"Bullying Among Nurses and Its Correlation to Burnout"

Mohammed Abdulrahman Majrabi Nursing service Director Eradah & Mental Health Hospital	Raed jabreel Ahmadini Nursing Excellence supervisor Eradah & Mental Health Hospital
Bashaer Mohammed sayed Nursing Supervisor Eradah & Mental Health Hospital	Yahia Mohammed Hakami Deputy Nursing Director Eradah & Mental Health Hospital
Amal Mousa Tamah Nursing supervisor Eradah & Mental Health Hospital	Zahrah meshge nagae Clinical nursing supervisor Eradah & Mental Health Hospital
Jamelah Gassim ghazwani OPD SUPERVISOR Eradah & Mental Health Hospital	Nawal Ali mobarak Staff Nurse Eradah & Mental Health Hospital
Al hassen Mohammed makrami NURSING SUPERVISOR Eradah & Mental Health Hospital	Fatimah Mohammed amri PHC Nurse Hakimah primary health care

Abstract:

Background: Workplace bullying, especially in a healthcare setting, has an increased number of potential implications at an individual level and, as well, at an organizational dimension. The effects of bullying and burnout are the same for healthcare organizations, and therefore, should not be encouraged. However, there is a lack of research that explores the relationship between these two constructs in the Saudi context. **Aim:** To examine bullying among nurses and its correlation to burnout in Saudi Arabia. **Methods:** A cross-sectional correlational research design was used to examine bullying. The study was conducted at Eradah and Mental Health Hospital in Jazan, Saudi Arabia. A convenience sampling procedure was used. Data was collected from a sample of 150 nurses. Demographic Questionnaire, The Negative Acts Questionnaire, and the Maslach Burnout Inventory were used during data collection. Descriptive statistics, Pearson correlation, and regression analysis were used for data analysis. **Results:** The results study revealed that bullying significantly correlated with emotional exhaustion and depersonalization subscales of burnout. Gender, marital status, and nationality were identified as significant predictors. Workplace bullying among nurses was predicted by age, gender, level of education, nationality, and nursing role. **Conclusion:** In conclusion, workplace bullying has a significant impact on burnout among nurses in terms of leading to emotional exhaustion and depersonalization. Therefore, the prevention of bullying in the nursing environment is crucial in reducing burnout among nurses. Healthcare management should implement strategies to prevent bullying and burnout. **Keywords:** Burnout, Bullying, correlation, Nurses, Saudi Arabia.

المستخلص:

الخلفية: التنمر في مكان العمل، وخاصة في بيئة الرعاية الصحية، له عدد متزايد من الآثار المحتملة على المستوى الفردي، وكذلك على المستوى التنظيمي. إن تأثيرات التنمر والإرهاق هي نفسها بالنسبة لمنظمات الرعاية الصحية، وبالتالي، لا ينبغي تشجيعها. ومع ذلك، هناك نقص في الأبحاث التي تستكشف العلاقة بين هذين المفهومين في السياق السعودي. **الهدف:** دراسة التنمر بين الممرضات وارتباطه بالإرهاق في المملكة العربية السعودية. **الطرق:** تم استخدام تصميم بحث ارتباطي مقطعي لفحص التنمر. أجريت الدراسة في مستشفى إرادة والصحة العقلية في جازان، المملكة العربية السعودية. تم استخدام إجراء أخذ العينات المريح. تم جمع البيانات من عينة من 150 ممرضة. تم استخدام الاستبيان الديموغرافي، واستبيان الأفعال السلبية، ومخزون الإرهاق ماسلاش أثناء جمع البيانات. تم استخدام الإحصاء الوصفي، وارتباط بيرسون، وتحليل الانحدار لتحليل البيانات. النتائج: كشفت نتائج الدراسة أن التنمر يرتبط بشكل كبير بالإرهاق العاطفي ومقاييس إزالة الشخصية من الإرهاق. تم تحديد الجنس والحالة الاجتماعية والجنسية كمتنبئات مهمة. تم التنبؤ بالتنمر في مكان العمل بين الممرضات حسب العمر والجنس ومستوى التعليم والجنسية ودور التمريض. **الاستنتاج:** في الختام، فإن التنمر في مكان العمل له تأثير كبير على الإرهاق بين الممرضات من حيث التسبب في الإرهاق العاطفي وإزالة الشخصية. لذلك، فإن منع التنمر في بيئة التمريض أمر بالغ الأهمية في الحد من الإرهاق بين الممرضات. يجب على إدارة الرعاية الصحية تنفيذ استراتيجيات لمنع التنمر والإرهاق.

الكلمات المفتاحية: الإرهاق، التنمر، الارتباط، الممرضات، المملكة العربية السعودية.

Introduction:

Workplace Bullying refers to the repeated unreasonable actions of an individual towards another individual or a group of individuals, which result in creating risk to the health and safety of the individual. Workplace bullying is about hurting another person or a group of people by actions that boast of repetition in the intended setting that is very likely to threaten or insult (Hsiao et al., 2022). Some of the behaviors include verbal maltreatment, such as calling names or insults. Moreover, physical bullying such as hitting or damage to personal belongings, in addition to social bullying, for example, spreading rumors, isolating a person, sabotaging someone's work, or giving the person undue overload of assignments with unrealistic expectations, are common types of bullying in workplaces (Jang et al., 2022; Shorey & Wong, 2021). Workplace bullying, especially in a healthcare setting, has an increased number of potential implications at an individual level and, as well, at an organizational dimension (Karatuna et al., 2020). With the nursing profession requiring high levels of collaboration, trust, and empathy, the effects of bullying can be severe (Shorey & Wong, 2021). Nurses are the primary caregivers from whom professionalism is expected despite the tough environment. Workplace bullying, either by verbal abuse, social isolation, or even intimidation, negates professionalism and causes emotional and psychological damage and physical injury to victims. It has also been shown that bullying results in negative outcomes such as increased stress, anxiety, and possible depression among nurses (Yun & Kang, 2018). Such behaviors often find manifestation from senior nurses and other professionals in the healthcare industry who use their influence to control the less experienced colleagues, thereby resulting in a hierarchical toxic environment that may hinder job satisfaction leading to poor mental health outcomes(Shorey & Wong, 2021; Yun & Kang, 2018).

Bullying has alarmingly become a very common phenomenon among nurses; research has shown that a large number of nurses experience bullying at some point in their careers. A study in the US found that almost 50% of nurses reported experiencing some kind of workplace bullying (Goh et al., 2022). Similarly, (Kinman et al., 2020) further affirmed that nurses condemned the experience of bullying behaviors in a study conducted in the UK. This problem is not specific to a country or health setting because similar studies from different parts of the global research landscape have revealed the same results; the vast extent of bullying makes it a system problem that requires effective strategies (Al Muharraq et al., 2022; Powell et al., 2023; Wunnenberg, 2020).

Bullying has far-reaching consequences for nurses, invading their personal and professional lives. It leads to low self-esteem, and elevated stress leading to certain adverse mental health outcomes such as anxiety, depression, and post-traumatic stress disorder (PTSD). The effects of bullying on nurses may also include feelings of being helpless or hopeless, which may lead to reduced job satisfaction and quality of life (Hsiao et al., 2022). The emotional stress of bullying can also manifest in the interpersonal experiences between the nurses and their peers, as well as between the nurses and their patients and their families, which only worsens the situation. Another impact of workplace bullying is the development of burnout among nurses (Jang et al., 2022).

Burnout is a form of stress that results from prolonged exposure to stress within the workplace. It is characterized by three key dimensions; emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Leiter, 2016). Nurses, who practice in stressful institutions with heavy caseloads, are most at risk of burnout. These include long working hours, emotional stress, and lack of adequate equipment (Alzailai et al., 2021; Dall'Ora et al., 2020), which are some of the reasons why this condition is a major concern for healthcare institutions across the globe (Ramírez-Elvira et al., 2021). Burnout is not only problematic for the individual nurse, but it also has consequences for patients and organizations. Emotionally exhausted nurses may not be able to deliver high-quality, compassionate care, thus reducing patient satisfaction and the overall health of the patient (Ramírez-Elvira et al., 2021; Tamata & Mohammadnezhad, 2023). It is also important to note that burnout may affect cognitive functioning and lead to medical errors that may be detrimental to the patient. In the healthcare setting, burnout leads to absenteeism, poor performance, and increased rates of staff turnover that erode the quality of care provided (Aloisio et al., 2021; Dall'Ora et al., 2020; Xie et al., 2021). The burnout rate among nurses remains high, with surveys pointing to 70% of nurses suffering from burnout at some point in their careers (Dall'Ora et al., 2020). This underscores the need to address the factors that have led to burnout and promote the health of the nursing workforce.

The effects of bullying and burnout are the same for healthcare organizations, and therefore, should not be encouraged. These include high turnover rates, absenteeism, and low productivity. Furthermore, burnout among nurses can have a detrimental effect on the quality of care because the burned-out nurses would be unable to concentrate, be empathetic, and make rational decisions (Karatuna et al., 2020). This can result in more adverse events, higher levels of patient dissatisfaction, and worse patient care. Hence, the issue of bullying and burnout in the nursing profession needs to be tackled to ensure that the healthcare system is healthy and productive (Dall'Ora et al., 2020).

Many researches have been conducted to examine the link between bullying and burnout in healthcare workers, and the results of these studies have pointed towards a positive association between bullying and burnout. Research done by Hsiao et al. (2022) showed that nurses who were victims of bullying had a high probability of experiencing burnout. This can be attributed to the effects of bullying on the emotional and psychological well-being of the nurses which lowers their emotional intelligence and makes them feel stressed and drained. Gradually, the aggregate stress from bullying degrades the nurses' resilience to the workload, which contributes to burnout (Chowdhury et al., 2023; Kim et al., 2019).

The interconnection between bullying and burnout is further aggravated by the fact that burnout can lead to bullying as well (João et al., 2023). Bullying behaviors may also be more likely to be enacted or supported by burned-out nurses who might use such behaviors as a way of dealing with stress. Consequently, this leads to the continuation of bullying, which in turn increases the chances of others burning out, thus forming a vicious cycle (Farley et al., 2023; João et al., 2023). This cycle is detrimental to the nurse as well as the healthcare organization as it results in increased turnover rates, lower quality of care, and increased morbidity and mortality of patients.

Even though there is a vast body of research on bullying and burnout in the international literature (Chowdhury et al., 2023; Hsiao et al., 2022; Kim et al., 2019), there is a lack of research that explores the relationship between these two constructs in the Saudi context. The cultural and organizational context of Saudi healthcare organizations like hierarchy, culture, and workforce may affect the incidence and effects of bullying and burnout. Knowing these dynamics is critical in designing specific interventions to meet the needs of nurses in Saudi Arabia. Therefore, this study examined bullying among nurses and its correlation to burnout in Saudi Arabia.

Problem statement:

Workplace bullying among nurses has become a widespread and troubling phenomenon worldwide, resulting in substantial individual and organizational consequences. Nurses, as main caregivers in healthcare environments, are especially susceptible to bullying because of the hierarchical structure of healthcare systems and the high-pressure conditions in which they operate. Studies have repeatedly demonstrated that bullying practices, including verbal abuse, social isolation, and intimidation, adversely affect nurses' mental health, professional performance, and general well-being. Bullying experiences frequently result in burnout, a psychiatric illness marked by emotional tiredness, depersonalization, and diminished personal achievement. Burnout not only reduces nurses' work satisfaction and emotional well-being but also negatively impacts the quality of patient care, leading to medical mistakes, less empathy, and unfavorable patient outcomes. Moreover, the economic and operational ramifications of burnout, such as elevated turnover rates, absenteeism, and diminished productivity, provide issues for healthcare companies. Although extensive worldwide literature connects workplace bullying to burnout, there is a paucity of studies investigating this relationship within the Saudi Arabian healthcare sector. The distinctive cultural, organizational, and hierarchical dynamics of healthcare facilities in Saudi Arabia may affect the incidence and impact of bullying and burnout, necessitating an understanding of these phenomena within this particular environment.

In the absence of localized data, healthcare institutions in Saudi Arabia may be deprived of the insights required to formulate effective interventions aimed at mitigating bullying and burnout among nurses. This information gap underscores the necessity for study to investigate the incidence of workplace bullying among nurses in Saudi Arabia, its association with burnout, and the demographic and organizational drivers of these issues. Resolving these concerns is essential for protecting nurses' well-being, elevating patient care quality, and augmenting organizational efficiency. This study examines the incidence of workplace bullying among nurses at Eradah and Mental Health Hospital in Jazan, Saudi Arabia, and its relationship with burnout. The findings seek to offer evidence-based suggestions to guide policies and initiatives aimed at preventing workplace bullying, alleviating burnout, and fostering a healthy work environment for nurses.

Study Significance:

This study is significant due to its ability to tackle a critical issue in the Saudi Arabian healthcare system—workplace bullying among nurses and its relationship to burnout. Although worldwide research has underscored the adverse impacts of these difficulties on nurses, a significant gap exists in comprehending how these aspects materialize inside Saudi healthcare environments. This study will yield significant, localized insights into the impact of workplace bullying on nurses' mental health, job satisfaction, and professional performance by concentrating on this particular setting. Comprehending these processes within the Saudi cultural and organizational context is essential for customizing successful solutions. This study's principal contribution is its capacity to enhance nurses' well-being. Bullying and burnout may severely impair nurses' emotional and psychological well-being, resulting in increased stress, worry, and even depression. This research investigates the relationship between bullying and burnout, aiming to demonstrate how bullying behaviors—verbal, social, or physical— can result in significant burnout symptoms, including emotional tiredness and depersonalization. Recognizing these connections can assist healthcare companies in executing focused plans to tackle the underlying causes of these problems, so providing enhanced support for nurses and a more conducive work environment.

This research has significant implications for enhancing the quality of care in healthcare institutions. Nurses experiencing burnout may exhibit less empathy, lower attention to detail, and an increased likelihood of mistakes, all of which adversely affect patient outcomes. This study aims to elucidate the relationship between bullying and burnout, perhaps facilitating treatments that increase nurse well-being and enhance patient care. Facilitating a friendly atmosphere for nurses would immediately enhance patient satisfaction and overall healthcare quality.

Definition of key terms:

Workplace Bullying: Workplace bullying entails persistent, irrational behaviors aimed against an individual or group that jeopardize their health, safety, or overall well-being. In a healthcare environment, bullying may present as verbal abuse, social isolation, physical intimidation, and job sabotage. It frequently transpires under hierarchical frameworks; as more seasoned employees may exercise their authority over less experienced peers. Bullying behaviors can result in mental anguish, diminished work satisfaction, and adverse effects on professional performance (Matthiesen, & Einarsen, 2010).

Burnout: Burnout is a psychiatric illness that arises from extended exposure to occupational stress, especially in high-demand occupations such as nursing. It is defined by three principal dimensions: emotional exhaustion (experiencing fatigue and being overwhelmed by work responsibilities), depersonalization (cultivating a cynical or detached perspective towards patients or colleagues), and diminished personal accomplishment (perceiving oneself as useless or unproductive in one's professional role). Burnout may result in physical and emotional health issues, adversely affecting professional performance and patient care.

Depersonalization: Depersonalization, a fundamental component of burnout, is a feeling of disconnection and cynicism towards others, including both patients and coworkers. Nurses undergoing depersonalization may start perceiving patients as things instead of humans, resulting in diminished care quality and emotional engagement. This absence of interaction may

also elevate stress levels and lead to emotional fatigue (Edú-Valsania, et al.2022).

Maslach Burnout Inventory (MBI): The Maslach Burnout Inventory (MBI) is an instrument designed to evaluate burnout in professionals, especially in high-pressure settings such as healthcare. The assessment has 22 items categorized into three subscales: emotional weariness, depersonalization, and personal accomplishment. It offers a dependable assessment of burnout and is utilized to determine the intensity of burnout symptoms in individuals (Forné, & Yuguero, 2022).

Cultural Context: Cultural environment encompasses the values, customs, and organizational frameworks that influence behavior within a certain culture or organization. This study posits that the cultural and organizational framework of Saudi Arabia's healthcare system may affect perceptions of bullying and the manifestation of burnout among nurses. Cultural elements such as hierarchy, collectivism, and deference to authority can influence the prevalence of bullying and the management of stress and burnout among nurses.

Healthcare System: The healthcare system encompasses the arrangement of institutions, personnel, and services that deliver medical treatment to individuals. This research examines the healthcare system in Saudi Arabia, encompassing hospitals, clinics, and various healthcare providers employing nurses. These environments are marked by significant expectations, extended working hours, and hierarchical frameworks that may foster bullying and burnout among healthcare professionals (Gurajala, 2023).

Previous Studies:

According to (Giorgi, et al.2016) Workplace bullying is a prevalent psychological issue associated with employment. The costs of bullying appear to be elevated for companies comprised of healthcare professionals engaged in direct patient care and difficult duties. Limited research has been conducted on nurses in Italy, and comprehensive models addressing the origins and repercussions of bullying are notably absent. This study aimed to create a bullying model that examines the interplay between bullying and burnout within the context of climate-health relationships. The study encompassed 658 nurses who participated in a survey about health, burnout, bullying, and organizational atmosphere. Structural equation modeling was employed to evaluate the hypothesis. Findings indicate that workplace bullying partially mediators the association between organizational environment and burnout, and that bullying influences health indirectly, only through the mediation of burnout. Our study elucidates the crucial significance of workplace bullying and burnout in the climate-health nexus to comprehend and enhance nurses' health.

In the study of (Hsiao, et al.2022) To ascertain the impact of workplace bullying on the correlation between occupational burnout and turnover intentions among clinical nurses. Recent data indicates that a perception of burnout may lead to workplace bullying; nevertheless, limited research has examined the impact of occupational burnout on such behavior. Moreover, it is uncertain whether the experience of workplace bullying might exacerbate the impact of professional fatigue on turnover intentions. A cross-sectional research was performed to recruit nursing personnel from two general hospitals in Taiwan. The data measures included demographic variables, workplace bullying (as assessed by the Negative Acts Questionnaire-Revised), occupational exhaustion (measured by the Occupational Exhaustion Inventory), and turnover intentions (evaluated through employee turnover intents and job destination choice). A hierarchical linear regression model and an indirect effect test were employed to investigate the impact of workplace bullying on the association between occupational burnout and turnover intentions. An indirect effect analysis verified that workplace bullying can intensify the impact of professional fatigue on turnover intentions. Approximately ten percent of nurses suffering from professional burnout may have encountered workplace bullying, which heightened their intentions to leave their positions. Mitigating workplace bullying should be seen as a crucial technique for decreasing turnover rates in nursing settings. Nursing managers must formulate effective strategies and implement obligatory legislation to foster a respectful workplace. Furthermore, ongoing education and training are essential to equip nursing personnel to address and eradicate workplace bullying in healthcare organizations.

Materials and Methods:

Study design:

A cross-sectional correlational research design was used to examine bullying among nurses and its correlation to burnout. Cross-sectional correlational research design is suited for exploring relationships between variables at only one point in time. This in time and cost-efficient identifies patterns and associations without manipulating variables (Kesmodel, 2018).

Setting:

The study was conducted at Eradah and Mental Health Hospital in Jazan. This medical complex is a comprehensive care medical city in Saudi Arabia and has a bed capacity of 1500 beds.

Participants:

Participants of this study included nurses working at the Eradah and Mental Health Hospital in Jazan. Nurses were included in the study regardless of their gender, age, level of education, nationality, and nurse position. Nurses who were not available during the data collection phase were excluded from the study.

Sampling Procedure and Sample Size:

A convenience sampling procedure was used. Convenience sampling is convenient and economical in selecting subjects from those who can be easily reached and attracted to participate. It is effective when time or availability are limitations that allow for quick data collection. Quite definitely not random, it provides very meaningful information, especially in exploratory studies or in a busy healthcare environment where health professionals mainly work (Golzar et al., 2022).

The sample size for the study was calculated using G*Power (Faul et al., 2007). With an effect size of 0.3, power of 0.95, and significance level of 0.05, the sample size was 138. However, to curb dropout rates, the sample size was increased by 10%. The final sample size used was 152 nurses.

Research Instruments:

Demographic Questionnaire:

The demographic questionnaire was developed by the researcher to collect nurses' demographics including their age, gender, level of education, marital status, nationality, work experience, and nursing.

The Negative Acts Questionnaire (NAQ-R):

The Negative Acts Questionnaire (NAQ-R) was used to determine the prevalence of workplace bullying as perceived by the nurses (Einarsen et al., 2009). The questionnaire comprises 22 Likert scale items (1-Never to 5-Daily). The questions are categorized into three subscales; work-related bullying subscale (7 items), personal bullying subscale (12 items), and physical intimidating subscale (3 items). The reliability of the questionnaire in the current study was established as a Cronbach's alpha of.90.

Maslach Burnout Inventory (MBI):

Burnout among the nurses was examined using the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981). The MBI has 22 items with three subscales; emotional exhaustion (9 items), depersonalization (5 items), and personal accomplishment (8 items). The questions are scored using a 7-point scale (0–6 points). The MBI is a valid and reliable tool for determining burnout among various professional groups such as nursing professionals (Maslach & Jackson, 1981). The reliability of the instrument in the current study was overall Cronbach's α of 0.87.

Data collection:

Data were collected for two weeks in November 2024. Data collection was after the study was ethically approved by the Institutional Review Board of Eradah and Mental Health Hospital in Jazan. Data was collected using self-administered questionnaires. The questionnaires were distributed to nurses who agreed and consented to participate in the study. All nurses who participated in the study were informed regarding the objective of the study, confidentiality, and voluntary participation. The nurses were allowed adequate time to complete the questionnaires.

Ethical Considerations:

The study was ethically approved by the Institutional Review Board (IRB) of the Jazan Health Cluster under approval number 2152. The research adhered to ethical principles, including obtaining informed consent, ensuring voluntary participation, and maintaining confidentiality throughout the process. These measures were implemented to protect the rights and well-being of all participants, in alignment with the ethical guidelines established by the Jazan Health Cluster and Eradah and Mental Health Hospital.

Statistical Analysis:

The data collected were analyzed using SPSS version 28. Descriptive statistics were used to summarize demographics, workplace bullying, and burnout among nurses. Pearson correlation was used to determine the correlation between bullying and burnout among nurses. Regression analysis was used to determine the predictors of workplace bullying and burnout among nurses. A statistically significance level of $P<0.05$ was considered significant.

Results:

Characteristics of Nurses:

The study consisted of a sample of 150 nurses whose characteristics vary from one nurse to another. Most of the age of the participating nurse is between 31 and 40 years (44.1%), and from the 18-30 years age group (35.5%), then above 41 years (20.4%). On a gender basis, most nurses who participated were female (79.6%). Education-wise most hold a bachelor's degree (82.2%). Other respondents have a diploma (11.2%) or specified postgraduate qualifications (6.6%). Married nurses made the bulk (87.5%) compared with single nurses (12.5%). Almost equal proportions of Saudi and non-Saudi nurses formed the bulk of the sample, with the latter forming (61.2%) of the sample population as opposed to Saudis (38.8%). Nearly half of them were nurses, with experience from 1-5 years, with 42.1% followed by 9.2%, which accounted for those who worked for more than 10 years. Thus, most participants are staff nurses (94.1%), while charge nurses (3.3%) and nurse managers represent the rest (2.6%).

Table 1: Demographic Characteristics of Nurses (n=150)

Variable		N	%
Age	18- 30 years	54	35.5%
	31-40 years	66	44.1%
	Above 41 years	30	20.4%
Gender	Female	120	79.6%
	Male	30	20.4%
Level of Education	Diploma	17	11.2%
	Bachelor	123	82.2%
	Postgraduate	10	6.6%
Marital Status	Married	131	87.5%
	Single	19	12.5%
Nationality	Saudi	59	38.8%
	Non-Saudi	91	61.2%
Work Experience	1-5 years	74	48.7%
	6-10 years	62	42.1%
	Above 10 years	14	9.2%
Nursing Role	Staff Nurse	141	94.1%
	Charge Nurse	5	3.3%
	Nurse Manager	4	2.6%

Workplace Bullying and Burnout:

Concerning workplace bullying, the results show a mean score and standard deviation for overall bullying and subscales of work-related, personal, and intimation. Overall workplace bullying was (M= 38.42, SD=17.52), and for the subscales of work-related (M= 10.05, SD= 3.87), Personal (M= 21.22, SD= 10.65), and Intimidation-related bullying (M= 8.12, SD= 4.10). Concerning burnout, the results show mean scores for the subscales of emotional exhaustion (32.87 ± 12.36), depersonalization (14.32 ± 6.42), and personal achievement (17.39 ± 9.14).

Table 2. Descriptive statistics for workplace bullying, and burnout (n = 150).

Variables		Mean	SD
Workplace bullying		38.42	17.52
	Personal bullying	21.22	10.65
	Work-related bullying	10.05	3.87
	Intimidation-related bullying	8.12	4.10
Burnout		60.47	19.56
	Emotional exhaustion	32.87	12.36
	Depersonalization	14.32	6.42
	Reduced personal achievement	17.39	9.14

Correlations between workplace bullying, and Burnout:

The subscales of workplace bullying revealed significant correlations with burnout (except for the subscale of personal achievement. There was no significant correlation between personal achievement with subscales of workplace bullying (personal bullying and work-related bullying), emotional exhaustion, and depersonalization.

Table 3. Correlations between workplace bullying, and burnout (n = 150).

		Workplace bullying			Burnout		
		Personal	Work-related	Intimidation-related	Emotional exhaustion	Depersonalization	Decreased personal achievement
Workplace bullying	Personal	1					
	Work-related	.75**	1				
	Intimidation-related	.77**	.68**	1			
Burnout	Emotional exhaustion	.57**	.55**	.44**	1		
	Depersonalization	.46**	.47**	.43**	.70**	1	
	Reduced personal achievement	.11	.09	.12*	.001	.08	1

* p < 0.05, ** p < 0.01

Associations between nurse demographics, burnout and workplace bullying:

Multiple regression analysis was carried out to examine the demographic characteristics of nurses predicting burnout and workplace bullying. The application of regression analysis was meant to study the relationship between demographic factors and burnout levels, as measured by the Maslach Burnout Inventory (MBI). The value of the constant coefficient (B = 5.145, p = .001) represents the baseline score of burnouts when all other predictors are held constant. There is very little negative and non-significant influence of age on burnout (B = -0.112, p = .649), which indicates a significant association. Yet, gender exhibits a very strong and highly negative significant relation with burnout (B = -1.878, Beta = -0.649, p = .001), indicating that although males experience it at a lower level, females experience it more. The level of education illustrates a slight, positive, and insignificant relationship with burnout (B = 0.415, p = .168), indicating that its effect may be marginal or dependent on context. The more important marital status turns out to be the predictor (B = 0.930, Beta = 0.264, p = .040): marrieds tend to suffer in higher instances of burnout. Nationality equally turns out to be significantly and negatively associated with burnout (B = -0.634, Beta = -0.265, p = .035), being that certain differences in burnout can vary by nationality. Work experience was of borderline negligible and not statistically significant association (B = 0.047, p = .771), while nursing role gave a slightly negative relationship to burnout that approached the borderline level of significance (B = -0.586, p = .089). In summary, gender, marital status, and nationality were identified as significant predictors, while age, education level, work experience, and nursing role exhibited nonsignificant relationships.

Table 4: Regression analysis: Demographics associated with burnout (n=150)

	Coefficients					
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	5.145	1.001		5.139	.001
	AGE	-.112	.246	-.070	-.456	.649
	GENDER	-1.878	.442	-.649	-4.246	.001
	Level of Education	.415	.299	.149	1.385	.168
	Marital Status	.930	.448	.264	2.074	.040
	Nationality	-.634	.299	-.265	-2.123	.035
	Work Experience	.047	.161	.026	.291	.771
	Nursing Role	-.586	.342	-.182	-1.713	.089
a. Dependent Variable: Maslach Burnout Inventory (MBI)						

Regression analysis: Demographics associated with workplace bullying:

The regression analysis investigated the association between various demographic variables and workplace bullying as assessed by Negative Acts Questionnaire-Revised (NAQ-R). Findings indicate that many of the factors significantly influence workplace bullying as predictors, while others are not. The constant term-1.211 (B=1.211, p=0.017)- is representative of the baseline levels of workplace bullying and is statistically significant. Therefore, it can be seen that age is positively related to work bullying at 1.278 (B=1.278, p=0.001) which indicates older individuals are likely to suffer from bullying. Gender has also been shown to be statistically significant since more female recipients report higher levels of bullying evidenced by a negative coefficient of -2.051 (B=-2.051, p=0.001). Another significant predictor is the level of education; the higher the educational attainment level, the more the incidence of workplace bullying, while a coefficient of 0.937 (B=0.937, p=0.001) suggests a moderate effect size.

However, marital status lacks such important predictive power since the coefficient is relatively small (B=0.048, p=0.830) indicating no significant association. Another significant aspect is found in this nationality whereby individuals of certain nationalities are found to be relatively less bullied than indicated by a negative coefficient of -0.477 (B=-0.477, p=0.002). Other predictors such as prior work experience and one's nursing role are also part of the model, although work experience on its own does not notably predict bullying (B=-0.082 p=0.308). The contrary shows that being a nursing employee increases the risk of experiencing workplace bullying with a coefficient of 0.685 (B=0.685, p=0.001). In summary, workplace bullying among nurses was predicted by age, gender, level of education, nationality, and nursing role, while work experience and marital status had non-significant relationships.

Table 5: Regression analysis: Demographics associated with workplace bullying (n=150)

Coefficients					
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.211	.499		2.426	.017
	AGE	1.278	.123	.831	10.425	.001
	GENDER	-2.051	.221	-.734	-9.300	.001
	Level of Education	.937	.149	.348	6.274	.001
	Marital Status	.048	.224	.014	.215	.830
	Nationality	-.477	.149	-.206	-3.201	.002
	Work Experience	-.082	.080	-.047	-1.023	.308
	Nursing Role	.685	.171	.220	4.015	.001
a. Dependent Variable: Negative Acts Questionnaire-Revised (NAQ-R)						

Discussion:

This study examined bullying among nurses and its correlation to burnout in Saudi Arabia. These results elucidate the major linkages between workplace bullying and nurse burnout while delineating important demographic and professional-related contributors to the intensity and frequency of bullying and burnout. The mean score of workplace bullying revealed among nurses in this study was 38.42, suggesting moderate levels of workplace bullying among nurses in the present study. This level of bullying among nurses in the present study is slightly higher compared with bullying reported among nurses in Japan, with a mean of 29.7 (Abe & Henly, 2010), and in Canada with a mean of 34.5 (Laschinger et al., 2012). However, the mean bullying level in the current study is slightly lower compared to two studies conducted among nurses in South Korea, which reported a similar mean of 39.29 (Kim et al., 2019; Yeun, 2015). The highest type of bullying was personal bullying, followed by work-related bullying and intimidation-related bullying. This is consistent with studies conducted among nurses in America and Taiwan (Fang et al., 2016; Hampton et al., 2019). However, a study conducted among nurses in South Korea, reported that work-related bullying was common among the nurses compared to personal and intimidating bullying (Yun & Kang, 2014).

Regarding burnout, a mean score of 60.47 was reported among nurses in the present study, with high mean scores in subscales of emotional exhaustion followed by reduced personal achievement and depersonalization. These findings suggest the prevalence of burnout among nurses, where their emotional well-being and personal achievement are the most affected aspects of the nurses in the current study. These results are congruent with recent findings from a systematic review, which reported that nurses experienced high burnout in terms of emotional exhaustion followed by reduced personal accomplishment and lastly depersonalization (Urquiza et al., 2023).

The current study revealed that bullying significantly correlated with emotional exhaustion and depersonalization subscales of burnout but not reduced personal accomplishment. These findings align with findings from a previous study where

workplace bullying was significantly linked to emotional exhaustion and depersonalization among nurses (Kim et al., 2019). Similarly, Hsiao et al. (2022) confirmed a relationship between workplace bullying and burnout among nurses.

Empirical outcomes from regression analysis indicate that workplace bullying generally prevails in the healthcare environment, among the nursing profession. The analysis of the outcome showed that certain factors such as age, gender, educational level, nationality, and nursing role correlate significantly with the experience of bullying. In particular, older nurses are more exposed to workplace bullying, as reflected in the positive coefficient associated with age (B = 1.278, p = 0.001). It concurs with earlier observations that workplace harassment is often age-determined or subordinated to increased challenges that older nurses are often met with in work environments dominated by younger, and less experienced staff (Hsiao et al., 2022).

Also, gender had a significant predictive power in workplace bullying. The gender co-efficient is represented as negative (B = -2.051, p = 0.001), showing that female nurses experience bullying compared to males. On this finding, the present literature is corroborated as usually, women's position is identified with vulnerability, particularly when power dynamics by gender are associated in the work (Karatuna et al., 2020). These results reflect some systemic phenomena of discrimination and mistreatment in nursing, resulting in a toxic working environment (Karatuna et al., 2020; Yeun, 2015).

Another important determinant of the likelihood of victimization by workplace bullying is the level of education. The positive regression coefficient (B = 0.937, p = 0.001) of education implied that nurse with higher educational qualifications has greater chances of being bullied. This can reflect a situation where more educated nurses who have above-average qualifications or very advanced roles may garner jealousy or possible disgruntlement among their colleagues because of their higher status or expertise. In contrast, level of education was not a predictor of bullying among nurses in another study (Al Muharraq et al., 2022).

The findings of this study suggest that nationality is a major variable in shaping the experience of being bullied. It was revealed that non-national nurses reported higher incidences of bullying based on the negative coefficient for nationality (B = -0.477, p = 0.002). This finding means that nurses with other cultural backgrounds may encounter problems that are not experienced by their Indigenous colleagues and which include cultural bias and discrimination leading to bullying. This assertion goes in line with research that shows the hindrances of migrant workers in healthcare environments, where cultural and language barriers more complicate their already difficult situations of shouting and neglect (Karatuna et al., 2020).

However, it was found that work experience and marital status did not predict the likelihood of being bullied as significantly evidenced by the non-significant coefficient for work experience (B = -0.082, p = 0.308) and (B=0.048, p=0.830) respectively. This finding indicates that the experience of being bullied is not necessarily related to the length of working years as a nurse and being married or not (Al Muharraq et al., 2022).

The finding of this study showed that burnout was predicted by gender, nationality, and marital status of the nurses. This is consistent with previous findings (Chowdhury et al., 2023). Females tend to experience high burnout levels compared with males. The strong negative correlation between gender and burnout (B = -1.878, Beta = -0.649, p = .001), in the current study that, while men report lower levels of burnout, women are more vulnerable. The findings of this study revealed that married nurses may have low burnout levels compared to single ones. This aligns with global studies highlighting marital support as a buffer to the effects of burnout (Chowdhury et al., 2023). Another significant factor in the levels of burnout is nationality; most often, the culture and societal norms will impose the stress and the modes of coping with it. For instance, nurses from different national backgrounds have different expectations and work pressures, which would, in turn, change their burnout levels. All of these demographic predictors- gender, marital status, and nationality- highlight the complex nature of burnout and the necessity for individualized preventive and supportive measures in workplace settings.

This study has some limitations. First, convenience sampling was used to select nurses working at Eradah and Mental Health Hospital in Jazan; thus, the findings cannot be generalized to all nurses in Saudi Arabia. In the future, probability sampling should be expanded to medical institutes of all regions in Saudi Arabia. Second, the cross-sectional design used in this study does not allow for a cause-and-effect relationship between the variables to be revealed. Consistent replication studies on the study topic will be needed.

Conclusion:

In summary, this study provides strong evidence for workplace bullying and its correlation with burnout among nurses. Significant predictors of bullying given in the study, including age, gender, education level, nationality, and nursing role, are useful in defining elements of toxic work in healthcare institutions. Findings point out that healthcare organizations must take proactive stands in combatting bullying and making a healthy environment for all nurses. On the other hand, it is essential for enhancing nurse well-being through reducing burnout.

Future research into the effects of targeted interventions reducing bullying and the effects of that on mental health and the professional involvement of nurses should also be done.

References:

Abe, K., & Henly, S. J. (2010). Bullying (ijime) among Japanese hospital nurses: modeling responses to the revised Negative Acts Questionnaire. *Nursing research*, *59*(2), 110-118.

Al Muharraq, E. H., Baker, O. G., & Alallah, S. M. (2022). The prevalence and the relationship of workplace bullying and nurses turnover intentions: A cross sectional study. *SAGE Open Nursing*, *8*, 23779608221074655. https://doi.org/10.1177/23779608221074655

Aloisio, L. D., Coughlin, M., & Squires, J. E. (2021). Individual and organizational factors of nurses' job satisfaction in long-term care: A systematic review. *International Journal of Nursing Studies*, *123*, 104073. https://doi.org/10.1016/j.ijnurstu.2021.104073

Alzailai, N., Barriball, L., & Xyrichis, A. (2021). Burnout and job satisfaction among critical care nurses in Saudi Arabia and their contributing factors: A scoping review. *Nursing open*, *8*(5), 2331-2344. https://doi.org/https://doi.org/10.1002/nop2.843

Chowdhury, S. R., Kabir, H., Akter, N., Iktidar, M. A., Roy, A. K., Chowdhury, M. R., & Hossain, A. (2023). Impact of workplace bullying and burnout on job satisfaction among Bangladeshi nurses: A cross-sectional study. *Heliyon*, *9*(2), e13162. https://doi.org/10.1016/j.heliyon.2023.e13162

Dall'Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). Burnout in nursing: a theoretical review. *Human resources for health*, *18*, 1-17.

Einarsen, S., Hoel, H., & Notelaers, G. (2009). Measuring exposure to bullying and harassment at work: Validity, factor structure and psychometric properties of the Negative Acts Questionnaire-Revised. *Work & Stress*, *23*(1), 24-44. https://doi.org/10.1080/02678370902815673

Fang, L., Huang, S. H., & Fang, S. H. (2016). Workplace bullying among nurses in South Taiwan. *Journal of Clinical Nursing*, *25*(17-18), 2450-2456.

Farley, S., Mokhtar, D., Ng, K., & Niven, K. (2023). What influences the relationship between workplace bullying and employee well-being? A systematic review of moderators. *Work & Stress*, *37*(3), 345-372. https://doi.org/10.1080/02678373.2023.2169968

Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G* Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior research methods*, *39*(2), 175-191.

Goh, H. S., Hosier, S., & Zhang, H. (2022). Prevalence, Antecedents, and Consequences of Workplace Bullying among Nurses-A Summary of Reviews. *Int J Environ Res Public Health*, *19*(14). https://doi.org/10.3390/ijerph19148256

Golzar, J., Noor, S., & Tajik, O. (2022). Convenience sampling. *International Journal of Education & Language Studies*, *1*(2), 72-77.

Hampton, D., Tharp-Barrie, K., & Kay Rayens, M. (2019). Experience of nursing leaders with workplace bullying and how to best cope. *Journal of Nursing Management*, *27*(3), 517-526. https://doi.org/10.1111/jonm.12706

Hsiao, S.-T., Ma, S.-C., Guo, S.-L., Kao, C.-C., Tsai, J.-C., Chung, M.-H., & Huang, H.-C. (2022). The role of workplace bullying in the relationship between occupational burnout and turnover intentions of clinical nurses. *Applied Nursing Research*, *68*, 151483. https://doi.org/10.1016/j.apnr.2021.151483

Jang, S. J., Son, Y. J., & Lee, H. (2022). Intervention types and their effects on workplace bullying among nurses: a systematic review. *Journal of Nursing Management*, *30*(6), 1788-1800.

João, A. L., Vicente, C., & Portelada, A. (2023). Burnout and its correlation with workplace bullying in Portuguese nurses. *Journal of Human Behavior in the Social Environment*, *33*(7), 940-951. https://doi.org/10.1080/10911359.2022.2096740

Karatuna, I., Jönsson, S., & Muhonen, T. (2020). Workplace bullying in the nursing profession: A cross-cultural scoping review. *International Journal of Nursing Studies*, *111*, 103628. https://doi.org/10.1016/j.ijnurstu.2020.103628

Kesmodel, U. S. (2018). Cross-sectional studies–what are they good for? *Acta obstetricia et gynecologica Scandinavica*, *97*(4), 388-393.

Kim, Y., Lee, E., & Lee, H. (2019). Association between workplace bullying and burnout, professional quality of life, and turnover intention among clinical nurses. *PloS one*, *14*(12), e0226506. https://doi.org/10.1371/journal.pone.0226506

Kinman, G., Teoh, K., & Harriss, A. (2020). The mental health and wellbeing of nurses and midwives in the United Kingdom.

Laschinger, H. K. S., Wong, C. A., & Grau, A. L. (2012). The influence of authentic leadership on newly graduated nurses' experiences of workplace bullying, burnout and retention outcomes: A cross-sectional study. *International Journal of Nursing Studies*, *49*(10), 1266-1276.

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Organizational Behavior*, *2*(2), 99-113.

Maslach, C., & Leiter, M. P. (2016). Burnout. In *Stress: Concepts, cognition, emotion, and behavior* (pp. 351-357). Elsevier. https://doi.org/10.1016/B978-0-12-800951-2.00044-3

Powell, N., Ford, L., Rochinski, D., & McEvoy, V. (2023). The lived experience of workplace violence among emergency nurses. *Journal of Emergency Nursing*, *49*(3), 425-430. https://doi.org/10.1016/j.jen.2022.11.004

Ramírez-Elvira, S., Romero-Béjar, J. L., Suleiman-Martos, N., Gómez-Urquiza, J. L., Monsalve-Reyes, C., Cañadas-De la Fuente, G. A., & Albendín-García, L. (2021). Prevalence, Risk Factors and Burnout Levels in Intensive Care Unit Nurses: A Systematic Review and Meta-Analysis. *International Journal of Environmental Research and Public Health*, *18*(21).

Shorey, S., & Wong, P. Z. E. (2021). A qualitative systematic review on nurses' experiences of workplace bullying and implications for nursing practice. *Journal of Advanced Nursing*, *77*(11), 4306-4320.

Tamata, A. T., & Mohammadnezhad, M. (2023). A systematic review study on the factors affecting shortage of nursing workforce in the hospitals. *Nurs Open*, *10*(3), 1247-1257. https://doi.org/10.1002/nop2.1434

Urquiza, J. L., Velando-Soriano, A., Membrive-Jiménez, M. J., Ramírez-Baena, L., Aguayo-Estremera, R., Ortega-Campos, E., & Cañadas-De la Fuente, G. A. (2023). Prevalence and levels of burnout in nursing students: A systematic review with meta-analysis. *Nurse Education in Practice*, *72*, 103753. https://doi.org/10.1016/j.nepr.2023.103753

Wunnenberg, M. (2020). Psychosocial bullying among nurse educators: exploring coping strategies and intent to leave. *Journal of Nursing Scholarship*, *52*(5), 574-582. https://doi.org/10.1111/jnu.12581

Xie, W., Chen, L., Feng, F., Okoli, C. T. C., Tang, P., Zeng, L., Jin, M., Zhang, Y., & Wang, J. (2021). The prevalence of compassion satisfaction and compassion fatigue among nurses: A systematic review and meta-analysis. *International Journal of Nursing Studies*, *120*, 103973. https://doi.org/10.1016/j.ijnurstu.2021.103973

Yeun, Y.-R. (2015). A research of workplace bullying and burnout on turnover intention in hospital nurses. *Journal of the Korea Academia-Industrial cooperation Society*, *16*(12), 8343-8349.

Yun, S., & Kang, J. (2014). Factors affecting workplace bullying in Korean hospital nurses. *Korean Journal of Adult Nursing*, *26*(5), 553-562.

Yun, S., & Kang, J. (2018). Influencing factors and consequences of workplace bullying among nurses: a structural equation modeling. *Asian nursing research*, *12*(1), 26-33. https://doi.org/10.1016/j.anr.2018.01.004

Matthiesen, S. B., & Einarsen, S. (2010). Bullying in the workplace: Definition, prevalence, antecedents and consequences. International Journal of Organization Theory & Behavior, 13(2), 202-248.

Edú-Valsania, S., Laguía, A., & Moriano, J. A. (2022). Burnout: A review of theory and measurement. International journal of environmental research and public health, 19(3), 1780.

Forné, C., & Yuguero, O. (2022). Factor structure of the Maslach Burnout Inventory Human Services Survey in Spanish urgency healthcare personnel: a cross-sectional study. BMC Medical Education, 22(1), 615.

Gurajala, S. (2023). Healthcare System in the Kingdom of Saudi Arabia: An Expat Doctor's Perspective. Cureus, 15(5).

Giorgi, G., Mancuso, S., Fiz Perez, F., Castiello D'Antonio, A., Mucci, N., Cupelli, V., & Arcangeli, G. (2016). Bullying among nurses and its relationship with burnout and organizational climate. International journal of nursing practice, 22(2), 160-168.

Hsiao, S. T. S., Ma, S. C., Guo, S. L., Kao, C. C., Tsai, J. C., Chung, M. H., & Huang, H. C. (2022). The role of workplace bullying in the relationship between occupational burnout and turnover intentions of clinical nurses. Applied nursing research, 68, 151483.