Bachelor’s thesis

Leaving so soon?
A study on the bullying of nurses

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Abstract

**Introduction.** This study is about examining bullying of nurses in the Swedish health care system. Bullying is a negative behaviour that has been going on for a longer period of time (Arbetsmiljöverket, 2023a). The negative behaviour in healthcare can have consequences for not just the nurses, but also for the society as a whole. When nurses experience negative behaviour they are more likely to leave (Bambi, et al., 2018) and when nurses leave there is a greater shortage. Since the focus on previous research has mostly been on individuals and not the social interactions between co-workers, is why this study has chosen to examine these social factors closer using Social perception theory. **Framwork.** Social perception theory is the processes by which people perceive other people. Especially how people interpret, categorize and form impressions of others. There are three major influences on social perception, which will form the three hypothesis. H1: There is a strong positive relationship between the characteristic of the situation on bullying which can triggers resignations. H2: There is a strong positive relationship between the characteristic of the person perceived on bullying which can triggers resignation. H3: There is a strong positive relationship between the characteristic of the perceiver on bullying which can triggers resignation. **Method.** Since the interest of the study was to investigate perceived bullying, a quantitative method was chosen. The lack of quantitative studies in the field also contributed to the choice of a quantitative approach. The data collection to answer the research question was done through a quantitative method, specifically a survey. The collected data was compiled and analysed through descriptive statistics and regression analyses. Reliability and Validity tests were performed to ensure high research quality. **Results.** There were 106 people who responded to the
survey, only 61 fit the requirement. There were a significant correlation between Internal competition (p<0,05), Support from co-workers (p<0,01) and H3 (p<0,01). However H1 is very close to the significant value (0,065).

**Conclusion.** Only hypothesis 3 was accepted since it showed a positive effect of resigning. Hypothesis H2 was rejected, whereas H1 was rejected with hesitation.

Key words: Bullying, Nurses, Swedish health care, Social perception theory
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Appendix 1
Appendix 2
1. Introduction

In this chapter, an introduction will be given to the subject bullying and its effects. The relevance of the study will be presented as well as what limitations will be made and what purpose the study has. It all adds up to a problem discussion and research question.

1.1. Background

This study is about negative behaviour in the Swedish health care system. There are several types of negative behaviours such as harassment, victimisation, violence/threats and bullying. Most often, several of these negative behaviours happen at the same time. Bullying requires that the negative behaviour has been going on for a longer period of time (Arbetsmiljöverket, 2023a). That is the reason why this study has chosen to focus on bullying.

Dabekassen, et al., (2023) who have investigated unprofessional behaviour in healthcare found that 63% of participants in the study experienced unprofessional behaviour at least once a month, including not responding to calls/inquiries (44.3%), exclusion from decision-making (43.0%), blaming behaviour (39.9%), and dismissive behaviour (31.7%). In the study, nurses were identified as the most common source of unprofessional behaviour. The fact that it is nurses who are painted as the bad guys, makes the category of staff the most interesting to examine.

That the negative behaviour exists in health care at all is contradictory as nurses are expected to do good and not hurt other people, which includes their co-workers (Katrinli, et al., 2010). Nursing is rooted in a holistic approach and those in healthcare have an ethical obligation to respect the
dignity and integrity of the individual (Haahr, et al., 2020). That said, nurses should work for well-being and not engage in negative behaviour.

1.1.1. Bullying definition

Bullying began to be discussed as a problem in society in the late 1960s and has been classified as a social problem since the 1970s. At that time, the social structure of society began to change and labour immigration and women entering the labour market became more common. Society's ambition was that people would integrate well into Swedish society and bullying was considered to be an obstacle to that integration. Initially, the reason for bullying was thought to be due to the deviant behaviour of individuals, and they were considered to be different. Later, a discussion began to be held that the cause of bullying did not lie with vulnerable individuals, but that the structure and norms of society were an also contributing factors. (Larsson, 2016)

Over the years the phenomenon of bullying has been examined by several different researchers. No unitary definition has been formed of the concept bullying, but certain attributes are researchers agreeing on. For example, bullying entails the deliberate victimization of a person, repetitively and over time, by one or multiple others. (Olweus, 1999)

The definition can also change depending on the country. Einarsen (2000) has compiled a number of concepts that are used to capture the phenomenon of bullying and the concepts used differ in different countries. In Sweden, the word *mobbning* is most common, while in other countries, such as England, words such as bullying, harassment, scapegoating, psychological terror and others are used. The terms have slightly different meanings, but what they all
have in common is that they all refer to situations where the person is mistreated on several occasions.

Bullying is defined by the Swedish Work Environment Authority (Arbetsmiljöverket, 2023a) as a recurring negative action over a period of time (usually at least six months) and that is directed at an individual or a group. The definition also includes that there is an imbalance of power between the practitioner and the victim, and that the act leads to the victim being excluded from the social community.

### 1.1.2. Reasons behind bullying

The most common reason for bullying is the perpetrator's need for power, i.e. self-interest, while the second most common reason is the perpetrator's mental and private problems (Katrinli, et al., 2010). Other causes that may stimulate bullying include cultures that promote internal competition, performance-based pay systems, and an ethical culture based on instrumental values (Katrinli, et al., 2010). An important contemporary explanation for why bullying occurs is believed to be the changing society we live in. When there are changes within an organization, it can create insecurity, jealousy, and competition for positions, which can lead to a worse work environment and even bullying (Farmer, 2011). This negative work environment can spread, which in the long run can lead to lost staff and thus competence. This, in turn, can lead to new changes and increased workload for the staff who remain and it can become a vicious cycle (Farmer, 2011).

The fact that nurse’s experience oppressed working conditions and low work control is believed to be a contributing factor to bullying in health care (Purpora, et al., 2012). Staff shortages create an inability to provide patients with comprehensive care, which can create feelings of powerlessness and
resentment towards the employer. A nurse who does not agree with the treating physician's care plan will experience stress especially if they believe that the plan jeopardizes the patient's care or well-being (Dudzinski, 2016). In addition, nurses work in pressured and conflict-ridden environments where they face great complexity and ethical issues (Haahr, et al., 2020). In healthcare, negative behaviour can sometimes be seen in the form of "tough love" (Leong & Crossman, 2016, p. 1356). In tough love, older nurses use negative behaviours towards new nurses, to get them to adapt to the expected behaviour. Even if the technic is used with good intentions, it is still an abusive strategy that results in a degraded experience and impaired learning (Leong & Crossman, 2016).

Hallberg & Strandmark (2009) have noted in their study that weak or unclear leadership contributes to increase bullying in the public service sector. Additional causes that have also been shown to contribute to bullying are unclear communication, disengaged leaders and ineffective leadership (Farmer, 2011). A kind of culture of silence then arises in the workplace. Employees who have been exposed to negative behaviour in the workplace often feel that they have not received support from management (Hallberg & Strandmark, 2009). Lack of visible support or passivity from managers gives room for micro aggressions, discrimination and harassment. Fontes, et al., (2013) show that nurses are 10 times more likely to be subjected to victimization in public healthcare than in private healthcare providers. However, as public health organizations are usually the largest employers in their region, this limits the nurse's ability to choose an employer (Whiteing, et al., 2022).
1.1.3. Different kinds of bullying

According to Höistad (2001), there are different types of bullying; silent bullying, verbal bullying and physical bullying.

**Physical bullying** is doing something to someone else's body such as groping, hitting, kicking, holding, or falling. But it can also be taking or destroying the victim's things. Therefore, it is the easiest to detect compared to verbal and silent bullying.

**Verbal bullying** can be done by spreading rumours, imitating, threatening to mock or cyberbullying. Unlike silent bullying, verbal bullying is done with words. Verbal bullying is easier to spot than silent bullying, but it may not always be the case.

**Silent bullying** is a way that is not so clear and is usually more personal. Silent bullying can manifest itself by, for example, rolling your eyes, sighing or showing that you do not want the person around. Silent bullying is the most common type of bullying and the most difficult to detect because it usually takes place in secret.

In the case of work-related bullying, it is most common with silent bullying. It can be in the form of management or co-workers withhold information, ignores opinions, give excessive amount of work and/or unattainable deadlines (Hallberg & Strandmark, 2009). Many people think that bullying only happens in secret, but that is not always the case. When it happens in the open, not everyone reports it. Eriksson & Östberg (2009) argue that this is because people who witness the bullying explain away the event as misunderstandings, that they have different sense of humour, that the person is sensitive, etc. It can also be due to a fear of being exposed and then the
witnesses choose to rather ignore the problem. But regardless of whether the bullying takes place openly or covertly, it creates a poor work environment (Farmer, 2011). It’s also important to note that bullying is not always intentional, which is why it is important to listen to the victim's experience of the situation (Eriksson & Östberg, 2009). The victim determines if they feel bullied or not.

1.1.4. The consequences of bullying

Nothing good comes from bullying. Victims can suffer from impaired performance, high stress levels and difficulties in collaborating. It is important that the bullying stops immediately and that the main problems are investigated and addressed, otherwise the individual risks ending up in a chronic condition that may require long-term medical and psychological help (Arbetsmiljöverket, 2023a). Do to the stress that bullying causes, the symptoms can also be physical. Hallberg and Strandmark (2004) describes that bullying and victimisation can result in respiratory and heart problems, infections, gastritis, allergies and high blood pressure.

Constant exposure to bullying in the workplace has significant detrimental effects on the victim's health, regardless of whether the experience is referred to as bullying or not (Einarsen & Skogstad, 1996). For the victims it can lead to serious consequences such as anxiety, insomnia, depression and even in severe cases symptoms similar to Post-Traumatic Stress Disorder (PTSD) (Farmer, 2011). Other consequences of bullying in the individual resulted in guilt, shame and impaired self-esteem. The victims can have problems getting back to a normal life and feel marked for life (Hallberg & Strandmark, 2004). Einarsen (2000) points out that bullying and workplace harassment are worse than all other job-related stressors combined, even to the point of being a major cause of an individual's suicide. Hallberg &
Strandmark (2004) points out that of the 100-300 employees who commit suicide related to adult bullying make up 10-15 percent of the total number of people who commit suicide in Sweden annually. Not only can the victim be effected by the bullying, but it can also effect witnesses. Spigg, et al. (2019) show that witnesses to the bullying also can experience work-related stress and anxiety. Even the efficiency in the organization can decrease if someone is being bullied (Escartin, et al., 2011).

1.2. Problem discussion

Work environment issues have received an increasing focus in society and according to the Work Environment Act, the employer must do everything possible to prevent the employee from being exposed to ill health (Arbetsmiljöverket, 2023b). Still there are several studies that show that the work environment in healthcare is not the best (Zhang, et al., 2022; Bambi, et al., 2018; Dabakaussen et al, 2023). Bambi et al. (2018) report that more than 78% of nurses who have been subjected to bullying and whose service period was less than 5 years, have chosen to resign.

The negative behaviour in healthcare can have consequences for not just the nurses, but also for the society as a whole. When nurses experience negative behaviour they are more likely to leave (Bambi, et al., 2018) and when nurses leave there is a greater shortage and this in turn can lead to longer queues for patients, higher workload for the nurses who remain and more sick leave due to stress and burnout. The shortage in healthcare also makes it difficult to dismiss staff with negative behaviours, even if they would like to, as they can be considered a valuable resource due to professional experience (Hawkins, et al., 2022). There are studies that show that nurses who have been exposed to negative behaviour had more difficulty concentrating, made more mistakes, and offered poorer care (Bloom, 2018; Laschinger & Nosko,
In other words, negative behaviour can become a direct threat to patient safety, as well as contribute to lower patient and employee satisfaction, increased complaints, increased staff injuries, and reduced quality of care (Potter & Koehn, 2015). At an organisational level, it can have negative financial consequences in the form of more sick leave due to stress and burnout amongst staff. In addition, there are expensive costs for temps and new recruitment.

Over time, confidence in the Swedish healthcare system may decrease, with the result that fewer people apply for positions that are published and the shortage of experienced and competent nurse’s increases. Although bullying can be observed in many sectors, its prevalence in health care may be more critical, as they work with people’s well-being (Katrinli, et al., 2010). Since bullying can have major consequences, for society, victim and the patient, the subject becomes highly relevant to investigate.

Looking at bullying in Sweden Rahm, et al., (2019) conducted a study that found that 8.6% of healthcare workers in Sweden had been bullied. Arbetsmiljöverket (2015) shows in its statistics that of the cases of victimisation reported between the years 2009 - 2014, about 49% of the cases were in the healthcare sector. Looking at Sweden as a whole, 12 percent of the population state that they have been bullied or violated by either a boss or colleague at some point in the past five years (Statistiska centralbyrån, 2013). Which shows that the problem also occurs in Sweden. Looking at bullying in the Swedish healthcare system is relevant as Sweden is facing a major staff shortage. At the beginning of 2023, the National Board of Health and Welfare published a new report on the shortage of licensed staff in healthcare (Socialstyrelsen, 2023b). In Sweden alone, about 33,000 new nurses need to be recruited by 2030 (Socialstyrelsen, 2023c). This can be seen in relation to the fact that approximately 4,500 new nurses graduate
each year (Statistiska centralbyrån, 2021). It is therefore important to both retain existing nurses, as well as to attract new ones if Sweden is to overcome the shortage.

Previous studies on workplace bullying has largely focused on either individual or organizational factors, for example what puts an individual in a vulnerable position, work stress and conflicts (Salin & Hoel, 2011; Nielsen & Einarsen, 2018; Notelaers, et al., 2019). Other factors that has been researched are personality (Glasø, et al., 2007; Coyne, et al., 2000), culture (Loh, et al., 2010), leadership (Hoel, et al., 2010) and team autonomy (Arthur, 2011). All shown to have an effect on workplace bullying in different ways.

Hershcovis & Reich, (2013) points out that bulliying occurs in a social context and that this context plays a role in workplace bullying. The studies that has focused on social factors has examined friendships (Bridge & Baxter, 1992; Pauksztat & Salin, 2020) and negative relationship (Labianca & Brass, 2006), and shows that social relationship plays an important role. Lyons & Scott (2012) concluded that a good relationship at the workplace had a negative association with the likelihood of being bullying. A study by Sigursteinsdottir & Karlsdottir (2022) showed that social support in the workplace increased the job satisfaction and decreased the risk of being bullied.

Although there has been theories that has highlighted the social aspects of workplace bullying and its precursors, the social interactions with other members of the organisation has rarely been examined. Since the focus has mostly been on individuals and not the social interactions between co-workers, is why this studie has chosen to examen these social factors closer.
Previous studies that has used social perspectives has looked at friendship using Social network theory and Social rejection theory (Pauksztat & Salin, 2020). These theory’s focus on communication, relationships to others and the meaning on being included/excluded (Gamper, 2022). Unlike these theoretical perspective, the social perception theory focus on the quality of attribution. Attribution helps people understand how and why people behave the way they do. The social perception theory can show how people use information to explain an event. In this case a bullying event.

The aim of this study is to give a social perspective on the studying of workplace bullying. Previous research has mostly had an empirical focus. By adding a social perspective the author can shed a light on the perceptual and subjective elements on the aspect of bullying.

1.3. Purpose of the Study

The purpose of this study was to examine how characteristics of situations, perceiver and the person being perceived was affecting how nurses perceive bullying events.

1.4. Research Question

- How does nurses perceive bullying at their work place?

1.5. Delimitations

The study was limited to nurses, as the inclusion of all professions in health care would have become too large. In addition, the study only focused on the
nurses who work within the Swedish healthcare system. Finally, the study was limited to bullying to highlight negative behaviours.

1.6. Disposition

In Chapter 2, a theoretical framework will be presented to give the reader a better understanding of the theoretical basis for the study. The theory will be Social perception. A conceptual framework will also be presented along with the hypothesis. In Chapter 3, the method and design will be presented together with reliability, validity and ethics. In Chapter 4, the results of the study will be presented using descriptive statistics and regression. In chapter 5 an analysis will be made where the results will be analysed using to the theory presented in chapter 2. Finally, Chapter 6 will present the conclusions that has been drawn, as well as recommendations for future research.
2. Framework and hypothesis

This section presents the theories that form the theoretical basis of the study and through which the empirical material is then analysed. This study will focus on Perception, more specific social perception. After comes the conceptual framework that shows how everything is connected and the hypothesis.

2.1. Perception

Perception is our conscious and unconscious processes in which people transform impressions into meaningful information. Perception selectivity means that the brain sifts out everything unnecessary among the impressions and only takes in some of them (Kretch, et al., 1962). The impressions that do not get sifted out will catch our attention. Reflexively, individuals react when they hear a piercing sound and direct their attention to the source of the sound. They also react reflexively when they experience pain or something else that threatens their well-being (Levine & Shefner, 2000). Meaning this type of impressions gets throw more easily. Once individuals notice something, they then attempt to make sense out of it by organizing or categorizing it, called perceptual organization (Kretch, et al., 1962). After the individual has made sense of the impression they are in a position to determine an appropriate response or reaction to it.

Perception differs from individual to individual. Every human being is built in much the same way and would theoretically see things in the same way. This is not the case due to biological and psychological differences. No two individuals have exactly the same pattern of association, as each person's upbringing is unique, even if they grow up in the same family constellation and environment (Sandström, 1983). These early conditions then form a
foundation that one later in life comes back to and recalls when one encounters new experiences. The brain does not create an exact picture of reality, but creates its own image of reality based on our background, expectations, and beliefs (Levine & Shefner, 2000). Another example is that individuals have different thresholds, behaviour one person can tolerate (e.g. public criticism) can be seen as bullying by another (Standen, et al., 2014). When people perceive other people it is instead called social perception.

2.2. Social Perception theory

Social perception theory is the processes by which people perceive other people. Especially how people interpret, categorize and form impressions of others. Studies have showed that when someone meets a new person, they will automatically categorise them by social categories (gender, age, race etc.), mental state (emotions, intentions etc.) and traits the person has (dominance, warmth etc.) (Phillips, et al., 2014). How people perceive other people is shaped by their values, emotions, feelings, and personality. How people perceive others will shape their behaviour towards them, this in terms will impact the way they are perceived and the way others will see and behave towards them (Fiske & Taylor, 1984).

Social perception is a complex process, since people are complex and the consequences of misperceiving people can be great. Looking from a historical perceptive, not fitting in or deviating from the groups behaviour has led to punishment or social exclusion. While fitting in has help with survival (Phillips, et al., 2014).

There are three major influences on social perception; (1) the characteristics of the situation, (2) the characteristics of the person being perceived and (3) the characteristics of the perceiver. All are presented below.
2.2.1. Characteristics of the situation

The context in which the perceptual activity takes place is important. People’s views of managers and co-workers are influenced by the group they belong to and how much they identify with the group (Wang, et al., 2023). The behaviour of one person in the group can be because they want to impress the others in the group or because of group pressure. Group members look at the group’s norms to determine their own appropriate behaviour in different situations. Members of a group tend to see their own group as better than other groups (Wang, et al., 2023). The perception can also be influenced by what positions they have within the organization (Dearborn & Simon, 1958). For example, a supervisor may perceive a situation differently than an employee.

Behaviours that may be appropriate at home, may be inappropriate in the office. Like putting your feet on the table. What is appropriate can also change between country and cultures (Escartin, et al., 2011). For example, counties with low power distance, women’s rights and have a general negative view on abuse of power also have a lower acceptance for abusive behaviour (Einarsen, 2000). These values are constantly evolving over time.

The situation or the context in which something is happening can affect the way people perceive it. For example, research has shown that the same bullying incident may be interpreted and responded to differently based on the amount of harm caused, and the setting where it occurred (Gentry & Pickel, 2014). Also, situational factors like the type of behaviour, perceived seriousness, and who was involved plays a roll in the perception of the event.

H1: There is a strong positive relationship between the characteristic of the situation on bullying which can triggers resignations.
2.2.2. Characteristics of the person perceived

Human beings have a natural tendency to categorize the information around them to make sense of their environment. This is done quickly and the interpretation are surprisingly resilient. Most people have heard of first impressions and know how difficult it is to change. Given contradictory information, the information will be either sifted out or explained away (Ross, et al., 1975). There are three characteristics that especially affects our perception of others;

Physical appearance, like age, sex, race, height, and weight will influence how people see others. For instance someone who appears confident, and articulate, can be perceived as a leader (Mason, 1957). Or someone older can be seen as more experience on the job although they are new. Even the cloth can get people to assume things about the other person, for example if you met one person in Goth cloths and one person in a business suit, who would you think is the CEO? This is for example what makes stereotypes potentially discriminatory as people tend to generalize from a group to a particular individual.

When it comes to bullying, age seem to be a factor since young people faced more negative behaviours, often from older and more experienced employees (Einarsen & Skogstad, 1996). Hallberg & Strandmarks (2004) study also showed that older workers were more exposed to bullying, especially in connection with workplace changes and reorganizations. Statistics show that it is almost twice as common for women to be subjected to negative behaviour then men (Statistiska centralbyrån, 2013).
Verbal and nonverbal communication, what people say and how they say it can also influence the impressions others form of them. The tone of voice can let someone know if that person are feeling happy, angry, dismissive etc. Just as important is the body language used. As an example people who are consistently smiling are often thought to have a more positive attitudes (Secord, 1958). The way people communicate can differ between countries and cultures. Studies has shown that the risk of being bullied are more than double, if you are foreign-born and four times as high if you are from a culturally dissimilar country (Rosander & Blomberg, 2022). The risk is also higher if a person is from a different ethnicity then the majority (Johnson, et al., 2019). Likely because it’s easier to misinterpret each other.

People often ascribe certain attributes to a person before or at the beginning of an encounter. These attributes are based on information they have or gets, for example if this person holds a record or are famous etc. This information can influence how people perceive them and act toward them. Also knowing a person’s occupation can affect the way they are perceived and the behaviour towards them (Thibaut & Riecker, 1955).

How people react to other people’s behaviour also depend on the attributes that they have given them. If someone is performing poorly, like missing a deadline, people are more likely to punish the other person if an attribution is made such as the person is being unreliable. In the same situation, if the attribution instead is the timeline was unreasonable, instead of punishing that person they might instead offer more help (LePine & Van Dyne, 2001).

H2: There is a strong positive relationship between the characteristic of the person perceived on bullying which can triggers resignation.
2.2.3. Characteristics of the Perceiver

Peoples personality and experience as well as the way they perceive them self, will influence how they see others. For instance, if they have a positive self-image, they are more likely to see favourable characteristics in others. Also if people accept themselves as they are, they are more likely to view other people uncritically (Levine & Shefner, 2000). The same goes for the opposite, if people see fault in themselves they are more likely to see faults in others. People who make more complex assessments of others also tend to be more positive in their views of others (Frauenfelder, 1974).

When people perceive themselves, they are also subject to false consensus error. Meaning they overestimate how similar they are to other people (Ross, et al., 1977). They assume that whatever characteristic they have are shared by a larger number of people. As an example, people who take credit for other people’s work to get ahead, usually feel that this behaviour are more common than they actually are. When people believe that a behaviour is common and normal, they may repeat the behaviour more freely. Under some circumstances this may lead to a high level of unethical behaviour like bullying or even illegal behaviours.

People’s previous experiences with others can also influence the way they see them. If an employee is consistently receiving poor performance reviews, an improvement in performance may go unnoticed. Because the supervisor continues to think that the individual is a poor performer (LePine & Van Dyne, 2001). People that has been bullied as a child are more likely to be bullied as an adult, because the victim role will be carried with them and can more easy be reused in future settings (Widom, et al., 2008). The victims can have problems getting back to a normal life and feel marked for life (Hallberg & Strandmark, 2004).
Another way to put it is that people tend to see what they want to see. For instance if someone has a bias against women, they are more likely to focus on finding potentially negative traits when assessing women to confirm their bias (Frauenfelder, 1974).

H3: There is a strong positive relationship between the characteristic of the perceiver on bullying which can triggers resignation

2.3. Conceptual framework

The hypotheses are based on the theoretical framework and includes 3 independent variables; Characteristics of the Situation, Characteristics of person being perceived and Characteristics of the perceiver and 1 dependent variable Resigning after being bullied. This study believes that the 3 independent variables will affect how the nurse that is being bullied will perceive the bullying and in term trigger the nurses to resign. Since bullying is not always intentional, it is important to listen to the victim's experience and perception of the situation (Eriksson & Östberg, 2009). Individuals also have different thresholds, behaviour one person can tolerate (e.g. public criticism) can be seen as bullying by another (Standen, et al., 2014).

The culture within the different departments and the organizations culture can influence the nurse’s perception of a bullying event. Research shows that employees who have been exposed to negative behaviour in the workplace often feel that they have not received support from management (Hallberg & Strandmark, 2009). Also a lack of visible support or passivity from managers. Other causes that may stimulate bullying include cultures that promote internal competition, performance-based pay systems, and an ethical culture based on instrumental values (Katrinli, et al., 2010). Countries like
Sweden with low power distance, women’s rights and with a general negative view on abuse of power also have a lower acceptance for abusive behaviour (Einarsen, 2000).

Looking at studies done on bullying, it shows that being different from the rest increases the risk of being bullied. Statistics show that it is almost twice as common for women to be subjected as men (Statistiska centralbyrån, 2013). It can be partly explained by the fact that women report bullying to a greater extent than men do (Hallberg & Strandmark, 2009). However in the health care system, male nurses are more likely to be subjected to bullying then female nurses (Eriksen & Einarsen, 2004). There are also studies that show that the risk of being subjected to bullying is higher in workplaces that are single-sex, because of stronger norms (Hallberg & Hallberg, 2016). Meaning the people stand out more from the rest. The Swedish healthcare can be considered a single-sex workplace as 88% of nurses were women in 2021 (Socialstyrelsen, 2023). Bullying does not seem to be linked to any particular personality (Farmer, 2011), however studies has shown that the risk of being bullied are more than double, if you are foreign-born and four times as high if you are from a culturally dissimilar country (Rosander & Blomberg, 2022). The risk is also higher if a person is from a different ethnicity then the majority (Johnson, et al., 2019). In a Swedish rapport that reviewed LGBTQIA+ and their work environment found that they are more likely to experience a negative work environment (Myndigheten för arbetsmiljökunskap, 2022).

2.3.1. Conceptual model

The conceptual model used in this study is created by the author and gives a view of the hypotheses.
Model 1. Conceptual model (made by author)
3. Method

In this part, the study's methodology (deductive approach) and its design (quantitative) will be presented. Both primary (Survey) and secondary (articles) data will be used and argued for. There will also be a discussion about validity, reliability and ethics.

3.1. Research Approach

The methodology used in research can have two different approaches; inductive or deductive. The deductive approach has a hypothesis or a theory that they want to test, while an inductive approach tries to create a theory from the data collected (Saunders, et al., 2003). Usually, the inductive approach is associated with qualitative research and the deductive approach is associated with quantitative research. This study has chosen to use a deductive approach. The reason for this is to test if the existing theory on bullying is correct as well as testing our hypothesis. Since the author is looking at already existing theories but with a new perspective, the deductive approach is the best fit. The disadvantage of using existing theory as a starting point is the risk of missing unexplored aspects of the problem.

3.2. Quantitative Research

Qualitative research is based on words, language, and interpretation, as opposed to a quantitative one that places an emphasis on numbers, data, and analysis (Bryman, 2004). Since the interest of the study was to investigate perceived bullying, a larger number of participants are of interest and therefore the quantitative method was best suited. The lack of quantitative studies in the field also contributed to the choice of a quantitative approach. It is important to keep in mind in quantitative analysis for the author to be
completely neutral, as previous experience and knowledge can easily enter the analysis. Likewise, the researcher can influence the choice of material that will be used in the study. This impact was avoided as much as possible in order to increase the external reliability, i.e. the study should be repeatable, for example, by another researcher or by the same researcher in a different environment (Bryman, 2004).

3.3. Sampling

The sample was a probability sampling with an unbound random sample. This means that there should be an equal probability for all people in the target group to participate. This was chosen as it best represent the group of interest, without having to measure the entire group. Meaning the author can draw conclusions from the target group and generalise to the whole group of interest. No people have been selected in this study, but the link to the questionnaire was published on Facebook in the group *Sjuksköterskan* (The nurse). The group had about 38,300 members at the time of publication and the requirement to be a member of the group is that you are a trained nurse or a student to become a nurse and on at least semester 4. The disadvantage of using Facebook may be that older people are excluded as they use social media to a lesser extent. But since Facebook has been around for a long time and has increased even among the elderly, and that the author is interested in active nurses and not retired ones, the author believe that this exclusion is minimal. The good thing about Facebook is that it's an effective way to reach out to many nurses at once. By ensuring that the sample is representative of the group being studied, the generalization and external validity increases. The author is aware that there may be a difference between private and public organizations and that differences could negatively affect the external validity since it won’t be taken in to consideration.
3.3.1. Sample size

To statistically ensure that the number of respondents represents the target group studied, the study needs to receive 96 responses. Then with a confidence interval of 95% (i.e. with 95% certainty that the study has hit the mark) and with a margin of error of 10% (margin of uncertainty). A higher number of respondent’s results in a reduced margin of error (Barmark & Djurfeldt, 2015) however more respondents also take more time to collect. Do to time restriction the size of 96 was deemed enough. The standard deviation was set to 0.5 and the Z-score to 1.96 (Qualtrics, 2024). According to the National Board of Health and Welfare (Socialstyrelsen, 2021), there were approximately 128,000 employed nurses at the end of 2019. According to a study by Rahm, et al., (2019) 8.6% of healthcare workers were bullied, which is about 11,000. These numbers form the basis for the size of the target group.

\[
\text{Sample size} = \frac{(Z-\text{score})^2 \times \text{StdDev} \times (1-\text{StdDev})}{(\text{Margin of error})^2} = \frac{(1.96)^2 \times 0.5 \times (1-0.5)}{(0.1)^2} = 96.04 \approx 96
\]

The questionnaire got 106 responses where only 61 fit the population the author were looking for. Do to time limitations the author chose to move forward with the study despite not reaching 96 respondents.

3.4. Survey design

The chosen design was a cross-sectional design. This means that data is collected from multiple people but at one time. This gives a picture of the surveyed population at a particular point in time (Bryman, 2004). It is important to keep in mind that the number is large enough to represent the population being studied, in this case the nurse’s community. It is also
important to watch out for sham relationships, i.e. relationships appearing to depend on one variable, but in fact depends on another (Eliasson, 2018). The cross-sectional design was primarily choose because of time restriction.

3.5. Data collection

The data collection to answer the research question was done through a quantitative method, specifically a survey. Survey was chosen for its advantage of getting an information-rich data collection from a large number of participants, a comprehensive picture. The choice of survey was chosen to be able to reach out to a larger number of participants and thus reduce the risk of bullying victims being missed. According to Bryman & Bell (2017), a questionnaire is a fast and cost-effective data collection. By using a questionnaire, data can be collected directly from the sample group and the risk of influence from an interviewer can be eliminated (Bryman & Bell, 2017). A disadvantage of a survey is that you can never know for sure who answered and if they took the time to answer honestly or just clicked through.

3.5.1. Primary data

The data collection has primarily been done through a web-based questionnaire aimed at nurses. The survey had mostly closed questions to make it easier to compile the results and make it easier for the respondents to answer (Bryman & Bell, 2017). The questions was designed according to Eliasson's (2018) advice for surveys, with colloquial language to reduce the risk of confusion and each question only seeking one answer. Only the questions that are relevant to the study will be asked so as not to tire the respondents with unnecessary questions (Eliasson, 2018). The survey
consists of 19 questions, the time to answer is about 5 min. See appendix 1 and 2 for the Questionnaire in Swedish and English.

The survey itself was designed in Teams through the app Forms. The link to the survey was published on Facebook. This digital tool collects the answers in an Excel file and respondents can only answer once. Which creates better control over participation. The survey was only in Swedish, but this is not considered to be a problem as the respondents work in Swedish healthcare and are considered to know Swedish. The survey was published for two weeks to give respondents time to respond.

3.5.1.1. Questionnaire

The questionnaire started with control questions about whether the respondent was a nurse, and works in Swedish healthcare to ensure that it is the right target group that is measured. Respondents not fitting the criterial was sorted out. Furthermore, control questions was also asked about bullying and its nature. In order to make sure that this study is measuring the right phenomenon, the following control questions will be asked:

- Have you been subjected to any of the following? Exclusion, rumours, harassment, by any colleague or manager while working as a nurse?
- How often did/does this negative behaviour occur?
- How long have you been/were you subjected to this negative behaviour for?

For this study to count it as bullying the negative behaviour have to occur at least every month and for a period longer than 1 month.

The following questions are based on the theoretical framework and will be presented below. At the end of the survey, demographic questions and an
open-ended question was asked, where the respondent could elaborate or add anything if they would like.

3.5.1.2. Operationalization

To clarify how the questions for the questionnaire were formed out of the theory presented in chapter 2, an operationalization was made. An operationalization is a process where concepts are turned into something measurable (Heath, 2023). This process is used so researchers can test their hypothesis more accurately, by defining what they are measuring.

<table>
<thead>
<tr>
<th>Concepts</th>
<th>Questions</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control questions – nurse</td>
<td>Are you currently working as a nurse?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are you currently working within Swedish healthcare?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How many years have you worked as a nurse in Swedish healthcare?</td>
<td></td>
</tr>
<tr>
<td>Control questions - bullying</td>
<td>Have you been subjected to any of the following?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exclusion, rumours, harassment, by any colleague or manager while working as a nurse?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How often did/does this negative behaviour occur?</td>
<td></td>
</tr>
<tr>
<td>Characteristics of the situation</td>
<td>How long have you been/were you subjected to this negative behaviour for?</td>
<td>(Dabekaussen, et al., 2023)</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td></td>
<td>Did/Do the negative behaviour take place from a manager, co-worker (other nurse) or other co-workers?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did the negative behaviour happen openly?</td>
<td>(Hallberg &amp; Strandmark, 2009)</td>
</tr>
<tr>
<td>Characteristics of the perceiver</td>
<td>To what extent did/do you feel that you receive/received support from your immediate manager?</td>
<td>(Hallberg &amp; Strandmark, 2009)</td>
</tr>
<tr>
<td></td>
<td>To what extent do you agree that your immediate manager is actively working to prevent similar behaviour?</td>
<td>(Hallberg &amp; Strandmark, 2009)</td>
</tr>
<tr>
<td></td>
<td>To what extent do you agree that your workplace promote internal competition between co-workers?</td>
<td>(Katrinli, et al., 2010)</td>
</tr>
<tr>
<td>Characteristics of the perceiver</td>
<td>Have you experienced negative behaviour at previous workplaces or in school?</td>
<td>(Widom, et al., 2008)</td>
</tr>
</tbody>
</table>
Table 1. Operationalization of the questionnaire

<table>
<thead>
<tr>
<th>Characteristics of the person perceived</th>
<th>To what extent do you feel you have support from co-workers?</th>
<th>Lyons &amp; Scott, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Do you think any of your attributes affected why you were targeted for the negative behaviour?</td>
<td>Mason, 1957), (Secord, 1958)</td>
</tr>
<tr>
<td></td>
<td>To what extent do you agree that you have grown up in a Swedish culture?</td>
<td>Rosander &amp; Blomberg, 2022</td>
</tr>
<tr>
<td>Resigning</td>
<td>After experiencing the negative behaviour, have you considered resigning?</td>
<td>Bambi, et al., 2018</td>
</tr>
<tr>
<td>Demographic</td>
<td>What is your age?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What gender do you identify as?</td>
<td></td>
</tr>
<tr>
<td>Clarification</td>
<td>Do you have anything do add or clarify?</td>
<td></td>
</tr>
</tbody>
</table>

3.5.2. Secondary data

The initial acquisition of theory consisted mainly of digital and literary sources, as well as websites. The articles was found by searches on Google Scholar. The books was found on Malmö Library's search engine MALIN. The websites that was used have been the websites of Swedish authorities mostly. The literature was used to give the readers a background on the subject, as well as to explain the phenomenon of bullying and perception.
By having a critical view of the literature that has been used, the credibility and reliability of the study increases. Therefore, only articles written by experts in the field and published in known respected journals have been used. The websites are mostly from authorities, who can be considered credible and experts in their field. The books are also from well-known authors, respected in their field.

This study has tried to be objective during the literature search as not to bias which sources have been used and has also tried to give a solid background on the subject in an effort to try and avoid missing some aspects. Since this study is built on a solid theoretical foundation and the analysis is linked to this theory, the internal validity increases.

Keywords used: Bullying, negative behaviour, nurses, health care, Sweden, social perception, organizational behaviour

3.6. Data analysis

In order to analyse the data it first needs to be processed using different statistical methods. To process the date the program SPSS was used. The data was collected in an excel-sheet, the author transferred that data to SPSS and categorise it using measurement scales (nominal, ordinal, interval or ration scale). Clarity in how a material was interpreted and analysed can increase the internal reliability and the aim is that this clarity will be achieved by the researcher. By getting feedback from supervisor and classmates during the research process, the author also hopes to eliminate odd interpretations and increase internal reliability.
3.6.1. Descriptive statistics

The collected data was compiled and analysed through descriptive statistics. Descriptive statistics compile data and describe it (Barmark & Djurfeldt, 2015). It can show distribution, Measure of central tendency and Measure of variability (ibid). The descriptive statistical approach was chosen to get a clear view of the key points of the data and not risk getting lost in the amount of data collected. This study will measure the mean, median and mode, as well as standard deviation and the normal distribution in the form of skewness and kurtosis.

3.6.2. Regression analysis

Regression analyses can be used to describe, predict, test or create an understanding of relationships between different variables (Lantz, 2000). One such method is to measure the correlation between two variables. The correlation coefficient tells you how strong the relationship is between the variables and in which direction they are going. The main advantage by using a regression analysis is that it gives a detailed view of the data. The correlation coefficient ranges from -1 to 1, where -1 is a strong negative relationship, 0 is no relationship at all, and 1 is a strong positive relationship (Lantz, 2000). In order to measure relationships between different variables in the survey that has been conducted, correlation analysis was performed and analysed. In this study there was one dependent variable and 3 independent variables.

There are different measurements within regression analysis. One of them is $R^2$ (R-squared) that measures goodness of fit or strength between the variables. $R^2$ ranges from 0 to 1 (0% - 100%), where 1 is the perfect fit. The higher the $R^2$ value is the more effect the two variables have on each other.
(0.01 low relationship, 0.09 medium and 0.25 a large relationship) (Barmark & Djurfeldt, 2015). The second measurement is F-value, which compares the variance of two samples using a one-way ANOVA. If ANOVA gives a significant result, the author can reject the null hypothesis, meaning the author can be 95 percent sure that at least one of the mean values differs from the others in a way that is not due to chance. The greater the variation between the groups, and the smaller the variation within the groups, the greater the F-value. SPSS then compares the F-value with a critical value, which depends on how many people are included in the analysis. If the F-value is greater than the critical value, the author can conclude that there are significant differences between the groups. If the value is below .050, the result is significant with 95 percent certainty (Barmark & Djurfeldt, 2015). To locate the critical F-value, the author need to identify the Degree of freedom. The degree of freedom is the number of independent data minus 1, (N-1).

3.7. Research quality

In research, it can be difficult to be completely neutral, as previous experience and knowledge can easily enter the analysis. Likewise, the research is influenced by the choice of material that will be used in the study. This impact shall be avoided as far as possible. One way to make sure the study has a high quality is by checking reliability and validity.

3.7.1. Reliability

There are a number of criteria that should be met in a study in order for it to be considered of high quality. These are according to Bryman (2004);
**External reliability** - It must be possible to repeat the study by another researcher or by the same researcher in a different environment. If the research lacks reliability, it indicates that the measurement is done wrong and therefore not valid.

**Internal reliability** - Avoid that the results are affected by different factors throughout the study, for example, different researchers may have different ways of interpreting. Clarity in how a material has been interpreted and analysed can increase internal reliability.

In order to ensure reliability a Cronbach’s alpha test was done. The test measures consistency with a value between 0-1. The higher the alpha the better reliability. A result under 0,5 should not be accepted, meaning that the question need to be removed or changed (Barmark & Djurfeldt, 2015).

In this study the score of the first two variables were therefor accepted. The third score for “Characteristics of the perceiver” was too low. Since there were only two questions regarding that subject, the author could not regulate the score by removing one or more of the questions. The low alpha can indicate that there is not enough questions on the subject (Hinton, et al., 2004). Adding more questions could have increased the alpha. The alpha is also dependent on the length of the scale used (Hinton, et al., 2004). Meaning if all of the questions in the questionnaire had 5 or more answering-options the alpha could have increased. Do to time limitations the author did not do a pre-test of the questionnaire that could have caught this problem. The author therefor have two choices, either accept the low value knowing the two questions are not related or choose to remove one of the questions. Considering that one of the questions (support from co-workers) had a significant correlation with resigning (see table 6) and one did not (previously been bullied), the decision was made to remove the question
about previous bullying. A new alpha cannot be calculated since it needs two or more items to compare.

<table>
<thead>
<tr>
<th>Variable</th>
<th>N of Items</th>
<th>Cronbach’s alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristics of the situation</td>
<td>3</td>
<td>0,560</td>
</tr>
<tr>
<td>Characteristics of person perceived</td>
<td>2</td>
<td>0,633</td>
</tr>
<tr>
<td>Characteristics of the perceiver</td>
<td>2</td>
<td>0,216</td>
</tr>
</tbody>
</table>

*Table 2. Cronbach’s alpha test on the variables.*

### 3.7.2. Validity

There are a number of criteria that should be met in a study in order for it to be considered of high quality. These are according to Bryman (2004);

*External validity* - The study should be able to be generalized to other similar environments.

*Internal validity* – The conclusions drawn by the study need to be credible and consistent with the theories developed.

The validity will also be measured, for that the author will be using Pearson’s correlation analysis. This analysis investigates the relationship between variables. The coefficient is between -1 and 1, where 0 is the weakest relationship (Bell, et al., 2019).

As shown in table 3 below there are some of the variables that have a relationship whereas others don’t. Strongest relationship is between
Resignation and Characteristics of the Perceiver. The weakest relationship is between Characteristics of the Perceiver and Characteristics of the situation. Overall Characteristics of the situation has the lowest relationships.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Characteristics of the situation</th>
<th>Characteristics of perceiver</th>
<th>Characteristics of person perceived</th>
<th>Resignation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristics of the situation</td>
<td>1,000</td>
<td>-0,016</td>
<td>-0,201</td>
<td>0,196</td>
</tr>
<tr>
<td>Characteristics of perceiver</td>
<td>-0,016</td>
<td>1,000</td>
<td>0,263*</td>
<td>0,305*</td>
</tr>
<tr>
<td>Characteristics of person perceived</td>
<td>-0,201</td>
<td>0,263*</td>
<td>1,000</td>
<td>0,147</td>
</tr>
<tr>
<td>Resignation</td>
<td>0,196</td>
<td>0,305*</td>
<td>0,147</td>
<td>1,000</td>
</tr>
</tbody>
</table>

*Correlation is significant at a 0,05 level

Table 3. Pearson correlation test of variables.

3.7.3. Collinearity diagnosis – Variance inflation factor (VIF)

The Variance inflation factor examines if there is an increase in the variance in the regression analysis as a result of collinearity. Multicollinearity is seen when two or more independent variables show a relationship, because then the independent variables can affect each other (PennState, 2018). If the value is 5 or higher it means that the variables has an effect on each other and alternative explanation to the regression analysis could exist. The VIF was checked so that the author would now if an alternative explanation could exist.

In table 4 the VIF for this study is presented and all scores are well below 5, meaning the variables do not effect each other.
<table>
<thead>
<tr>
<th>Independent variable</th>
<th>VIF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristics of the situation</td>
<td>1.044</td>
</tr>
<tr>
<td>Characteristics of perceiver</td>
<td>1.076</td>
</tr>
<tr>
<td>Characteristics of person perceived</td>
<td>1.121</td>
</tr>
</tbody>
</table>

*Table 4. Variance inflation factor for the variables*

3.8. Ethics

In all studies, it is important to consider ethics. No one who participates in the study should be harmed, violated or forced to participate. According to the Vetenskapsrådet (2002), there are 4 requirements that need to be met in order to be considered an ethical study. These requirements are;

**Information** - The participants in the study have the right to receive information about what the survey is about, as well as what their participation contributes to. In this study, participants were informed about the purpose of the study in the introduction, i.e. before the survey questions began.

**Consent** - All participants must voluntarily participate. In this study, the participants gave their consent when they agreed to fill out the questionnaire. The information at the beginning also provided information that participants could cancel their participation at any time.

**Confidentiality** - All collected data about the participants must be kept confidential and also stored in a way that unauthorized persons do not gain access to the data. To ensure this, the names of the participants will not be requested, and the author will keep the answers safe until they can be destroyed. **Usage** - The data collected may only be used for research purposes. This will be fulfilled by only using the data collected for this study and not passing this data on to any third party. (Vetenskapsrådet, 2002)
4. Results

In this part the result from the survey will be presented.

There were 106 people who responded to the survey. 2 were discarded for not being an active nurse and 0 was discarded for not working within the Swedish health care system. Of the remaining 104 respondent, 43 were removed for not experiencing negative behaviour or for not experiencing it over 1 month or more often than every month. In the end 61 participants results were analysed as they fit all the requirement and were considered to have been bullied. To statistically ensure that the number of respondents represented the target group, the study needed to receive 96 responses. Unfortunately this was not achieved, meaning the results may not represent the target group as well as the author would like. The margin of error will increase from 10% to 13% with 61 respondents.

Of the respondents 90% were women. Most of the participants had worked under 10 years within the nursing field (see Chart 1 below)

![Chart 1. Showing the participant’s time working as a nurse.](chart-url)
Most of the nurses that responded were in the ages between 25-34 years (see Chart 2 below) followed by the age group 35-44 years.

![Age Chart](image)

*Chart 2. Showing the participant’s age.*

A lot of the respondents agreed that their manager were actively working to prevent negative behaviour (see Chart 3 below).

![Perception Chart](image)

*Chart 3. Shows the nurses perception on their manager’s active work to prevent negative behaviour.*
Looking at who used the negative behaviour there were one group that stood out a little. 36% responded that the managers were behind the negative behaviour, 31% responded that another nurse were behind it and 25% responded that it was another employee (not a nurse). I few even commented that there were several people involved in the negative behaviour. The most common negative behaviour was verbal abuse (56%), tightly followed by rumours (46%) and exclusion (41%). Almost half (46%) of the respondents experience two or more different negative behaviours. Looking at resignation, 41% the respondents answered that they would consider leaving “A great deal” and 13% answered that they would consider leaving “Much” after the negative behaviour happened.

4.1. Descriptive analysis

The data was also analysed using descriptive statistics in SPSS. The summery can be seen in Table 5 below. The data shows the mean, median and mode for the different variables as well as the max value. Question 13 that ask if the respondent had grown up in a Swedish culture had a very high mean, median and mode which means that most of the responses agreed to have grown up in Sweden. Whereas question 8 asking about support from manager hade a very low mean, median and mode. Meaning most people responded that they disagreed to have support. Considering 36% answered that they were bullied by their manager, the result is as expected.

The standard deviation ranged from 0,5 to 1,44. The skewness shows how straight the curve is. A positive number indicates that the tail is to the right and a negative number indicates that the tail is to the left. Most of the data shows a somewhat normal distribution, only question 13 stands out with -2.37. It is to be expected since most respondent agreed to have grown up in a Swedish culture. Question 13 is also standing out when it comes to kurtosis.
with its value of 4.93. The kurtosis show how high or flat the curve is. A value above 3 shows a leptokurtic curve meaning a very narrow but high curve. The rest if the values in the table are close to a normal distribution curve.

<table>
<thead>
<tr>
<th>Que. no.</th>
<th>Mean</th>
<th>Median</th>
<th>Mode</th>
<th>Max</th>
<th>Std. Dev</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Situation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>2.1</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>1.22</td>
<td>0.55</td>
<td>-1.35</td>
</tr>
<tr>
<td>9</td>
<td>3.28</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>1.16</td>
<td>-0.31</td>
<td>-0.38</td>
</tr>
<tr>
<td>10</td>
<td>3.05</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>1.24</td>
<td>0.39</td>
<td>-1.13</td>
</tr>
<tr>
<td>Perceiver</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>3.44</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>0.67</td>
<td>-0.81</td>
<td>-0.434</td>
</tr>
<tr>
<td>Person perceived</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>1.41</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0.50</td>
<td>0.38</td>
<td>-1.92</td>
</tr>
<tr>
<td>13</td>
<td>4.41</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>1.12</td>
<td>-2.37</td>
<td>4.93</td>
</tr>
<tr>
<td>Resigning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>2.39</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>1.44</td>
<td>0.62</td>
<td>-0.88</td>
</tr>
</tbody>
</table>

Table 5. Descriptive statistics of the data

4.2. Regression analysis

A regression analysis was performed in SPSS in order to test the three hypothesis (see table 6 below). Each of the questions in the survey was tested in order to see if they have any significant correlation to resigning. Internal completion in the workplace (p<0.05) and support from co-workers (p<0.01) both had a significant correlation to resigning. When looking at the independent variables only Characteristics of the perceiver had a significant correlation with resignation (p<0.01). Meaning H3 is accepted, whereas H1 and H2 is rejected. However both Working experience and Characteristics of the situation were both close to the significant level and therefor indicating that there is a trend, just not a significant trend. Meaning it should not be completely rejected, until it has been examined further.
Looking at the $R^2$ value it shows how well the statistic model predicts the outcome. The higher the value the better the model fits. In this case the model only explains 14.6% of the outcome, meaning it’s a very low value. This is due to the scatters around the regression line. The correlation is still there but there is a lot of “noise” around. The adjusted $R^2$ is an alternative to $R^2$ and adjusts for the number of predictors in the model. The adjusted $R^2$ shows how useful the model is, once again the higher the value the better the model. In this case our adjusted $R^2$ is low, meaning our model is not very

### Table 6. Regression analyses of the variables.

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Age</strong></td>
<td>0.400</td>
</tr>
<tr>
<td><strong>Working experience</strong></td>
<td>0.069</td>
</tr>
<tr>
<td><strong>Openly being bullied</strong></td>
<td>0.415</td>
</tr>
<tr>
<td><strong>Support from management</strong></td>
<td>0.127</td>
</tr>
<tr>
<td><strong>Previously bullied</strong></td>
<td>0.456</td>
</tr>
<tr>
<td><strong>Internal competition</strong></td>
<td>0.031*</td>
</tr>
<tr>
<td><strong>Manager working against bullying</strong></td>
<td>0.400</td>
</tr>
<tr>
<td><strong>Swedish culture</strong></td>
<td>0.139</td>
</tr>
<tr>
<td><strong>Support from co-workers</strong></td>
<td>0.003**</td>
</tr>
<tr>
<td><strong>Attributes</strong></td>
<td>0.228</td>
</tr>
<tr>
<td><strong>H1 – The situation</strong></td>
<td>0.065</td>
</tr>
<tr>
<td><strong>H2 – Person perceived</strong></td>
<td>0.202</td>
</tr>
<tr>
<td><strong>H3 – The perceiver</strong></td>
<td>0.003**</td>
</tr>
<tr>
<td><strong>$R^2$</strong></td>
<td>0.147</td>
</tr>
<tr>
<td><strong>Adjusted $R^2$</strong></td>
<td>0.102</td>
</tr>
<tr>
<td><strong>Std. Error of Estimates</strong></td>
<td>1.365</td>
</tr>
<tr>
<td><strong>F-value</strong></td>
<td>3.278</td>
</tr>
<tr>
<td><strong>Degree of freedom</strong></td>
<td>3</td>
</tr>
</tbody>
</table>

*p < 0.05; **p < 0.01, N = 61
useful. Do to time limitations and not having the time to do a pre-test on the survey, this problem was not discovered until it was too late to do anything about it. All of the different bullying factors was therefore analysed as separate variables alongside the analysis of the variables from the model. To see if they had a significant correlation with resigning. Below the author will show the descriptive analysis in more detail, on the independent variables.

4.3. Characteristics of the situation

The support from managers differed a lot amongst the respondents and only a low relation could be found between support from manager and the nurses will to resign ($R^2=0.0301$) after being subjected to bullying behaviour (see Chart 4 below).

![Chart 4: Shows the relationship between support from managers and the nurses will to resign.](image)

$R^2 = 0.0301$
There were a medium relationship ($R^2 = 0.1026$) between the workplaces that promoted internal competition between co-workers and nurses wanting to resign (see Chart 5 below). Most of the answers were closest to “Undecided”.

![Chart 5. Shows the relationship between internal completion and nurses will to resign.]

A lot of the bullied nurses perceived the bullying to have happened openly, at least sometimes (see Chart 6 below).
Chart 6. Showed how often the negative behaviour happened openly.

4.4. Characteristics of the person perceived

A lot of the respondent didn’t perceive their attributes to be the cause of the negative behaviour. For those who did, age and verbal communication were the most common responses (See Chart 8 below).

Chart 8. Shows the attributes perceived to be behind the negative behaviour.
Most of the respondents agreed to have grown up in a Swedish culture. No relationship ($R^2=0.0074$) was found between being raised in Sweden and wanting to resign (see Chart 9 below).

![Chart 9](chart9.png)

*Chart 9. Shows the correlation between growing up in a different culture and wanting to resign.*

Like stated previously a lot of the respondents were in the age between 25-34 years (see Chart 2 above) and age seemed to be one of the attributes that were behind the negative behaviour (see Chart 8). But despite that there were only a low relationship between age and wanting to resign ($R^2=0.0004$) (see Chart 10 below).
4.5. Characteristics of the perceiver

Of the nurses that had or was being bullied at the workplace 61% had previously experienced negative behaviour at a workplace or school. This previous experience did not have a significant correlation to resigning and was removed from the regression analysis. Leaving only one question for examining Characteristics of the perceiver. Which was support from co-workers.

A lot of the bullied nurses had felt support from other co-workers. No one answered “Never” to that questions. The data showed a medium strong relationship between the support from co-workers and the nurses will to resign (R²=0.1156), (see Chart 7 below). Most of the answers were either “Sometimes” or “Often”.

Chart 10. Shows the correlation between age and wanting to resign.
Chart 7. Shows the correlation between support from co-workers and the nurses' will to resign.
5. Analysis

The data from this survey showed a lot of interesting things. For starters most of the responders in this study had worked under 5 years within the nursing field and was in the age between 25-34 years. One reason for this could be that it was Facebook being used to reach the nurses and more young people are probably using Facebook. The low numbers of older people could also be because nurses leave the occupation because of the bad work environment like many studies show (Farmer, 2011) and therefor there are less old nurses. This study support that since 41% the respondents answered that they would consider leaving “A great deal” after the negative behaviour happened.

Something surprising was that 31% answered that the negative behaviour came from their manager, which goes against previous study that showed nurses to be the largest group to bully (Dabekaussen, et al., 2023). One reason could be that nurses become manager on different wards and their negative behaviour do not stop when they become managers.

To statistically ensure that the number of respondents represented the target group, the study needed to receive 96 responses. Unfortunately this was not achieved, meaning the results may not represent the target group. The margin of error was increase from 10% to 13% with 61 respondents. The results was analysed based on the respondents but the validity is low because of the low number of participants. However a validity test was preformed, and the variables were acceptable. The main reason for the low number of participant was the time limitation. If the author had more time the survey could have been distributed in more places and also given the respondents more time to answer. Another reason for the low number of participants could be the sensitive nature of the subject. Not everyone wants to disclose their private
business. With more time the questionnaire could have been pre-tested and gotten a higher reliability as well.

In the regression analysis all of the different questions were analysed to see how they correlated with resigning. Based on previous research all of them should effect bullying and since bullying increased resignation according to (Bambi, et al., 2018) there should be a relationship between the questions end resignation. However only two of the questions (internal competition and support from co-workers) had a significant correlation to resigning. The number of years working as a nurse showed a trend and the relationship to resigning can therefore not be ruled out completely. The question with the lowest correlation was Previous bullied.

5.1. Characteristics of the situation

There were no specific group that stood out as the bullies, showing that it’s not just the nurses that bullies, but also the manager and other staff. In the study by Dabekaussen, et al., (2023) nurses were identified as the most common source of unprofessional behaviour which is not in line with this studies results. The most common way to use negative behaviour was throw verbal abuse, spreading rumours and exclusion. Often several of the negative behaviours occurred simultaneously.

The support from managers differed a lot amongst the respondents and no correlation could be found between support from manager, being bullied and the nurses will to resign after being subjected to bullying behaviour. Since a third of the respondent’s answered that the managers were behind the bullying it would be natural not to feel support from them. Hallberg and Strandmark (2009) showed in their study that employees who had been exposed to negative behaviour in the workplace often felt that they did not
have support from management. Managers may not perceive the situation the same as the victim and may not think any intervention is necessary (Gentry & Pickel, 2014).

Promoting internal competition at the workplace did give a correlation to bullying and wanting to resign. Which goes together with what Katrinli et al., (2010) presented that promoting internal competition, performance-based pay systems, and an ethical culture based on instrumental values all were contributing factors for bullying. The most common reason for bullying is personal reasons like wanting more power (Katrinli, et al., 2010). As people are social beings they will perceive others, assign them attributes and respond to them according to this internal picture they create of others (Thibaut & Riecker, 1955). In a harsh working environment with competition a harder response will be given and a higher chance of bullying.

Most of the nurses perceived the bullying to have happened openly at least sometimes. When it comes to work-related bullying, it is most common with silent bullying according to Hallberg & Strandmark, (2009). The bullying happening openly Eriksson & Östberg (2009) argue that this is because people who witness the bullying explain away the event as misunderstandings, that they have different sense of humour, that the person is sensitive, etc. Which is why other may not perceive it as bullying like the victim do and it’s therefor important to listen to the victim's experience of the situation (Eriksson & Östberg, 2009). Also make the bully aware of what they are doing since there action may not be intentional.

H1 is rejected - There is a strong positive relationship between the characteristic of the situation on bullying which in terms triggers resigning. However there seems to be a trend (just not significant) between the
characteristics of the situation and resigning since the correlation is close to the significant value p<0.05. Meaning this H1 needs to be examined closer.

5.2. Characteristics of the person perceived

A lot of the respondent didn’t perceive their attributes to be the cause of the negative behaviour. For those who did, age and verbal communication were the most common responses. The way people communicate can differ between countries and cultures. Studies has shown that the risk of being bullied are more than double, if you are foreign-born and four times as high if you are from a culturally dissimilar country (Rosander & Blomberg, 2022). The risk is also higher if a person is from a different ethnicity then the majority (Johnson, et al., 2019). Likely because it’s easier to misinterpret each other, because differ behaviour are acceptable in different countries and cultures (Escartin, et al., 2011) or because of stereotypes. Most of the respondent agreed to have grown-up in a Swedish culture. No correlation was found between being raised in a different culture and wanting to resign. Which goes against what Rosander & Blomberg (2022) and Johnson et al (2019) are presenting. However since very few respondents answered that they were from a different culture, the result in this study may not be viable.

Age did seem to matter as 26% responded that they were believed the bullying was because of their age. This is supported by Einarsen & Skogstad (1996) that concluded that age seem to be a factor since young people faced more negative behaviours, often from older and more experienced employees. Bambi et al. (2018) report that more than 78% of nurses who have been subjected to bullying and whose service period was less than 5 years, have chosen to resign. However this study did not get any correlation between age and the will to resign. Age is one of the attributes analysed when we meet a new person and will influence the way people will behave
towards them (Mason, 1957). Another way to put it is that people tend to see what they want to see. For instance if someone has a bias against women, they are more likely to focus on finding potentially negative traits when assessing women to confirm their bias (Frauenfelder, 1974). If you are perceived as different there is a higher chance of being bullied (Johnson, et al., 2019; Ross, et al., 1977).

H2 is rejected - There is a strong positive relationship between the characteristic of the person perceived on bullying which in terms triggers resigning.

5.3. Characteristics of the perceiver

Of the nurses that had or was being bullied 59% had previously experienced negative behaviour at a workplace or school. Which could be explained by the fact that people that has been bullied as a child are more likely to be bullied as an adult, because the victim role will be carried with them and can more easy be reused in future settings (Widom, et al., 2008). However previous experience with bullying was the question with the lowest correlation to resigning. Which goes against that they should more easily take on a victim role. It could also be explained with the fact that people that have a positive perception of themselves are more likely to see good in others (Levine & Shefner, 2000). Meaning even if they have been bullied they still see good in other people and do not let old experiences effect present employment. Which brings us to the co-workers.

A lot of the bullied nurses felt support from other co-workers. No one answered “Never” to that questions. There were a correlation between the support from co-workers and the nurses will to resign. Which is in line with Lyons & Scott (2012) that concluded that a good relationship at the
workplace had a negative association with the likelihood of being bullying. Sigursteinsdottir & Karlsdottir (2022) showed that social support in the workplace increased the job satisfaction which could be one reason for nurses not wanting to leave despite being bullied. If the nurses felt like they belonged to a group, that could also have a positive effect since most people see their own group as better than other groups (Wang, et al., 2023). The bullies behavior could be explained as behavior to impress the others in the groups and not as the person actively trying to be a bully.

H3 had a significant result in the regression analysis (p<0.01) and it’s validity was accepted (see 3.7.2). The reliability was discussed under 3.7.1 and the decision was made to remove one of the questions, leaving only one question to be analyzed. As pointed out in that discussion time limitation was the biggest factor for this decision.

H3 is accepted - There is a strong positive relationship between the characteristic of the perceiver on bullying which in terms triggers resigning.
6. Conclusion

This study’s purpose was to examine the nurse’s perception on bullying in the workplace. Looking from three different perspectives (Characteristics of the situation, characteristics of the person perceived and characteristics of the perceiver). These independent variables were formed into three hypothesis and then tested against the dependent variable Resigning. Only hypothesis 3 was accepted since it showed a positive effect of resigning. Hypothesis H2 was rejected, whereas H1 was rejected with hesitation. H1 had a correlation value that was very close to the significant value and needs to be further examined before the hypothesis can be completely rejected. Based on H1 and H2 being rejected a more accurate model would be as below.

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Model 2. Conceptual model (made by author)
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6.1. Theoretical implication

Although there has been theories that has highlighted the social aspects of workplace bullying and its precursors, the social interactions with other members of the organisation has rarely been examined. The few that has, used Social network theory and Social rejection theory (Pauksztat & Salin, 2020). These theory’s focus on communication, relationships to others and the meaning of being included/excluded (Gamper, 2022). Unlike these theoretical perspective, the social perception theory focus on the quality of attribution. Attribution helps people understand how and why people behave the way they do. The social perception theory can show how people use
information to explain an event. In this case a bullying event. By finding what attributes increases the chance of bullying, they can also more easily be addressed. This study has given a social perspective on the studying of workplace bullying. Whereas previous research has mostly had an empirical focus. By adding a social perspective the author have shed a light on the perceptual and subjective elements on the aspect of bullying.

6.2. Practical implication

The problem of shortages in healthcare is complex and the negative behaviours that occur are only part of the problem. Above, there have been discussions about different parts of why negative behaviour could occur; such as the self-interest of nurses, management and the structure of the organisation. The problem of negative behaviour cannot be solved by just blaming everything on one fact, because many different parts of a business affect each other. If the healthcare system overcome the negative behaviour that occurs, the healthcare can gain a better reputation, increased well-being and hopefully avoid many mistakes made by stressed and overworked staff.

More than half of the respondents in this study answered that they agreed that their manager was working actively against negative behaviour. Which is a great sign that management are aware of the problem and are working to improve the work environment for the staff. By identifying the contributing factors for bullying the health care system can target those factors and prevent bullying more effectively. Based on this study the health care sector needs to focus their work on not promoting internal competition and improving the relationship between co-workers.
6.3. Limitations

The first limitation was the sample size. The margin of error increased from 10% to 13%. The reliability test came out with two low values and one unacceptable value, causing the author to remove one question. Due to the time limitation the author simply could not wait for a bigger sample size. If the time limitation did not exist a pre-test could also have been done on the questionnaire in order to find problems with it, before sending the real one out. Making both the reliability test and the validity test better.

The second limitation was the model created by the author. The model categorised the bullying factors into three categories (1) Characteristics of the situation, (2) Characteristics of the person perceived and (3) Characteristics of the perceiver. This made the subject to narrow and the $R^2$ low. It might had been better to examine the factors as separate variables instead of categorizing them together. The $R^2$ value was very low, showing that the model only predicts 14.6% of the outcome. As with the other tests, the $R^2$ could have been higher with a bigger sample size and with a more worked-out questionnaire and model.

A third limitation is the fact that this study is done in Sweden and the Swedish health care system. Countries like Sweden have a low power distance, women’s rights and a general negative view on abuse of power and a lower acceptance for abusive behaviour (Einarsen, 2000). Cultures and acceptable behaviour differs from country to country, making this study harder to apply on countries with very different cultures and views.
6.4. Future studies

For future research it would be interesting to examine more independent variables and their effect on nurses resigning. It would also be interesting to examine the same independent variables chosen in this study, but with a bigger sample size to increase the validity and reliability of the study. In addition, a deeper look into the social aspects of workplace bullying is needed and one way to go about that is by using a qualities research method instead. That way a deeper analyses if the perception can be examined now that it’s shown to have a relationship. In this study only one question was open and gave the respondents the chance to elaborate. Giving the respondent a bigger chance to elaborate can shed light on new areas to examine further.
7. References


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Appendix 1

Below is the information that participants received before they started answering the survey questions. As well as the questions asked in the survey in Swedish.

Mitt namn är Desirée och jag håller på att göra mitt examensarbete i Ekonomi med inriktning på Organisation och Ledarskap vid Linnéuniversitet. Denna studie som jag gör syftar till att undersöka negativt beteende inom svensk sjukvård, specifikt för sjuksköterskor. Deltagandet är helt frivilligt och du kan när som helst välja att avbryta deltagandet. Svaren kommer hållas anonyma och kan inte på något sätt kopplas till dig personligen. De insamlade svaren kommer användas i denna studie och ges inte vidare till utomstående. Har du frågor kan du vända dig till jag som utför studien Desirée Lindqvist dessi1313@hotmail.com eller handledare Sandhiya Goolaup Sandhiya.Goolaup@lnu.se

1. Arbetar du idag som sjuksköterska?
   - Ja
   - Nej

2. Arbetar du idag inom svensk hälso- och sjukvård?
   - Ja
   - Nej

3. Hur många år har du arbetat som sjuksköterska inom svensk hälso- och sjukvård?
   - 0-5 år
   - 6-10 år
   - 11-15 år
   - 16-20 år
   - 21-25 år
4. Har du blivit utsatt för något av följande av någon kollega eller chef under din tid som sjuksköterska?
   - Uteslutning
   - Ryktespridning
   - Trakasserier
   - Verbala kränkningar
   - Fysisk misshandel
   - Annat, vänligen specificera:

5. Hur ofta förekom/förekommer detta negativa beteende?
   - Ofta, varje vecka
   - Ibland, varje månad
   - Sällan, varje år
   - Aldrig

6. Under hur lång tid har detta negativa beteende pågått?
   - Under 1 månad
   - 2-5 månader
   - 6+ månader

7. Vem har det negativa beteendet skett från?
   - Chef
   - Medarbetare(sjuksköterska)
   - Annan medarbetare (inte sjuksköterska)
   - Patient/patients anhöriga
   - Annan, vänligen specificera:

8. I vilken utsträckning upplevde/upplever du att du får/fick stöd av din närmaste chef under tiden för det negativa beteendet?
   - Ofta
   - Ibland
   - Sällan
   - Aldrig
9. I vilken utsträckning håller du med om att din närmaste chef aktivt arbetar för att förebygga negativt beteende?
   o Instämmer helt
   o Instämmer delvis
   o Tveksam
   o Tar delvis avstånd
   o Tar helt avstånd

10. I vilken utsträckning håller du med om att din arbetsplats främjar intern konkurrens mellan medarbetare?
   o Instämmer helt
   o Instämmer delvis
   o Tveksam
   o Tar delvis avstånd
   o Tar helt avstånd

11. Skedde det negativa beteendet öppet?
   o Oftast
   o Ibländ
   o Sällan
   o Aldrig

12. Har du upplevt negativt beteende på tidigare arbetsplatser eller i skolan?
   o Ja
   o Nej

13. I vilken utsträckning instämmer du med om att du har vuxit upp i en svensk kultur?
   o Instämmer helt
   o Instämmer delvis
   o Tveksam
   o Tar delvis avstånd
   o Tar helt avstånd
   o Oftast
   o Ibland
   o Sällan
   o Aldrig

15. Tror du att någon av dina egenskaper påverkat varför du blev mältavla för det negativa beteendet?
   o Utseende
   o Ålder
   o Verbal Kommunication
   o Kroppspråk
   o Sexuell läggning
   o Inget av dem
   o Annat, vänligen specificera:

16. Efter att ha upplevt det negativa beteendet, i vilken utsträckning övervägde du att säga upp dig?
   o Väldigt mycket
   o Mycket
   o Något
   o Lite
   o Aldrig

17. Vilken är din ålder?
   o -24
   o 25-34
   o 35-44
   o 45-54
   o 55-64
   o 65+

18. Vilket kön identifierar du dig som?
   o Kvinna
o Malmö

o Annat, vänligen specificera:

19. Har du något att tillägga eller förtydliga?
Appendix 2

Below is the information that participants received before they started answering the survey questions. As well as the questions asked in the survey in English

My name is Desirée and I'm doing my degree project in Economics with a focus on Organization and Leadership at Linnaeus University. This study that I'm doing aims to investigate negative behaviour within Swedish healthcare, specifically for nurses. Participation is completely voluntary and you can choose to cancel participation at any time. The answers will be kept anonymous and cannot in any way be linked to you personally. The collected answers will be used in this study and will not be passed on to third parties. If you have any questions, please contact me Desirée Lindqvist dessi1313@hotmail.com or the supervisor Sandhiya Goolaup Sandhiya.Goolaup@lnu.se

1. Are you currently working as a nurse?
   o Yes
   o No

2. Are you currently working within Swedish healthcare?
   o Yes
   o No

3. How many years have you worked as a nurse in Swedish healthcare?
   o 0-5 years
   o 6-10 years
   o 11-15 years
   o 16-20 years
   o 21-25 years
   o 25+ years
4. Have you been subjected to any of the following by any colleague or manager while working as a nurse?
   - Exclusion
   - Rumours
   - Harassment
   - Verbal abuse
   - Physical abuse
   - Others, please specify:

5. How often did/does this negative behaviour occur?
   - Often, every week
   - Sometimes, every month
   - Seldom, ever year
   - Never

6. How long have you been/were you subjected to this negative behaviour for?
   - Less than 1 month
   - 2-5 month
   - 6+ month

7. Did/Do the negative behaviour take place from?
   - Manager
   - Co-worker (nurse)
   - Other co-worker (not a nurse)
   - Patient/patients family
   - Other, please specify:

8. To what extent did/do you feel that you receive/received support from your immediate manager during the time of the negative behaviour?
   - Often
   - Sometimes
   - Seldom
   - Never
9. To what extent do you agree that your immediate manager is actively working to prevent similar behaviour?
   - Strongly agree
   - Agree
   - Undecided
   - Disagree
   - Strongly Disagree

10. To what extent do you agree that your workplace promote internal competition between co-workers?
    - Strongly agree
    - Agree
    - Undecided
    - Disagree
    - Strongly Disagree

11. Did the negative behaviour happen openly?
    - Often
    - Sometimes
    - Seldom
    - Never

12. Have you experienced negative behaviour at previous workplaces or in school?
    - Yes
    - No

13. To what extent do you agree that you have grown up in a Swedish culture?
    - Strongly agree
    - Agree
    - Undecided
    - Disagree
    - Strongly Disagree
14. To what extend do you feel you have support from co-workers?
   - Often
   - Sometimes
   - Seldom
   - Never

15. Do you think any of your attributes affected why you were targeted for the negative behaviour?
   - Looks
   - Age
   - Verbal communication
   - Body language
   - Sexual orientation
   - None on them
   - Other, please specify:

16. After experiencing the negative behaviour, to what extend did you considered resigning?
   - A great deal
   - Much
   - Somewhat
   - Little
   - Never

17. What is your age?
   - -24
   - 25-34
   - 35-44
   - 45-54
   - 55-64
   - 65+

18. What gender do you identify as?
   - Female
19. Do you have anything to add or clarify?