

Workplace Bullying in the Everyday Work of Hospital Nurses

Scope of the problem, reporting data, consequences and recommendations for hospital practice

Legal basis: Polish Labour Code, Art. 94(3) | Public data: State Labour Inspectorate (PIP)

Background and aim

Workplace bullying is a major psychosocial hazard in hospital settings. Under the Polish Labour Code, employers are required to prevent mobbing in the workplace [1]. WHO indicates that violence and harassment affect all categories of health workers; up to 62% of health workers have experienced workplace violence, and verbal abuse is the most common non-physical form [2].

Definition and recognition criteria

Statutory definition [1]: persistent and long-term harassment or intimidation of an employee leading to reduced professional self-assessment, humiliation, ridicule, isolation, or elimination from the team.

Behaviours suggestive of workplace bullying include:

- repeated public humiliation or ridicule
- systematic undermining of competence without substantive grounds
- withholding information or isolating the worker from the team
- blame shifting, threats, or punitive roster changes

A single conflict or one-off incident does not, by itself, fulfil the legal criteria of mobbing.

Why are nurses especially vulnerable?

In hospital practice, strong hierarchy, time pressure, shift work, emotional overload, staffing shortages, and responsibility for patient safety often accumulate.

WHO recommends better work organization, supportive teams, adequate staffing, and improved working conditions as core preventive measures [2].

Warning signs on a ward

- increasing sickness absence and turnover
- loss of trust in managers
- reluctance to report errors and problems
- rising tension, gossip, and interpersonal complaints
- decline in team psychological safety

Conclusions

1. Workplace bullying in nursing is not only a relational problem - it affects staff health, workforce retention, and patient safety.
2. Public PIP data confirm a persistent reporting burden, but hospital practice depends above all on early recognition and reliable internal procedures.
3. Effective prevention requires a reporting culture, prepared managers, and systematic monitoring of psychosocial working conditions.

Reporting data on mobbing in Poland

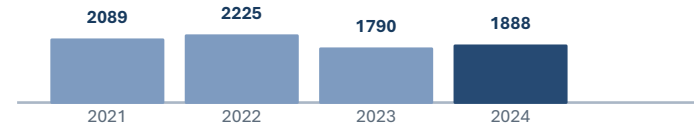
1,888

complaints alleging mobbing in 2024 [3]

1,367

legal counselling contacts on mobbing in 2024 [3]

Public PIP materials mainly present national totals and selected economic sectors, not a separate occupational category for nurses.



Selected findings among nurses

Kunecka et al. 2008 [4] Szczecin hospitals, n=1,261: 18.6% reported mobbing; 40% identified a superior as the perpetrator.

Tomaszewska et al. 2022 [5] One hospital in south-eastern Poland, n=120: 54.2% of nurses met criteria for workplace bullying.

Skuzińska 2025 [6] n=190 nurses: 55.8% considered changing workplace and 6.8% leaving the profession; social stressors correlated with turnover intention.

Why is reporting difficult?

PIP notes that confirmation of mobbing is hindered by vague complaints, lack of evidence, and fear of consequences or disclosure of identity [3].

Consequences for staff, teams and patients

Individual
anxiety, sleep disturbance, depressive symptoms, burnout, sickness absence, and loss of job satisfaction

Team
lower trust, conflict, turnover, avoidance of cooperation, and reduced psychological safety

Patient / hospital
poorer communication, missed care, reduced quality of care, and risks to patient safety [7]

How should a ward respond?

- 1 **Identify the pattern**
assess whether behaviours are repetitive, persistent, and degrading [1].
- 2 **Document**
record dates, situations, witnesses, and the content of messages or orders.
- 3 **Use internal reporting**
contact a higher-level manager, HR, or the anti-bullying committee.
- 4 **Seek support**
union, psychologist, or PIP; claims are decided by the labour court [1][3].

Recommendations for healthcare organizations

- implement a clear anti-bullying policy and communication standard
- provide confidential, multi-channel incident reporting and protection against retaliation
- ensure prompt, impartial review and clear managerial roles
- train managers in communication, conflict handling, and response to violence
- monitor reporting trends, absence, turnover, and work climate
- offer psychological support after incidents and team-level corrective actions

WHO recommends recognizing risks, improving work organization, training staff, establishing confidential complaint procedures, and monitoring incidents [2].

References (selected)

- [1] Polish Labour Code, Art. 94(3).
- [2] WHO. Violence and harassment in the health sector.
- [3] State Labour Inspectorate (PIP). Public updates on mobbing, 2025-2026.
- [4] Kunecka D et al. Med Pr. 2008;59(3):223-228.
- [5] Tomaszewska K et al. J Educ Health Sport. 2022;12(2):219-231.
- [6] Skuzińska A. JNNS. 2025;14(1):8-15.
- [7] Machul M et al. Med Sci Monit. 2024;30:e944815.