


RESEARCH

Received: 28 February 2025
Last revision: 29 October 2026
Accepted: 02 November 2026
Published: 19 November 2026

Exposure to Workplace Bullying-Related Behaviors in a Sample of Indonesian Cardiologists

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ABSTRACT

Introduction: Workplace bullying is becoming more widely acknowledged in the health sector, however the study is still limited, particularly in Indonesia. Furthermore, bullying in the cardiology field has not been studied. Cardiology's high-intensity job and dynamic hierarchies make it a potential target for bullying. This descriptive study aims to discover whether cardiologists in Indonesia are subjected to bullying, to be utilized to develop bullying responses and prevention strategies. **Methods:** This descriptive, cross sectional study used a purposive sampling technique to recruit 77 cardiologists working throughout Indonesia; 37.7% are cardiologists with subspecializations, 62.3% are general cardiologists. This study used the Negative Acts Questionnaire - Revised (NAQ-R), which measures work-related, person-related, and physically intimidating bullying. Data were analyzed descriptively as frequencies and percentages at the item level (each NAQ-R item) and at the respondent level (exposure to at least one item). **Results:** At the item level, more than half of cardiologists (58.4%–97.4%) reported never experiencing each NAQ-R behavior, whether work-related, person-related, or physically intimidating. At the respondent level, however, 61.0% reported at least occasional exposure to one or more behaviors, and a small group (5.2%) reported daily exposure to at least one behavior. **Conclusion:** Although most cardiologists reported never experiencing each bullying behavior (item level), most reported at least occasional exposure to one or more behaviors (respondent level), and frequent (weekly or daily) exposure was uncommon (10.4%). The study recommends that healthcare organizations recognize workplace bullying and implement appropriate prevention and response strategies.

Keywords: Bullying, cardiologist, Indonesia, NAQ-R, workplace.

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https://doi.org/10.55175/6zrbb944
e-ISSN: 2503-2720

INTRODUCTION

Workplace bullying is increasingly recognized as a global occupational and public health concern, with the World Health Organization (WHO) describing it as a major public health problem.[1] Often termed a "silent epidemic," bullying is reported more frequently in healthcare than in other occupational settings.[2,3] Cardiologists manage complex, high-risk conditions that require rapid and precise decision-making, often under substantial pressure. This demanding environment, combined with hierarchical medical structures in which authority and seniority shape professional interactions, may increase the risk of interpersonal conflict and bullying.

Although definitions vary, workplace bullying generally involves repeated, unwanted, or aggressive behavior toward an individual.[4] Such behavior may impair professional functioning, affect clinical performance and patient interactions, and contribute to dysregulation of the hypothalamic–pituitary–adrenal (HPA) axis. This system disruption has been associated with depression, anxiety, sleep disturbances, fatigue, and chronic conditions including obesity, diabetes, and hypertension.[5]

Although workplace bullying in Indonesian healthcare is gaining recognition, research specifically addressing bullying in cardiology remains limited. Given the nature of cardiology, characterized by critical clinical conditions, high emotional demands, and dynamic hierarchical structures, workplace bullying deserves further attention in this setting. Its potential impact on individual well-being, team cohesion, and patient care underscores the need to characterize this issue and inform appropriate prevention and intervention strategies. To date, no study has measured how often Indonesian cardiologists actually experience these behaviours, leaving the concern undocumented rather than resolved. We therefore aimed to describe Indonesian cardiologists' exposure to workplace bullying behaviors using the Negative Acts Questionnaire-Revised (NAQ-R).

METHODS

This was a descriptive, cross-sectional study; the study was limited to describing the frequency and pattern of self-reported exposure to workplace bullying and did not test associations between variables. Data were collected on August 2024. Participants were recruited through a WhatsApp group

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of cardiologists affiliated with Universitas Indonesia, comprising 83 members and allowing participation from cardiologists across different provinces in Indonesia. A non-random, purposive sampling technique was used because no complete, publicly accessible sampling frame of all practicing cardiologists in Indonesia (estimated at 1,937) was available; the WhatsApp group was the most accessible and inclusive channel for reaching practicing general cardiologists and subspecialists across multiple provinces within the study period. Because sampling was non-probability based, a formal a priori sample size calculation was not applicable; instead, all members of the sampling frame were invited, and the achieved sample (77 of 83 invited, a 92.8% response rate) was accepted. Participant anonymity and confidentiality were strictly maintained throughout the study.

Inclusion criteria were: (1) a licensed cardiologist (general cardiologist or subspecialist) currently practicing clinically in Indonesia, and (2) willingness to provide informed consent. Exclusion criteria were: (1) not currently engaged in clinical practice at the time of the survey, and (2) submitted an incomplete questionnaire (missing responses to one or more NAQ-R items). The Negative Acts Questionnaire–Revised (NAQ-R) is an internationally recommended instrument for assessing workplace bullying.[6] An Indonesian version of the NAQ-R was previously translated, validated, and demonstrated to be reliable as a screening instrument for workplace bullying by Erwandi, *et al.*[7]

The NAQ-R (Appendix) assessed participants' perceptions of exposure to workplace bullying. The questionnaire consists of 22 items assessing the frequency of exposure to bullying behaviors. Each item is rated on a five-point scale: 1 = never, 2 = occasionally, 3 = monthly, 4 = weekly, and 5 = daily. These categories describe how often a specific negative act was experienced, ranging from no exposure ("never") to the highest frequency ("daily"). The questionnaire assesses three domains of bullying: person-related bullying, work-related bullying, and physically intimidation. Person-related bullying was assessed using items number 2, 4–7, 10–13, 15, 17, and 20; work-related bullying using items 1, 3, 14, 16, 18, 19, and 21; and physically intimidating bullying using items 8, 9, and 22. For descriptive purposes, respondents who reported experiencing a given behavior weekly or daily were considered to represent more clinically relevant, frequent exposure, whereas responses of "never" or "occasionally" were considered to reflect no or minimal exposure; this operational distinction follows commonly applied NAQ-R cut-off conventions[6,8] and was used to guide interpretation of the results rather than to classify individual respondents as "victims" of bullying.

Informed consent was obtained electronically from all participants before they proceeded to the questionnaire. The questionnaire was administered electronically via Google Forms, and the responses were subsequently compiled into a spreadsheet for data processing and analysis. Data were analyzed descriptively using Microsoft Excel; categorical variables, including respondent characteristics and the frequency of exposure to each NAQ-R item, were summarized as frequencies (n) and percentages (%). NAQ-R exposure was summarized at two levels. At the item level, the proportion of respondents selecting each frequency category was calculated for each of the 22 items **(Table 2)**. At the respondent level, each respondent was classified once, according to the most frequent response given to any item, overall and within each domain; a respondent was considered exposed if at least one item was reported as "occasionally" or more often **(Table 3)**. No inferential statistical tests were performed, consistent with this study's descriptive design.

RESULTS

General Characteristics

The study included 77 participants, all of whom were currently practicing cardiologists. Of these, 59.7% were senior cardiologists with 5 or more years of professional experience, 62,3% were general cardiologists, and 37,7% had subspecialty training, including interventional cardiology, vascular medicine, echocardiography, cardiac imaging, preventive and rehabilitation cardiology, intensive cardiology, pediatric cardiology, and cardiac arrhythmia **Table 1**.

Table 2 presents the frequency of exposure to each of the 22 NAQ-R items, grouped by domain (work-related, person-related, and physically intimidating bullying). At the

Table 1. Respondent characteristics.

Years of Practice	Amount (n)	Percentage (%)
Senior (≥ 5 years of practice)	46	59.7
Junior (< 5 years of practice)	31	40.3
Subspecialization	n	%
General cardiologist	48	62.3
Subspecialist cardiologist	29	37.7
Number of cardiologists at the hospital	n	%
≥ 10 cardiologists	20	26
9	2	2.6
8	4	5.2
7	4	5.2
6	1	1.3
5	6	7.8
4	9	11.7
3	15	19.5
2	9	11.7
1	7	9.1





Table 2. Research results on bullying using the NAQ-R questionnaire.

No*	Work-Related Bullying	1		2		3		4		5	
		n	%	n	%	n	%	n	%	n	%
1	Someone withholding information which affects your performance	51	66.2	22	28.6	-	-	1	1.3	3	3.9
3	Being ordered to do work below your level of competence	65	84.4	8	10.4	1	1.3	2	2.6	1	1.3
14	Having your opinions ignored	45	58.4	29	37.7	-	-	1	1.3	2	2.6
16	Being given tasks with unreasonable deadlines	64	83.1	9	11.7	2	2.6	2	2.6	-	-
18	Excessive monitoring of your work	61	79.2	10	13	4	5.2	1	1.3	1	1.3
19	Pressure not to claim something to which by right you are entitled (e.g. sick leave, holiday entitlement, travel expenses)	66	85.7	7	9.1	1	1.3	1	1.3	2	2.6
21	Being exposed to an unmanageable workload	64	83.1	11	14.3	-	-	-	-	2	2.6
No	**Person-Related Bullying**	**1**		**2**		**3**		**4**		**5**	
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
2	Being humiliated or ridiculed in connection with your work	67	87	6	7.8	2	2.6	1	1.3	1	1.3
4	Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks	67	87	8	10.4	-	-	1	1.3	1	1.3
5	Spreading of gossip and rumors about you	56	72.7	15	19.5	1	1.3	3	3.9	2	2.6
6	Being ignored or excluded	58	75.3	10	13	4	5.2	2	2.6	3	3.9
7	Having insulting or offensive remarks made about your person, attitudes or your private life	65	84.4	8	10.4	2	2.6	-	-	2	2.6
10	Hints or signals from others that you should quit your job	67	87	6	7.8	3	3.9	1	1.3	-	-
11	Repeated reminders of your errors or mistakes	64	83.1	9	11.7	2	2.6	1	1.3	1	1.3
12	Being ignored or facing a hostile reaction when you approach	63	81.8	8	10.4	2	2.6	2	2.6	2	2.6
13	Persistent criticism of your errors or mistakes	67	87	5	6.5	3	3.9	1	1.3	1	1.3
15	Practical jokes carried out by people you don't get along with	69	89.6	6	7.8	1	1.3	-	-	1	1.3
17	Having allegations made against you	69	89.6	6	7.8	1	1.3	-	-	1	1.3
20	Being the subject of excessive teasing and sarcasm	72	93.5	4	5.2	-	-	1	1.3	-	-
No	**Physically Intimidating Bullying**	**1**		**2**		**3**		**4**		**5**	
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
8	Being shouted at or being the target of spontaneous anger	67	87	6	7.8	1	1.3	1	1.3	2	2.6
9	Intimidating behaviors such as finger-pointing, invasion of personal space, shoving, blocking your way	72	93.5	2	2.6	1	1.3	1	1.3	1	1.3
22	Threats of violence or physical abuse or actual abuse	75	97.4	1	1.3	-	-	-	-	1	1.3

Notes: *1 = Never; 2 = Occasionally; 3 = Monthly; 4 = Weekly; 5 = Daily. The numbers in the tables correspond to individual NAQ-R items and are grouped by bullying type: work-related, person-related, and physically intimidating bullying (see **Appendix**).




Table 3. Respondent-level exposure to NAQ-R negative acts (n = 77).

Domain	No Exposure, n (%)	At Least Occasionally, n (%)	Weekly or Daily, n (%)	Daily, n (%)
Any of the 22 negative acts	30 (39.0)	47 (61.0)	8 (10.4)	4 (5.2)
Work-related (7 items)	32 (41.6)	45 (58.4)	7 (9.1)	4 (5.2)
Person-related (12 items)	42 (54.5)	35 (45.5)	7 (9.1)	4 (5.2)
Physically intimidating (3 items)	66 (85.7)	11 (14.3)	4 (5.2)	2 (2.6)

Each respondent is counted once per row, according to the most frequent response given to any item in that domain. "At least occasionally" includes respondents who reported weekly or daily exposure, and "weekly or daily" includes those who reported daily exposure. No exposure = "never" for every item in the domain.

item level, most respondents reported never experiencing each assessed behavior, and this pattern was consistent across all three domains. At the respondent level, however, 47 respondents (61.0%) reported at least occasional exposure to one or more of the 22 behaviors, whereas 30 (39.0%) reported none; 8 (10.4%) reported at least one behavior weekly or daily, including 4 (5.2%) daily. By domain, 45 (58.4%), 35 (45.5%), and 11 (14.3%) respondents reported at least occasional exposure to work-related, person-related, and physically intimidating behaviors, respectively **(Table 3)**.

Work-Related Bullying

Work-related bullying included withholding information relevant to job performance, assigning tasks below one's level of competence, having one's opinions ignored, assigning tasks with unreasonable deadlines, excessive monitoring, restricting access to rights or entitlements, and imposing an unmanageable or excessive workload.

At the item level, the most frequently reported work-related behavior was having one's opinions ignored, experienced occasionally by 37.7% (n = 29) of respondents; in total, 41.6% (n = 32) reported this behavior at least occasionally, and together with withholding of information (33.8%, n = 26), it was one of only two work-related items reported by more than one-third of respondents. Withholding of information affecting job performance was the work-related behavior most often reported at a daily frequency (3.9%, n = 3). The remaining work-related behaviors (assignment of tasks below one's competence, unreasonable deadlines, excessive monitoring, restriction of entitlements, and unmanageable workload) were reported as "never" by 79.2%–85.7% of respondents **(Table 2)**. At the respondent level, 45 respondents (58.4%) reported at least one work-related behavior at least occasionally, and 7 (9.1%) reported at least one weekly or daily **(Table 3)**.

Person-Related Bullying

The NAQ-R assessed several forms of person-related bullying, including humiliation, removal of areas of responsibility, spreading of gossip, being ignored, insulting remarks, intimidating behavior, being hinted to leave the job, persistent criticism, practical jokes by individuals unfamiliar to the respondent, accusations, and excessive teasing. At the item level, more than 70% of respondents reported never experiencing each person-related behavior. Spreading of gossip and rumors (27.3%, n = 21) and being ignored or excluded (24.7%, n = 19) were the person-related behaviors most often reported at least occasionally. At the respondent level, 35 respondents (45.5%) reported at least one person-related behavior at least occasionally, and 7 (9.1%) reported at least one weekly or daily **(Table 3)**. Notably, being ignored or excluded was the most frequently reported form of person-related bullying occurring daily, (3.9%), a rate matched only by withholding information in the work-related domain and exceeding every item in the physically intimidating domain, where daily-frequency rates did not surpass 2.6% **(Table 2)**.

Physically Intimidating Bullying

The NAQ-R assessed physically intimidating bullying through behaviors such as intimidation (e.g., pointing, invading personal space, pushing, or blocking someone's way), being shouted at, and physical abuse. Compared with work-related and person-related bullying, physically intimidating behaviors were less frequently reported. At the respondent level, 66 respondents (85.7%) reported none of the three behaviors, 11 (14.3%) reported at least one at least occasionally, and 4 (5.2%) reported at least one weekly or daily **(Table 3)**. At the item level, 87% of respondents reported never experiencing intimidating behavior, 93.5% had never been shouted at, and nearly all respondents (97,4%) reported never experiencing physical abuse. Although it was the least frequently reported form of bullying, 1–2 respondents (1.3%–2.6%) reported daily exposure to each specific behavior in this domain, indicating that severe physical bullying, while rare, was not absent **(Table 2)**.

DISCUSSION

Workplace bullying is an important concern in healthcare, where increasing workloads, demanding job requirements, occupational stress, strained interpersonal relationships, and organizational pressures may contribute to a challenging work environment. Bullying is characterized by repeated and persistent negative behaviors that may escalate over time.[9] Its consequences extend beyond the individual, with reported psychological effects including psychological distress, sleep disturbances, fatigue, depression, anxiety, and adjustment disorders, as well as physical and medical consequences such as musculoskeletal complaints, acute pain, fibromyalgia, and cardiovascular symptoms. Workplace bullying may also have socioeconomic consequences, including sickness absence and loss of employment.[10] Although its prevalence and impact have been extensively investigated internationally, evidence from Indonesia remains limited, particularly among cardiology professionals.

In the present study, the NAQ-R was used to assess workplace bullying across three domains: work-related, person-related, and physically intimidating bullying. The instrument provides a structured, behavior-based assessment of bullying and avoids relying solely on respondents' subjective labeling of their experiences.[8] In this cross-sectional survey of 77 cardiologists in Indonesia, most respondents reported





never experiencing each individual bullying behavior when the items were examined separately (item level). When all 22 items were considered together for each respondent (respondent level), however, 61.0% reported at least occasional exposure to one or more behaviors. Most of this exposure was occasional: 10.4% reported at least one behavior weekly or daily, and 5.2% daily. Thus, although frequent exposure was uncommon, exposure to bullying-related behaviors was not rare in the surveyed cardiology workforce. Given the potential psychological, professional, and organizational consequences of workplace bullying, even occasional exposure warrants attention.

Work-related behaviors were the most commonly reported domain at the respondent level (58.4%; **Table 3**), and at the item level, having one's opinions ignored was the most frequently reported behavior (41.6%), mostly at an occasional frequency. The broader literature suggests that work-related bullying may increase stress, impair performance, disrupt communication, and affect cognitive functioning, potentially compromising the quality of healthcare delivery.[11] Previous studies have similarly demonstrated associations between workplace bullying, impaired teamwork and staff retention, as well as adverse outcomes among healthcare professionals, including depression and a higher frequency of medical errors.[12] Although our cross-sectional, descriptive design cannot determine whether hierarchical dynamics contributed to the reported experiences by our respondents, this finding may be particularly relevant in cardiology, where clinical care often requires rapid decision-making and communication among professionals with different levels of seniority. We were unable to formally test whether exposure differed by seniority, subspecialization, or hospital characteristics, as our descriptive design and sample size were not intended for subgroup inferential analysis; we suggest this as a specific direction for future studies with larger samples.

Based on the literature, not our own data, developing a positive workplace culture through effective communication among staff has been proposed as a strategy to reduce work-related bullying, and healthcare professionals should therefore be provided with appropriate strategies to respond to colleagues who display bullying behaviors. Other settings have recommended cognitive training to improve staff communication, particularly through specific response scripts for situations involving workplace bullying.[13] Similarly, another study found that an interpersonal communication training program was associated with a reduction in work-related bullying from 90% to 76%.[14] These prior findings support the potential value of communication-focused interventions in general, although their effectiveness specifically in cardiology settings has not been evaluated and requires further study.

Person-related bullying was reported less often than work-related bullying at the respondent level (45.5% vs. 58.4%; **Table 3**); most respondents (54.5%) reported no exposure to any person-related behavior, although 9.1% reported at least one weekly or daily. At the item level, gossip or rumor-spreading and being ignored or excluded were the most commonly reported person-related behaviors, with responses ranging from never to daily, suggesting that interpersonal experiences may differ substantially among cardiologists, even within the same professional group. Although gossip and social exclusion may be less overt than physical intimidation, repeated exposure may contribute to an unfavorable workplace environment. For context from the wider literature, a multicountry WHO study reported verbal bullying among healthcare professionals in Brazil (39.5%), Bulgaria (32.2%), South Africa (52%), Thailand (47.7%), Portugal (27.4%), Lebanon (40.9%), and up to 67% in Australia.[15] In China, exposure to verbal bullying among healthcare workers was significantly associated with emotional exhaustion and lower job satisfaction and work engagement.[16] Direct comparison with these international estimates and our findings should be made cautiously, as differences in study populations, definitions, assessment instruments, and recall periods may influence reported prevalence.

Our findings also highlight the importance of early recognition and accessible reporting mechanisms. Workplace bullying-related behaviors may occur along a continuum, ranging from occasional interpersonal behaviors to more frequent and potentially severe exposure. Recognizing inappropriate behaviors early may create an opportunity to intervene before they become persistent or escalate. Consistent with this, international studies have repeatedly reported that many victims do not formally report workplace bullying and may instead leave their workplace.[17] Clear reporting procedures and designated personnel should therefore be made available to healthcare professionals, particularly when individuals may be uncertain about where to seek advice or support. Open and transparent communication may further facilitate the recognition and management of person-related bullying.

Physically intimidating bullying was the least frequently reported domain at both the item and respondent levels. Most respondents (85.7%) reported never experiencing any physically intimidating behavior **(Table 3)**, and threats of violence or actual physical abuse (item 22) were reported by 2.6%; however, 1–2 respondents (1.3%–2.6%) reported daily exposure to individual behaviors in this domain **(Table 2)**. Although rare, such exposure remains an important occupational concern because of its potential severity. The WHO estimates that 8%–38% of healthcare workers experience physical violence at some point during their careers.[18] Underreporting of workplace violence may be influenced by inadequate reporting policies, limited confidence in reporting systems, and concerns about retaliation. In Malaysia, the introduction of guidelines and training modules addressing physical violence against healthcare workers was followed by a 159% increase in reported cases, from 167 to 432,[19] a change that most likely reflects improved recognition and reporting following implementation of the reporting framework rather than a true increase in incidents, and which describes workplace violence overall, rather than physical violence specifically.

Taken together, our findings suggest that addressing workplace bullying in cardiology should extend beyond responding to severe or overt incidents. Prevention may benefit from strategies that promote respectful




communication, early recognition of inappropriate behaviors, and accessible reporting and support mechanisms. Drawing on the broader literature, leadership and organizational culture may also play important roles in prevention. Creating a supportive and respectful workplace in which leaders engage with staff, promote positive interactions, and establish clear expectations for professional conduct may help reduce bullying-related behaviors.[20]

For cardiology departments, a comprehensive approach should include clear standards of professional conduct, routine team-based training on recognizing and responding to inappropriate behaviors, and structured training in giving and receiving constructive feedback. Training should be accessible to all team members and included in new-staff orientation. Each department should also consider appointing a professional conduct lead as a confidential point of contact for reporting inappropriate behaviors. Early intervention may be appropriate for isolated behaviors, whereas repeated or serious incidents should prompt a proportionate formal response. Professional conduct should also be considered in leadership appointments, reinforcing respectful behavior as an integral component of professional practice in cardiology.[20] We emphasize that these recommendations are drawn from the broader literature and represent proposed directions rather than interventions that were tested in the present study.

This study has several limitations. The use of purposive, non-random sampling and a relatively small sample may limit the representativeness and generalizability, meaning that our findings are not generalizable to the broader population of cardiologists in Indonesia and should be interpreted as descriptive of the sampled group only. Second, self-reported data may have introduced recall or reporting bias, particularly given the sensitive nature of workplace bullying, and underreporting cannot be ruled out. Third, the descriptive, cross-sectional design does not allow causal or associative conclusions, and this sample lacked the power to support subgroup analyses by seniority, subspecialization, or workplace characteristics.

To our knowledge, this study provides an initial, descriptive assessment of workplace bullying among cardiologists in Indonesia. Although frequent exposure was uncommon, 61.0% of respondents reported at least occasional exposure to one or more behaviors, and a small proportion reported daily exposure. These findings highlight the need for greater awareness, early recognition, and appropriate organizational responses. Larger multicenter studies using more representative sampling are needed to determine the prevalence and determinants of workplace bullying among Indonesian cardiologists and to evaluate targeted prevention and intervention strategies.

CONCLUSION

At the item level, most cardiologists reported no exposure to each behavior, whether work-related, person-related, or physically intimidating. At the respondent level, however, 61.0% reported at least occasional exposure to one or more behaviors, and a small proportion of respondents (5.2%) reported daily exposure to at least one behavior. These findings provide an initial, descriptive assessment of workplace bullying among cardiologists in Indonesia and highlight the need for greater awareness, early recognition, and appropriate prevention and management strategies in cardiology workplaces. Further multicenter studies are needed to better characterize the prevalence and determinants of workplace bullying and to evaluate effective interventions in healthcare settings.

DECLARATIONS

Ethics Statement

This study was approved by the Health Research Ethics Committee of Yayasan Intervensi Sekat Struktural Indonesia 2026/KEP/2a/03/02022026.

Informed Consent

Informed consent to participate was already obtained from all participants in accordance with applicable ethical requirements.

Consent for Publication

Not applicable

Funding

None

Author Contributions

SL contributed to the manuscript conception and design, manuscript preparation, and critical revision for important intellectual content. HK contributed to interpreting and analyzing the data, drafting the article, and critically revising the manuscript for important intellectual content. All authors have approved the final version of the manuscript.

Conflict of Interest

The authors have no conflicts of interest.

Declaration on the Use of Artificial Intelligence (AI)

No artificial intelligence tools were used to conduct this study or prepare this manuscript.

Acknowledgments

None.

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Appendix. Indonesia NAQ-R questionnaire.[7]

No.	Pernyataan	1	2	3	4	5
1.	Seseorang menahan informasi yang memengaruhi ke kinerja saya	1	2	3	4	5
2.	Saya dipermalukan atau ditertawakan karena hal yang berkaitan dengan pekerjaan saya	1	2	3	4	5
3.	Saya diperintahkan untuk melakukan pekerjaan di bawah tingkat kompetensi saya	1	2	3	4	5
4.	Tanggung jawab utama saya dihilangkan atau diganti dengan tugas yang lebih remeh/tidak penting/ tidak menyenangkan	1	2	3	4	5
5.	Ada yang menyebarkan gosip dan desas-desus tentang saya	1	2	3	4	5
6.	Saya diabaikan atau dikucikan (dianggap tidak ada di lingkungan kerja saya)	1	2	3	4	5
7.	Saya dihina atau menerima kata-kata kasar tentang diri saya (misalnya tentang kebiasaan dan latar belakang saya, sikap, atau kehidupan pribadi saya)	1	2	3	4	5
8.	Saya dibentak atau menjadi target kemarahan spontan atau amukan spontan	1	2	3	4	5
9.	Saya menerima perlakuan yang intimidatif seperti ditunjuk-tunjuk, pelanggaran ruang pribadi/privasi, didorong, dihambat/dihalangi saat berjalan	1	2	3	4	5
10.	Saya menerima kata-kata sindiran atau tanda-tanda dari rekan lain bahwa saya seharusnya mengundurkan diri dari pekerjaan saya	1	2	3	4	5
11.	Saya terus-menerus diingatkan pada kesalahan dan kelalaian saya	1	2	3	4	5
12.	Saya diabaikan atau menerima reaksi yang tak bersahabat ketika saya mendekati seseorang	1	2	3	4	5
13.	Saya terus-menerus menerima kritikan terkait pekerjaan dan usaha saya	1	2	3	4	5
14.	Pendapat dan pandangan saya tidak didengar	1	2	3	4	5
15.	Saya menjadi korban lelucon orang-orang yang tidak cocok dengan saya	1	2	3	4	5
16.	Saya diberi tugas dengan target atau tenggat waktu yang tak masuk akal	1	2	3	4	5
17.	Saya pernah dituduh berbuat salah atau ilegal tanpa bukti	1	2	3	4	5
18.	Saya diawasi secara berlebihan di tempat kerja saya	1	2	3	4	5
19.	Saya tidak diperbolehkan untuk mengambil apa yang menjadi hak saya di tempat karja (misalnya cuti sakit, hak libur, biaya perjalanan)	1	2	3	4	5
20.	Saya menjadi target ejekan dan sindiran-sindiran kasar (*sarcasm*)	1	2	3	4	5
21.	Saya diberi beban kerja yang tidak mungkin dapat saya kelola	1	2	3	4	5
22.	Saya menerima ancaman kekerasan atau pelecehan secara fisik atau verbal/ujaran (perkataan)	1	2	3	4	5