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Workplace Bullying Against Medical and Nursing Team Working At Emergency Departments in Assiut University Hospital

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Abstract:
Bullying has a pervasive deleterious effect on the whole organization and ultimately the quality of patient care.This study aimed at determining workplace bullying against nursing and medical team working at emergency departments in the Assiut University hospital, Egypt. The descriptive cross-sectional research designand stratified random sampling technique were used on 517 participants, 104 of them were medical staff and 413 were nursing staff. A self-administered questionnaire was used to collect data which included the socio-demographic data, negative acts questionnaire-revised, job satisfaction scale, the hospital anxiety and depression scale and self-esteem scale.The findings of the study indicated that 93.2%, 87.5% of the nursing and medical team, respectively, were exposed to even one incident of bullying in the previous six months. Moreover, 39.0% of the nursing team mentioned that they were exposed to more than half of the Negative Acts Questionnaire. Patients' visitors were the main sources of bullying. A positive correlation was found between bullying and anxiety and depression among the medical and nursing team. On the other hand, a negative correlation was found between bullying and job satisfaction and self- esteem among the medical and nursing teams. So., we suggest an introduction of a reporting system and education activities for those high-risk groups.

Keywords: *Workplace Bullying; Mobbing; Violence; Medical Team; Nursing Team; Emergency Departments.*

I. Introduction

Bullying has a pervasive deleterious effect on the whole organization and ultimately the quality of patient care within a health care environment. Bullying is defined as long-term aggressive or negative acts or behaviors, carried out repeatedly over time, and directed at someone who finds it difficult to defend him/herself because of a relationship with the bully that is characterized by an imbalance of power. Persons simply behaving badly or in a rude manner or engaged in isolated one-time incidents of negative acts or behaviors are not included in this operational definition of bullying (Gillen et al., 2004). Workplace bullying is claimed to be a serious problem in modern working life, including healthcare organizations (Mika et al., 2000). The term bullying has been used synonymously with mobbing, violence, psychological harassment, suppression, attack, social isolation, threatening, and discrimination in the business life and workplace trauma (Farrell et al., 2006). Workplace bullying is sometimes referred to as mobbing (Leymann, 1990).

The sources of violence against nurses include patients, patients' relatives, peers, supervisors, subordinates and other professional groups (Lyneham, 2000). Exposure to bullying behaviors has been known to have negative effects on nurses' self-esteem, job satisfaction, morale, patient care, work productivity and professional error rates (Yildirim, 2009). In addition, the victims of workplace psychological violence have decreased job satisfaction, work performance, motivation and productivity, and disturbances in social relationships inside and outside the institution (Cowie, 2002) .The victims of bullying are subjected to being terrorized, annoyed, excluded, belittled, deprived of resources, isolated and prevented from claiming rights. The victims of bullying have decreased job satisfaction, work performance, motivation and productivity. Bullying also negatively affects victims' social relationships inside and outside the institution (Yildirim, 2009). Community health nurses have an important role to end violence in the forms of lobby law, create a workplace violence team, increase health care workers' awareness about the phenomenon of bullying and survey nurses at a local and national level (Nies and Mcewen, 2011).

Significance of the study:

Workplace bullying is one of the most significant issues in today's organizational life. Within the last two decades, there has been a growing interest in making great efforts to understand and prevent this workplace phenomenon. Many studies have reported alarming consequences of workplace bullying on both individuals and organizations (Duffy & Sperry, 2012; Salin&Hoel, 2011; Agervold, 2007). Violence and physical assault are recognized as significant occupational hazards for healthcare providers worldwide. Violence in societies has increased and has become a second leading cause of death in some societies (Mayer et al., 1999). Emergency department nurses are at high risk for violence in the workplace (Nachreiner et al., 2005). Workplace bullying is claimed to be a serious problem in modern working life, including healthcare organizations and associated with an increase in the sickness absenteeism of the hospital staff. Targets of bullying seem not to belong to any distinct group with certain demographic characteristics or occupational background (Mika et al., 2000).

Bulling is a form of violence that has a devastating effect on an employee's life, family and career. To detect the scope and prevalence of workplace bullying and increase staff awareness of violence with the objective of identifying the perpetrator characteristics, this study was conducted. To ensure a safe working environment at Assiut University hospitals, training should be provided for healthcare providers in relation to prevention and responding to bullying and aggression. Health care providers should understand that violence results from a number of variables, such as stress, pain, fear of the unknown, extended waiting time to be seen and treated and unpleasant environment. One study in Egypt reported the negative impact of violence against nurses working in obstetric and gynecological departments including job dissatisfaction, poor performance, and high turnover rates (Abbas et al, 2010). Another study in Egypt concluded that there is a high rate of violence against nurses in obstetric and gynecological departments in the hospitals studied and it affects the majority of nurses (Samir et al., 2012). Therefore, there is a pressing necessity to start an action for assessment of bullying in Assuit University Hospital.

II. Aim of the Work

The present study seeks to identify the workplace bullying against nursing and medical personnel working at Assiut University hospital; consequently, it will assist us in developing a programme to improve nurses' safety, satisfaction, self- esteem level, and to prevent anxiety and depression, and this will be subjectively reflected on the high quality ofpatient care.

Specific objectives for the study:

- To determine the prevalence, forms, perpetrators and consequences of workplace bullying against nursing and medical personnel working at emergency departments in the previous six months.
- To determine the association between bullying against the nursing and medical team and job-related anxiety, depression, job satisfaction and self- esteem level.

III. Subjects and Methods

Research design: The descriptive cross-sectional research design was used in this study.
Research questions:

- How prevalent was bullying against nursing and medical personnel working at emergency departments during the past six months?
- Did the variables of age, gender and experience alter the nursing and medical teams' experience of bullying?
- Dose nursing and medical team job satisfaction and self-esteem affected by bullying behavior?
- Is bullying against nurses and physicians associated with job-related anxiety and depression?

Settings: This study was conducted at the general medical emergency department and the accident emergency department which include (reception, internal departments A and B, operating theaters 1 & 2) at the Main Assiut University Hospital.

Sampling:A stratified random sampling technique was adopted to recruit the study participants. The sample involved all male and female medical staff in the previously mentioned settings. As for exclusion criteria, only individuals who disagreed to participate in the study were not included. The sample involved a total of (517) participants classified as follows: 104 of them were medical staff and (413) were nursing staff.

Data Collection Tools:
A self-Administered Questionnaires' which consisted of:

Tool (1): Socio-demographic data sheet: It was designed to collect data about the studied participants' age, gender, marital status, job title, level of education, years of experience and work units.
Tool (2): Negative Acts Questionnaire-Revised:

To assess workplace bullying, the Negative Acts Questionnaire-Revised (NAQ R) was used . It was developed by Einarsen and Hoel (2001) and translated by the researchers. It was also modified to suit the Egyptian culture. The NAQ-R comprises 22 items referring to particular behaviors in the workplace that may be perceived as bullying as well as a self-report item on victimization. Exposure to mobbing is assessed subjectively based on participants' views and perceptions. The behaviors or negative acts are described without labeling the actions as bullying. The behaviors include being shouted at, being humiliated, having opinions ignored, being excluded, repeated reminders of errors, intimidating behavior, excessive monitoring of work, and persistent criticism of work and effort, etc..

The participants were requested to complete a 5-point Likert scale on how often they had been subjected to these behaviors over the last six months, with response categories ranging from never (1), rare (2), monthly (3), weekly (4) and daily (5). The frequency of exposure to bullying behavior was measured according to Leymann's operational definition: exposure to even one of the 22 types of behavior is enough to classify the participant as a victim of mobbing (Leymann, 1996).

Tool (3): Job satisfaction scale:

Job satisfaction was measured by the Job Satisfaction SurveyScale. It was developed by Spector (1994) and translated in to the Arabic language by the researchers. A simple modification was done to suit the Egyptian culture. It is composed of 36 items, nine facet scales to assess employees' attitudes towards the job and aspects of the job. Each facet is assessed with four items, and a total score is computed from all items. A summated rating scale format is used, with five choices per item ranging from "disagree very much" to "agree very much." Items are written in both directions, so about half must be reversely scored. The nine facets are: Pay, Promotion, Supervision, Fringe Benefits, Contingent Rewards (performance-based rewards), Operating Procedures (required rules and procedures), Coworkers, Nature of Work, and Communication. This scale was found to be highly reliable (Spector, 1994).

Tool (4): The Hospital Anxiety and Depression Scale:

To identify the degree ofanxiety and depression, the Hospital Anxiety and Depression Scale was adopted. It was developed by Zigmond and Snaith (1983) and translated into Arabic by Al-Maskati et al (2003). It is composed of 14 items, seven for each subscale, i.e. anxiety and depression. The questions are placed alternately and scored from 0-3, the most negative response obtaining the highest score. There are a total of 7 anxiety and 7 depression questions giving the highest possible score of 21 for each subscale. Scoring more than 9 on either the depression or anxiety scale is indicative of a diagnosis of clinical depression or anxiety. This is despite the fact that some cases may be considered as borderline when the score is between 8-10, specially with the anxiety subscale.

Tool (5): Self-EsteemScale:

The Arabic version of Rosenberg's Self-Esteem Scale was adopted; it was developed by Rosenberg (1965). The translation and validation was made by El-Houfey (2010). This scale consisted of 10 items. The participants responded to a four-point Likert scale by selecting one from four alternatives; it indicated if they strongly agree, agree, disagree, or strongly disagree with the statements. Chronbach's Alpha reliability was 0.80. The scores are calculated as follows: positive items; strongly agree (3), agree (2), disagree (1) and strongly disagree (0) and vice versa for the negative items .The scale ranges from 0-30, scores ≥15 within the normal range, meanwhile scores < 15 suggest a low level of self-esteem.

Methods

I) Preparatory phase and administrative design:

1. In order to collect data, the researchers reviewed the currant and past relevant literature. Then analysis of collected data was done to obtain the necessary content for the study. After the construction of the tool, it was reviewed by a jury consisting of three professors of Community Health Nursing, Psychiatric Medicine and Nursing Administration. So; the content validity was obtained and Chronbach's Alpha reliability was 0.95.

2. Before embarking on the study, official letters were obtained from the departmental heads of units included in this study as previously mentioned. These letters briefly explained the purpose and nature of this study.

3. Pilot study: A pilot study was carried out on 10% of the sample. The individuals who participated in the pilot study were excluded from the sample. The aim of the pilot study was to test the feasibility and clarity of the tool and also to estimate the time required to fill in the questionnaire. According to the result of the pilot study, some necessary modification was made to avoid the ambiguity of the questionnaire and reconstruction of the tool was done.

II)Data collection:

A) Ethical consideration:

At the initial interview, each person was informed of the purpose and nature of the study, and the researchers emphasized that every member had the right to participate or refuse to be included in the work. The consent for participation was taken orally. In addition, the confidentiality of the data was maintained, explained and also printed in the questionnaire as follows: collected information will be used only for thepurpose of the study without referring to the personnel's participation through anonymity of the subjects that will be assured by the coding of all data.

B) Field work:

The researchers started to collect data from the 1st of January to the 1st March 2014. The participants were asked if they were interested and agreed to participate in the study. The researchers explained the main parts of the questionnaire. After that, the questionnaire forms were distributed and the participants were asked to complete the questionnaires. The researchers demonstrated any difficulty that participants might face during answering the questionnaires. The researchers met the studied participants at different times, the morning, afternoon and night shifts, and tried to collect data from different work circumstances. The average time taken for completing each questionnaire was around 15-20 minutes depending on the participant's response to the questions. Finally, the researchers thanked the participants for their cooperation.

C) Statistical analysis:

The collected data were coded and verified prior to data entry. The entered data were revised before conducting the statistical analysis. Descriptive statistics, such as frequencies, percentages, means, standard deviations, Chi-square test, T-test and Pearson correlation test were done using SPSS PC version 20. It is considered significant when $P < 0.05$.

IV. Results

Table (1) shows the socio-demographic characteristics of the studied participants. It was found that more than half (56.7%) of the medical team were males, while the majority (82.1 %) of the nursing team were females. The mean age was (29.4 & 29.6) years for the medical and nursing teams, respectively. Regarding the occupational classification of the nursing team, about three quarters (74.1%) had a diploma, while one fifth (20.8%) had high qualifications and all of the studied medical team were resident physicians. The mean years of experience was 5.0 for the medical and 9.7 years for the nursing team. As for educational qualification, 55.8% of the medical team had a bachelor's degree and 44.2% of them had a master's degree.

Table (2) illustrates that the great majority (93.2%, 87.5%) of the nursing and medical team, respectively, were exposed to even one incident of bullying in the previous six months. Moreover, 39.0% of the nursing team mentioned that they were exposed to more than half of the Negative Acts Questionnaire. Regarding the forms of bullying behaviors, more than half (54.8%) of the medical team and more than two fifths (42.1%) of the nursing team reported that they were exposed to pressure not to claim something to which by right they were entitled, e.g. sick leave, holiday, entitlement and travel expenses. In addition, the participants reported the highest mean score (3.09) at this point. Nearly one third (32.7%) of the medical team reported that they faced persistent criticism of their works and efforts, while 53.0% & 30.8% of the nursing and medical teams, respectively, reported being shouted at or being the target of spontaneous anger. Less than half (46.0%) of the nursing team encountered repeated reminders of their errors or mistakes . More than two fifths (43.6% & 43.1% respectively) of the nursing team reported being ordered to do work below their level of competence and excessive monitoring of their works. Moreover, there is a statistically significant relation between all forms of bullying behaviors against the medical and nursing teams except persistent criticism of work, having allegations, unmanageable workload, threats of violence or physical abuse or actual abuse.

Table (3) demonstrates the perpetrators of bullying. It was observed that more than two thirds (68.3%) of the participants mentioned that patients' visitors were the main sources of bullying, followed by physicians (21.3%). Moreover, a statistically significant relation was found between medical and nursing teams (P = 0.001), males and females (P = 0.008), experience (less than and more than 10 years, P = 0.001), age less than and more than 30 years, P = 0.001) and exposure to bullying.

Table (4) indicates a positive correlation between bullying and anxiety and depression (r = 0.332, p = 0.001), (r = 0.356, p = 0.000, respectively) among the medical team, as well as the nursing team (r = 0.420, p = 0.000), (r = 0.195, p= 0.000). On the other hand, a negative correlation was found between bullying and job satisfaction among the medical and nursing team (r = -0.448, p= 0.000 &r = -0.180,p=0.000) and self-esteem (r= -0.469,p= 0.000&r= -0.134,p=0.007), respectively.

Overall, the mean scores of the medical team exposed to bullying on the anxiety and depression scale were 1.6, and 1.7, respectively, which were distinctly higher than the mean scores of those who were not exposed to bullying (1.2, 1). Also, the mean scores of the medical staff who were not exposed to bullying on the job satisfaction and self- esteem scale were 3 and 2, respectively, which were obviously higher than the mean scores of those who were exposed to bullying (2.8, 1.9). The same picture was also reported by the nursing team. Anxiety and depression mean scores of those who were exposed to bullying (1.8, 1.3) were higher than the mean scores of those who were not exposed to bullying (1.3, 1.2, respectively). Table (5) also indicates a significant relation between the medical staff who were exposed to bullying and those who were not exposed to bullying and the level of anxiety, depression and self-esteem (P = 0.001, 0.001, and 0.015, respectively). Moreover, a significant relation was found between the nursing staff who were exposed to bullying and those who were not exposed to bullying and the level of anxiety (P = 0.001).

Table (1): Socio-demographic characteristics of the studied participants

Variables	Medical team (n=104)		Nursing team (n=413)	
	No.	%	No.	%
Gender:				
Male	59	56.7	74	17.9
Female	45	43.3	339	82.1
Age/year:				
< 25	6	5.8	102	24.7
25 - > 30	47	45.2	140	33.9
30 - > 35	51	49.0	171	41.4
Mean ± SD	29.4±3.7		29.6±7.1	
Occupation:				
Assistant nurse	0	0.0	21	5.1
Diploma nurse	0	0.0	306	74.1
Highly qualified nurse	0	0.0	86	20.8
Resident physician	104	100.0	0	0.0
Experience:				
1 - < 10 years	98	94.2	230	55.7
10 - < 20 years	5	4.8	142	34.4
±20 years	1	1.0	41	9.9
Mean ± SD	5.0±3.2		9.7±7.3	
Educational qualification:				
Prep school	0	0.0	6	1.5
Secondary school	0	0.0	226	54.7
Technical institute	0	0.0	95	23.0
Bachelor's degree	58	55.8	76	18.4
Master's degree	46	44.2	10	2.4
Total	104	100%	413	100%

Table (2): Forms of bullying behaviors against medical and nursing team working at emergency departments in the previous six months

Variables	Medical team n= 104		Nursing team n = 413		P. value	Mean±SD
	No.	%	No.	%		
Exposure to even one incident of bullying:						
Yes:	91	87.5	385	93.2	0.001*	2.8±0.84
Exposure to bullying (≥50%):						
Yes:	14	13.5	161	39.0	0.001*	2.2±0.5
Forms of bullying they confronted (daily, weekly & monthly):						
Someone withholding information which affects your performance	13	12.5	103	24.9	0.009*	2.78±0.84
Being humiliated or ridiculed in connection with your work	18	17.3	152	36.8	0.001*	2.9±0.83
Being ordered to do work below your level of competence	24	23.1	180	43.6	0.001*	2.85±0.83
Having key areas of responsibility removed or replaced with more trivial/unpleasant tasks	22	21.2	157	38.0	0.001*	2.93±0.9
Spreading gossip and rumors about you	21	20.2	135	32.7	0.018*	2.67±0.8
Being ignored, excluded or being 'Sent to Coventry'	10	9.6	120	29.1	0.001*	2.58±0.71
Having insulting or offensive remarks made about your person, attitudes or private life	18	17.3	165	40.0	0.001*	2.86±0.88
Being shouted at or being the target of spontaneous anger	32	30.8	219	53.0	0.001*	2.8±0.84
Intimidating behavior such as finger-pointing, invasion of personal space, shoving...	15	14.4	145	35.1	0.001*	2.59±0.79
Hints or signals from others that you should quit your job	13	12.5	119	28.8	0.001*	2.65±0.78
Repeated reminders of your errors or mistakes	12	11.5	190	46.0	0.001*	2.75±0.83
Being ignored or facing a hostile reaction when you approach	15	14.4	146	35.4	0.001*	2.67±0.77
Persistent criticism of your work and effort	34	32.7	156	37.8	0.397	2.53±0.75
Being given tasks with unreasonable or impossible targets or deadlines	16	15.4	135	32.7	0.001*	2.84±0.78
Having allegations made against you	12	11.5	71	17.2	0.209	2.42±0.66
Being the subject of excessive teasing and sarcasm	13	12.5	114	27.6	0.002*	2.57±0.73
Being exposed to an unmanageable workload	33	31.7	163	39.5	0.181	2.72±0.79
Having your opinion and views ignored	23	22.1	147	35.6	0.012*	2.75±0.82
Practical jokes by people you don't get on with	25	24.0	169	40.9	0.002*	2.86±0.87
Excessive monitoring of your work	23	22.1	178	43.1	0.001*	2.93±0.86
Pressure not to claim something which by right you are entitled e.g sick leave, holiday, entitlement, travel expenses	57	54.8	174	42.1	0.026*	3.09±0.92
Threats of violence or physical abuse or actual abuse	13	12.5	77	18.6	0.182	2.48±0.78

#More than one answer - Chi-square test - (*) Significant at P < 0.05

Table (3): Perpetrators of bullying in relation to different variables

#Variables	Medical team (n=104)		Nursing team (n=413)		Male (133)		Female (384)		Experience (less than 10 years=328)		Experience (10 years and more=189)		Age less than 30 years		Age 30 years and more		Total (n=517)	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Head of the department	14	13.5	19	4.6	15	11.3	18	4.7	19	5.8	14	7.4	10	3.4	21	9.5	33	6.4
Direct managers	13	12.5	41	9.9	10	7.5	44	11.5	35	10.7	19	10.1	26	8.8	28	12.6	54	10.4
Physicians	0	0.0	110	26.6	11	8.3	99	25.8	55	16.8	55	29.1	63	21.4	47	21.2	110	21.3
Friends	6	5.8	27	6.5	8	6.0	25	6.5	25	7.6	8	4.2	19	6.4	14	6.3	33	6.4
Patients	24	23.1	75	18.2	26	19.5	73	19.0	75	22.9	24	12.7	70	23.7	29	13.1	99	19.1
Patients' visitors	62	59.6	291	70.5	96	72.2	257	66.9	220	67.1	133	70.4	203	68.8	150	67.6	353	68.3
Employees	31	29.8	23	5.6	14	10.5	40	10.4	38	11.6	16	8.5	30	10.2	24	10.8	54	10.4
Others	3	2.9	8	1.9	0	0.0	11	2.9	7	2.1	4	2.1	7	2.4	4	1.8	11	2.1
Total	153		594		180		567		474		273		295		222		747	
P-value	0.001*				0.001*				0.008*				0.001*				-	

More than one answer - (*) Significant at P < 0.05 - Chi -Square test

Table (4): Correlation between bullying and health outcome

Variables	Bullying			
	Medical team (n=104)		Nursing team (n=413)	
	r. value	P. value	r. value	P. value
Anxiety	0.332	0.001*	0.420	0.000*
Depression	0.356	0.000*	0.195	0.000*
Job satisfaction	-0.448	0.000*	-0.180	0.000*
Self-esteem	-0.469	0.000*	-0.134	0.007*

r = correlation coefficient * Significant at P < 0.05

Table (5): Difference between forms of bullying in relation to health outcome

Variables	Exposed				Non exposed				P1	P2
	Medical team	Nursing team	T	P. value	Medical team	Nursing team	T	P. value		
Anxiety	1.6±0.15	1.8±0.55	-0.65	0.516	1.2±0.53	1.3±0.55	-1.496	0.136	0.001*	0.001*
Depression	1.7±0.17	1.3±0.59	3.892	0.002*	1±0.59	1.2±0.52	-2.92	0.004*	0.001*	0.064
Job satisfaction	2.8±0.21	2.9±0.36	-0.81	0.423	3±0.25	3±0.31	0.04	0.968	0.091	0.131
Self-esteem	1.9±0.18	2±0.42	-0.71	0.494	2.2±0.34	2±0.34	3.59	0.000*	0.015*	0.163

P1: Comparison between the exposed and non-exposed among the medical team. T. test
P2: Comparison between the exposed and non-exposed among the nursing team.

V. Discussion

Workplace bullying is a complex phenomenon with negative outcomes for the individual, group and organizational effectiveness (Shallcross et al., 2013). Bullying in the workplace is now widely recognized since the work of Leymann in the 80s (Leymann, 2002). Our findings indicated that more than half of the medical teams were males, while the majority of the nursing team were females. This indicated that the nursing profession still depends on women rather than men. Our findings are greatly consistent with Duman (2012) who mentioned that today nursing is a profession still dominated by women all over the world and in Turkey.

The findings of the present study showed that the great majority of the nursing and medical teams (93.2%, 87.5%, respectively) were exposed to even one incident of bullying in the previous six months. These results were supported bySahin et al (2012) who found that 87.7% of Turkish junior male physicians experienced mobbing behavior. But the frequency of mobbing in our study was higher than that in other studies (Quine ,1999; International Labour Office and WHO., 2002, Ryan and Maguire, 2006; Josipovic-Jelic et al., 2005 ; Hubert and Veldhoven, 2001; Ferrinho et al., 2003; Pranjic et al., 2006 &Quine , 2002). These differences may be a attributed to the use of different mobbing definitions, scales, recall periods (Chen et al., 2008), settings (May & Grubbs, 2002; Atawneh et al., 2003; Lin & Liu, 2005), and participants (Erkol et al., 2007,Ferrinho et al., 2003; Uzun et al., 2001;Rutherford &Rissel, 2004;Yildirim&Yildirim, 2007).

The high frequency of bullying may be due to the young age of the participants, lack of experience, poor organizational conditions, such as role ambiguity, role conflict, work-overload, staff shortages, especially the fact that our study was conducted at the time of the Egyptian Revolution, long working hours, lack of control or gaps in communication networks. Moreover, in developing countries bullying is less well recognized. Because of methodological difficulties, there is no good standard for the measurement of bullying behavior and there is no standardized definition (Einarsen, 2000 &Leymann, 2004).

Another prominent finding of this study is the determination that nurses experience more workplace bullying than doctors. This finding is consistent with the results of other research which emphasizes that nurses are exposed to such negativities relatively more than the other health employees (Akar, 2013; Şahin&Dündar, 2011; Beech & Leather, 2006; Taş&Çevik, 2006; Rutherford &Rissel, 2004; Quine, 2001). These findings could be explained by the fact of power imbalance between victims and perpetrators which puts the junior, target group at risk of negative behaviors. The present study demonstrated that patients' visitors were the main sources of bullying, followed by physicians. Stressful events to patients which make patient family aggressive, lateness coming to shift, carelessness or malpractice, increased workload and shortage of nurses leading to delays in care provided, all of the previously mentioned reasons could be factors that put nurses at risk for bullying.

The findings of the present study indicated apositive correlation between bullying and anxiety and depression among the medical and nursing teams. This result stands in line with many studies which reported thatthese phenomena can affect target individuals physically, emotionally and mentally. As a result of these interactions, anxiety and depression disorders may occur (Bilgel et al., 2006; McCormack et al., 2006; Einarsen et al., 2003).The person who is the target of bullying is left without help, without protection and alone in the workplace. Individuals who are exposed to psychological abuse experience physiological, psychological and social problems that are related to high levels of stress and anxiety. In contrast, self- esteem and job satisfaction level decline (Bilgel et al., 2006; Yildirim&Yildirim, 2007; Akar, 2013).

VI. Conclusion

This research sheds light on workplace bullying which is considered a critical problem for the medical and nursing team working at Assiut University Hospital. The majority of the nursing and medical team were exposed to even one incident of bullying in the previous six months. Moreover, more than one third of the nursing team was exposed to more than half of the Negative Acts Questionnaire. Patients' visitors were the main sources. So, we suggest an introduction of a reporting system and education activities for those high-risk groups.

VII.Recommendations

- It is important to raise awareness on this issue and its effect on the health outcome of the medical and nursing team through massmedia liketelevision.
- Implementation of a nonviolent crisis intervention training program for the medical and nursing team by community health nurses.
- Creating workplace violence teams within Assiut University Hospital. This team would be responsible for developing an anti-bullying policy, reporting, developing procedures for lodging complaints and sanctions against bullies, and increasing awareness.
- Enhancement and development of policies, rules and regulations against the perpetrators of bullying.
- Health care providers should also be informed about bullying and their legal rights. Thus, hospital department heads must monitor the development of those behaviors, come up with solutions by making a risk analysis, and provide an environment in which employees are able to express their complaints.
- More research is needed in order to know the exact causes from perpetrators.

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