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1. Background

Workplace bullying, especially among nurses, is an important problem, since approximately one-third of nurses, globally, are victims of bullying (Spector et al., 2014). Confirming that bullying is a problem that needs to be prevented and addressed in organizations, the Portuguese National Program for Occupational Health 2013-17 includes health promotion and, also, working practices and healthy lifestyles. Moreover, engagement is defined as a positive affective-motivational state of mind related to work, which is characterized by vigor, dedication and absorption (Schaufeli & Bakker, 2010). However, the presence of workplace bullying may influence engagement levels. Thus, reducing bullying's impact at work can lead to the increase of engagement levels of (Einarsen et al., 2016).

2. Aims

To identify bullying and engagement levels among nurses, to analyze the correlation between these two variables, and to verify their variations according socio-demographic and professional characteristics.

3. Method

A multicenter, descriptive and correlational study was carried out, with nursing professionals from Portugal, Spain and Brazil. Preliminary results were collected among 87 Portuguese nurses from S. Miguel - Azores island. They were all from primary health care, 94% with a definitive job contract, mean age of 39.4 years, mean job experience of 15.3 years and 89% being female. We used an anonymous questionnaires composed by Portuguese versions of NAQ-R (Einarsen & Hoel, 2001; McIntyre & McIntyre, 2004; Borges & Ferreira, 2015) and UWES (Schaufeli & Bakker, 2003; Marques Pinto & Picado, 2011) to assess, respectively, workplace bullying and engagement.

4. Results

Preliminary results showed that Negatives Acts most frequently referred were *being forced to perform functions below the level of their skills* (8%); *to be pressed to not claim his/her own work rights* (e.g. medical discharge, holidays, traveling expenses) (6.9%); *withdrawn or replacing key responsibilities of their tasks for other minor and/or unpleasant* (5.7%); *being exposed to an excessive and impossible to be done amount of work* (5.7%). Additionally, more bullying acts were associated with Undervaluation of work and Quality/Work overload dimensions (Table 1). However, no one identifies himself as bullying victim according NAQ-R definition. Engagement was high in all dimensions and significant correlations were found between most of the analyzed variables, namely, bullying and engagement presenting a negative association (Table 1). Some significant differences were found, varying according sex and job contract (Table 2).

Table 1. Mean, SD and inter-correlations between age, job experience, NAQR and UWES dimensions

NAQ-R and UWES dimensions	M	SD	1	2	3	4	5	6	7	8
1. Age	39.49	7.63								
2. Job experience	15.27	7.38								
3. Intimidation (1-5)	1.27	0.46	-.090	-.122						
4. Exclusion	1.47	0.46	-.095	-.098	.796**					
5. Quality/Work overload	1.50	0.58	-.161	-.163	.733**	.755**				
6. Undervaluation of work	1.57	0.86	-.028	-.035	.629**	.573**	.748**			
7. Vigor (0-6)	4.20	1.49	.137	.147	-.172	-.227*	-.314**	-.311**		
8. Dedication	4.32	1.47	.104	.159	-.276**	-.324**	-.384**	-.389**	.855**	
9. Absorption	4.32	1.38	.132	.178	-.206	-.226*	-.291**	-.285**	.713**	.773**

*p<.050 **p<.010

Table 2. Comparative analysis between sex and shift

Dimensions	Sex		U (p)	Shift		t (p)
	F n=77	M n=10		Fixed N=49	Rotating n=36	
NAQ-R	Intimidation			1.16	1.40	-2.461 (.016)
	Exclusion	41.62	62.30	568.000 (.014)		
	Quality/Work overload	41.40	64.05	585.500 (.006)		
	Undervaluation of work	40.98	67.25	617.500 (.001)	1.33	.526 -3.003 (.004)
UWES	Vigor	45.87	25.50	200.000 .014		
	Dedication	46.03	28.35	228.500 (.036)		
	Absorption	46.97	21.10	156.000 (.002)		

5. Conclusions

The results highlight the importance to training nursing managers about bullying prevention and management, and to promote engagement. Additionally, to diagnose organizational bullying's antecedents and engagement and, then, to develop occupational health programs.

References

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