for continuous variables. Continuous variables were checked for normality and the parametric t-test was applied for comparisons between groups. The nonparametric statistical χ^2 test was used for comparisons between groups regarding categorical variables. Stepwise logistic regression analysis was further applied for comparisons between dichotomous variables and variables with more than two groups. The level of statistical significance was set at <.05. The statistical package IBM SPSS (version 25. 0) was used for data analysis.

RESULTS

Demographic and Employment Characteristics of the Sample

A convenience sample of 113 participants was achieved (valid response rate: 32.56%). Table 1 presents the demographic characteristics of the sample. Most of the participants were employed in the public sector (70.8%) with a mean age of approximately 33 years. More than half of the participants were females (57.5%) and half of the participants were married (53.1%). Approximately 40% were holders of a Master's degree and more than half of the sample were employed in adults' ICUs (55.8%). Also, the majority of the sample were staff nurses (92.9%) with a mean overall working experience as a nurse nearly 7 years. 5.3% of the participants were non-Cypriots, who had moved to Cyprus to be employed.

Workplace Bullying/Mobbing Characteristics

Almost 7 out of 10 participants (*n* = 77, 68.1%–95%CI [0.587–0.766]) reported an incidence of workplace bullying/mobbing to themselves during the last year (direct experience), while 57.5% ([*n* = 65]–95%CI [0.484–0.668]) reported that they had witnessed bullying/mobbing to others at some point during the last 12 months (indirect experience). Table 2 presents participants' demographic, educational, and employment data in relation to experience or no experience of workplace bullying/mobbing, as well as type of workplace bullying/mobbing experience (direct/indirect).

Subgroup Analysis in the Participants Who Reported Experience of Direct Workplace Bullying/Mobbing Victimization

The majority of the participants who stated direct workplace bullying/mobbing victimization (*n* = 77), reported that they had this experience four to five times per month in the last year (47%), while most often the bully was a patient's relative (41.5%), followed by a staff nurse colleague (30%) with whom there was no ranking relation (47.1%). More often bullying/mobbing was expressed verbally (71.9%) and within the employment setting (88.5%). Interestingly, most of those who reported workplace bullying/mobbing experiences stated that the incidence could have been prevented (74.1%), while, more than half of them (59.5%) reported that no action was taken regarding this incidence by the administrators/managers of the hospital. As a result, more than half of this subgroup of the sample were totally dissatisfied with the way the incident was handled by the administrators/managers (64%). In particular, 86.5% reported that there were no consequences for the bullies, while 68.5% of those who experienced workplace bullying/mobbing victimization themselves did not receive any kind of support (68.5%). Overall, approximately half of the subgroup believed that bullying/mobbing victimization takes place often (52.7%). Table 3 depicts differences in relation to employment data on workplace bullying/mobbing descriptive characteristics.

Moreover, the vast majority of this subgroup took no action against the incidence (81.8%), while 90.9% did not even ask for support from the Professional Union or colleagues (54.5%). The reason behind this passive response to bullying/

TABLE 1. Demographic, Educational, and Employment Data of the Participants (*N* = 113)

		N	%
Gender	Male	48	42.5
	Female	65	57.5
Marital status	Single	51	45.1
	Married	60	53.1
	Divorced	2	1.8
Education	Bachelor degree only	67	59.3
	Postgraduate/Master's degree	46	40.7
Employment sector	Private	33	29.2
	Public	80	70.8
City of employment	Nicosia	18	15.9
	Limassol	61	54.0
	Larnaca	20	17.7
	Paphos	14	12.4
Working ward	ICU	63	55.8
	CCCU	17	15.0
	ED	33	29.2
Ranking	Head Nurse	3	2.7
	Senior Nurse	5	4.4
	Staff Nurse	105	92.9
Did you move from another country to be employed where you are currently working (in Cyprus)?	Yes	6	5.3
	No	107	94.7
	Mean Value	Standard Deviation	
Age (years)	32.9	7.6	
Overall clinical experience in nursing (years)	6.85	6.5	
Clinical experience in the current position (years)	2.26	0.8	

Note. CCCU = coronary critical care unit; ED = emergency department; ICU = intensive care unit.

mobbing victimizations seemed to be mainly the participants' perception that there was nothing to be done to possibly eliminate the bullying/mobbing behavior (44.2%), while one out of four were afraid of negative consequences toward them (26%). Also, approximately one out of three though that the incidence was not important (29.9%) (Table 4).

Regarding the subgroup of those who reported that they had witnessed workplace bullying/mobbing to others, their most frequent response was asking the bully to stop (38.5%) or advise the bully victim to kindly ask the bully to stop intimidation (38.5%) (Table 5).

Relationship Between Self-Reported Workplace Bullying/Mobbing Victimization and Participants' Demographic Characteristics

A statistically significant association was reported between witnessing a bullying/mobbing incidence and working experience in the current position (p = .005). Specifically, those with longer experience reported more frequently indirect exposure to bullying/mobbing. Also, those reporting longer overall clinical experience reported

TABLE 2. Demographic, Educational, and Employment Data of the Sample in Relation to Experience or No Experience of Workplace Bullying, as well as Type (Direct or Indirect) of Workplace Bullying Victimization Experience (*n* = 113)

		Have You Been Bullied/Mobbed in Your Workplace in the Last 12 Months?			Have You Witnessed Incidents of Bullying/Mobbing in Your Workplace in the Last 12 Months?		
		YES *n* (%)	**NO *n* (%)**	***P* value**	**YES *n* (%)**	**NO *n* (%)**	***P* value**
Gender	Male	32 (66.7%)	16 (33.3%)	.772	27 (56.3%)	21 (43.7%)	.814
	Female	45 (69.2%)	20 (30.8%)		38 (58.5%)	27 (41.5%)	
Material status	Single	33 (64.7%)	18 (35.3%)	.521	29 (56.9%)	22 (43.1%)	.471
	Married	42 (70%)	18 (30%)		34 (56.7%)	26 (43.3%)	
	Divorced	2 (100%)	0		2 (100%)	0	
Education	Bachelor degree only	41 (61.2%)	26 (38.8%)	.056	30 (44.8%)	37 (55.2%)	.001
	Postgraduate/ Master's degree	36 (78.3%)	10 (21.7%)		35 (76.1%)	10 (23.9%)	
Employment sector	Private	12 (36.4%)	21 (63.6%)	<.001	12 (36.4%)	21 (63.6%)	.003
	Public	65 (81.2%)	15 (18.8%)		53 (66.3%)	27 (33.7%)	
City of employment	Nicosia	17 (94.4%)	1 (5.6%)	.004	16 (88.9%)	2 (11.1%)	.016
	Limassol	36 (58.1%)	26 (41.9%)		34 (54.8%)	28 (45.2%)	
	Larnaca	11 (57.9%)	8 (42.1%)		10 (52.6%)	9 (47.4%)	
	Paphos	13 (92.9%)	1 (7.1%)		5 (35.7%)	9 (64.3%)	
Working ward	ICU	47 (74.6%)	16 (25.4%)	.031	36 (57.1%)	27 (42.9%)	.871
	CCCU	7 (41.2%)	10 (58.8%)		9 (52.9%)	8 (47.1%)	
	ED	23 (69.7%)	10 (30.3%)		20 (60.6%)	8 (47.1%)	
Ranking	Head Nurse	3 (100%)	0	.434	2 (66.7%)	1 (33.3%)	.689
	Senior Nurse	4 (80%)	1 (20%)		2 (40%)	3 (60%)	
	Staff Nurse	70 (66.7%)	35 (33.3%)		61 (58.1%)	44 (41.9%)	

Note. CCCU = coronary critical care unit; ED = emergency department; ICU = intensive care unit.
p values have been assessed through the nonparametric statistical χ^2 test.

more frequently direct workplace bullying/mobbing victimization (p = .018). No association was noted in relation to age, regarding both direct and indirect victimization. Furthermore, a statistically significant association was noted between workplace bullying/mobbing victimization and both employment sector and education. In particular, increased frequency of both direct and indirect experience of bullying/mobbing was assessed among the participants working in the public sector (p < .001–99%CI [<0.001–<0.001] and p = .003–99% CI [0.004–0.007], respectively), while those holding a Master's degree reported more frequently indirect experience p = .001–99%CI (>0.0001–0.002). Also, increased frequency of direct bullying/mobbing was reported among ICU nurses compared to CCCU and ED nurses (p = .031), as well as those employed in Limassol

TABLE 3. Workplace Bullying Descriptive Characteristics According to the Subgroup of the Sample Who Had Being Bullied Themselves (*n* = 77), and Differences in Relation to Employment Data

	Working Ward				Employment Sector		
	ICU	CCCU	ER	*P* Value	Private Sector	Public Sector	*P* Value
Workplace Bullying Descriptive Characteristics							
How often has bullying/ mobbing occurred in the last 12 months?							
Almost every day	78.6%	4.8%	16.6%	.006	11.9%	88.1%	.022
Four to five times per year	37.5%	12.5%	50%		16.7%	83.3%	
One to two times in total	68.8%	18.8%	12.4%		43.8%	56.2%	
Who was the bully?							
Administrative personnel	80%	6.7%	13.3%	.063	26.7%	73.3%	.038
Staff nurse	66.7%	18.5%	14.8%		33.3%	66.7%	
Other employee	40%	0	60%		0	100%	
Patient/client	100%	0	0		20%	80%	
Patients'/clients' relatives	48.6%	10.8%	40.5%		5.4%	94.6%	
Bully's ranking							
Equal ranking	53.3%	13.3%	33.4%	.032	46.7%	53.3%	.001
Superior ranking	77.4%	9.7%	12.9%		16.1%	83.9%	
Inferior ranking	0	100%	0		100%	0	
No ranking relation	54.8%	9.5%	35.7%		7.1%	92.9%	
Where did the bullying/mobbing incident took place?							
Inside the hospital	61.3%	12.4%	28.3%	.752	18.8%	81.2%	.921
Outside the hospital	80%	0	20%		20%	80%	
Other: Over the telephone	50%	0	50%		0	100%	
Other: In the administration office	50%	0	50%		0	100%	
Other: In patients' screening room	0	0	100%		0	100%	
Bullying/mobbing type							.835
Verbal abuse	57.8%	10.9%	31.3%	.736	17.2%	82.8%	
Physical violence/gestures	80%	0	20%		20%	80%	
Gossiping/unpopular rumors	62.5%	30%	18.8%		25%	75%	
Isolation/information hiding	100%	0	0		0	100%	
Irrelevant duties assignment/unrealistic deadlines assignment	100%	0	0		0	100%	
Do you think the bullying/mobbing incident could have been prevented?							
Yes	56.1%	13.6%	30.3%	.151	21.2%	78.8%	.178
No	78.3%	4.3%	17.4%		8.7%	91.3%	
Was any action taken to investigate the bullying/mobbing incident by the employment organization?							
Yes	83.3%	0	16.7%	.492	33.3%	66.7%	.492
No	56.6%	13.2%	30.2%		17%	83%	
Don't know	62.5%	12.5%	25%		12.5%	87.5%	

(*Continued*)

TABLE 3. Workplace Bullying Descriptive Characteristics According to the Subgroup of the Sample Who Had Being Bullied Themselves (*n* = 77), and Differences in Relation to Employment Data (*Continued*)

	Working Ward				Employment Sector		
How satisfied are you with the way in which the bullying/-mobbing incident was handled by administrators/managers?							
Not at all	52.6%	12.3%	35.1%	.102	14%	86%	.342
Slightly	75%	0	25%		6.2%	93.8%	
Moderately	72.7%	27.3%	0		45.5%	54.5%	
Very	100%	0	0		50%	50%	
Extremely	100%	0	0		73.3%	66.7%	
What were the consequences for the bully?							
None	61%	10.4%	28.6%	.617	15.6%	84.4%	.134
Incident reported to police	50%	0	50%		0	100%	
Verbal warning made	70%	20%	10%		40%	60%	
What type of support was provided to the workplace bullying victim by the administrators/managers?							
No support	57.4%	11.5%	31.1%	.755	0	0	.577
Counseling	76.4%	11.8%	11.8%		0	0	
Opportunity to talk about/report it	50%	12.5%	37.5%		0	100%	
Other: Advised not to report it	100%	0	0		0	100%	
Other: Offered working setting change (didn't accept it)	100%	0	0		0	100%	
How often do you believe bullying/mobbing happens in your workplace?							
Rarely	50%	21.4%	28.6%	.018	42.9%	57.1%	.069
Not very frequently	73.1%	11.5%	15.4%		15.4%	84.6%	
Moderately frequently	81%	9.5%	9.5%		19%	81%	
Very frequently	52.6%	0	47.4%		10.5%	89.5%	
Highly frequently	22.2%	22.2%	55.6%		0	100%	
Have you ever been punished because you reported a workplace bullying/mobbing incident?							
Yes	66.6%	16.7%	16.7%	.834	0	100%	.235
No	61.4%	10.8%	27.8%		19.3%	80.7%	

Note. CCCU = coronary critical care unit; ER = emergency room; ICU = intensive care unit.
p values have been assessed through the nonparametric statistical χ^2 test.

compared to those working in Paphos, Nicosia and Larnaca (p=.004) (Table 2).

DISCUSSION

The most important finding of the present study on the relationship between workplace bullying/-mobbing and associated features in intensive and emergency care nurses was that approximately two out of three participants reported that they had witnessed bullying/mobbing behaviors to others, while 7 out of 10 reported experiences of direst bullying/mobbing victimization within workplace. These finding are in accordance with international literature which demonstrates that bullying/mobbing prevalence varies between 2.4% and 81% in the general nursing population (Bambi et al., 2018), while other data report that approximately one out of four staff nurses may be victim of workplace bullying/mobbing (Wilson, 2016). Also, the present finding showed a higher frequency of workplace bullying/mobbing in the public sector, in ICUs as well as in the city of Limassol.

TABLE 4. Responses Toward Workplace Bullying Among Those Who Were Directly Victimized (*n* = 77), as well as Rationale for Taking No Action Against Workplace Bullying Victimization

How Did You Respond to the Most Recent Incident of Workplace Bullying? (*N* = 77)				If You Did Not Report or Tell About the Incident of Workplace Bullying to Others,Why Not? (*N*= 77)			
Copying strategy/Response		*N*	%	Rationale for No Taking Action		*N*	%
Took action	YES	14	18.2	It thought that the incident was not important	YES	23	29.9
	NO	63	81.8		NO	54	70.1
Told to a colleague	YES	35	45.5	Felt guilty	YES	2	2.6
	NO	42	54.5		NO	75	97.4
Sought help from the Professional Union	YES	7	9.1	Did not know who to report to	YES	13	16.9
	NO	70	90.9		NO	64	83.1
Asked to be transferred to a different working setting	YES	4	5.2	Other: Anti-bullying policy is not provided by the institution	YES	4	5.2
	NO	73	94.8		NO	73	94.8
Reported the incident to a senior staff member	YES	18	23.4	Felt humiliated	YES	7	9.1
	NO	59	76.6		NO	70	90.9
Tried to pretend it never happened	YES	13	16.9	Afraid of negative consequences	YES	20	26
	NO	64	83.1		NO	57	74
Filled-in an incident/-complaint form	YES	4	5.2	Other: Thought that there was nothing to be done to eliminate this behavior	YES	34	44.2
	NO	73	94.8		NO	43	55.8
Told the bully to stop	YES	17	22.1	Other: Colleagues and peers asked/advised me not to report/take actions against	YES	6	7.8
	NO	60	77.9		NO	71	92.2
	NO	60	77.9		NO	71	92.2
Asked for counseling	YES	4	5.2				
	NO	73	94.8				
Tried to defend myself physically	YES	3	3.9				
	NO	74	96.1				
	NO	74	96.1				
Pursued prosecution	YES	3	2.7				
	NO	74	96.1				
Told friends/family	YES	21	27.3				
	NO	56	72.7				
Other: I asked for support from the anti-bullying committee of the hospital	YES	9	11.7				
	NO	68	88.3				

TABLE 5. Copying Strategies Toward Workplace Bullying Among the Participants Who Had Witnessed Workplace Victimization in Others (*n* = 65)

		N	%
I advised the bullying victim to kindly ask the bully to stop this behavior	YES	25	38.5
	NO	40	61.5
I myself reported the workplace incident to the manager	YES	10	15.4
	NO	55	84.6
I myself asked the bully to stop	YES	25	38.5
	NO	40	61.5
I advised the bullying victim not to take action until the incidence was repeated	YES	5	7.7
	NO	60	92.3
I took no action	YES	23	35.4
	NO	42	64.6

Although novel, the present findings need to be viewed under the scope of a few limitations. The most important limitation is the low response rate. Regarding this issue, one may suggest that the frequency of self-reported experiences of workplace bullying/mobbing may has been overestimated herein. However, another may suggest that those who are more likely reluctant to participate in such studies are those who are victims of workplace bullying/mobbing. In any case, generalizability of the present studies needs to be consciously. Nonetheless, the present study is the first to the best to our knowledge held exclusively in emergency and critical care settings in Cyprus and one among very few internationally (Al-Ghabeesh & Qattom 2019; Chatziioannidis, Bascialla, Chatzivalsama, Vouzas, & Mitsiakos, 2018; Ganz et al., 2015; Wolf, Perhats, Clark, Moon, & Zavotsky, 2018). Previous data form international settings confirm increased rates of workplace bullying/mobbing among nurses, supporting the need from data coming from different cultures (Bambi et al., 2018).

An additional limitation may be the lack of triangulation of data via colleagues/nomination techniques, since only self-reported data were collected herein. This may have resulted in an overestimation or underestimation of the frequency of bullying/mobbing experiences. However, data coming from other countries confirm the frequency of workplace bullying/-mobbing presented herein. For instance, data from Israel show that approximately one out of three ICU nurses who participated in a relevant study had been workplace bullying/mobbing victims (Ganz et al., 2015), while a study in Jordanian emergency nurses showed that 90% of the participants reported relevant experiences (Al-Ghabeesh & Qattom, 2019).

Yet, the perception one holds for a given situation is a strong experience, associated with an emotional reaction, as well as a functional or dysfunctional behavior (Wolf et al., 2018). Thus, even if the incidence of workplace bullying/mobbing has been overestimated or underestimated herein, the present findings denote that there are settings in which workplace is perceived as hostile. This supports the need for further reassessment of the frequency of workplace bullying/mobbing victimization in emergency and critical settings in Cyprus. Relevant findings may further support or not the need for further investigation of the current organizational culture, or revision of the policy against bullying, violence, and harassment in public emergency and critical care settings in Cyprus. In that case, special focus is needed on public ICUs in Nicosia and Limassol where the highest frequency was reported.

Regarding the link between demographic factors and workplace bullying/mobbing experiences, although previous data in Cypriot healthcare professionals reveal an increased frequency of bullying experiences in females (Zachariadou, Zannetos, Chira, Gregoriou, & Pavlakis, 2018) the present study interestingly did not confirm this finding. A possible explanation may be the different organizational cultures among diverse work settings, since the study by Zachariadou et al. (2018) included a multidisciplinary sample of healthcare employees.

Furthermore, a finding emerged from the present study was that the participants most frequently experienced verbal bullying, as well as interpersonal bullying via gossip and negative rumors and physical bullying through gestures. The participants reported assignment of irrelevant or increased number of tasks, as well as isolation through hiding important information less frequently. Indeed, international data show that the most frequent workplace bullying acts are (a) withhold of important information related to one's performance, (b) exposure to unbearable workload, and (c) being the target of rage/anger (Yokoyama et al., 2016). According to previous data regarding the healthcare working context in Cyprus the most common forms of workplace bullying were interruption of one's work, assignment of new tasks repeatedly, exposure to gossips, negative rumors and lies, as well as isolation and concealment of information (Zachariadou et al., 2018).

Overall, the participants of the present study were only moderately satisfied with the way themselves handled the most recent bullying/mobbing behavior they experienced. Additionally, they were dissatisfied with the way the situation was handled by the nurse managers and administrators. These findings underline the need for further qualitative and quantitative studies on the assessment of workplace bullying/mobbing copying strategies among nurses in settings in which a high incidence of these phenomena is noted. Relevant findings may further support the development of educational programs toward emergency and critical care nurses regarding effective prevention and cope with workplace bullying. Also, reassessment of existing policy on organizational empowerment strategies and education in implementing anti-bullying policy for the best interest of bullying victims may be proposed in such settings (Crawford et al., 2019). Yet, implementation of zero-tolerance policies and information provision about workplace bullying/mobbing has been showed to be clearly ineffective, although relevant evidence-based data are limited. Instead, anti-bullying policy needs to be accompanied with education in assertive communication skills and team-building programs (Bambi, Guazzini, De Felippis, Lucchini, & Rasero, 2017). Also, further studies on the effectiveness of relevant interventions are proposed to provide scientific evidence-based support for their implementation. Exploration of creative and innovative interventions toward workplace bullying in healthcare settings remains a state-of-the-art research goal.

CONCLUSION

The present study presents data on the frequency of both direct and witnessing workplace bullying/-mobbing victimization, as well as regarding the sociodemographic characteristics of nurses who become more often the target of bullying/mobbing behavior. Though, due to the low response rate further quantitative and qualitative studies are proposed in order to propose reassessment of preventive administrative strategies.

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